EXHIBIT 32

					FCC Fo	orm 497	
FCC Form 497 April 2012 Edition		LIFELINE WORK	SHE	ЕТ		ОМ	B Approval 3060-0819
				Avg.	Burden Est.	per Responde	
(1) USAC Service Provider Id	lentification Number	143026730		(2) Stud	dy Area Cod	e 269009	
(3) Filer 499 ID <u>822582</u>		(4) Technology T	pe (check one) Wirelin	ne 🗹	Wireless	
(5) ETC Designation Type (C	heck one): Lifeline	Only 🖵 🛛 I	ligh	Cost/Low Income			
(6) Organization Information			(7)	Filing Information			
Company Legal Name:	South Central T	elcom LLC	a)	Submission Date	02/06/20	14	
Contact Name:	CHRIS LAWREI	NCE	b)	Data Month	January	2014	
Mailing Address:	PO BOX 159		C)	Type of Filing (check one)	•		
				· · · ·	Original Revision	4	
	GLASGOW, KY	42142-0159	d)	State Reporting	KENTU	СКҮ	
Telephone Number:	270-678-8230						
Fax Number:							
E-mail Address:]				
Lifeline							
		(a) # Lifeline Subscribers		(b) Lifeline Sup Subscriber Sup		(c) Total Life	eline
Non-Tribal Low-Income Subs Receiving federal Li		(8) 489		x \$9.2	5	= \$ <u>4523</u>	
Tribal Low-Income Subscribers		(9) 0		x \$ <u>0.00</u>		= \$ 0	
Receiving federal Li	feline Support	Тс	otal F	not to exce) ederal Lifeline Sup		d (10) \$ <u>452</u>	3
Toll Limitation Servic	es (TLS)						

Cost of Providing TLS per Subscriber (11) (the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)	0.000000
Number of TLS Subscribers (12)	<u>171</u>

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

Number of Connections Waived Charges Waived per Connection	(15) \$ 0.00 (for multiple rates, use an average amount) (not to exceed \$100)
Total Connection Charges Waived Deferred Interest	(16) \$ <u>0.0</u> (17) \$ 0.00
	Total Tribal Link Up Support Claimed (18) \$ 0
ETC Payment	
Total Lifeline \$_4523 Total TLS \$_0	Total Tribal Link Up \$ 0
	Total Dollars (19) \$ <u>4523</u>

Total TLS Support Claimed (13) \$0

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

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

(20) CERTIFICATIONS AND SIGNATURES

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

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

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

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

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

02/06/2014

Chris Lawrence

DATE

OFFICER SIGNATURE

Chris Lawrence

OFFICER NAME

Business Director

OFFICER TITLE

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

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

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Total Federal Lifeline Support Claimed (10) \$ 4459

					FUUF	-0111 497	
FCC Form 497 April 2012 Edition		LIFELINE WOI	RKSHE	ET		OMB Appr 3060-0	
				Avg	. Burden Est	. per Respondent: 2.5	
(1) USAC Service Provider I	dentification Number	143026730		(2) Stu	udy Area Co	de <u>269009</u>	
(3) Filer 499 ID <u>822582</u>		(4) Technology	Туре (check one) Wirel	ine 🗹	Wireless 🔲	
(5) ETC Designation Type (C	heck one): Lifelin	e Only 🛄	High	Cost/Low Income			
(6) Organization Information	ı		(7)	Filing Information			
Company Legal Name:	South Central T	elcom LLC	a)	Submission Date	03/05/2	014	
Contact Name:	CHRIS LAWRE	NCE	b)	Data Month	Februar	ry 2014	
Mailing Address:	PO BOX 159		c)	Type of Filing (check one)			
				,,	Original Revision		
	GLASGOW, KY	42142	d)	State Reporting	KENTU	CKY	
Telephone Number:	270-678-8203			·	11.2111.0		
Fax Number:							
E-mail Address:							
Lifeline							
		(a) # Lifeline Subscribers		(b) Lifeline Su Subscriber Su		(c) Total Lifeline	
Non-Tribal Low-Income Sub	••••					- 4450	
Receiving federal L	ifeline Support	(8) 482		x \$ <u>9.</u>	25	=\$ 4459	
Tribal Low-Income Subscrit	+	(9) <u>0</u>		x \$ <u>0.00</u>	(*** * ***	= \$	
Receiving federal L	ifeline Support			(not to exc	xeed \$34.25)		

Receiving federal Lifeline Support

Toll Limitation Services (TLS)

Cost of Providing TLS per Subscriber (the lesser of incremental cost or \$3 in 2012 /\$2 in	(11) n 20 13)	0.000000	-
Number of TLS Subscribers	(12)	174	
			Total TLS Support Claimed (13) \$ <u>0</u>
Tribal Link Up (Available only to ETCs receiption	iving Hi	igh Cost support)	
Number of Connections Waived Charges Waived per Connection	(14) (15) \$ (not to e	0.00 exceed \$100)	. (for multiple rates, use an average amount)
Total Connection Charges Waived	(16) \$	0.0	
Deferred Interest	(17) \$	0.00	
		Total Tri	bal Link Up Support Claimed (18) \$ <u>0</u>
ETC Payment			

Total Lifeline \$ <u>4459</u>	Total TLS \$ <u>0</u>	Total Tribal Link Up \$ <u>0</u>
		Total Dollars (19) \$

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

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

(20) CERTIFICATIONS AND SIGNATURES

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03/05/2014

Chris Lawrence

DATE

Business Director

OFFICER SIGNATURE

OFFICER NAME

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					FCC Fc	
FCC Form 497 April 2012 Edition		LIFELINE WORK	SHE	ET		OMB Approval 3060-0819
				Avg.	Burden Est. j	per Respondent: 2.5 Hrs.
(1) USAC Service Provid	er Identification Number	143026730		(2) Stu	dy Area Cod	<u>e 269009</u>
(3) Filer 499 ID <u>822582</u>		(4) Technology T	/pe (check one) Wireli	ne 🗹	Wireless 🔲
(5) ETC Designation Typ	e (Check one): Lifelin	e Only 🖵 🛛 I	High	Cost/Low Income		
(6) Organization Informa	tion		(7)	Filing Information	r	
Company Legal Name:	South Central T	elcom LLC	a)	Submission Date	04/03/20	14
Contact Name:	CHRIS LAWRE	NCE	b)	Data Month	March 20)14
Mailing Address:	PO BOX 159		c)	Type of Filing (check one)		
					Original Revision	
	GLASGOW, KY	42142-0159	ď)	State Reporting	KENTUC	κΥ
Telephone Number:	270-678-8230		1			
Fax Number:			1			
E-mail Address:						
Lifeline						
Litenine		(a) # Lifeline		(b) Lifeline Sup		(c) Total Lifeline
Non-Tribal Low-Income	Subscribers	Subscribers		Subscriber Su	pport	
	al Lifeline Support	(8) 482		x \$ 9.2	5	= \$ 4459
Tribal Low-Income Subs		(9) <u>0</u>		x <u>\$ 0.00</u>		= \$ 0
Receiving feder	al Lifeline Support	Τα	otal F	not to exce) ederal Lifeline Sup	ed \$34.25) port Claime	d (10) \$ <u>4459</u>
Toll Limitation Sei	vices (TLS)					
	ng TLS per Subscriber mental cost or \$3 in 2012 /\$2	(11) <u>0.00000</u> in 2013))0			
Number of TLS	Subscribers	(12) <u>172</u>		_		0
Tribal Link Up (Ava	ilable only to ETCs rece	eiving High Cost su	ppor	Total TLS Supp t)	ort Claimed	(13) \$ <u>U</u>
····· ··· ···	,		, ,			
	nections Waived I per Connection	(14) 0 (15) \$ 0.00 (not to exceed \$100)		(for multiple rates	s, use an avera	ge amount)

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

(16) \$ 0.0

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

Total Dollars (19) \$ 4459

(17) \$ 0.00

Total Lifeline \$_4459 Total TLS \$_0 Total Tribal Link Up \$_0

Total Connection Charges Waived

Deferred Interest

ETC Payment

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

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

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04/03/2014

Chris Lawrence

DATE

Business Director

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.

Chris Lawrence

OFFICER NAME

OFFICER SIGNATURE

						FCC F	orm 497	
FCC Form 497 April 2012 Edition		LIFELIN	E WORK	SHE	ET		ОМ	B Approval 3060-0819
					Avg.	Burden Est.	per Responder	nt: 2.5 Hrs.
(1) USAC Service Provider Ic	lentification Number	143026	730		(2) Stu	dy Area Coc	le <u>269009</u>	<u> </u>
(3) Filer 499 ID <u>822582</u>		(4) Techr	nology Ty	pe (check one) Wireli	ne 🗹	Wireless	
(5) ETC Designation Type (C	heck one): Lifeline	Only 🛄	F	ligh	Cost/Low Income			
(6) Organization Information				(7)	Filing Information			
Company Legal Name:	South Central To	elcom L	LC	a)	Submission Date	05/06/20)14	
Contact Name:	CHRIS LAWREI	NCE		ь)	Data Month	April 201	14	
Mailing Address:	PO BOX 159			c)	Type of Filing (check one)	-		
						Original Revision	A	
	GLASGOW, KY	42142-0	0159	d)	State Reporting	KENTU	ĊKY	
Telephone Number:	270-678-8230							
Fax Number:]				
E-mail Address:]				
Lifeline								
		(a) # Life <u>Subscrib</u>			(b) Lifeline Sup <u>Subscriber Sup</u>		(c) Total Life	line
Non-Tribal Low-Income Sub Receiving federal Li		(8) 478	3		x \$ 9.2	5	= \$ 4422	
Tribal Low-Income Subscrib		(9) 0			x \$ 0.00		= \$ 0	
Receiving federal Li		(3)	т.			ed \$34.25)		<u></u> າ
					ederal Liteline Sup	port Gianne	0 (10) \$ <u>442.</u>	<u> </u>
Toll Limitation Servic	es (TLS)							
Cost of Providing Ti (the lesser of increment	L S per Subscriber al cost or \$3 in 2012 /\$2 ir	1 V L	0.00000	0	_			
Number of TLS Sub	scribers	(12) ()					

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 Deferred Interest	(16) \$ <u>0.0</u> (17) \$ <u>0.00</u>
	Total Tribal Link Up Support Claimed (18) \$ 0
ETC Payment	
Total Lifeline \$4422 Total TLS \$0	Total Tribal Link Up \$_0
	Total Dollars (19) \$ _4422

Total TLS Support Claimed (13) \$0

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

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

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05/06/2014

Chris Lawrence

DATE

Business Director

Chris Lawrence

OFFICER NAME

OFFICER SIGNATURE

OFFICER TITLE

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FCC Form 497 April 2012 Edition		KSHEI		. Burden Est, per Re	OMB Approval 3060-0819 spondent: 2.5 Hrs.
(1) USAC Service Provider	dentification Number <u>143026730</u>		(2) Stu	ıdy Area Code <u>269</u>	009
(3) Filer 499 ID <u>822582</u>	(4) Technology T	Гуре (а	check one) Wirel	ine 🗹 🛛 Wi	reless 🛄
(5) ETC Designation Type (Check one): Lifeline Only 🖵	High	Cost/Low Income		
(6) Organization Informatio	n	(7)	Filing Information		
Company Legal Name:	South Central Telcom LLC	a)	Submission Date	06/04/2014	
Contact Name:	CHRIS LAWRENCE	b)	Data Month	May 2014	
Mailing Address:	PO BOX 159	c)	Type of Filing (check one)	•	
			(,	Original 🔽 Revision	
	GLASGOW, KY 42142-0159	d)	State Reporting	KENTUCKY	
Telephone Number:	270-678-8230				
Fax Number:					

Lifeline

E-mail Address:

	(a) # Lifeline <u>Subscribers</u>	(b) Lifeline Support/ Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) 489	x \$9.25	= \$ <u>4523</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u> Total Fee	x \$ 0.00 (not to exceed \$34.25) Seral Lifeline Support Claim	= \$ <u>0</u> ed (10) \$ <u>4523</u>
Toll Limitation Services (TLS)			
Cost of Providing TLS per Subscriber (the lesser of incremental cost or \$3 in 2012 /\$2 i	(11) 0.000000 n 2013)	_	
Number of TLS Subscribers	(12) <u>173</u>	-	
Tribal Link Up (Available only to ETCs rece	iving High Cost support)	Total TLS Support Claime	d (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 aver	age amount)
Total Connection Charges Waived	(16) \$ 0.0	-	
Deferred Interest	(17) \$ 0.00	_	
	Total Tr	ibal Link Up Support Claime	ed (18) \$ <u>0</u>
ETC Payment			
Total Lifeline \$ <u>4523</u> Total TLS \$ <u>0</u>	Total T	ribal Link Up \$ <u>0</u>	_
		Total Dollars (1	9) \$ 4523

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

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

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06/04/2014

Chris Lawrence

DATE

Business Director

OFFICER TITLE

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

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

OFFICER SIGNATURE

Chris Lawrence

					FCC I	Form 497
FCC Form 497 April 2012 Edition		LIFELINE WORK	SHE		Burden Est	OMB Approva 3060-0819 b per Respondent: 2.5 Hrs
(1) USAC Service Provider I	dentification Number	143026730		(2) Stu	dy Area Co	de <u>269009</u>
(3) Filer 499 ID <u>822582</u>		(4) Technology T	/pe (check one) Wireli	ne 🗾	Wireless 🔲
(5) ETC Designation Type (C	heck one): Lifeline	Only 📮 🛛	High	Cost/Low Income		
(6) Organization Information	l		(7)	Filing Information	_	
Company Legal Name:	South Central T	elcom LLC	a)	Submission Date	07/03/2	014
Contact Name:	CHRIS LAWREI	NCE	ь)	Data Month	June 20)14
Mailing Address:	PO BOX 159		c)		Original	A
	GLASGOW, KY	42141-0159	d)	State Reporting	Revision KENTU	
Telephone Number:	270-678-8230				1	
Fax Number:			1			
E-mail Address:						
Lifeline Non-Tribal Low-Income Sub Receiving federal Li Tribal Low-Income Subscrib Receiving federal Li	ifeline Support vers	(a) # Lifeline <u>Subscribers</u> (8) <u>487</u> (9) <u>0</u>		(b) Lifeline Sup Subscriber Sup x \$9.2 x \$ <u>0.00</u> (not to exce ederal Lifeline Sup	5 eed \$34.25)	(c) Total Lifeline = $\frac{4505}{0}$ = $\frac{0}{100} $ 4505
Toll Limitation Servic	es (TLS)					
Cost of Providing T (the lesser of increment	LS per Subscriber al cost or \$3 in 2012 /\$2 in	(11) <u>0.0000(</u> n 2013))0	_		
Number of TLS Sub	scribers	(12) <u>166</u>		_		0
Tribal Link Up (Available only to ETCs received		iving High Cost su	ppor	Total TLS Supp t)	ort Claime	d (13) \$ <u>U</u>
Number of Connect Charges Waived pe		(14) 0 (15) \$ 0.00 (not to exceed \$100)		(for multiple rates	i, use an ave	rage amount)
Total Connection C	harges Waived	(16) \$ 0.0		_		

Total Connection Charges Waived Deferred Interest

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

ETC Payment

Total Lifeline \$ <u>4505</u>	Total TLS \$ <u>0</u>	Total Tribal Link Up \$ 0	•
			•

(17) \$ 0.00

Total Dollars (19) \$ 4505

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.

07/03/2014

Chris Lawrence

OFFICER SIGNATURE

Chris Lawrence

OFFICER NAME

DATE

Business Director

OFFICER TITLE

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

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

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					FCC I	Form 497	
FCC Form 497 April 2012 Edition					ОМ	B Approval 3060-0819	
				Avg.	Burden Est	. per Responde	nt: 2.5 Hrs.
(1) USAC Service Provider I	dentification Number	143026730		(2) Stu	dy Area Co	de <u>269009</u>	
(3) Filer 499 ID <u>822582</u>		(4) Technology T	ype (check one) Wireli	ne 🗹	Wireless	
(5) ETC Designation Type (0	Check one): Lifelin	e Only 📮	Hìgh	Cost/Low Income			
(6) Organization Information	<u> </u>		(7)	Filing Information			
Company Legal Name:	South Central T	felcom LLC	a)	Submission Date	08/07/2	014	
Contact Name:	CHRIS LAWRE	NCE	b)	Data Month	July 20	14	
Mailing Address:	PO BOX 159		C)	Type of Filing (check one)			
				(Original Revision	A	
	GLASGOW, KY	42142-0159	d)	State Reporting	KENTU	IČKY	
Telephone Number:	270-678-8230						
Fax Number:							
E-mail Address:							
Lifeline							
Luénne		(a) # Lifeline		(b) Lifeline Sup		(c) Total Life	eline
Non-Tribal Low-Income Sub	ecribare	Subscribers		Subscriber Su	pport		
Receiving federal L		(8) 464		x \$ <u>9.2</u>	5	=\$ <u>4292</u>	
Tribal Low-Income Subscribers		(9) 0		x \$ <u>0.00</u>		= \$ _0	
Receiving federal L	ifeline Support	Т	otal F	not to exce) ederal Lifeline Sup	eed \$34.25) Sport Claim	red (10) \$ <u>429</u>	2
Toll Limitation Services (TLS)							

Cost of Providing TLS per Subscriber (the lesser of incremental cost or \$3 in 2012 /\$2	(11) in 2013)	0.000000
Number of TLS Subscribers	(12)	162

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) $\frac{0}{0.00}$ (for multiple rates, use an average amount) (not to exceed \$100)
Total Connection Charges Waived Deferred Interest	(16) \$ <u>0.0</u> (17) \$ <u>0.00</u>
	Total Tribal Link Up Support Claimed (18) \$ 0
ETC Payment	
Total Lifeline \$ <u>4292</u> Total TLS \$ <u>0</u>	Total Tribal Link Up \$ <u>0</u>
	Total Dollars (19) \$ 4292

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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08/07/2014

OFFICER TITLE

Chris Lawrence

DATE

OFFICER SIGNATURE

Business Director

OFFICER NAME

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Case No. 2016-00059 Exhibit B 497

Original

Revision

4

KENTUCKY

		FCC Form 497
FCC Form 497 April 2012 Edition	LIFELINE WOR	KSHEET OMB Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs.
(1) USAC Service Provid	er Identification Number <u>143026730</u>	(2) Study Area Code <u>269009</u>
(3) Filer 499 ID <u>822582</u>	(4) Technology	Type (check one) Wireline 🗹 🦳 Wireless 🗔
(5) ETC Designation Typ	e (Check one): Lifeline Only 💶	High Cost/Low Income
(6) Organization Informa	ion	(7) Filing Information
Company Legal Name:	South Central Telcom LLC	a) Submission Date 09/05/2014
Contact Name:	CHRIS LAWRENCE	b) Data Month August 2014
Mailing Address:	PO BOX 159	c) Type of Filing (check one)

GLASGOW, KY 42142-0159

270-678-8230

Telephone Number:

Fax Number: E-mail Address: Lifeline (a) # Lifeline (b) Lifeline Support/ (c) Total Lifeline Subscribers Subscriber Support Non-Tribal Low-Income Subscribers (8) 457 = \$ 4227 9.25 **Receiving federal Lifeline Support** \$ x \$ 0.00 =s 0 0 (9) **Tribal Low-Income Subscribers Receiving federal Lifeline Support** (not to exceed \$34.25) Total Federal Lifeline Support Claimed (10) \$ 4227 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) 162 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** (17) \$ 0.00 Deferred Interest Total Tribal Link Up Support Claimed (18) \$ 0_ ETC Payment Total Lifeline \$ 4227 Total TLS \$ 0 Total Tribal Link Up \$ 0

d)

State Reporting

Total Dollars (19) \$ 4227

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

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

(20) CERTIFICATIONS AND SIGNATURES

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

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

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

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09/05/2014

Chris Lawrence

DATE

OFFICER SIGNATURE Chris Lawrence

OFFICER NAME

Business Director

OFFICER TITLE

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

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

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Case No. 2016-00059
Exhibit B
FCC Form 497

					EXNIDIT FCC FC	B orm 497
FCC Form 497 April 2012 Edition		LIFELINE WOR	KSHE	ET		OMB Approval 3060-0819
				Avg.	Burden Est. p	per Respondent: 2.5 Hrs.
(1) USAC Service Provider I	dentification Number	143026730		(2) Stu	dy Area Cod	e <u>269009</u>
(3) Filer 499 ID <u>822582</u>		(4) Technology	Type (check one) Wireli	ne 🕢	Wireless 🔲
(5) ETC Designation Type (6	Check one): Lifeling	e Only 📮	High	Cost/Low Income		
(6) Organization Information	<u>۱</u>		(7)	Filing Information		<u> </u>
Company Legal Name:	South Central T	elcom LLC	a)	Submission Date	10/08/20	14
Contact Name:	CHRIS LAWRE	NCE	b)	Data Month	Septemb	oer 2014
Mailing Address:	PO BOX 159		c)	Type of Filing (check one)		
				,	Original Revision	
	GLASGOW, KY	42142	d)	State Reporting	KENTUC	KY
Telephone Number:	270-678-8230					
Fax Number:			_			
E-mail Address:						
Lifeline						
2.10.110		(a) # Lifeline <u>Subscribers</u>		(b) Lifeline Sug <u>Subscriber Su</u>		(c) Total Lifeline
Non-Tribal Low-Income Sul Receiving federal L		(8) 435		x \$ 9.2	5	= \$ 4024
-		~	_	0.00		= \$ 0
Tribal Low-Income Subscril Receiving federal L		(*/		(not to exce	ed \$34.25)	
			Total F	Federal Lifeline Sup	oport Claime	d (10) \$ <u>4024</u>
Toll Limitation Servi	ces (TLS)					
Cost of Providing TLS per Subscriber (11) 0.000000 (the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)						
Number of TLS Sul	oscribers	(12) <u>155</u>				
				Total TLS Supp	ort Claimed	(13) € 0
Tribal Link Up (Availal	ble only to ETCs rece	eiving High Cost	suppo		joi t claimed	(10) #
Number of Connec	tions Waived	(14) 0				
Charges Waived pe	er Connection	(15) \$ 0.00 (not to exceed \$10		(for multiple rates	s, use an avera	ge amount)
		(not to exceed \$10	10}			
Total Connection C	harges Waived	(16) \$ <u>0.0</u>				
Deferred Interest		(17) \$ 0.00				
			Total	Tribal Link Up Sup	port Claimed	d (18) \$ 0
ETC Payment						
-			▼ - 4		า	
Total Lifeline <u>\$4024</u>	Total TLS \$ <u>0</u>		í ota	l Tribał Link Up \$ <u>(</u>		

Total Dollars (19) \$ 4024

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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10/08/2014

Chris Lawrence

DATE

OFFICER SIGNATURE

Chris Lawrence

OFFICER NAME

Business Director

OFFICER TITLE

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					FCC	Form 497
FCC Form 497 April 2012 Edition	LIFELINE WOR			ET	OMB Approval 3060-0819	
				Avg	. Burden Es	t. per Respondent: 2.5 Hrs.
(1) USAC Service Provider lo	dentification Number	143026730		(2) Stu	udy Area Co	ode <u>269009</u>
(3) Filer 499 ID <u>822582</u>		(4) Technolog	ју Туре (check one) Wirel	line 🗹	Wireless 🛄
(5) ETC Designation Type (C	heck one): Lifeline	e Only 🛄	High	Cost/Low Income		
(6) Organization Information	l <u></u>		(7)	Filing Information		
Company Legal Name:	South Central T	elcom LLC	a)	Submission Date	11/06/2	2014
Contact Name:	CHRIS LAWRE	NCE	b)	Data Month	Octobe	er 2014
Mailing Address:	PO BOX 159		C)	Type of Filing (check one)		
					Original Revision	<u> </u>
	GLASGOW, KY	<u> 42142 </u>	d)	State Reporting	KENTU	JCKY
Telephone Number:	270-67 <u>8-82</u> 30					
Fax Number:						
E-mail Address:						
Lifeline						
		(a) # Lifeline <u>Subscribers</u>		(b) Lifeline Su Subscriber Su		(c) Total Lifeline
Non-Tribal Low-Income Sub Receiving federal Li		(8) 444		x \$ 9.		= \$ 4107
-		•		0.00		= \$ 0
Tribal Low-Income Subscrib Receiving federal Li		(9) <u>U</u>		(not to exc	xeed \$34.25)	· · · · · · · · · · · · · · · · · · ·
			Total F	Federal Lifeline Su	pport Clain	ned (10) \$ <u>4107</u>
Toll Limitation Servio	es (TLS)					
		0.00	0000			
Cost of Providing T (the lesser of increment	LS per Subscriber al cost or \$3 in 2012 /\$2 i		0000			
Number of TLS Sub	scribers	(12) <u>355</u>				
				Total TLS Sup	port Claime	ed (13) \$ <u>0</u>
Tribal Link Up (Availab	le only to ETCs rece	eiving High Cos	t suppo	rt)		
Number of Connect	ions Waived	(14) 0				

Number of Connections Waived Charges Waived per Connection	(14) 0 (15) $\frac{0.00}{0.00}$ (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) \$ <u>0</u>
ETC Payment	
Total Lifeline \$_4107 Total TLS \$_0	Total Tribal Link Up \$ 0
	Total Dollars (19) \$ <u>4107</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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I certify that my company is in compliance with all of the Lifeline program rules, and, to the extent required, have obtained valid certifications for each subscriber for whom my company seeks reimbursement.

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

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

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

11/06/2014

Chris Lawrence

DATE

OFFICER SIGNATURE

Chris Lawrence

OFFICER NAME

Business Director

OFFICER TITLE

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

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

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

Case No. 2016-00059 Exhibit B

					FCC F	orm 497
FCC Form 497 April 2012 Edition		LIFELINE WOR	KSHE	EŤ		OMB Approval 3060-0819
				Avg.	Burden Est.	per Respondent: 2.5 Hrs.
(1) USAC Service Provider lo	dentification Number	143026730		(2) Stud	dy Area Coo	de <u>269009</u>
(3) Filer 499 ID <u>822582</u>		(4) Technology	Туре (check one} Wirelii	ne 🗾	Wireless 🔲
(5) ETC Designation Type (C	heck one): Lifeline	Only 📑	High	Cost/Low Income		
(6) Organization Information	l		(7)	Filing Information	1	
Company Legal Name:	South Central To	elcom LLC	a)	Submission Date	12/03/20	014
Contact Name:	CHRIS LAWRE	NCE	b)	Data Month	Novemb	per 2014
Mailing Address:	PO BOX 159		C)	Type of Filing (check one)		_
					Original Revision	
	GLASGOW, KY	42142	d)	State Reporting	KENTU	CKY
Telephone Number:	270-678-8230		_			
Fax Number:						
E-mail Address:						
Lifeline						
Cheune		(a) # Lifeline		(b) Lifeline Sup		(c) Total Lifeline
Non-Tribal Low-Income Sub	scribers	Subscribers		Subscriber Sup	oport	
Receiving federal L		(8) 431		x \$9.2	5	= \$ <u>3987</u>
Tribal Low-Income Subscrib		(9) 0		x <u>\$ 0.00</u>		= \$ _0
Receiving federal L	ifeline Support		Total F	not to exce) ederal Lifeline Sup		ed (10) \$ 3987
Toll Limitation Servic	ces (TLS)					
Cost of Providing T	LS per Subscriber	(11) 0.0000	000			
	tal cost or \$3 in 2012 /\$2 ii					
Number of TLS Sub	scribers	(12) <u>155</u>				
Tribal Link Up (Available only to ETCs receiving High Cost su				Total TLS Supp	ort Claimed	1 (13) \$ <u>0</u>
		wing riigh Cost a	ωρροι	0		
Number of Connections Waived		$(14) \frac{0}{0.00}$				
Charges Waived pe	r Connection	(15) \$ 0.00 (not to exceed \$10	0)	(for multiple rates	, use an avera	age amount)
Total Connection C	harges Waived	(16) \$ <u>0.0</u>				
Deferred Interest	g	(17) \$ 0.00				
Deletted interest		(11) \$ 0.00	Total	 Tribal Link Up Sup	port Claime	ed (18) \$ 0
ETC Payment						

Total Lifeline \$ <u>3987</u>	Total TLS \$ <u>0</u>	Total Tribal Link Up \$ <u>0</u>
		Total Dollars (19) \$

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

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

(20) CERTIFICATIONS AND SIGNATURES

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

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

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

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12/03/2014

Chris Lawrence

DATE

OFFICER SIGNATURE

Chris Lawrence

OFFICER NAME

Business Director

OFFICER TITLE

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						FCC F	orm 497	
FCC Form 497 April 2012 Edition		LIFELIN	E WORK	SHEI				.0819
					Avg.	Burden Est.	per Respondent: 2.	5 Hrs.
(1) USAC Service Provider Id	dentification Number	143026	5730		(2) Stu	dy Area Coo	le <u>269009</u>	
(3) Filer 499 ID <u>822582</u>		(4) Tech	nology Ty	pe (d	check one) Wireli	ne 🗾	Wireless 🛄	
(5) ETC Designation Type (C	heck one): Lifeline	Only 📮	н	ligh	Cost/Low Income			
(6) Organization Information	·····			(7)	Filing Information	-		-
Company Legal Name:	South Central T	eicom l	LLC	a)	Submission Date	01/08/20	015	
Contact Name:	CHRIS LAWRE	NCE		b)	Data Month	Decemb	er 2014	
Mailing Address:	PO BOX 159			c)	Type of Filing (check one)	-]
						Original Revision	ß	
	GLASGOW, KY	42142		d)	State Reporting	KENTU	<u>Č</u> KY]
Telephone Number:	270-678-8230							
Fax Number:								
E-mail Address:								
Lifeline								
		(a) # Life Subscril			(b) Lifeline Sup Subscriber Sup		(c) Total Lifeline	
Non-Tribal Low-Income Sub							. 4050	
Receiving federal Li	ifeline Support	(8) 438	0		x \$ <u>9.2</u>	5	= \$ <u>4052</u>	
Tribal Low-Income Subscrib Receiving federal Li		(9) 0			x \$ <u>0.00</u> (not to exce	ed \$34 25)	= \$ 0	
Receiving rederar Li			То	tal F	ederal Lifeline Sup		ed (10) \$ <u>4052</u>	
Toll Limitation Servic	es (TLS)							
Cost of Providing T	LS per Subscriber al cost or \$3 in 2012 /\$2 i		<u>0.00000</u>	0				
Number of TLS Sub			156					
Number of TES Sub	scribers	(12) _					0	
Tribal Link Up (Availab	le only to ETCs rece	iving Higt	h Cost su	opor	Total TLS Supp t)	ort Claimed	I (13) \$ <u>0</u>	
Number of Connect Charges Waived pe		· · · · · · · =	0 0.00 ceed \$100)		for multiple rates	, use an avera	age amount)	
Total Connection C	harges Waived	(16) \$ _	0.0					
Deferred interest		(17) \$ _	0.00					
			Т	otal '	Tribal Link Up Sup	port Claime	d (18) \$ <u>0</u>	
ETC Payment								
T-4-11 (4-1)- + 4052			_			n		

Total Lifeline \$ <u>40</u> 52	Total TLS \$ <u>0</u>	Total Tribal Link Up \$ <u>0</u>	

Total Dollars (19) \$ _4052

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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01/08/2015

Chris Lawrence

DATE

Business Director

OFFICER SIGNATURE

OFFICER NAME

OFFICER TITLE

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Case No. 2016-00059 Exhibit B

					EXNIDI FCC F	orm 497
FCC Form 497 April 2012 Edition		LIFELINE WORK	GHE	=T		OMB Approval
					Rurdon Est	3060-0819 per Respondent: 2.5 Hrs.
				-		
(1) USAC Service Provider Id	dentification Number	143026730		(2) Stue	dy Area Co	_{de} 269009
(3) Filer 499 ID <u>822582</u>		(4) Technology T	ype (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:	South Central T	elcom LLC	a)	Submission Date	02/05/2	015
Contact Name:	CHRIS LAWRE	NCE	b)	Data Month	January	2015
Mailing Address:	PO BOX 159		c)	Type of Filing (check one)		
					Original Revision	
Talaubana Mumbau	GLASGOW, KY	42142-0159	d)	State Reporting	KENTU	СКҮ
Telephone Number:	270-678-8230		4			
E-mail Address:						
			J			
Lifeline						(a) Tatal (Rolling
		(a) # Lifeline <u>Subscrib</u> ers		(b) Lifeline Sup <u>Subscriber Sup</u>		(c) Total Lifeline
Non-Tribat Low-Income Sub Receiving federal Li		(8) 443		x \$ <u>9.2</u>	5	= \$ 4098
Tribal Low-Income Subscrib	ers	(9) 0		x <u>s</u> 0.00		= \$ 0
Receiving federal Li		(*/		(not to exceed \$34.25) tal Federal Lifeline Support Claimed (10) \$ 40		
		•		ederar Enernie Sup		a (10) \$ <u>+000</u>
Toll Limitation Servic	es (TLS)					
Cost of Providing T (the lesser of increment	LS per Subscriber al cost or \$3 in 2012 /\$2 i	(11) <u>0.0000(</u> n 2013)	00			
Number of TLS Sub	scribers	(12) <u>156</u>		_		
				Total TLS Supp	ort Claime	d (13) \$ 0
Tribal Link Up (Availab	le only to ETCs rece	iving High Cost sເ	ippor	••		
Number of Connect	ions Waived	(14) 0				
Charges Waived pe		(15) \$ 0.00		(for multiple rates	, use an aver	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	ed (18) \$_0
ETC Payment						_
-	0		_			
Total Lifeline \$ <u>4098</u>	Total TLS \$ <u>_</u>		Total	Tribal Link Up \$ <u>0</u>		

Total Dollars (19) \$ 4098

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

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

(20) CERTIFICATIONS AND SIGNATURES

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02/05/2015

OFFICER TITLE

Chris Lawrence

OFFICER SIGNATURE

DATE

Business Director

Chris Lawrence

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					FCC Fc	orm 497	
FCC Form 497 April 2012 Edition			SHE	ET		OMB Approval	
				Avg.	Burden Est. p	3060-0819 per Respondent: 2.5 Hrs.	
(1) USAC Service Provider k	Instification Number	143026730		-	dy Area Cod		
					-		
(3) Filer 499 ID <u>822582</u>		(4) Technology Ty	/pe (e	check one) Wireli	ne 🔽	Wireless 🛄	
(5) ETC Designation Type (C	heck one): Lifeline	Only 🛄 🛛 I	High	Cost/Low Income			
(6) Organization Information			_(7) 	Filing Information			
Company Legal Name:	South Central T	elcom LLC	a)	Submission Date	03/06/20	15	
Contact Name:	CHRIS LAWREI	NCE	b)	Data Month	February	2015	
Mailing Address:	PO BOX 159		c)	Type of Filing (check one)			
					Original Revision	4	
	GLASGOW, KY	42142	d)	State Reporting	KENTUC	κ <u>γ</u>	
Telephone Number:	270-678-8230						
Fax Number:							
E-mail Address:			j				
Lifeline							
		(a) # Lifeline		(b) Lifeline Sup		(c) Total Lifeline	
Non-Tribal Low-Income Sub	scribers	Subscribers		Subscriber Sur	port		
Receiving federal Li	feline Support	(8) <u>446</u> x \$ 9.25		5	= \$ 4126		
Tribal Low-Income Subscrib		(9) 0		x <u>\$_0.00</u>		= \$	
Receiving federal Li	feline Support	Тс	otal F	not to exce) ederal Lifeline Sup		d (10) \$ 4126	
Toll Limitation Servic	ac /TI SI			•			
TON LINNAUON Servic	es (123)						
Cost of Providing T		(11) 0.00000	00				
	al cost or \$3 in 2012 /\$2 in	454					
Number of TLS Sub	scribers	(12) <u>154</u>				•	
				Total TLS Supp	ort Claimed	(13) \$ <u>0</u>	
Tribal Link Up (Availab	le only to E I Cs rece	iving High Cost su	ppor	t)			
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	ge amount)	
		(
Total Connection C	harges Waived	(16) \$ 0.0		<u></u>			
Deferred Interest		(17) \$ 0.00					
		т	'otal '	Tribal Link Up Sup	port Claimed	1 (18) \$ <u>0</u>	

ETC Payment

Total Lifeline \$ <u>4126</u>	Total TLS \$_0	Total Tribal Link Up \$ <u>0</u>
		Total Dollars (19) \$ 4126

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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03/06/2015

Chris Lawrence

DATE

Business Director

OFFICER SIGNATURE Chris Lawrence

OFFICER NAME

OFFICER TITLE

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					FCC F	Form 497	
FCC Form 497 April 2012 Edition			RKSHE	ET			3 Approval 3060-0819
				Avg.	Burden Est.	. per Responder	
(1) USAC Service Provider k	dentification Number	143026730		(2) Stue	dy Area Co	de 269009	_
(3) Filer 499 ID <u>822582</u>		(4) Technology	Туре (check one) Wireli	ne 🕢	Wireless	
(5) ETC Designation Type (C	Check one): Lifeline	only 🛄	High	Cost/Low Income			
(6) Organization Information			(7)	Filing Information	1		
Company Legal Name:	South Central T	elcom LLC	a)	Submission Date	04/07/2	015	
Contact Name:	CHRIS LAWRE	NCE	b)	Data Month	March 2	2015	
Mailing Address:	PO BOX 159		c)	Type of Filing (check one)			
				,	Original Revision	P	
	GLASGOW, KY	42142	d)	State Reporting	KENTU	CKY	
Telephone Number:	270-678-8230						
Fax Number:							
E-mail Address:							
2 10 11	••••••••••••••••••••••••••••••••••••••						
Lifeline		(a) # Lifeline		(b) Lifeline Sup	port/	(c) Total Life	line
		Subscribers		Subscriber Sur		(-)	
Non-Tribal Low-Income Sub Receiving federal L		(8) 448		x \$ 9.2	5	= \$ 4144	
Tribal Low-Income Subscrib		(9) 0		x \$ 0.00		= \$ 0	
Receiving federal L		(not to exceed \$34.25)					
			Total F	Federal Lifeline Sup	port Claim	ed (10) \$ <u>4144</u>	<u>+</u>
Toll Limitation Servic	ces (TLS)						
Cost of Providing T		(11) <u>0.000</u>	000				
(the lesser of increment	tal cost or \$3 in 2012 /\$2 ii						
Number of TLS Sub	scribers	(12) <u>153</u>					
				Total TLS Supp	ort Claime	d (13) \$ <u>0</u>	
Tribal Link Up (Availab	le only to ETCs rece	iving High Cost	suppo	rt)			
Number of Connect		(14) 0					
Charges Waived pe	r Connection	(15) \$ 0.00 (not to exceed \$1)	00)	(for multiple rates	, use an aver	age amount)	
		•	-				
Total Connection C	harges Waived	(16) \$ <u>0.0</u>					
Deferred Interest		(17) \$ <u>0.00</u>					
			Total	Tribal Link Up Sup	port Claime	ed (18) \$ <u>0</u>	
ETC Payment							

Total Lifeline \$ <u>4144</u>	Total TLS \$ <u>0</u>	Total Tribal Link Up \$ <u>0</u>
		Total Dollars (19) \$ _4144

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

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

(20) CERTIFICATIONS AND SIGNATURES

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

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

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

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

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

04/07/2015

Chris Lawrence

DATE

OFFICER SIGNATURE

Business Director

OFFICER TITLE

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

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Chris Lawrence

OFFICER NAME

Case No. 2016-00059 Evhibit B

					FCC F	orm 497	
FCC Form 497 April 2012 Edition		LIFELINE WO	RKSHE	ET		OMB Appro 3060-0	
				Avg.	Burden Est.	per Respondent: 2.5	
(1) USAC Service Provider Id	lentification Number	143026730		(2) Stu	dy Area Coo	le <u>269009</u>	
(3) Filer 499 ID <u>822582</u>		(4) Technology	Type (check one) Wireli	ne 🗹	Wireless 🔲	
(5) ETC Designation Type (C	heck one): Lifeline	Only 📮	High	Cost/Low Income			
(6) Organization Information	•		(7)	Filing Information			
Company Legal Name:	South Central T	elcom LLC	a)	Submission Date	05/07/20)15	
Contact Name:	CHRIS LAWRE	NCE	b)	Data Month	April 20 ⁻	15	
Mailing Address:	PO BOX 159		c)	Type of Filing (check one)			
					Original Revision		
	GLASGOW, KY	42142	d)	State Reporting	KENTU		
Telephone Number:	270-678-8230						
Fax Number:							
E-mail Address:							
Lifeline							
		(a) # Lifeline Subscribers		(b) Lifeline Sup Subscriber Su		(c) Total Lifeline	
Non-Tribal Low-Income Sub		(8) 449				=s 4153	
Receiving federal Li		•		0.00		=\$ <u>4100</u> =\$ 0	
Tribal Low-Income Subscrib Receiving federal Li		(9) <u>0</u>			ed \$34.25)	=\$	
Receiving receiving	ienne eupport		Total F	ederal Lifeline Sur		ed (10) \$ <u>4153</u>	
Toll Limitation Servic	es (TLS)						
Cost of Providing Ti (the lesser of increment	LS per Subscriber al cost or \$3 in 2012 /\$2 i	(11) <u>0.000</u> n 2013)	000				
Number of TLS Sub	scribers	(12) <u>148</u>					
				Total TLS Supp	ort Claimed	(13) \$ <u>0</u>	

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 Deferred Interest	(16) \$ <u>0.0</u> (17) \$ <u>0.00</u>
	Total Tribal Link Up Support Claimed (18) \$
ETC Payment	
Total Lifeline \$4153 Total TLS \$0	
	Total Dollars (19) \$

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

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

(20) CERTIFICATIONS AND SIGNATURES

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

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05/07/2015

Chris Lawrence

DATE

OFFICER SIGNATURE

Chris Lawrence

OFFICER NAME

Business Director

OFFICER TITLE

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							FCC Form	497	
FCC Form 497 April 2012 Edition		LIFELI	NE WORK	SHE					B Approval 3060-0819
						Avg. Burd	en Est. per F	Responde	nt: 2.5 Hrs.
(1) USAC Service Provider I	dentification Number	143026	6730		(2)) Study Ar	rea Code <u>26</u>	9009	
(3) Filer 499 ID <u>822582</u>		(4) Tech	nology Ty	pe (o	check one) W	Vireline [2) V	Vireless	
(5) ETC Designation Type (C	heck one): Lifeline	Only 📮	li i	ligh (Cost/Low Inco	ome 🗹			
(6) Organization Information	l			<u>(7) F</u>	iling Information	tion	. .		
Company Legal Name:	South Central Te	elcom	LLC	a)	Submission D	ate 06/	08/2015		
Contact Name:	CHRIS LAWREI	NCE		b)	Data Month	Ma	iy 2015		
Mailing Address:	PO BOX 159			C)	Type of Filing (check one)	-			
						Origir Revis			
	GLASGOW, KY	42142	-	d)	State Reportin		NTUCKY	,	
Telephone Number:	270-678-8230								
Fax Number:									
E-mail Address:									
Lifeline		(a) # Lif			(b) Lifeline			Total Lif	eline
Non-Tribal Low-Income Sub	scribers	Subscri			<u>Subscribe</u>	r Support			
Receiving federal L	ifeline Support	(6) 453			× \$	9.25	<u>25 </u>		
Tribal Low-Income Subscrit Receiving federal L		(9) <u>0</u>			x \$ <u>0.0</u>)O o exceed \$3		0	
Necenning leases a	neme oupport		То	tal Fo	ederal Lifeline			o)\$ <u>419</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 ir	1117	0.00000	0					
Number of TLS Sub	scribers	(12)	149						
					Total TLS	Support C	laimed (13)	ss0	
Tribal Link Up (Availab	le only to ETCs recei	iving Hig	h Cost su	pport					
Number of Connect Charges Waived pe			0 0.00 (ceed \$100)		(for multiple	erates, use :	an average ar	nount)	
Total Connection C	harges Waived	(16) \$	0.0		-				
Deferred Interest		(17) \$	0.00						
			т	otal 1	Fribal Link Up	Support	Claimed (18)\$ <u>0</u>	

ETC Payment

Total Lifeline \$ <u>4190</u>	Total TLS \$ <u>0</u>	Total Tribal Link Up \$ 0	
			4400

Total Dollars (19) \$ 4190

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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06/08/2015

Chris Lawrence

DATE

Business Director

OFFICER TITLE

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OFFICER SIGNATURE

Chris Lawrence

OFFICER NAME

Case No. 2016-00059
Exhibit B
FCC Form 497

Total Dollars (19) \$ 4144

					Exhibi FCC F	t B Form 497
FCC Form 497 April 2012 Edition		KSHEI	ET		OMB Approval	
P				Avg.	Burden Est.	3060-0819 per Respondent: 2.5 Hrs.
(1) USAC Service Provider	Identification Number	143026730		-		de 269009
(3) Filer 499 ID <u>822582</u>				check one) Wireli	-	Wireless
(5) ETC Designation Type (e Only		Cost/Low Income		
	·		-			
(6) Organization Informatio Company Legal Name:	South Central Telcom LLC			Filing Information Submission Date 07/07/2015		
Contact Name:	CHRIS LAWRENCE			Data Month	June 20	
Mailing Address:	PO BOX 159		b) c)	Type of Filing		
				(check one)	Original	A
	GLASGOW, KY	42142	d)	State Reporting	Revision KENTU	CKY
Telephone Number:	270-678-8230					
Fax Number:						
E-mail Address:						
Lifeline						
		(a) # Lifeline Sub <u>sc</u> ribers		(b) Lifeline Suj <u>Subscriber Su</u>		(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support Tribal Low-Income Subscribers Receiving federal Lifeline Support		(8) 448				=\$ 4144
				× \$ <u>9.2</u> x \$0.00	20	
		(not to exceed \$34.25)				= \$
			rotal F	ederal Lifeline Su	pport Claime	ed (10) \$ <u>4144</u>
Toll Limitation Servi	ices (TLS)					
	TLS per Subscriber	(11) 0.0000	000			
-	ntal cost or \$3 in 2012 /\$2	450				
Number of TLS Su	bscribers	(12) <u>152</u>				0
Tribal Link Up (Availa	his only to ETCs room	wing High Cost of		Total TLS Sup	port Claimed	1 (13) \$ <u>0</u>
	Die Only to E i CS iece	awing migh Cost s	ωρροι	0		
Number of Connections Waived Charges Waived per Connection		$(14) \frac{0}{0.00}$. <u> </u>			
		(15) \$ 0.00 (not to exceed \$10	0)	(for multiple rates, use an average amount)		
		0.0				
Total Connection Charges Waived		(16) \$ 0.0				
Deferred Interest		(17) \$ <u>0.00</u>				
			Total [•]	Tribal Link Up Sup	port Claime	ed (18) \$ <u>0</u>
ETC Payment						
Total Lifeline \$_4144	Total TLS \$ <u>0</u>		Total	Tribal Link Up \$ _)	
FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

OMB Approval 3060-0819

Ava, Burden Est, per Respondent: 2.5 Hrs.

(20) CERTIFICATIONS AND SIGNATURES

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07/07/2015

Chris Lawrence

DATE

OFFICER SIGNATURE

Chris Lawrence

OFFICER NAME

Business Director

OFFICER TITLE

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Case No. 2016-00059 Exhibit B FCC Form 497

Case No. 2016-00059 Exhibit B

					FCC	Form 497	
FCC Form 497 April 2012 Edition		LIFELINE WORK	SHE		Purdon Est		Approval 60-0819
				-			2.5 118.
(1) USAC Service Provider I	dentification Number	143026730		(2) Stu	dy Area Co	de <u>269009</u>	
(3) Filer 499 ID <u>822582</u>		(4) Technology Ty	/pe (check one) Wireli	ne 🗹	Wireless 🗌	b
(5) ETC Designation Type (C	heck one): Lifeline	Only 📮 🛛 I	ligh	Cost/Low Income			
(6) Organization Information	l		(7)	Filing Information	· · · · · · · · · · · · · · · · · · ·		_
Company Legal Name:	South Central T	elcom LLC	a)	Submission Date	08/06/2	015	
Contact Name:	CHRIS LAWRE	NCE	b)	Data Month	July 20	15	
Mailing Address:	PO BOX 159		c)	Type of Filing (check one)			7
					Original Revision	Ĥ	
	GLASGOW, KY	42142	d)	State Reporting	KENTU	ĊŔŶ	
Telephone Number:	270-678-8230						
Fax Number:							
E-mail Address:]				
Lifeline		(a) # Lifeline <u>Subscribers</u>		(b) Lifeline Sup <u>Subscriber Su</u>		(c) Total Lifelir	ie
Non-Tribal Low-Income Sub Receiving federal L		(8) 445	x \$ <u>9.2</u>		5	=\$ <u>4116</u>	
Tribal Low-Income Subscrib		(9) 0		x \$ <u>0.00</u>		= \$ 0	
Receiving federal L	ifeline Support	(not to exceed \$34.25) Total Federal Lifeline Support Cla				ed (10) \$ <u>4116</u>	
Toll Limitation Servic	es (TLS)						
Cost of Providing T (the lesser of increment	'LS per Subscriber tal cost or \$3 in 2012 /\$2 i	(11) <u>0.00000</u> n 2013)	0				
Number of TLS Sub	oscribers	(12) <u>150</u>					
Tribal Link Up (Availab	le only to ETCs rece	iving High Cost su	ppoi	Total TLS Supp t)	xort Claime	d (13) \$ <u>0</u>	
Number of Connect Charges Waived pe		(14) 0 (15) \$ 0.00 (not to exceed \$100)		(for multiple rates	s, use an ave	rage amount)	
Total Connection C	harges Waived	(16) \$ 0.0		-			

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

(17) \$ 0.00

Total Lifeline \$ 4116 Total TLS \$ 0 Total Tribal Link Up \$ 0

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

Total Dollars (19) \$ 4116

Total Connection Charges Waived

Deferred Interest

ETC Payment

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

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

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08/06/2015

Chris Lawrence

DATE

OFFICER SIGNATURE

Chris Lawrence

OFFICER NAME

Business Director

OFFICER TITLE

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

Case No. 2016-00059

						Exhibit FCC F	: B orm 497
FCC Form 497 April 2012 Edition		LIFELI	NE WORK	SHE	ET		OMB Approval
					Avg.	Burden Est.	3060-0819 per Respondent: 2.5 Hrs.
(1) USAC Service Provider i	dentification Number	14302	6730		(2) Stud	dy Area Cod	le 269009
(3) Filer 499 ID <u>822582</u>		(4) Tecl	hnology Ty	rpe (d	check one) Wirelin	ne 🗾	Wireless 🔲
(5) ETC Designation Type (C	heck one): Lifeline	Only [) ,	ligh	Cost/Low Income		
(6) Organization Information	I			(7)	Filing Information		
Company Legal Name:	South Central T	elcom	LLC	a)	Submission Date	09/04/20)15
Contact Name:	CHRIS LAWRE	NCE		b)	Data Month	August 2	2015
Mailing Address:	PO BOX 159			(c)	Type of Filing (check one)		
						Original Revision	8
Talauhana Musehan	GLASGOW, KY	42142		d)	State Reporting	KENTU	CKY
Telephone Number: Fax Number:	270-678-8230			-			
			<u> </u>	•			
E-mail Address:	I]			
Lifeline							(-) T (-) () (C ()
		(a) # Lif <u>Subscr</u>			(b) Lifeline Sup Subscriber Sup		(c) Total Lifeline
Non-Tribal Low-Income Sub Receiving federal L		(8) 42	:6		x \$ 9.2	5	=\$ 394 1
Tribal Low-Income Subscrit		(9) <u>0</u> x \$ <u>0.00</u>				= \$ 0	
Receiving federal L		(not to exceed \$34.25) Total Federal Lifeline Support Claimed (10) \$					
-					ederar chenne odp	port claime	a (10) \$ <u>554 1</u>
Toll Limitation Servic	es (TLS)						
Cost of Providing T	LS per Subscriber	(11)	0.00000	0			
	tal cost or \$3 in 2012 /\$2 in						
Number of TLS Sub	scribers	(12)	142				
					Total TLS Supp	ort Claimed	(13) \$ <u>0</u>
Tribal Link Up (Availab	le only to ETCs rece	iving Hig	h Cost su	ppor	t)		
Number of Connect	tions Waived	(14)	0				
Charges Waived per Connection			0.00 xceed \$100)		(for multiple rates	, use an avera	ige amount)
		(
Total Connection C	harges Waived	(16) \$.	0.0		_		
Deferred Interest		(17) \$	0.00				
			т	otal '	Tribal Link Up Sup	port Claime	d (18) \$ <u>0</u>
ETC Payment							
	0			_			

Total Lifeline <u>\$ 3941</u>	Total TLS \$ <u>0</u>	Total Tribal Link Up \$ 0	-	
			2044	

Total Dollars (19) \$ 3941

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

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

(20) CERTIFICATIONS AND SIGNATURES

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

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

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

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

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

09/04/2015

Chris Lawrence

DATE

OFFICER SIGNATURE Chris Lawrence

OFFICER NAME

Business Director

OFFICER TITLE

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					FCC F	form 497
FCC Form 497 April 2012 Edition		LIFELINE WORK	SHE	ET		OMB Approval
				Avg.	Burden Est.	3060-0819 per Respondent: 2.5 Hrs.
(1) USAC Service Provider Id	lontification Number	143026730		(2) 54.	d	de 269009
	Jenuncation Number					
(3) Filer 499 ID <u>822582</u>			ype (check one) Wireli	ne	Wireless 🛄
(5) ETC Designation Type (C	heck one): Lifeline	Only 🛄	High	Cost/Low Income		
(6) Organization Information			(7)	Filing Information	1	
Company Legal Name:	South Central To	elcom LLC	a)	Submission Date	10/06/20	015
Contact Name:	CHRIS LAWRE	NCE	b)	Data Month	Septem	ber 2015
Mailing Address:	PO BOX 159		(C)	Type of Filing (check one)		
					Original Revision	
Tabaa haana Maasaa	GLASGOW, KY	42142	d)	State Reporting	KENTU	CKY
Telephone Number: Fax Number:	270-678-8230		-			
			-			
E-mail Address:						
Lifeline						
		(a) # Lifeline Subscribers		(b) Lifeline Sup S <u>ubsc</u> ribe <u>r Sup</u>		(c) Total Lifeline
Non-Tribal Low-Income Sub		(8) 431		x \$ 9.2		= \$ 3987
Receiving federal Li				0.00	<u> </u>	= \$ 0
Tribal Low-Income Subscrib Receiving federal Li		(*/		(not to exceed \$34.25)		
		т	otal F	ederal Lifeline Sup	oport Claime	ed (10) \$ <u>3987</u>
Toll Limitation Servic	es (TLS)					
Cost of Providing T (the lesser of increment	LS per Subscriber al cost or \$3 in 2012 /\$2 in	(11) <u>0.00000</u>	00			
Number of TLS Sub	scribers	(12) 285				
		(art Claimad	
Tribal Link Up (Availab	le only to ETCs rece	iving High Cost sı	ippol	••		1 (13) \$
•		0				
Number of Connect Charges Waived per		(14) <u>0</u> (15) \$ <u>0.00</u>		(for multiple rates	use an avera	ane amount)
ona, geo manteo pe		(not to exceed \$100))		, doo an atore	igo antoanty
Total Connection C	harges Waived	(16) \$ 0.0		_		
Deferred Interest		(17) \$ 0.00				
			Fotal	Tribal Link Up Sup	port Claime	d (18) \$ <u>0</u>
ETC Payment						
Total Lifeline \$ <u>3987</u>	Total TLS \$_0		T_+-	Tribal Link Up \$ <u>C</u>)	
i otal Lifeline \$_0007	I OTAI ILS \$		ı otal	I I MDAI LINK UP \$ <u>-</u>	<u> </u>	

.

Total Dollars (19) \$ 3987

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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10/06/2015

Chris Lawrence

DATE

Business Director

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.

OFFICER SIGNATURE

OFFICER NAME

Chris Lawrence

Case No. 2016-000)59
Exhibit B	
FCC Form 497	

500 F (07					FCC F	orm 497
FCC Form 497 April 2012 Edition		LIFELINE WOR	RKSHE	ET	OMB Approval	
				Avg	. Burden Est.	3060-0819 per Respondent: 2.5 Hrs.
(1) USAC Service Provider I	dentification Numbe	r <u>143026730</u>		(2) Stu	idy Area Co	_{de} _269009
(3) Filer 499 ID <u>822582</u>		(4) Technology	Туре (check one) Wirel	ine 🗹	Wireless 🗖
(5) ETC Designation Type (6	Check one): Lifelir	ne Only 🛄	High	Cost/Low Income		
(6) Organization Information	1 <u> </u>		(7)	Filing Information	_	
Company Legal Name:	South Central	Telcom LLC	a)	Submission Date	11/05/2	015
Contact Name:	CHRIS LAWRE	ENCE	b)	Data Month	October	2015
Mailing Address:	PO BOX 159		c)	Type of Filing (check one)	•	
				(check one)	Original Revision	
_	GLASGOW, K	Y 42142	d)	State Reporting	KENTU	CKY
Telephone Number:	270-678-8230					
Fax Number:						
E-mail Address:						
Lifeline						
		(a) # Lifeline <u>Subscribers</u>		(b) Lifeline Suj <u>Subscriber Su</u>		(c) Total Lifeline
Non-Tribal Low-Income Sul Receiving federal L		(8) 394		x \$ <u>9.2</u>	25	= \$ <u>3645</u>
Tribal Low-Income Subscri		(9) 0		x <u>\$ 0.00</u>		= \$ _0
Receiving federal L	ifeline Support		Total F	not to exc) ederal Lifeline Su ^l	eed \$34.25) pport Claim	ed (10) \$ <u>3645</u>

Toll Limitation Services (TLS)

Cost of Providing TLS per Subscriber (the lesser of incremental cost or \$3 in 2012 /\$2 in	(11) 2013)	0.000000	_
Number of TLS Subscribers	(12)	256	-
Tribal Link Up (Available only to ETCs recei	ving Hi	gh Cost support)	Total TLS Support Claimed (13) \$ <u>0</u>
Number of Connections Walved Charges Waived per Connection		0 0.00 exceed \$100)	- (for multiple rates, use an average amount)
Total Connection Charges Waived	(16) \$	0.0	

Total Connection Charges Waived Deferred Interest

(17) \$ 0.00 Total Tribal Link Up Support Claimed (18) \$ 0

ETC Payment

Total Lifeline \$ <u>364</u> 5	Total TLS \$ <u>0</u>	Total Tribal Link Up \$ <u>0</u>
		Total Dollars (19) \$_3645

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

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

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11/05/2015

Chris Lawrence

DATE

OFFICER SIGNATURE

OFFICER NAME

Business Director

OFFICER TITLE

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						FCC For	m 497	
FCC Form 497 April 2012 Edition			RKSHE	ET				Approval 060-0819
					Avg.	Burden Est. pe	_	
(1) USAC Service Provider Id	Ientification Number	143026730			(2) Stu	dy Area Code	269009	-
(3) Filer 499 ID <u>822582</u>		(4) Technolog	у Турен	(check oi	ne) Wireli	ne 🗹	Wireless [
(5) ETC Designation Type (C	heck one): Lifeline	Only 🛄	High	Cost/Lo	w Income			
(6) Organization Information				Filing Int	formation			
Company Legal Name:	South Central Te	elcom LLC	a)	Submis	sion Date	12/07/201	5	
Contact Name:	CHRIS LAWREI	NCE	b)	Data Mo	onth	November	r 2015	
Malling Address:	PO BOX 159		c)	Type of (check of	one)	Original 7 Revision		
	GLASGOW , KY	42142-015	9 d)	State R	eporting	KENTUC	(Y	
Telephone Number:	270-678-8230							
Fax Number:								
E-mail Address:								
Lifeline		(a) # Lifeline			ifeline Sup		c) Total Lifeli	ne
Non-Tribal Low-Income Sub	scribers	Subscribers		Subs	scriber Sup			
Receiving federal Li	feline Support	(8) 372		x	\$9.2	5 :	=\$ <u>3441</u>	
Tribal Low-Income Subscrib		(9) 0		_ x \$	<u>0.00</u>	•	= \$ 0	
Receiving federal Lifeline Support			Total I	Federal L	(not to exce ifeline Sup	ed \$34.25) Sport Claimed	(10) \$ <u>3441</u>	
Toll Limitation Servic	es (TLS)							
Cost of Providing TI (the lesser of increment	LS per Subscriber al cost or \$3 in 2012 /\$2 ir	(11) <u>0.000</u> n 2013)	0000					
Number of TLS Sub	scribers	(12) <u>241</u>						

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>3441</u> Total TLS \$ <u>0</u>)Total Tribal Link Up \$_0
	Total Dollars (19) \$

Total TLS Support Claimed (13) \$0

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

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

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12/07/2015

Chris Lawrence

DATE

Business Director

Chris Lawrence

OFFICER NAME

OFFICER SIGNATURE

OFFICER TITLE

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							FCC F	Form 4	97
FCC Form 497 April 2012 Edition		LIF	ELI	NE WORK	SHE		. Burden Est	. per Re	OMB Approval 3060-0819 espondent: 2.5 Hrs.
(1) USAC Service Provider k	dentification Number	14 <u>3</u>	<u>02</u> (6730		2	udy Area Co		·
(3) Filer 499 ID 822582					pe (check one) Wirel	ine 🕢	w	ireless 🗖
(5) ETC Designation Type (C			_			Cost/Low Income			_
(6) Organization Information	I				(7)	Filing Information			
Company Legal Name:	South Central To	ełco	m	LLC	a)	Submission Date	01/05/2	016	
Contact Name:	CHRIS LAWREI	NCE			b)	Data Month	Decemi	ber 20	015
Mailing Address:	PO BOX 159				C)	Type of Filing (check one)	Original Revision	P	-
	GLASGOW, KY	421	42	·	d)	State Reporting	KENTU		
Telephone Number:	2706788230	-		·					
Fax Number:			_						
E-mail Address:									
Lifeline				feline ibers	-	(b) Lifeline Su <u>Subscriber Su</u>		(c) T	otal Lifeline
Non-Tribal Low-Income Sub Receiving federal L	- + · ·	(8)	38	38		x \$ <u>9.</u> 3	25	= \$	3589
Tribal Low-Income Subscrit Receiving federal L		(9)	0	To	tal F	x \$ <u>0.00</u> (not to exc Federal Lifeline Su	eed \$34.25)	= \$ ed (10	
Toll Limitation Servic	ces (TLS)								, • <u></u>
Cost of Providing T (the lesser of increment	LS per Subscriber tal cost or \$3 in 2012 /\$2 in	(11) 1 2013		0.00000	0				
Number of TLS Sub	scribers	(12)		0					
Tribal Link Up (Availab	le only to ETCs rece	iving	Hig	h Cost su	рроі	Total TLS Sup rt)	port Claime	d (13)	\$ <u>0</u>
Number of Connect Charges Waived pe		(14) (15) (not i	• •	0 0.00 xceed \$100)		(for multiple rate	s, use an aver	rage am	ount)

Deferred Interest

Total Connection Charges Waived

ETC Payment

Total Lifeline \$ <u>3589</u>	Total TLS \$ <u>0</u>	Total Tribal Link Up \$ 0	
		Total Dollars (19) \$	3589

(16) \$ 0.0

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

(17) \$ 0.00

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.

01/05/2016

Chris Lawrence

DATE

OFFICER SIGNATURE

OFFICER NAME

Business Director

OFFICER TITLE

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

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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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FCC Form 497 April 2012 Edition	LIFELINE WORKSHEET	OMB Approva 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs			
(1) USAC Service Provider Identification	lumber <u>143026730</u>	_ (2) Study Area Cod	le_269009		
(3) Filer 499 ID <u>822582</u>	(4) Technology Type (check	cone) Wireline 🗹	Wireless 🔲		
(5) ETC Designation Type (Check one):	Lifeline Only 📮 High Cost/	Low Income 🗳			

(6) Organization Informa	tion	(7)	Filing Information	
Company Legal Name:	South Central Telcom LLC	a)	Submission Date	02/02/2016
Contact Name:	CHRIS LAWRENCE	b)	Data Month	January 2016
Mailing Address:	PO BOX 159	c)	Type of Filing (check one)	Original Z: Revision
	GLASGOW, KY 42142	d)	State Reporting	KENTUCKY
Telephone Number:	2706788230			
Fax Number:				
E-mail Address:				

Lifeline

	(a) # Lifeline <u>Subscribers</u>	(b) Lifeline Support/ Subscriber Support	(c) Total Lifeline	
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) 393	x \$9.25	= \$ _3635	
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u> Total Fe	x \$ <u>0.00</u> (not to exceed \$34.25) ederal Lifeline Support Clain	= \$ <u>0</u> ned (10) \$ <u>3635</u>	
Toll Limitation Services (TLS)				
Cost of Providing TLS per Subscriber (the lesser of incremental cost or \$3 in 2012 /\$2 i	(11) 0.000000 in 2013)	_		
Number of TLS Subscribers	(12) <u>0</u>	_		
Tribal Link Up (Available only to ETCs rece	viving High Cost support	Total TLS Support Claime	ed (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 ave	erage amount)	
Total Connection Charges Waived	(16) \$ 0.0	_		
Deferred Interest	(17) \$ 0.00			
	Total T	ribal Link Up Support Claim	red (18) \$ 0	
ETC Payment				
Total Lifeline \$ <u>3635</u> Total TLS \$ <u>0</u>	Total	Tribal Link Up \$ <u>0</u>		
		Total Dollars (19) \$ 3635	

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.

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

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02/02/2016

Chris Lawrence

DATE

Business Director

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.

OFFICER SIGNATURE

Chris Lawrence

OFFICER NAME

					FCC F	orm 497
FCC Form 497 April 2012 Edition		LIFELINE WORI	KSHE		Burden Est.	OMB Approva 3060-081 per Respondent: 2.5 Hrs
(1) USAC Service Provider l	dentification Number	143026730		(2) 84	tu Aron Cod	le 269009
					-	
(3) Filer 499 ID <u>822582</u>		(4) Technology T	ype (check one) Wireli	ne 🔽	Wireless 🛄
(5) ETC Designation Type (C	heck one): Lifeline	only 🗖	High	Cost/Low Income		
(6) Organization Information	<u>ا</u>		<u>(7)</u>	Filing Information	1	
Company Legal Name:	South Central T	elcom LLC	a)	Submission Date	03/01/20)16
Contact Name:	CHRIS LAWRE	NCE	b)	Data Month	February	y 2016
Mailing Address:	PO BOX 159		c)	Type of Filing (check one)		
				· · · •	O r iginal Revision	A .
	GLASGOW, KY	42142	d)	State Reporting	KENTU	CKY
Telephone Number:	2706788230					
Fax Number:			_			
E-mail Address:						
Lifeline						
Liteline		(a) # Lifeline		(b) Lifeline Sup		(c) Total Lifeline
Non-Tribal Low-Income Sub	scribers	Subscribers		Subscriber Sur	pon	
Receiving federal L	ifeline Support	(8) <u>39</u> 7		x \$	5	= \$ <u>3672</u>
Tribal Low-Income Subscrit		(9) 0		<u>x \$ 0.00</u>		= \$
Receiving federal Lifeline Support			(not to exceed \$34.25) otal Federal Lifeline Support Claimed (10) \$ <u>3672</u>			
Tell Limitation Comi	AND TIS			•	•	
Toll Limitation Servio	es (113)					
Cost of Providing T	LS per Subscriber tal cost or \$3 in 2012 /\$2 i	(11) <u>0.0000</u>	00_	······		
		(12) <u>0</u>				
Number of TLS Sub	scribers	(12) <u> </u>				
Total TLS Support Claimed (13) \$ <u>0</u> Tribal Link Up (Available only to ETCs receiving High Cost support)						
Tingi Liik Op (Availat		wing mgn cost s	ирроі	<i>(</i>)		
Number of Connect		(14) 0				
Charges Waived per Connection		(15) \$ 0.00 (not to exceed \$100)		(for multiple rates, use an average amount)		
		•				
Total Connection C	harges Waived	(16) \$ <u>0.0</u>				
Deferred Interest		(17) \$ 0.00				
			Total	Tribal Link Up Sup	port Claime	d (18) \$ <u>0</u>
ETC Payment						
Total Lifeline \$ <u>3672</u>			Tata	l Tribal Link Up \$_0	1	
i otal Lifeline \$ 001 2			Iota			—

Total Dollars (19) \$ 3672

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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03/01/2016

Chris Lawrence

DATE

OFFICER SIGNATURE

Chris Lawrence

OFFICER NAME

Business Director

OFFICER TITLE

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						FCC	Form 497	
FCC Form 497 April 2012 Edition								B Approval 3060-0819
					Avg	. Burden Es	t. per Responde	
(1) USAC Service Provider Id	dentification Number	14302	26730	_	(2) Stu	udy Area Co	ode <u>269009</u>	
(3) Filer 499 ID <u>822582</u>	. <u></u>	(4) Te	chnology 1	ype (check one) Wirel	ine 🔽	Wireless	
(5) ETC Designation Type (C	heck one): Lifeline	Only		High	Cost/Low Income			
(6) Organization Information			<u> </u>	(7)	Filing Information	·	<u> </u>	_
Company Legal Name:	South Central T	elcom	LLC	a)	Submission Date	04/07/2	2016	
Contact Name:	CHRIS LAWRE	NCE		b)	Data Month	March	2016	
Mailing Address:	PO BOX 159			c) 	Type of Filing (check one)		_	
						Original Revision		
Telephone Number:	GLASGOW, KY	4214	2	d)	State Reporting	KENTU	JCKY	
Fax Number:	2706788230			-				
				-				
E-mail Address:	1							
Lifeline								
		(a) # Lifeline Subscribers			(b) Lifeline Su <u>Subscriber Su</u>		(c) Total Life	≱lin e
Non-Tribal Low-Income Sub Receiving federal Li		(8) 3			x \$ 9.		= \$ 3663	
-					x <u>\$</u> 0.00	20	= \$ <u>0</u>	
Tribal Low-Income Subscrib Receiving federal Li		(9) <u>0</u> Total I				xeed \$34.25)	=\$_0	
J				otal F	ederal Lifeline Support Claimed (ned (10) \$ <u>366</u>	3
Toll Limitation Servic	es (TLS)							
				~~				
Cost of Providing T (the lesser of increment	LS per Subscriber al cost or \$3 in 2012 /\$2 in	(11) n 2013)	0.0000	00	_			
Number of TLS Sub	scribers	(12)	0					
Tribal Link Up (Availab	le only to ETCs rece	iving H	igh Cost s	uppor	Total TLS Sup t)	port Claime	ed (13) \$ <u>0</u>	
	in me tille in set	(4.4)	0					
Number of Connect		(1 4) (46) ¢	0.00					

	Number of Connections Charges Walved per Cor		· · · · · ·	0 0.00 exceed \$10	0)	(for multiple rates, use an average amount	:)
	Total Connection Charge	es Waived	(16) \$	0.0			
I	Deferred Interest		(17) \$	0.00			
					Total Tril	bal Link Up Support Claimed (18) \$ _)
ETC P	ayment						
Total Life	eline <u>\$ 3663</u>	Total TLS \$ 0			Total Tri	ibal Link Up \$ <u>0</u>	
						Total Dollars (19) \$	3

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

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

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04/07/2016

Chris Lawrence

DATE

OFFICER SIGNATURE

Chris Lawrence

OFFICER NAME

Business Director

OFFICER TITLE

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