

Exhibit 2

**COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND**

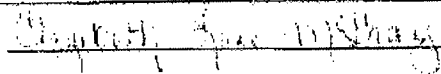
Date 02/17/14

Reporting Month JANUARY 2014

Carrier Information	
Company Name	CUMBERLAND CELLULAR PARTNERSHIP
Company Address	P.O. BOX 5012, ELIZABETHTOWN, KY 42702-5012
Telephone / Fax	(270) 769-0339
Vendor Number	

Classification				
Please Circle One	ILEC	CLEC	<u>Cellular</u>	PCS

Monthly Access Line Data		
1	Total Access Lines in Service	61,508
2	Surcharge Per Access Line	\$0.08
3	Amount of Surcharge Remitted to Kentucky USF	\$4,920.64
4	Number of Access Lines Receiving Lifeline Support	436
5	Amount of Reimbursement Requested from Kentucky USF	\$1,526.00

Signature Block	
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.	
Company Official	<u>Elizabeth Love-McGray for and on behalf of Cumberland Cellular Partnership</u>
Company Official Signature	<u></u> Date <u>02/17/14</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.
P.O. Box 615
Frankfort, KY 40602

COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date 03/13/14

Reporting Month FEBRUARY 2014

Carrier Information

Company Name	CUMBERLAND CELLULAR PARTNERSHIP
Company Address	P.O. BOX 5012, ELIZABETHTOWN, KY 42702-5012
Telephone / Fax	(270) 769-0339
Vendor Number	

Classification

Please Circle One

ILEC

CLEC

Cellular

PCS

Monthly Access Line Data

1	Total Access Lines in Service	61,549
2	Surcharge Per Access Line	\$0.08
3	Amount of Surcharge Remitted to Kentucky USF	\$4,923.92
4	Number of Access Lines Receiving Lifeline Support	429
5	Amount of Reimbursement Requested from Kentucky USF	\$1,501.50

Signature Block

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.

Company Official Elizabeth Love-McGray for and on behalf of Cumberland Cellular Partnership

Company Official Signature [Signature] Date 03/13/14

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**COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND**

Date 04/11/14

Reporting Month MARCH 2014

Carrier Information	
Company Name	CUMBERLAND CELLULAR PARTNERSHIP
Company Address	P.O. BOX 5012, ELIZABETHTOWN, KY 42702-5012
Telephone / Fax	(270) 769-0339
Vendor Number	

Classification				
Please Circle One	ILEC	CLEC	<u>Cellular</u>	PCS

Monthly Access Line Data		
1	Total Access Lines in Service	61,376
2	Surcharge Per Access Line	\$0.08
3	Amount of Surcharge Remitted to Kentucky USF	\$4,910.08
4	Number of Access Lines Receiving Lifeline Support	413
5	Amount of Reimbursement Requested from Kentucky USF	\$1,445.50

Signature Block	
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.	
Company Official	<u>Elizabeth Love-McGray for and on behalf of Cumberland Cellular Partnership</u>
Company Official Signature	<u><i>E Love-McGray</i></u> Date <u>04/11/14</u>

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COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date 05/07/14

Reporting Month APRIL 2014

Carrier Information

Company Name	CUMBERLAND CELLULAR PARTNERSHIP
Company Address	P.O. BOX 5012, ELIZABETHTOWN, KY 42702-5012
Telephone / Fax	(270) 769-0339
Vendor Number	

Classification

Please Circle One ILEC CLEC Cellular PCS

Monthly Access Line Data

1	Total Access Lines in Service	61,277
2	Surcharge Per Access Line	\$0.08
3	Amount of Surcharge Remitted to Kentucky USF	\$4,902.16
4	Number of Access Lines Receiving Lifeline Support	401
5	Amount of Reimbursement Requested from Kentucky USF	\$1,403.50

Signature Block

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.

Company Official Elizabeth Love-McGray for and on behalf of Cumberland Cellular Partnership

Company Official Signature *E. Love-McGray* Date 06/07/14
5-19-14

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COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date 06/07/14

Reporting Month May 2014

Carrier Information	
Company Name	CUMBERLAND CELLULAR PARTNERSHIP
Company Address	P.O. BOX 5012, ELIZABETHTOWN, KY 42702-5012
Telephone / Fax	(270) 769-0339
Vendor Number	

Classification				
Please Circle One	ILEC	CLEC	<u>Cellular</u>	PCS

Monthly Access Line Data		
1	Total Access Lines in Service	61,384
2	Surcharge Per Access Line	\$0.08
3	Amount of Surcharge Remitted to Kentucky USF	\$4,910.72
4	Number of Access Lines Receiving Lifeline Support	386
5	Amount of Reimbursement Requested from Kentucky USF	\$1,351.00

Signature Block	
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.	
Company Official	<u>Elizabeth Love-McGray for and on behalf of Cumberland Cellular Partnership</u>
Company Official Signature	<u><i>Elizabeth Love-McGray</i></u> Date <u>6-9-14</u>

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**COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND**

Date 07/14/14

Reporting Month June 2014

Carrier Information	
Company Name	CUMBERLAND CELLULAR PARTNERSHIP
Company Address	P.O. BOX 5012, ELIZABETHTOWN, KY 42702-5012
Telephone / Fax	(270) 769-0339
Vendor Number	

Classification	ILEC	CLEC	<u>Cellular</u>	PCS
Please Circle One				

Monthly Access Line Data	
1	Total Access Lines in Service <u>61,356</u>
2	Surcharge Per Access Line <u>\$0.08</u>
3	Amount of Surcharge Remitted to Kentucky USF <u>\$4,908.48</u>
4	Number of Access Lines Receiving Lifeline Support <u>371</u>
5	Amount of Reimbursement Requested from Kentucky USF <u>\$1,298.50</u>

Signature Block	
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.	
Company Official	<u>Elizabeth Love-McGray for and on behalf of Cumberland Cellular Partnership</u>
Company Official Signature	<u><i>E. Love-McGray</i></u> Date <u>7-16-14</u>

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**COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND**

Date 08/18/14

Reporting Month July 2014

Carrier Information	
Company Name	CUMBERLAND CELLULAR PARTNERSHIP
Company Address	P.O. BOX 5012, ELIZABETHTOWN, KY 42702-5012
Telephone / Fax	(270) 769-0339
Vendor Number	

Classification	ILEC	CLEC	<u>Cellular</u>	PCS
Please Circle One				

Monthly Access Line Data	
1	Total Access Lines in Service <u>61,109</u>
2	Surcharge Per Access Line <u>\$0.08</u>
3	Amount of Surcharge Remitted to Kentucky USF <u>\$4,888.72</u>
4	Number of Access Lines Receiving Lifeline Support <u>371</u>
5	Amount of Reimbursement Requested from Kentucky USF <u>\$1,298.50</u>

Signature Block	
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.	
Company Official	<u>Elizabeth Love-McGray for and on behalf of Cumberland Cellular Partnership</u>
Company Official Signature	<u>Elizabeth Love-McGray</u> Date <u>8-18-14</u>

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**COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND**

Date 09/15/14

Reporting Month August 2014

Carrier Information	
Company Name	CUMBERLAND CELLULAR PARTNERSHIP
Company Address	P.O. BOX 5012, ELIZABETHTOWN, KY 42702-5012
Telephone / Fax	(270) 769-0339
Vendor Number	

Classification	ILEC	CLEC	<u>Cellular</u>	PCS
Please Circle One				

Monthly Access Line Data	
1	Total Access Lines in Service <u>61,145</u>
2	Surcharge Per Access Line <u>\$0.08</u>
3	Amount of Surcharge Remitted to Kentucky USF <u>\$4,891.60</u>
4	Number of Access Lines Receiving Lifeline Support <u>314</u>
5	Amount of Reimbursement Requested from Kentucky USF <u>\$1,099.00</u>

Signature Block	
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.	
Company Official	<u>Elizabeth Love-McGray for and on behalf of Cumberland Cellular Partnership</u>
Company Official Signature	<u><i>Elizabeth Love-McGray</i></u> Date <u>9-18-14</u>

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COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND


Date 10/15/14

Reporting Month September 2014

Carrier Information	
Company Name	CUMBERLAND CELLULAR PARTNERSHIP
Company Address	P.O. BOX 5012, ELIZABETHTOWN, KY 42702-5012
Telephone / Fax	(270) 769-0339
Vendor Number	

Classification				
Please Circle One	ILEC	CLEC	<u>Cellular</u>	PCS

Monthly Access Line Data		
1	Total Access Lines in Service	61,160
2	Surcharge Per Access Line	\$0.08
3	Amount of Surcharge Remitted to Kentucky USF	\$4,892.80
4	Number of Access Lines Receiving Lifeline Support	314
5	Amount of Reimbursement Requested from Kentucky USF	\$1,099.00

Signature Block	
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.	
Company Official	<u>Elizabeth Love-McGray for and on behalf of Cumberland Cellular Partnership</u>
Company Official Signature	<u></u> Date <u>10/15/14</u>

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Frankfort, KY 40602

COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date 11/06/14

Reporting Month October 2014

Carrier Information	
Company Name	CUMBERLAND CELLULAR PARTNERSHIP
Company Address	P.O. BOX 5012, ELIZABETHTOWN, KY 42702-5012
Telephone / Fax	(270) 769-0339
Vendor Number	

Classification				
Please Circle One	ILEC	CLEC	<u>Cellular</u>	PCS

Monthly Access Line Data		
1	Total Access Lines in Service	61,084
2	Surcharge Per Access Line	\$0.08
3	Amount of Surcharge Remitted to Kentucky USF	\$4,886.72
4	Number of Access Lines Receiving Lifeline Support	303
5	Amount of Reimbursement Requested from Kentucky USF	\$1,060.50

Signature Block	
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.	
Company Official	<u>Elizabeth Love-McGray for and on behalf of Cumberland Cellular Partnership</u>
Company Official Signature	<u>[Signature]</u> Date <u>11/06/14</u>

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Frankfort, KY 40602

**COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND**

Date 12/05/14

Reporting Month November 2014

Carrier Information	
Company Name	CUMBERLAND CELLULAR PARTNERSHIP
Company Address	P.O. BOX 5012, ELIZABETHTOWN, KY 42702-5012
Telephone / Fax	(270) 769-0339
Vendor Number	

Classification				
Please Circle One	ILEC	CLEC	<u>Cellular</u>	PCS

Monthly Access Line Data		
1	Total Access Lines in Service	60,806
2	Surcharge Per Access Line	50.08
3	Amount of Surcharge Remitted to Kentucky USF	\$4,864.48
4	Number of Access Lines Receiving Lifeline Support	269
5	Amount of Reimbursement Requested from Kentucky USF	\$941.50

Signature Block	
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.	
Company Official	<u>Elizabeth Love-McGray for and on behalf of Cumberland Cellular Partnership</u>
Company Official Signature	<u><i>Elizabeth Love-McGray</i></u> Date <u>12/11/14</u>

Make check payable to: "Kentucky State Treasurer" and send with this report to:
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 702 Capital Ave.
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 Frankfort, KY 40601

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 Kentucky Public Service Commission
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 211 Sower Blvd.
 P.O. Box 615
 Frankfort, KY 40602

COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date 01/12/15

Reporting Month December 2014

Carrier Information	
Company Name	CUMBERLAND CELLULAR PARTNERSHIP
Company Address	P.O. BOX 5012, ELIZABETHTOWN, KY 42702-5012
Telephone / Fax	(270) 769-0339
Vendor Number	

Classification				
Please Circle One	ILEC	CLEC	<u>Cellular</u>	PCS

Monthly Access Line Data		
1	Total Access Lines in Service	60,680
2	Surcharge Per Access Line	\$0.08
3	Amount of Surcharge Remitted to Kentucky USF	\$4,854.40
4	Number of Access Lines Receiving Lifeline Support	271
5	Amount of Reimbursement Requested from Kentucky USF	\$948.50

Signature Block	
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.	
Company Official	<u>Elizabeth Love-McGray for and on behalf of Cumberland Cellular Partnership</u>
Company Official Signature	<u><i>Elizabeth Love-McGray</i></u> Date <u>1/12/15</u>

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**COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND**

Date 02/10/15

Reporting Month January 2015

Carrier Information	
Company Name	CUMBERLAND CELLULAR PARTNERSHIP
Company Address	P.O. BOX 5012, ELIZABETHTOWN, KY 42702-5012
Telephone / Fax	(270) 769-0339
Vendor Number	

Classification				
Please Circle One	ILEC	CLEC	<u>Cellular</u>	PCS

Monthly Access Line Data		
1	Total Access Lines in Service	60,323
2	Surcharge Per Access Line	\$0.08
3	Amount of Surcharge Remitted to Kentucky USF	\$4,825.84
4	Number of Access Lines Receiving Lifeline Support	264
5	Amount of Reimbursement Requested from Kentucky USF	\$924.00

Signature Block	
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.	
Company Official	<u>Elizabeth Love-McGray for and on behalf of Cumberland Cellular Partnership</u>
Company Official Signature	<u>[Signature]</u> Date <u>2/10/15</u>

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COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date 03/09/15

Reporting Month February 2015

Carrier Information	
Company Name	CUMBERLAND CELLULAR PARTNERSHIP
Company Address	P.O. BOX 5012, ELIZABETHTOWN, KY 42702-5012
Telephone / Fax	(270) 769-0339
Vendor Number	

Classification				
Please Circle One	ILEC	CLEC	<u>Cellular</u>	PCS

Monthly Access Line Data		
1	Total Access Lines in Service	60,146
2	Surcharge Per Access Line	\$0.08
3	Amount of Surcharge Remitted to Kentucky USF	\$4,811.68
4	Number of Access Lines Receiving Lifeline Support	252
5	Amount of Reimbursement Requested from Kentucky USF	\$882.00

Signature Block	
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.	
Company Official	<u>Elizabeth Love-McGray for and on behalf of Cumberland Cellular Partnership</u>
Company Official Signature	<u>E. Love-McGray</u> Date <u>3.11.15</u>

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**COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND**

Date 04/10/15

Reporting Month March 2015

Carrier Information	
Company Name	CUMBERLAND CELLULAR PARTNERSHIP
Company Address	P.O. BOX 5012, ELIZABETHTOWN, KY 42702-5012
Telephone / Fax	(270) 769-0339
Vendor Number	

Classification	ILEC	CLEC	<u>Cellular</u>	PCS
Please Circle One				

Monthly Access Line Data		
1	Total Access Lines in Service	59,826
2	Surcharge Per Access Line	\$0.08
3	Amount of Surcharge Remitted to Kentucky USF	\$4,786.08
4	Number of Access Lines Receiving Lifeline Support	241
5	Amount of Reimbursement Requested from Kentucky USF	\$843.50

Signature Block	
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.	
Company Official	<u>Elizabeth Love-McGray for and on behalf of Cumberland Cellular Partnership</u>
Company Official Signature	<u>[Signature]</u> Date <u>4/10/15</u>

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**COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND**

Date 05/08/15

Reporting Month April 2015

Carrier Information	
Company Name	CUMBERLAND CELLULAR PARTNERSHIP
Company Address	P.O. BOX 5012, ELIZABETHTOWN, KY 42702-5012
Telephone / Fax	(270) 769-0339
Vendor Number	

Classification				
Please Circle One	ILEC	CLEC	<u>Cellular</u>	PCS

Monthly Access Line Data		
1	Total Access Lines in Service	59,611
2	Surcharge Per Access Line	\$0.08
3	Amount of Surcharge Remitted to Kentucky USF	\$4,768.88
4	Number of Access Lines Receiving Lifeline Support	235
5	Amount of Reimbursement Requested from Kentucky USF	\$822.50

Signature Block	
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.	
Company Official	<u>Elizabeth Love-McGray for and on behalf of Cumberland Cellular Partnership</u>
Company Official Signature	<u><i>Elizabeth Love-McGray</i></u> Date <u>5-10-15</u>

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**COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND**

Date 06/05/15

Reporting Month May 2015

Carrier Information	
Company Name	CUMBERLAND CELLULAR PARTNERSHIP
Company Address	P.O. BOX 5012, ELIZABETHTOWN, KY 42702-5012
Telephone / Fax	(270) 769-0339
Vendor Number	

Classification	ILEC	CLEC	<u>Cellular</u>	PCS
Please Circle One				

Monthly Access Line Data		
1	Total Access Lines In Service	59,549
2	Surcharge Per Access Line	\$0.08
3	Amount of Surcharge Remitted to Kentucky USF	\$4,763.92
4	Number of Access Lines Receiving Lifeline Support	223
5	Amount of Reimbursement Requested from Kentucky USF	\$780.50

Signature Block	
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.	
Company Official	<u>Elizabeth Love-McGray for and on behalf of Cumberland Cellular Partnership</u>
Company Official Signature	<u><i>[Signature]</i></u> Date <u>6/11/15</u>

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**COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND**

Date 07/08/15

Reporting Month June 2015

Carrier Information

Company Name	CUMBERLAND CELLULAR PARTNERSHIP
Company Address	P.O. BOX 5012, ELIZABETHTOWN, KY 42702-5012
Telephone / Fax	(270) 769-0339
Vendor Number	

Classification

Please Circle One ILEC CLEC Cellular PCS

Monthly Access Line Data

1	Total Access Lines in Service	59,303
2	Surcharge Per Access Line	\$0.08
3	Amount of Surcharge Remitted to Kentucky USF	\$4,744.24
4	Number of Access Lines Receiving Lifeline Support	219
5	Amount of Reimbursement Requested from Kentucky USF	\$766.50

Signature Block

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.

Company Official Elizabeth Love-McGray for and on behalf of Cumberland Cellular Partnership

Company Official Signature *Elizabeth Love-McGray* Date 7-8-15

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**COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND**

Date 08/11/15

Reporting Month July 2015

Carrier Information

Company Name	CUMBERLAND CELLULAR PARTNERSHIP
Company Address	P.O. BOX 5012, ELIZABETHTOWN, KY 42702-5012
Telephone / Fax	(270) 769-0339
Vendor Number	

Classification

Please Circle One ILEC CLEC Cellular PCS

Monthly Access Line Data

1	Total Access Lines in Service	59,133
2	Surcharge Per Access Line	\$0.08
3	Amount of Surcharge Remitted to Kentucky USF	\$4,730.64
4	Number of Access Lines Receiving Lifeline Support	214
5	Amount of Reimbursement Requested from Kentucky USF	\$749.00

Signature Block

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.

Company Official Elizabeth Love-McGray for and on behalf of Cumberland Cellular Partnership

Company Official Signature *Elizabeth Love-McGray* Date 8/11/15

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COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date 09/11/15

Reporting Month Aug 2015

Carrier Information	
Company Name	CUMBERLAND CELLULAR PARTNERSHIP
Company Address	P.O. BOX 5012, ELIZABETHTOWN, KY 42702-5012
Telephone / Fax	(270) 769-0339
Vendor Number	

Classification				
Please Circle One	ILEC	CLEC	Cellular	PCS

Monthly Access Line Data		
1	Total Access Lines in Service	59,084
2	Surcharge Per Access Line	\$0.08
3	Amount of Surcharge Remitted to Kentucky USF	\$4,726.72
4	Number of Access Lines Receiving Lifeline Support	204
5	Amount of Reimbursement Requested from Kentucky USF	\$714.00

Signature Block	
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.	
Company Official	<u>Elizabeth Love-McGray for and on behalf of Cumberland Cellular Partnership</u>
Company Official Signature	<u><i>Elizabeth Love-McGray</i></u> Date <u>9/11/15</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.
P.O. Box 615
Frankfort, KY 40602

COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date 10/13/15

Reporting Month Sep 2015

Carrier Information	
Company Name	CUMBERLAND CELLULAR PARTNERSHIP
Company Address	P.O. BOX 5012, ELIZABETHTOWN, KY 42702-5012
Telephone / Fax	(270) 769-0339
Vendor Number	

Classification				
Please Circle One	ILEC	CLEC	Cellular	PCS

Monthly Access Line Data		
1	Total Access Lines in Service	59,609
2	Surcharge Per Access Line	\$0.08
3	Amount of Surcharge Remitted to Kentucky USF	\$4,768.72
4	Number of Access Lines Receiving Lifeline Support	172
5	Amount of Reimbursement Requested from Kentucky USF	\$602.00

Signature Block	
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.	
Company Official	<u>Elizabeth Love-McGray for and on behalf of Cumberland Cellular Partnership</u>
Company Official Signature	<u>[Signature]</u> Date <u>10/13/15</u>

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Finance and Administration Cabinet
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**COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND**

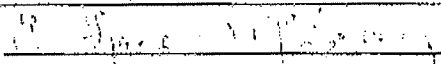
Date 11/16/15

Reporting Month Oct 2015

Carrier Information	
Company Name	CUMBERLAND CELLULAR PARTNERSHIP
Company Address	P.O. BOX 5012, ELIZABETHTOWN, KY 42702-5012
Telephone / Fax	(270) 769-0339
Vendor Number	

Classification				
Please Circle One	ILEC	CLEC	<u>Cellular</u>	PCS

Monthly Access Line Data		
1	Total Access Lines in Service	59,496
2	Surcharge Per Access Line	\$0.08
3	Amount of Surcharge Remitted to Kentucky USF	\$4,759.68
4	Number of Access Lines Receiving Lifeline Support	166
5	Amount of Reimbursement Requested from Kentucky USF	\$581.00

Signature Block	
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.	
Company Official	<u>Elizabeth Love-McGray for and on behalf of Cumberland Cellular Partnership</u>
Company Official Signature	<u></u> Date <u>11/16/15</u>

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**COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND**

Date 12/10/15

Reporting Month Nov 2015

Carrier Information

Company Name	CUMBERLAND CELLULAR PARTNERSHIP
Company Address	P.O. BOX 5012, ELIZABETHTOWN, KY 42702-5012
Telephone / Fax	(270) 769-0339
Vendor Number	

Classification

Please Circle One ILEC CLEC Cellular PCS

Monthly Access Line Data

1	Total Access Lines in Service	<u>59,438</u>
2	Surcharge Per Access Line	<u>\$0.08</u>
3	Amount of Surcharge Remitted to Kentucky USF	<u>\$4,755.04</u>
4	Number of Access Lines Receiving Lifeline Support	<u>168</u>
5	Amount of Reimbursement Requested from Kentucky USF	<u>\$588.00</u>

Signature Block

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.

Company Official Elizabeth Love-McGray for and on behalf of Cumberland Cellular Partnership

Company Official Signature *Elizabeth Love-McGray* Date 12/10/15

Make check payable to: "Kentucky State Treasurer" and send with this report to:
Finance and Administration Cabinet
Attn: KY USF
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P.O. Box 615
Frankfort, KY 40602

COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date 01/09/16

Reporting Month Dec 2015

Carrier Information

Company Name	CUMBERLAND CELLULAR PARTNERSHIP
Company Address	P.O. BOX 5012, ELIZABETHTOWN, KY 42702-5012
Telephone / Fax	(270) 769-0339
Vendor Number	

Classification

Please Circle One

ILEC

CLEC

Cellular

PCS

Monthly Access Line Data

1	Total Access Lines in Service	59,527
2	Surcharge Per Access Line	\$0.08
3	Amount of Surcharge Remitted to Kentucky USF	\$4,762.16
4	Number of Access Lines Receiving Lifeline Support	165
5	Amount of Reimbursement Requested from Kentucky USF	\$577.50

Signature Block

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.

Company Official Elizabeth Love-McGray for and on behalf of Cumberland Cellular Partnership

Company Official Signature [Signature] Date 1/9/16

Make check payable to: "Kentucky State Treasurer" and send with this report to:
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**COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND**

Date 02/18/16

Reporting Month Jan 2016

Carrier Information

Company Name	CUMBERLAND CELLULAR PARTNERSHIP
Company Address	P.O. BOX 5012, ELIZABETHTOWN, KY 42702-5012
Telephone / Fax	(270) 769-0339
Vendor Number	

Classification

Please Circle One

ILEC

CLEC

Cellular

PCS

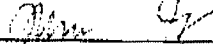
Monthly Access Line Data

1	Total Access Lines in Service	59,294
2	Surcharge Per Access Line	\$0.08
3	Amount of Surcharge Remitted to Kentucky USF	\$4,743.52
4	Number of Access Lines Receiving Lifeline Support	158
5	Amount of Reimbursement Requested from Kentucky USF	\$553.00

Signature Block

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.

Company Official Michael Grendi for and on behalf of Cumberland Cellular Partnership

Company Official Signature  Date 2/18/16

Make check payable to: "Kentucky State Treasurer" and send with this report to:
Finance and Administration Cabinet
Attn: KY USF
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Frankfort, KY 40601

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P.O. Box 615
Frankfort, KY 40602

COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date 03/14/16

Reporting Month Feb 2016

Carrier Information

Company Name	CUMBERLAND CELLULAR PARTNERSHIP
Company Address	P.O. BOX 5012, ELIZABETHTOWN, KY 42702-5012
Telephone / Fax	(270) 769-0339
Vendor Number	

Classification

Please Circle One ILEC CLEC Cellular PCS

Monthly Access Line Data

1	Total Access Lines in Service	59,201
2	Surcharge Per Access Line	\$0.08
3	Amount of Surcharge Remitted to Kentucky USF	\$4,736.08
4	Number of Access Lines Receiving Lifeline Support	150
5	Amount of Reimbursement Requested from Kentucky USF	\$525.00

Signature Block

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.

Company Official Elizabeth Love-McGray for and on behalf of Cumberland Cellular Partnership

Company Official Signature *Elizabeth Love-McGray* Date 3/17/16

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

Finance and Administration Cabinet
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Frankfort, KY 40601

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P.O. Box 615
Frankfort, KY 40602

**COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND**

Date 04/15/16

Reporting Month Mar 2016

Carrier Information	
Company Name	CUMBERLAND CELLULAR PARTNERSHIP
Company Address	P.O. BOX 5012, ELIZABETHTOWN, KY 42702-5012
Telephone / Fax	(270) 769-0339
Vendor Number	

Classification				
Please Circle One	ILEC	CLEC	<u>Cellular</u>	PCS

Monthly Access Line Data		
1	Total Access Lines In Service	59,077
2	Surcharge Per Access Line	\$0.08
3	Amount of Surcharge Remitted to Kentucky USF	\$4,726.16
4	Number of Access Lines Receiving Lifeline Support	142
5	Amount of Reimbursement Requested from Kentucky USF	\$497.00

Signature Block	
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.	
Company Official	<u>Elizabeth Love-McGray for and on behalf of Cumberland Cellular Partnership</u>
Company Official Signature	<u>E. Love-McGray</u> Date <u>4.18.16</u>

Make check payable to: "Kentucky State Treasurer" and send with this report to:
Finance and Administration Cabinet
Attn: KY USF
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Frankfort, KY 40602

COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date 05/19/16

Reporting Month Apr 2016

Carrier Information

Company Name	CUMBERLAND CELLULAR PARTNERSHIP
Company Address	P.O. BOX 5012, ELIZABETHTOWN, KY 42702-5012
Telephone / Fax	(270) 769-0339
Vendor Number	

Classification

Please Circle One

ILEC

CLEC

Cellular

PCS

Monthly Access Line Data

1	Total Access Lines in Service	58,906
2	Surcharge Per Access Line	\$0.08
3	Amount of Surcharge Remitted to Kentucky USF	\$4,712.48
4	Number of Access Lines Receiving Lifeline Support	139
5	Amount of Reimbursement Requested from Kentucky USF	\$486.50

Signature Block

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.

Company Official Michael Grendi for and on behalf of Cumberland Cellular Partnership

Company Official Signature *Michael Grendi*

Date 5/24/16

Make check payable to: "Kentucky State Treasurer" and send with this report to:
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COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

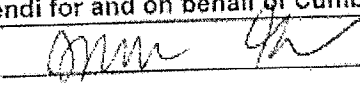
Date 06/15/16

Reporting Month May 2016

Carrier Information	
Company Name	CUMBERLAND CELLULAR PARTNERSHIP
Company Address	P.O. BOX 5012, ELIZABETHTOWN, KY 42702-5012
Telephone / Fax	(270) 769-0339
Vendor Number	

Classification	ILEC	CLEC	Cellular	PCS
Please Circle One			<input checked="" type="radio"/>	

Monthly Access Line Data		
1	Total Access Lines in Service	58,842
2	Surcharge Per Access Line	\$0.08
3	Amount of Surcharge Remitted to Kentucky USF	\$4,707.36
4	Number of Access Lines Receiving Lifeline Support	134
5	Amount of Reimbursement Requested from Kentucky USF	\$469.00

Signature Block	
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.	
Company Official	<u>Michael Grendi for and on behalf of Cumberland Cellular Partnership</u>
Company Official Signature	<u></u> Date <u>6/17/16</u>

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P.O. Box 615
Frankfort, KY 40602

**COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND**

Date 07/08/16

Reporting Month June 2016

Carrier Information	
Company Name	CUMBERLAND CELLULAR PARTNERSHIP
Company Address	P.O. BOX 5012, ELIZABETHTOWN, KY 42702-5012
Telephone / Fax	(270) 769-0339
Vendor Number	

Classification				
Please Circle One	ILEC	CLEC	<u>Cellular</u>	PCS

Monthly Access Line Data		
1	Total Access Lines in Service	58,808
2	Surcharge Per Access Line	\$0.08
3	Amount of Surcharge Remitted to Kentucky USF	\$4,704.64
4	Number of Access Lines Receiving Lifeline Support	130
5	Amount of Reimbursement Requested from Kentucky USF	\$455.00

Signature Block	
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.	
Company Official	<u>Elizabeth Love-McGray for and on behalf of Cumberland Cellular Partnership</u>
Company Official Signature	<u><i>Elizabeth Love-McGray</i></u> Date <u>7-13-16</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

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 P.O. Box 615
 Frankfort, KY 40602