EXHIBIT 6



COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

Date 2/10/2014 **Reporting Month** January-2014 **Carrier Information Company Name** Highland Telephone Cooperative, Inc. **Company Address** 7840 Morgan County Hwy. PO Box 119, Sunbright, TN 37872 Telephone / Fax Phone 423-628-2121 / Fax 423-628-2409 Vendor Number Classification ILEC CLEC Please Circle One Cellular PCS

L		
	Monthly Access Line Data	
1.	Total Access Lines in Service	4681
2.	Surcharge Per Access Line	\$0.08
3.	Amount of Surcharge Remitted to Kentucky USF	\$374.48

4. Number of Access Lines Receiving Lifeline Support 952 5. Amount of Reimbursement Requested from Kentucky USF \$3,332.00

	Signature Block					
ereby attest that the information reported herein is true and accurate to the best of my knowledge.						
Company Official David Crawford Title Acce	ess Service Manager Signature					
Make check payable to: "Kentucky State Treasurer" and send with this report to: Finance and Administration Cabinet Attn: KY USF 702 Capital Ave. Capitol Annex, Room 488A Frankfort, KY 40601	Send a copy of this report to: Kentucky Public Service Commission Attn: Jim Stevens 211 Sower Blvd. PO Box 615 Frankfort, KY 40602					



Date	<u>3/11/2014</u>				Repo	orting Month	February-2014	
				Car	rier Information			
Compan	Company Name Highland Telephone Cooperative, Inc.							
Compan	y Address	7840 Morgan	County	Hwy. PO Bo	x 119, Sunbrigh	it, TN 37872		
Telepho	Telephone / Fax Phone 423-628-2121 / Fax 423-628-2				28-2409			
Vendor I	Vendor Number							
Classific	ation							
Please C	Circle One	ILEC	CLEC	Cellular	PCS			
				Monthly	Access Line D	ata		
1.	Total Acces	ss Lines in Ser	vice				4621	

	••		4021
	2.	Surcharge Per Access Line	\$0.08
	3.	Amount of Surcharge Remitted to Kentucky USF	\$369.68
	4.	Number of Access Lines Receiving Lifeline Support	943
	5.	Amount of Reimbursement Requested from Kentucky USF	\$3,300.50
- 1			

	Signature Block					
I hereby attest that the information reported h	reby attest that the information reported herein is true and accurate to the best of my knowledge.					
Company Official David Crawford Title Acce	ess Service Manager Signature					
Make check payable to: "Kentucky State Treasurer" and send with this report to: Finance and Administration Cabinet Attn: KY USF 702 Capital Ave. Capitol Annex, Room 488A Frankfort, KY 40601	Send a copy of this report to: Kentucky Public Service Commission Attn: Jim Stevens 211 Sower Blvd. PO Box 615 Frankfort, KY 40602					



COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

Date	<u>4/9/2014</u>				Report	ing Month	March-2014	
				Ca	rrier Information			
Compa	Company Name Highland Telephone Cooperative, Inc.							
Company Address 7840 Morgan County Hwy. PO Box 119, Sunbright, TN 37872								
Teleph	Telephone / Fax Phone 423-628-2121 / Fax 423-628-2409				28-2409			
Vendor	Vendor Number							
Classifi	cation							
Please	Circle One	ILEC	CLEC	Cellular	PCS			
				Monthl	y Access Line Dat	ia		
1.	Total Acce	ss Lines in S	ervice				4580	
2.	2. Surcharge Per Access Line					\$0.08		
3.	Amount of Surcharge Remitted to Kentucky USF						\$366.40	

 3.	Amount of Surcharge Remitted to Kentucky USF	\$366.40
 4.	Number of Access Lines Receiving Lifeline Support	939
 5.	Amount of Reimbursement Requested from Kentucky USF	\$3,286.50

Frankfort, KY 40601

Signature Block						
I hereby attest that the information reported herein is true a	reby attest that the information reported herein is true and accurate to the best of my knowledge.					
Company Official David Crawford Title Access Service M	lanager Signature					
Make check payable to: "Kentucky State Treasurer" and send with this	Send a copy of this report to:					
report to:	Kentucky Public Service Commission Attn: Jim Stevens					
Finance and Administration Cabinet	211 Sower Blvd.					
Attn: KY USF	PO Box 615					
702 Capital Ave.	Frankfort, KY 40602					
Capitol Annex, Room 488A						



Date	<u>5/8/2014</u>				R	eporting Month	April-2014	
			• • • • • • • • • • • • • • • • • • • •	Caı	rrier Informat	ion		
Company	Name	Highland T	relephone	Cooperative,	, Inc.			
Company	Company Address 7840 Morgan County Hwy. PO Box 119, Sunbright, TN 37872							
Telephone	Telephone / Fax Phone 423-628-2121 / Fax 423-628-2409							
Vendor Ni	umber					***********		
							**	
Classificat	tion		_					
Please Ci	rcle One	ILEC	CLEC	Cellular	PCS			
			••••••••••••••••••••••••••••••••••••••	Monthly	y Access Lin	e Data		
1.	Total Acce	ss Lines in S	Service				4538	
2.	2. Surcharge Per Access Line						\$0.08	
3.	Amount of	Surcharge R	lemitted to	Kentucky US	SF		\$363.04	
4.	Number of	Access Line	s Receivir	ng Lifeline Su	pport		958	

5.	Amount of Reimbursement Requested from Kentucky USF	\$3,353.00
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	Signature Block
I hereby attest that the information reported her	rein is true and accurate to the best of my knowledge.
Company Official David Crawford Title Access	s Service Manager Signature
Make check payable to: "Kentucky State Treasurer" and send with this report to: Finance and Administration Cabinet Attn: KY USF	Send a copy of this report to: Kentucky Public Service Commission Attn: Jim Stevens 211 Sower Blvd.
Attn: KY USF 702 Capital Ave. Capitol Annex, Room 488A Frankfort, KY 40601	PO Box 615 Frankfort, KY 40602



<u>6/5/2014</u>				Reporting I	Nonth	<u>May-2014</u>				
			Cai	rrier Information						
/ Name	Highland T	Highland Telephone Cooperative, Inc.								
/ Address	7840 Morg	jan County	Hwy. PO Bo	ox 119, Sunbright, TN	37872					
ne / Fax	Phone 423	3-628-2121	/ Fax 423-6	28-2409						
Vendor Number										

ation										
ircle One	ILEC	CLEC	Cellular	PCS		19 10 10 10 10 10 10 10 10 10 10 10 10 10				
			Monthl	y Access Line Data						
	Address e / Fax umber	Name Highland T Address 7840 Morg e / Fax Phone 423 umber tion	Name Highland Telephone (Address 7840 Morgan County e / Fax Phone 423-628-2121 umber tion	Car Name Highland Telephone Cooperative, Address 7840 Morgan County Hwy. PO Bo e / Fax Phone 423-628-2121 / Fax 423-63 umber tion rcle One ILEC CLEC Cellular	Carrier Information Name Highland Telephone Cooperative, Inc. Address 7840 Morgan County Hwy. PO Box 119, Sunbright, TN e / Fax Phone 423-628-2121 / Fax 423-628-2409 umber tion	Carrier Information Name Highland Telephone Cooperative, Inc. Address 7840 Morgan County Hwy. PO Box 119, Sunbright, TN 37872 e / Fax Phone 423-628-2121 / Fax 423-628-2409 umber tion rcle One ILEC CLEC Cellular PCS	Carrier Information Name Highland Telephone Cooperative, Inc. Address 7840 Morgan County Hwy. PO Box 119, Sunbright, TN 37872 e / Fax Phone 423-628-2121 / Fax 423-628-2409 umber ILEC CLEC Cellular PCS			

1.	Total Access Lines in Service	4504	
2.	Surcharge Per Access Line	\$0.08	
3.	Amount of Surcharge Remitted to Kentucky USF	\$360.32	
4.	Number of Access Lines Receiving Lifeline Support	863	
5.	Amount of Reimbursement Requested from Kentucky USF	\$3,020.50	

Si	gnature Block
I hereby attest that the information reported herein is true	and accurate to the best of my knowledge.
Company Official David Crawford Title Access Service N	Manager Signature
Make check payable to: "Kentucky State Treasurer" and send with this report to:	Send a copy of this report to: Kentucky Public Service Commission
Finance and Administration Cabinet Attn: KY USF 702 Capital Ave. Capitol Annex, Room 488A Frankfort, KY 40601	Attn: Jim Stevens 211 Sower Blvd. PO Box 615 Frankfort, KY 40602



Date <u>7/7/2014</u>				Rej	porting Month	<u>June-2014</u>
			Cai	rier Informatio	n	
Company Name	Highland -	Felephone	Cooperative,	Inc.		
Company Address	7840 Morg	gan County	Hwy. PO Bo	ox 119, Sunbrig	ght, TN 37872	
Telephone / Fax	Phone 423	3-628-2121	/ Fax 423-6	28-2409	******	
Vendor Number						
Classification						
Please Circle One	ILEC	CLEC	Cellular	PCS		
			Monthl	Access Line	Data	
1. Total Acce	ess Lines in S	ervice				4468
2. Surcharge	Per Access	Line				\$0.08

3.	Amount of Surcharge Remitted to Kentucky USF	\$357.44
4.	Number of Access Lines Receiving Lifeline Support	893
5.	Amount of Reimbursement Requested from Kentucky USF	\$3,125.50

Si	Signature Block				
I hereby attest that the information reported herein is true	and accurate to the best of my knowledge.				
Company Official David Crawford Title Access Service M	Manager Signature				
Make check payable to: "Kentucky State Treasurer" and send with this report to: Finance and Administration Cabinet Attn: KY USF 702 Capital Ave. Capitol Annex, Room 488A Frankfort, KY 40601	Send a copy of this report to: Kentucky Public Service Commission Attn: Jim Stevens 211 Sower Blvd. PO Box 615 Frankfort, KY 40602				



COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

Date	<u>8/8/2014</u>	Reporting Month July-2014
		Carrier Information
Compan	iy Name	Highland Telephone Cooperative, Inc.
Company Address		7840 Morgan County Hwy. PO Box 119, Sunbright, TN 37872
Telephone / Fax		Phone 423-628-2121 / Fax 423-628-2409
Vendor I	Number	

Classification				
Please Circle One	ILEC	CLEC	Cellular	PCS

Monthly Access Line Data		
1.	Total Access Lines in Service	4455
2.	Surcharge Per Access Line	\$0.08
3.	Amount of Surcharge Remitted to Kentucky USF	\$356.40
4.	Number of Access Lines Receiving Lifeline Support	905
5.	Amount of Reimbursement Requested from Kentucky USF	\$3,167.50

Signa	ature Block
I hereby attest that the information reported herein is true and	d accurate to the best of my knowledge.
Company Official David Crawford Title Access Service Man	nager Signature
Make check payable to: "Kentucky State Treasurer" and send with this	Send a copy of this report to:
report to:	Kentucky Public Service Commission Attn: Jim Stevens

Finance and Administration Cabinet Attn: KY USF 702 Capital Ave. Capitol Annex, Room 488A Frankfort, KY 40601 Attn: Jim Stevens 211 Sower Blvd. PO Box 615 Frankfort, KY 40602



Date <u>9/9/2014</u>		Reporting Month	August-2014
		Carrier Information	
Company Name	Highland Telephone Coo	operative, Inc.	
Company Address	7840 Morgan County Hv	vy. PO Box 119, Sunbright, TN 37872	
Telephone / Fax	Phone 423-628-2121 / F	ax 423-628-2409	
Vendor Number			
Classification			
Please Circle One	ILEC CLEC C	Cellular PCS	
		Monthly Access Line Data	
1 Total Ac	cess Lines in Service		4441

1.	Total Access Lines in Service	4441
2.	Surcharge Per Access Line	\$0.08
3.	Amount of Surcharge Remitted to Kentucky USF	\$355.28
4.	Number of Access Lines Receiving Lifeline Support	858
5.	Amount of Reimbursement Requested from Kentucky USF	\$3,003.00

	Signature Block
I hereby attest that the information reported he	erein is true and accurate to the best of my knowledge.
Company Official <u>David Crawford</u> Title <u>Acce</u>	as Service Manager Signature
Make check payable to: "Kentucky State Treasurer" and send with this report to: Finance and Administration Cabinet Attn: KY USF 702 Capital Ave. Capitol Annex, Room 488A Frankfort, KY 40601	Send a copy of this report to: Kentucky Public Service Commission Attn: Jim Stevens 211 Sower Blvd. PO Box 615 Frankfort, KY 40602



Date	<u>10/3/2014</u>					Reporting Month		September-2014
				C	arri	er Information		
Compan	Company Name Highland Telephone Cooperative, Inc.							
Compan	y Address	ess 7840 Morgan County Hwy. PO Box 119, Sunbright, TN 37872						
Telepho	ne / Fax	Phone 423	3-628-212	1 / Fax 423-	-628	3-2409		
Vendor I	Number							·····
b						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Classific	ation							
Please Circle One ILEC CLEC Cellular PCS								
				Monti	hly /	Access Line Data		
1.	Total Acces	ss Lines in S	ervice					4440
2. Surcharge Per Access Line					\$0.08			
3. Amount of Surcharge Remitted to Kentucky USF					\$355.20			
4.	Number of	Access Line	s Receivii	ng Lifeline S	Supp	port		821
5. Amount of Reimbursement Requested from Kentucky USF					ntucky USF		\$2,873.50	

-	
	Signature Block
I hereby attest that the information reported he	erein is true and accurate to the best of my knowledge.
Company Official David Crawford Title Acce	ss Service Manager Signature
Make check payable to: "Kentucky State Treasurer" and send with this report to: Finance and Administration Cabinet Attn: KY USF 702 Capital Ave. Capitol Annex, Room 488A Frankfort, KY 40601	Send a copy of this report to: Kentucky Public Service Commission Attn: Jim Stevens 211 Sower Blvd. PO Box 615 Frankfort, KY 40602



Date	<u>11/5/2014</u>				Rep	porting Month	October-2014
				Ca	arrier Information	n	
Company	/ Name	Highland T	elephone	Cooperative	e, Inc.		
Company	Address	7840 Morg	an County	Hwy. PO B	lox 119, Sunbrig	ght, TN 37872	
Telephon	e / Fax	Phone 423	-628-2121	/ Fax 423-6	628-2409		
Vendor N	lumber						
	Classification Please Circle One ILEC CLEC Cellular PCS						
	<u>ago 4</u>			Month	ly Access Line	Data	
1.	Total Acces	s Lines in S	ervice				4408
2. Surcharge Per Access Line \$0.08			\$0.08				
3. Amount of Surcharge Remitted to Kentucky USF \$352.64				\$352.64			
4.	Number of <i>i</i>	Access Line	s Receivin	g Lifeline Si	upport		796
5.	5. Amount of Reimbursement Requested from Kentucky USF \$2,786.00				\$2,786.00		

	Signature Bloo	ck
I hereby attest that the information reported	herein is true and accurat	e to the best of my knowledge.
Company Official David Crawford Title Acc	ess Service Manager S	ignature <u>SCCrs</u>
Make check payable to: "Kentucky State Treasurer" and send with this report to: Finance and Administration Cabinet Attn: KY USF 702 Capital Ave. Capitol Annex, Room 488A Frankfort, KY 40601		Send a copy of this report to: Kentucky Public Service Commission Attn: Jim Stevens 211 Sower Blvd. PO Box 615 Frankfort, KY 40602



Date	<u>12/10/2014</u>				Reporting Month	November-2014				
				Car	rier Information					
Company Name		Highland T	Highland Telephone Cooperative, Inc.							
Compar	ny Address	7840 Morg	an County	Hwy. PO Bo	x 119, Sunbright, TN 37872					
Telepho	one / Fax	Phone 423	3-628-2121	/ Fax 423-62	28-2409					
Vendor	Number									
Classific	cation									
Please	Circle One	ILEC	CLEC	Cellular	PCS					
r										

	Monthly Access Line Data					
1.	Total Access Lines in Service	4386				
2.	Surcharge Per Access Line	\$0.08				
3.	Amount of Surcharge Remitted to Kentucky USF	\$350.88				
4.	Number of Access Lines Receiving Lifeline Support	774				
5.	Amount of Reimbursement Requested from Kentucky USF	\$2,709.00				

S	Signature Block
I hereby attest that the information reported herein is true	and accurate to the best of my knowledge.
Company Official David Crawford Title Access Service	Manager Signature Craf
Make check payable to: "Kentucky State Treasurer" and send with this report to:	Send a copy of this report to: Kentucky Public Service Commission Attn: Jim Stevens
Finance and Administration Cabinet Attn: KY USF 702 Capital Ave. Capitol Annex, Room 488A Frankfort, KY 40601	211 Sower Blvd. PO Box 615 Frankfort, KY 40602



Date	<u>1/7/2015</u>				Reporti	ng Month	December-2014	
				Car	rier Information			
Company	Name	Highland T	Highland Telephone Cooperative, Inc.					
Company	Address	7840 Morg	an County	Hwy. PO Bo	x 119, Sunbright,	TN 37872		
Telephon	e / Fax	Phone 423	Phone 423-628-2121 / Fax 423-628-2409					
Vendor N	umber							
		•						
Classifica	tion							
Please Ci	rcle One	ILEC	CLEC	Cellular	PCS			
				Monthly	Access Line Data	a		
1.	Total Acce	ss Lines in S	ervice		**********		4387	
2.	2. Surcharge Per Access Line \$0.08				\$0.08			

 ۷.		ψ0.00
 3.	Amount of Surcharge Remitted to Kentucky USF	\$350.96
4.	Number of Access Lines Receiving Lifeline Support	728
5.	Amount of Reimbursement Requested from Kentucky USF	\$2,548.00

Si	ignature Block
I hereby attest that the information reported herein is true	and accurate to the best of my knowledge.
Company Official David Crawford Title Access Service N	Manager Signature DOC Craf
Make check payable to: "Kentucky State Treasurer" and send with this report to: Finance and Administration Cabinet Attn: KY USF 702 Capital Ave. Capitol Annex, Room 488A Frankfort, KY 40601	Send a copy of this report to: Kentucky Public Service Commission Attn: Jim Stevens 211 Sower Blvd. PO Box 615 Frankfort, KY 40602



Date	2/5/2015	Reporting Month January-2015
		Carrier Information
Company	y Name	Highland Telephone Cooperative, Inc.
Company	y Address	7840 Morgan County Hwy. PO Box 119, Sunbright, TN 37872
Telephon	ne / Fax	Phone 423-628-2121 / Fax 423-628-2409
Vendor N	lumber	

Classification				
Please Circle One	ILEC	CLEC	Cellular	PCS

	Monthly Access Line Data					
1.	Total Access Lines in Service	4376				
2.	Surcharge Per Access Line	\$0.08				
3.	Amount of Surcharge Remitted to Kentucky USF	\$350.08				
4.	Number of Access Lines Receiving Lifeline Support	640				
5.	Amount of Reimbursement Requested from Kentucky USF	\$2,240.00				

Signa	Signature Block				
I hereby attest that the information reported herein is true and	nereby attest that the information reported herein is true and accurate to the best of my knowledge.				
Company Official David Crawford Title Access Service Mar	nager Signature <u>OCCra-f</u>				
Make check payable to: "Kentucky	Send a copy of this report to:				
State Treasurer" and send with this					
report to:	Kentucky Public Service Commission				
	Attn: Jim Stevens				
Finance and Administration Cabinet	211 Sower Blvd.				
Attn: KY USF	PO Box 615				
702 Capital Ave.	Frankfort, KY 40602				
Capitol Annex, Room 488A					
Frankfort, KY 40601					



Date	<u>3/9/2015</u>				R	eporting Month	February-2015
				Car	rier Informat	on	
Compar	ny Name	Highland T	elephone (Cooperative,	Inc.		
Compar	ny Address	7840 Morg	jan County	Hwy. PO Bo	x 119, Sunb	right, TN 37872	
Telepho	ne / Fax	Phone 423	3-628-2121	/ Fax 423-62	28-2409		
Vendor	Number						
L		8				n an an an tha d'a fact ann an An	
Classific	ation						
Please (Circle One	ILEC	CLEC	Cellular	PCS		
[Monthly	/ Access Line	e Data	
1.	1. Total Access Lines in Service						4387
2.	Surcharge	Per Access	Line				\$0.08

3.	Amount of Surcharge Remitted to Kentucky USF	\$350.96
4.	Number of Access Lines Receiving Lifeline Support	699
5.	Amount of Reimbursement Requested from Kentucky USF	\$2,446.50

	Signature Block
I hereby attest that the information reported herein is true	e and accurate to the best of my knowledge.
Company Official David Crawford Title Access Service	Manager Signature
Make check payable to: "Kentucky State Treasurer" and send with this report to:	Send a copy of this report to: Kentucky Public Service Commission Attn: Jim Stevens
Finance and Administration Cabinet Attn: KY USF 702 Capital Ave. Capitol Annex, Room 488A Frankfort, KY 40601	211 Sower Blvd. PO Box 615 Frankfort, KY 40602



Date	<u>4/6/2015</u>				F	Reporting Month	March-2015
				Car	rier Informa	tion	
Company	Name	Highland T	elephone	Cooperative,	Inc.		
Company	Address	7840 Morg	jan County	Hwy. PO Bo	x 119, Suni	oright, TN 37872	
Telephone	/ Fax	Phone 423	3-628-2121	/ Fax 423-6	28-2409		
Vendor Nu	ımber						
	<u></u>	•					
Classificat	ion						
Please Cir	cle One	ILEC	CLEC	Cellular	PCS		
				Monthly	y Access Lir	ne Data	
1.	1. Total Access Lines in Service						4385
2.	Surcharge	Per Access	Line				\$0.08

3.	Amount of Surcharge Remitted to Kentucky USF	\$350.80
4.	Number of Access Lines Receiving Lifeline Support	728
5.	Amount of Reimbursement Requested from Kentucky USF	\$2,548.00

	Signature Block
I hereby attest that the information reported he	erein is true and accurate to the best of my knowledge.
Company Official <u>David Crawford</u> Title <u>Acces</u>	ss Service Manager Signature <u>Sccraf</u>
Make check payable to: "Kentucky State Treasurer" and send with this report to: Finance and Administration Cabinet Attn: KY USF 702 Capital Ave. Capitol Annex, Room 488A Frankfort, KY 40601	Send a copy of this report to: Kentucky Public Service Commission Attn: Jim Stevens 211 Sower Blvd. PO Box 615 Frankfort, KY 40602



Date	<u>4/6/2015</u>	Reporting Month	<u>April-2015</u>
		Carrier Information	
Compar	ny Name	Highland Telephone Cooperative, Inc.	
Compar	ny Address	7840 Morgan County Hwy. PO Box 119, Sunbright, TN 37872	
Telepho	one / Fax	Phone 423-628-2121 / Fax 423-628-2409	
Vendor I	Number		
L			
Classific	cation		

Please	e Circle One	C CLEC Cellular PCS	
		Monthly Access Line Data	
1.	Total Access Lines	in Service	4349
2.	Surcharge Per Acce	ess Line	\$0.08
3.	Amount of Surcharg	ge Remitted to Kentucky USF	\$347.92
4.	Number of Access I	Lines Receiving Lifeline Support	736
5.	Amount of Reimbur	sement Requested from Kentucky USF	\$2,576.00

	Signature Block
I hereby attest that the information reported h	erein is true and accurate to the best of my knowledge.
Company Official David Crawford Title Acce	ess Service Manager Signature
Make check payable to: "Kentucky State Treasurer" and send with this report to: Finance and Administration Cabinet Attn: KY USF 702 Capital Ave. Capitol Annex, Room 488A Frankfort, KY 40601	Send a copy of this report to: Kentucky Public Service Commission Attn: Jim Stevens 211 Sower Blvd. PO Box 615 Frankfort, KY 40602



Date	<u>6/4/2015</u>					Reporting Month	<u>May-2015</u>	
				Ca	rrier Inform	ation		
Compa	iny Name	Highland 1	Felephone	Cooperative	, Inc.			
Compa	iny Address	7840 Morg	jan County	/ Hwy. PO B	ox 119, Su	nbright, TN 37872		
Teleph	one / Fax	Phone 423	3-628-2121	1 / Fax 423-6	28-2409	MMM		
Vendor	· Number					****	an manana ang ang ang ang ang ang ang ang an	
					Bartinania, (1994, 1976)			
Classifi	ication				<u></u>			
Please	Circle One	ILEC	CLEC	Cellular	PCS			
				Monthl	ly Access L	ine Data	<u> </u>	
1.	Total Acce	ss Lines in S	Service				4319	
2.	2. Surcharge Per Access Line						\$0.08	
3.	3. Amount of Surcharge Remitted to Kentucky USF		SF		\$345.52			
4.	Number of	Access Line	s Receivir	ng Lifeline Su	ipport		735	

1		
15	Amount of Reimbursement Requested from Kentucky USF	\$2,572.50
· · ·		φ, 01

	Signature Block						
I hereby attest that the information reported he	hereby attest that the information reported herein is true and accurate to the best of my knowledge.						
Company Official David Crawford Title Acces	ss Service Manager Signature OQCCvarf						
Make check payable to: "Kentucky State Treasurer" and send with this report to: Finance and Administration Cabinet Attn: KY USF 702 Capital Ave. Capitol Annex, Room 488A Frankfort, KY 40601	Send a copy of this report to: Kentucky Public Service Commission Attn: Jim Stevens 211 Sower Blvd. PO Box 615 Frankfort, KY 40602						



COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

Date	7/8/2015	Reporting Month June-2015
		Carrier Information
Compan	ny Name	Highland Telephone Cooperative, Inc.
Compan	y Address	7840 Morgan County Hwy. PO Box 119, Sunbright, TN 37872
Telephone / Fax		Phone 423-628-2121 / Fax 423-628-2409
Vendor I	Number	

Classification							
Please Circle One	ILEC	CLEC	Cellular	PCS			

	Monthly Access Line Data	
1.	Total Access Lines in Service	4304
2.	Surcharge Per Access Line	\$0.08
3.	Amount of Surcharge Remitted to Kentucky USF	\$344.32
4.	Number of Access Lines Receiving Lifeline Support	714
5.	Amount of Reimbursement Requested from Kentucky USF	\$2,499.00

Signature Block					
I hereby attest that the information reported herein is true a	nd accurate to the best of my knowledge.				
Company Official David Crawford Title Access Service Ma	anager Signature				
Make check payable to: "Kentucky State Treasurer" and send with this report to:	Send a copy of this report to: Kentucky Public Service Commission				

Finance and Administration Cabinet
Attn: KY USF
702 Capital Ave.
Capitol Annex, Room 488A
Frankfort, KY 40601

Kentucky Public Service Commission Attn: Jim Stevens 211 Sower Blvd. PO Box 615 Frankfort, KY 40602

Revised 03-13-2008



Date	<u>8/6/2015</u>				Reporting Month	<u>July-2015</u>	
				Car	rier Information		
Company	Name	Highland T	elephone	Cooperative,	Inc.		
Company	Address	7840 Morg	jan County	Hwy. PO Bo	ox 119, Sunbright, TN 37872		
Telephon	e / Fax	Phone 423	3-628-2121	/ Fax 423-62	28-2409		
Vendor N	umber						
•		•••••					
Classifica	tion						
Please Ci	rcle One	ILEC	CLEC	Cellular	PCS		
				Monthly	y Access Line Data		
1.	Total Access Lines in Service 4273						

2. Surcharge Per Access Line	\$0.08
3. Amount of Surcharge Remitted to Kentucky USF	\$341.84
4. Number of Access Lines Receiving Lifeline Support	674
5. Amount of Reimbursement Requested from Kentucky U	SF \$2,359.00

Signature Block						
hereby attest that the information reported herein is true and accurate to the best of my knowledge.						
Company Official David Crawford Title Access Service Manager Signature						
Make sheek neverble to: "Kentusky	1	Sand a conv of this report to:				
Make check payable to: "Kentucky		Send a copy of this report to:				
State Treasurer" and send with this		Kantusky Dublic Convice Commission				
report to:		Kentucky Public Service Commission				
Finance and Administration Cabinet		Attn: Jim Stevens 211 Sower Blvd.				
Finance and Administration Cabinet		PO Box 615				
Attn: KY USF						
702 Capital Ave.		Frankfort, KY 40602				
Capitol Annex, Room 488A Frankfort, KY 40601						



COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

Date	<u>9/3/2015</u>	Reporting Month	<u>August-2015</u>	
		Carrier Information		
Company	Name	Highland Telephone Cooperative, Inc.		
Company	Address	7840 Morgan County Hwy. PO Box 119, Sunbright, TN 37872		
Telephone / Fax		Phone 423-628-2121 / Fax 423-628-2409		
Vendor N	umber			······

Classification						
Please Circle One	ILEC	CLEC	Cellular	PCS	:	
			Monthl	Access Line Data		

	Monthly Access Line Data		
1.	Total Access Lines in Service	4250	
2.	Surcharge Per Access Line	\$0.08	
3.	Amount of Surcharge Remitted to Kentucky USF	\$340.00	
4.	Number of Access Lines Receiving Lifeline Support	670	
5.	Amount of Reimbursement Requested from Kentucky USF	\$2,345.00	

Si	gnature Block
I hereby attest that the information reported herein is true	and accurate to the best of my knowledge.
Company Official David Crawford Title Access Service N	Manager Signature
Make check payable to: "Kentucky State Treasurer" and send with this report to:	Send a copy of this report to: Kentucky Public Service Commission Attn: Jim Stevens
Finance and Administration Cabinet Attn: KY USF 702 Capital Ave. Capitol Annex, Room 488A Frankfort, KY 40601	211 Sower Blvd. PO Box 615 Frankfort, KY 40602

Revised 03-13-2008



COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

Date <u>10/8/2015</u>

Reporting Month

September-2015

\$2,348.50

1	Carrier Information
Company Name	Highland Telephone Cooperative, Inc.
Company Address	7840 Morgan County Hwy. PO Box 119, Sunbright, TN 37872
Telephone / Fax	Phone 423 _T 628-2121 / Fax 423-628-2409
Vendor Number	

Classification							ł	
Please Circle One ILEC		CLEC	Cellular	PCS				
	Monthly Access Line Data							
1. Total Access Lines in Service 4229						4229		
2. Surcharge Per Access Line \$0.08						\$0.08		
3. Amount of Surcharge Remitted to Kentucky USF \$338.32						\$338.32		
4. Number of Access Lines Receiving Lifeline Support 671					671			

5. Amount of Reimbursement Requested from Kentucky USF

ł

	Signature Block					
I hereby attest that the information reported he	I hereby attest that the information reported herein is true and accurate to the best of my knowledge.					
Company Official <u>David Crawford</u> Title <u>Acces</u>	ss Service Manager	Signature DC				
Make check payable to: "Kentucky		Send a copy of this report to:				
State Treasurer" and send with this						
report to:		Kentucky Public Service Commission				
		Attn: Jim Stevens				
Finance and Administration Cabinet		211 Sower Blvd.				
Attn: KY USF		PO Box 615				
702 Capital Ave.		Frankfort, KY 40602				
Capitol Annex, Room 488A						
Frankfort, KY 40601						



COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

Date	<u>11/3/2015</u>	Reporting Month <u>October-2015</u>
		Carrier Information
Compan	iy Name	Highland Telephone Cooperative, Inc.
Company Address		7840 Morgan County Hwy. PO Box 119, Sunbright, TN 37872
Telephone / Fax		Phone 423-628-2121 / Fax 423-628-2409
Vendor Number		

Classification					
Please Circle One	ILEC	CLEC	Cellular	PCS	
		· · · · · · · · · · · · · · · · · · ·			

	Monthly Access Line Data						
1.	Total Access Lines in Service	4233					
2.	Surcharge Per Access Line	\$0.08					
3.	Amount of Surcharge Remitted to Kentucky USF	\$338.64					
4.	Number of Access Lines Receiving Lifeline Support	675					
5.	Amount of Reimbursement Requested from Kentucky USF	\$2,362.50					

Signature I	Block
I hereby attest that the information reported herein is true and accu	urate to the best of my knowledge.
Company Official David Crawford Title Access Service Manager	Signature DC.Craf
Make check payable to: "Kentucky	Send a copy of this report to:

State Treasurer" and send with this report to:

Finance and Administration Cabinet Attn: KY USF 702 Capital Ave. Capitol Annex, Room 488A Frankfort, KY 40601

Kentucky Public Service Commission Attn: Jim Stevens 211 Sower Blvd. PO Box 615 Frankfort, KY 40602



Date	<u>12/4/2015</u>	Reporting Month	November-2015			
		Carrier Information				
Company	y Name	Highland Telephone Cooperative, Inc.				
Company Address		7840 Morgan County Hwy. PO Box 119, Sunbright, TN 37872				
Telephone / Fax		Phone 423-628-2121 / Fax 423-628-2409				
Vendor N	Number					

Classification							
Please Circle One	ILEC	CLEC	Cellular	PCS			
Monthly Access Line Data							
1. Total Acce	ss Lines in S	Service			4211		

	1.	Total Access Lines in Service	4211
	2.	Surcharge Per Access Line	\$0.08
	3.	Amount of Surcharge Remitted to Kentucky USF	\$336.88
1	4.	Number of Access Lines Receiving Lifeline Support	680
	5.	Amount of Reimbursement Requested from Kentucky USF	\$2,380.00

Signature Block					
I hereby attest that the information reported here	erein is true and accur	ate to the b	est of my knowledge.		
Company Official David Crawford Title Access Service Manager Signature					
Make check payable to: "Kentucky State Treasurer" and send with this report to: Finance and Administration Cabinet Attn: KY USF 702 Capital Ave. Capitol Annex, Room 488A Frankfort, KY 40601			Send a copy of this report to: Kentucky Public Service Commission Attn: Jim Stevens 211 Sower Blvd. PO Box 615 Frankfort, KY 40602		



COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

Date 1	1/8/2016	Reporting Month	December-2015			
		Carrier Information				
Company N	lame	Highland Telephone Cooperative, Inc.				
Company Address 7840 Morgan County Hwy. PO Box 119, Sunbright, TN 37872						
Telephone / Fax Phone 423-628-2121 / Fax 423-628-2409						
Vendor Nun	nber					
		Phone 423-628-2121 / Fax 423-628-2409				

Classification						
Please Circle One	ILEC	CLEC	Cellular	PCS		
			Monthl	y Access Line Data		
1 Total Acce	es Lines in S	ervice			4201	

1.	Total Access Lines in Service	4201	
2.	Surcharge Per Access Line	\$0.08	
3.	Amount of Surcharge Remitted to Kentucky USF	\$336.08	
4.	Number of Access Lines Receiving Lifeline Support	612	
5.	Amount of Reimbursement Requested from Kentucky USF	\$2,142.00	

Signa	ature Block
I hereby attest that the information reported herein is true and	accurate to the best of my knowledge.
Company Official David Crawford Title Access Service Man	hager Signature DCC Crasf
Make check payable to: "Kentucky State Treasurer" and send with this report to:	Send a copy of this report to: Kentucky Public Service Commission Attn: Jim Stevens

Finance and Administration Cabinet Attn: KY USF 702 Capital Ave. Capitol Annex, Room 488A Frankfort, KY 40601 Kentucky Public Service Commission Attn: Jim Stevens 211 Sower Blvd. PO Box 615 Frankfort, KY 40602



COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

Date	<u>2/5/2016</u>	Reporting Month January-2016			
		Carrier Information			
Company	Name	Highland Telephone Cooperative, Inc.			
Company	Address	7840 Morgan County Hwy. PO Box 119, Sunbright, TN 37872			
Telephone	Telephone / Fax Phone 423-628-2121 / Fax 423-628-2409				
Vendor N	umber				

Classification		_		
Please Circle One	ILEC	CLEC	Cellular	PCS

Monthly Access Line Data					
1.	Total Access Lines in Service	4187			
2.	Surcharge Per Access Line	\$0.08			
3.	Amount of Surcharge Remitted to Kentucky USF	\$334.96			
4.	Number of Access Lines Receiving Lifeline Support	628			
5.	Amount of Reimbursement Requested from Kentucky USF	\$2,198.00			

Signature E	Block
I hereby attest that the information reported herein is true and accu	rate to the best of my knowledge.
Company Official David Crawford Title Access Service Manager	

Make check payable to: "Kentucky
State Treasurer" and send with this
report to:

Finance and Administration Cabinet Attn: KY USF 702 Capital Ave. Capitol Annex, Room 488A Frankfort, KY 40601 Send a copy of this report to:

Kentucky Public Service Commission Attn: Jim Stevens 211 Sower Blvd. PO Box 615 Frankfort, KY 40602

Date3/7/2016	Reporting Month February, 2016
	· · · · · · · · · · · · · · · · · · ·
5 .	Carrier Information
Company Name	Highland Telephone Cooperative, Inc.
Company Address	7840 Morgan County Highway P.O. Box 119 Sunbright, TN 37872
Telephone / Fax	Phone 423-628-2121 FAX 423-628-5356
Vendor Number	

Classification Please Circle One	ILEC	CLEC	Cellular	PCS	

	Monthly Access Line Data	
1.	Total Access Lines in Service	4185
2.	Surcharge Per Access Line	\$0.08_
3.	Amount of Surcharge Remitted to Kentucky USF	\$334.80
4.	Number of Access Lines Receiving Lifeline Support	641
5.	Amount of Reimbursement Requested from Kentucky USF	\$2,243.50

Signature Block					
I hereby attest that the information reported herein is true and accurate to the best of my knowledge. Company Official <u>David Crawford</u> Title <u>Access Service Mgr</u> Company Official <u>OCC-</u> (Printed) (Signed)					
Make check payable to: "Kentucky State Treasurer" and send with this report to: Finance and Administration Cabinet ATTN: KY USF 702 Capital Ave. Capitol Annex, Room 488A Frankfort, KY 40601	Send a copy of this report to: Kentucky Public Service Commission ATTN: Executive Director 211 Sower Blvd. P.O. Box 615 Frankfort, KY 40602 Revised 02-15-2016				



COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

Date 4/11/2016

Reporting Month____ March, 2016

6. p.	Carrier Information
Company Name	Highland Telephone Cooperative, Inc.
Company Address	7840 Morgan County Highway P.O. Box 119 Sunbright, TN 37872
Telephone / Fax	Phone 423-628-2121 FAX 423-628-5356
Vendor Number	

Classification Please Circle One	ILEC	CLEC	Cellular	PCS	

	Monthly Access Line Data		
1.	Total Access Lines in Service	4181	
2.	Surcharge Per Access Line	\$0.08_	
3.	Amount of Surcharge Remitted to Kentucky USF	\$334.48	
4.	Number of Access Lines Receiving Lifeline Support	646	Ĩ
5.	Amount of Reimbursement Requested from Kentucky USF	\$2,261.00	

Signature Block					
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.					
Company Official David Crawford (Printed)	Title Access Service Mgr	_Company Official(Signed)			
Make check payable to: "Kentucky State Treasurer" and send with this report to: Finance and Administration Cabinet ATTN: KY USF 702 Capital Ave. Capitol Annex, Room 488A Frankfort, KY 40601		Send a copy of this report to: Kentucky Public Service Commission ATTN: Executive Director 211 Sower Blvd. P.O. Box 615 Frankfort, KY 40602			