Exhibit 2

ate 0	2/17/14		Reporting	Month JAN	UARY 2014	
• • •	an a	Car	rier information	, <u>, , , , , , , , , , , , , , , ,</u>		
	Company Name	CUMBERI	AND CELLULAR PA	RTNERSHIP		
	Company Address	P.O. BOX	5012, ELIZABETHTO	WN, KY 42702-501	2	
	Telephone / Fax	(270) 769-	0339			
	Vendor Number					
Classificat	ion				an a	
Please Cir	cle One	ILEC	CLEC	Cellular	PCS	
		Month	ly Access Line Data		A	
1 To	ital Access Lines in Sen	rice		1-11-1-1-11-11-11-11-11-11-11-11-11-11-	61,508	
2 SL	Ircharge Per Access Lin	e		\$0.08		
3 Ar	nount of Surcharge Ren	USF	\$4,920.64			
4 Na	umber of Access Lines F	leceiving Lifeline	Support	436		
5 Ar	nount of Reimbursemen	t Requested from	NKentucky USF		\$1,526.00	
		S	ignature Block			
I hereby a	ttest that the information	reported herein	is true and accurate to	the best of my know	ledge.	
Company	Official Elizabeth Lov		d on behalf of Cumbe	rland Cellular Parti	nership	
Company	Official Signature	haptersty the	in highling	Date02/	17/14	
State Treasul report to: Finance and Attn: KY USI 702 Capital A	ive. x, Room 488A			Kentucky Commiss ATTN: Ji 211 Sowe P.O. Box	m Stevens er Blvd.	

Date	03/13/14	. Repo	rting Month	FEBRUARY 2014		
r 						
		Carrier Information				
Company Name CUMBERLAND CELLULAR PARTNERSHIP						
	Company Address	P.O. BOX 5012, ELIZABET	HTOWN, KY 42	2702-5012	1	
	Telephone / Fax	(270) 769-0339	ور والحمد و المراجع و المراجع المراجع المراجع المراجع و المراجع و المراجع و المراجع و المراجع و المراجع و			
	Vendor Number				ىرىنى ئۇر دېسىرىمەر بىرىزىرىمۇر بىرىزىرىمۇر بىرىزىرىمۇر بىرىرىكى	
Class	sification			n,		
Pleas	se Circle One	LEC CLEC	Ce	ellular	PCS	
		Monthly Access Line D	ata			
1	Total Access Lines in Service	}	** 3) # 4 5 6 6 6 6 6 6 7 6 7 6 6 6 6 6 6 6 6 6 6	61,549		
2	Surcharge Per Access Line	and and a second se		\$0.08		
3	Amount of Surcharge Remitte	ed to Kentucky USF		\$4,923.92		
4	Number of Access Lines Rec	eiving Lifeline Support	11 14 14 14 14 14 14 14	429		
5	Amount of Reimbursement R	equested from Kentucky USF	, 417 (PP)	\$1,501.50		
		Signature Block	/////			
1 here	eby attest that the information re	ported herein is true and accurat	e to the best of	my knowledge.	,	
Com	pany Official <u>Elizabeth Love-M</u>	cGray for and on behalf of Cu	mberland Cellu	lar Partnership		
Com	pany Official Signature	A CALL MAR MARCHA	Date	03/13/14		
State Tre report to Finance Attn: KY 702 Cap Capitol /	and Administration Cabinet CUSF		К С 2 F	Send a copy of this repo Centucky Public Service Commission ATTN: Jim Stevens ATTN:		

Date 04/11/14		Reporting	Month MARCI	H 2014	
[
	Ca	rrier Information			
Company Nam	e CUMBER	RLAND CELLULAR PA	RTNERSHIP		
Company Addres	s P.O. BO)	(5012, ELIZABETHTC	WN, KY 42702-5012		
Telephone / Fa	ľ				
Vendor Numbe		**************************************	nten tennen (n. 1997). (n. 1997)		
(I			د به استیاب ما به این فاره است استان از این می سود. و سرخت و استان از این مع د می است. در ا	
Classification					
Please Circle One	ILEC	CLEC	Cellular	PCS	
	Month	nly Access Line Data			
1 Total Access Lines in	Service		n an	61,376	
	nongadi nika di-adrahadi m		(((A))(((A)))(((-)))((-)))((-))((-))((-	<u>, , , , , , , , , , , , , , , , , , , </u>	
2 Surcharge Per Acces	s Line	27 111 17 127 1780 1 441 141 141 141 141 14-24 - 11-24 1420 141 145-444 1477 14		\$0.08	
3 Amount of Surcharge	Remitted to Kentuck	y USF	\$4,910.08		
4 Number of Access Lir	es Receiving Lifeline	Support	413		
5 Amount of Reimburse	ment Requested from	n Kentucky USF	\$1,445.50		
			· · · · · · · · · · · · · · · · · · ·		
·····	· · · · · · · · · · · · · · · · · · ·				
		Signature Block	a a faith an the second se		
I hereby attest that the inform	ation reported herein	is true and accurate to	the best of my knowledge.		
Company Official Elizabeth	l ove-McGrav for an	d on behalf of Cumbs	riand Cellular Partnershi	n	
Company Official Signature	e gro	milliary	Date 04/11/14	<u> </u>	
	<u> </u>	in france			
Make check payable to: "Kentuck State Treasurer" and send with th			Send a copy of t Kentucky Public		
report to: Finance and Administration Cabl	tar		Commission ATTN: Jim Stev	000	
Alth: KY USF	151		211 Sower Blvd.		
702 Capital Ave.			P.O. Box 615		
Capitol Annex, Room 488A Frankfort, KY 40601			Frankfort, KY 4	0602	

Date _	05/07/14		Reporting M	onth APR	11. 2014
		Ça	rrier Information		
	Company Name	CUMBER	LAND CELLULAR PART	NERSHIP	<u> </u>
	Company Address	P.O. BOX	5012, ELIZABETHTOW	N, KY 42702-5012	
	Telephone / Fax	(270) 769	-0339		
	Vendor Number			en waaroo waxaa ka waxaa ka waxaa ka waxaa ka ka ka ka waxaa ka ka ka ka ka waxaa ka ka waxaa ka ka ka ka ka ka	
Class	sification				
Plea	se Circle One	ILEC	ĆLEC	Cellular	PCS
		Monti	nly Access Line Data		
1	Total Access Lines in Serv	ice	ente en sous pour pour esponara seu ante	96- 1960 F (10	61,277
2	Surcharge Per Access Line	·		1745 / AND	\$0.08
3	Amount of Surcharge Rem	itted to Kentuck	y USF	\$4	4,902.16
4	Number of Access Lines R	eceiving Lifeline	e Support	st er et i ste t ge ste s 	401
5	Amount of Reimbursemen	Requested from	m Kentucky USF	\$	1,403.50
······································	· · · · · · · · · · · · · · · · · · ·		Signature Block	100-01114-01-0-01-0-0-01-0-01114	<u></u>
l her	eby altest that the information	reported herein	is true and accurate to th	e best of my knowledg	e.
Corr	npany Official Elizabeth Love	-McGray for an	nd on behalf of Cumberl	and Cellular Partners	hip
Corr	npany Official Signature	- grue.	41) Hay	_Dale	4

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

Date 06/07/14		Reporting	g Month	May 2014		
	Ca	rrier Information				
Company Name	Company Name CUMBERLAND CELLULAR PARTI					
Company Address	P.O. BOX	5012, ELIZABETHTC	WN, KY 42702-5	5012		
Telephone / Fax	(270) 769	-0339				
Vendor Number	<u></u>					
Classification	му-тал					
Please Circle One	ILEC	CLEC	Cellular	PCS		
	Month	ly Access Line Data		and a standard of the standard of t		
1 Total Access Lines in Ser	vice		anna seena aska ki te u uuuu s, s. s. s. s. s	61,384		
2 Surcharge Per Access Lir	e		ر. د. د. د	\$0.08		
3 Amount of Surcharge Ren	aitted to Kentucky	USF		\$4,910.72		
4 Number of Access Lines F	Receiving Lifeline	Support	386			
5 Amount of Reimbursemen	t Requested from	Kentucky USF	••••••••••••••••••••••••••••••••••••••	\$1,351.00		
	S	ignature Block	· · · · · · · · · · · · · · · · · · ·			
I hereby attest that the information	reported herein i	s true and accurate to	the best of my kno	owledge.		
Company Official Elizabeth Love			rland Cellular Pa	rtnership		
Company Official Signature	here m	je stress sy	Date(. (1 - 1 - 4		
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			Kentuck Commis ATTN: 211 Sov P.O. Bo	Jim Stevens ver Blvd.		

te	07/14/14	-	Reporting Mor	th June	2014
		Ca	rrier Information		
	Company Name	CUMBER	LAND CELLULAR PARTN	ERSHIP	
	Company Address		5012, ELIZABETHTOWN		<u></u>
	Telephone / Fax	(270) 769	-0339		anna an
	Vendor Number		· · · · · · · · · · · · · · · · · · ·		
Class	sification				
Plea	se Circle One	ILEC	CLEC	Cellular	PCS
		Mont	hly Access Line Data		
			and a second		61,356
1	Total Access Lines in Serv	·	t are seen it. I are commend apply as an actual of my be probably as		\$0.08
2	Surcharge Per Access Line				A A / Addression
3	Amount of Surcharge Rem	itted to Kentuc	ky USF	\$4	,908.48
4	Number of Access Lines F	eceiving Lifelin	ne Support		371
5	Amount of Reimbursemer	t Requested fro	om Kentucky USF	\$1	1,298.50
			Signature Block		
	ereby attest that the information				
	mpany Official <u>Elizabeth Lov</u> mpany Official Signature	e-McGray for a		Date <u>1 - 1(o - 1</u>	4
State report Financ Altn: 702 C Capito	check payable to: "Kentucky Treasurer" and send with this to: ce and Administration Cabinet KY USF capital Ave. of Annex, Room 488Å			Send a copy o Kentucky Pub Commission ATTN: Jim S 211 Sower Bl P.O, Box 615 Frankfort, KY	tevens vd.

Frankfort, KY 40601

ate	08/18/14	<u> </u>	Reporting Month	hJuly	2014	
,		Ca	rrier Information			
	Company Name	CUMBER	LAND CELLULAR PARTNE	RSHIP		
	Company Address		5012, ELIZABETHTOWN,		a anna a suite	
	Telephone / Fax	(270) 769		1		
	Vendor Number					
Class	ification					
Pleas	se Circle One	ILEC	CLEC	(Cellular)	PCS	
	······································	Mont	hly Access Line Data			
			<u>, , , , , , , , , , , , , , , , , , , </u>	<u></u>	61,109	
1	Total Access Lines in Serv				\$0.08	
2	Surcharge Per Access Lin	ê	and a subsequence of the second state of the		tender Well	
3	3 Amount of Surcharge Remitted to Kentucky USF				4,888.72	
4	Number of Access Lines	Receiving Lifelir	ne Support	371		
5	Amount of Reimbursemen			\$	1,298.50	
			Signature Block			
1 he	reby attest that the informatio	n reported here	in is true and accurate to the	best of my knowledg	je.	
Con Cor	npany Official <u>Elizabeth Lov</u> npany Official Signature (⁴)	e-McGray for a	and on behalf of Cumberlan	nd Cellular Partners Date <u>8-19-14</u>	<u>nıp</u>	
State T report Financ Attn: H 702 Ca Capito	check payable to: "Kentucky Treasurer" and send with this to: te and Administration Cabinet KY USF apital Ave. I Annex, Room 488A fort, KY 40601			Send a copy Kentucky Pul Commission ATTN: Jim S 211 Sower B P.O. Box 615 Frankfort, KY	itevens Ivd.	

le <u>09/15/14</u>		-	Reporting	Month	August 2	2014	
	<u> </u>	Carr	ier Information		a a sin dan da Pa		
Corr	ipany Name	CUMBERL	AND CELLULAR PAR	RTNERSHIP			
	any Address		5012, ELIZABETHTO			<u></u>	
	phone / Fax	(270) 769-0			, ,		
	dor Number					an a	
Classification						000	
Please Circle One		ILEC	CLEC	(Cel	lular	PCS	
		Monthi	y Access Line Data				
1 Total Acce	ess Lines in Servio				6	1,145	
	Per Access Line				50.08		
			USF		A4 004 69		
	f Access Lines Re			314			
			Kentucky USF	,	\$1,0	99.00	
		S	ignature Block				
			is true and accurate to				
Company Official Company Official	3.	-McGray for an	d on behalf of Cumb	erland Cellu Date	ilar Partnershi	p	
Make check payable State Treasurer" and report to: Finance and Admini Attn: KY USF 702 Capital Ave. Capitol Annex, Roor Frankfort, KY 4060	t send with this stration Cabinet n 488A				Send a copy of t Kentucky Public Commission ATTN: Jim Stev 211 Sower Bivd P.O. Box 615 Frankfort, KY 4	: Service vens	

Frankfort, KY 40601

ate 10/15/14		Reporting	Month September	· 2014			
	Ca	rrier Information					
Company Name CUMBERLAND CELLULAR PARTNERSHIP							
Company Addre	ss P.O. BOX	5012, ELIZABETHTO	WN, KY 42702-5012				
Telephone / F	ax (270) 769	-0339					
Vendor Numb	er						
Classification				<u></u>			
Please Circle One	ILEC	CLEC	Cellular	PCS			
	Month	nly Access Line Data					
1 Total Access Lines in	n Service			61,160			
2 Surcharge Per Acce	ss Line	الى يەرىپى بىرىكى بى	\$0.08				
3 Amount of Surcharg	\$4,892.80						
4 Number of Access L	ines Receiving Lifeline	e Support	314				
5 Amount of Reimburs	ement Requested from	m Kentucky USF	\$1,099.00				
		Signature Block					
I hereby attest that the inform	nation reported herein	is true and accurate to	the best of my knowledge				
Company Official Elizabeti	Love-McGray for ar	nd on behalf of Cumb	erland Cellular Partnersh	ip			
Company Official Signature	C Haxe	M Je & Lata	Date <u>IVN Strain</u>	1			
Make check payable to: "Kentu State Treasurer" and send with report to: Finance and Administration Cal Attn: KY USF 702 Capital Ave. Capitol Annex, Room 488A Frankfort, KY 40601	this		Send a copy of Kentucky Public Commission ATTN: Jim Ste 211 Sower Blvo P.O. Box 615 Frankfort, KY	c Service Ivens J.			

Date	11/06/14		Reporting	Month Oct	ober 2014		
		Ca	rrier Information				
Company Name CUMBERLAND CELLULAR PARTNERSHIP							
1	Company Address	P.O. BOX	5012, ELIZABETHTO	WN, KY 42702-5012			
	Telephone / Fax	(270) 769	-0339				
	Vendor Number				ala a la fina de la fin		
Clas	sification				,		
Plea	se Circle One	ILEC	CLEC	Cellular	PC\$		
		Month	Ily Access Line Data				
1	Total Access Lines in Serv	lice		61,084			
2	Surcharge Per Access Lin	8	1944 (BATTACKAROS) (C.S. 1974) (G.F. 1990) (BATTACKAROS)	\$0.08			
3	Amount of Surcharge Rem	\$4,886.72					
4	Number of Access Lines F	Receiving Lifeline	Support	303			
5	Amount of Reimbursemen	t Requested from	n Kentucky USF	\$1,060.50			
	·	Ę	Signature Block		· · · · · · · · · · · · · · · · · · ·		
l her	eby attest that the information	reported herein	is true and accurate to	the best of my knowle	dge.		
Com	pany Official Elizabeth Love	*****	d on behalf of Cumbe	rland Cellular Partne	rship		
Com	pany Official Signature	1 - Syan 2	in production of the	Date	``}		
	neck payable to: *Kentucky				y of this report to:		
State Tr report to	easurer' and send with this			Kentucky P Commissio	ublic Serviçe n		
	and Administration Cabinet			ATTN: Jim			
Attn: K				211 Sower			
	bital Ave.			P.O. Box 6 Frankfort, K			
	Annex, Room 488A rt, KY 40601	L-rankion, r					

Date 12/05/14		Reporting	Month November	2014	
	Са	rrier Information		ana ang kang ang ang kang kang kang kang	
Company Name	· ····	LAND CELLULAR PA	RTNERSHIP	an a	
Company Address		5012, ELIZABETHTO		<u> </u>	
			WIN, ICI #2102-001A		
Telephone / Fax	(270) 769	-0339			
Vendor Number				<u> </u>	
Classification					
Please Circle One	ILEC	CLEC	Cellular	PCS	
	Monti	niy Access Line Data			
				60,806	
1 Total Access Lines in S	ervice				
2 Surcharge Per Access	Line		\$0.08		
3 Amount of Surcharge R	3 Amount of Surcharge Remitted to Kentucky USF				
4 Number of Access Line	s Receiving Lifelin	e Support	269		
5 Amount of Reimbursen			\$941.50		
		Signature Block			
I hereby attest that the informa	tion reported herein	h is true and accurate to	the best of my knowledge	9.	
Company Official Elizabeth L	ove-McGray for a	nd on behalf of Cumb	erland Cellular Partners	nip	
Company Official Signature	<u>C. Jenic</u>	n Charge	Date		
Make check payable to: "Kentucky State Treasurer" and send with thi report to: Finance and Administration Cabin Attn: KY USF 702 Capital Ave. Capitol Annex, Room 488A Frankfort, KY 40601	S		Send a copy o Kentucky Publ Commission ATTN: Jim St 211 Sower Blv P.Q. Box 615 Frankfort, KY	ic Service evens id.	

Date	01/12/15		Reporting	g Month Decen	nber 2014	
		Ca	rrier Information	••••••••••••••••••••••••••••••••••••••	anna an ann an an ann an an an an an an	
	Company Name	· · · · · · · · · · · · · · · · · · ·	LAND CELLULAR PA			
	Company Address				 	
	Telephone / Fax			OWN, KY 42702-5012		
	-	(270) 769-	0339		an a	
	Vendor Number			and the second se		
Classi	fication	•))	· · · · · · · · · · · · · · · · · · ·		
Please	e Çircle One	ILEC	CLEC	Cellular	PCS	
			· · · · · · · · · · · · · · · · · · ·		·····	
	·	Month	ly Access Line Data	999 <u>884</u>		
1	Total Access Lines in Service	00	11110 Statistica - geografian Statistica Marcellant III	60,680		
2	Surcharge Per Access Line	11.115 1.11.14.15 15 14.14.16 14.14.14.1		\$0.08		
3	Amount of Surcharge Remit	ted to Kentucky	USF	\$4,854.40		
4	Number of Access Lines Re	celving Lifeline	Support	271		
5	Amount of Reimbursement	•	Kentucky USF		\$948.50	
	<u></u>		ignature Block			
l herel	by attest that the information r	eported herein i	s true and accurate to	o the best of my knowle	dge.	
Comp	any Official Elizabeth Love-	McGray for and	d on behalf of Cumb	erland Cellular Partne	rship	
Comp	any Official Signature			Date <u>/ ////</u>		
	eck payable to: "Kentucky asurer" and send with this]			/ of this report to: ublic Service	
report to:	report to:			Commission)	
Finance a Attn: KY	and Administration Cabinet			ATTN: Jim 211 Sower I		
702 Capil	lal Ave.			P.O. Box 61	5	
	ппех, Room 488A , КҮ 40601			Frankfort, K	Y 40602	

ate	02/10/15		Reporting	Month Ja	anuary 2015			
		Cai	rrier Information	·				
	Company Name	CUMBER	LAND CELLULAR PA	RTNERSHIP				
	Company Address P.O. BOX 5012, ELIZABETHTOWN, KY 42702-5012							
	Telephone / Fax	(270) 769-	0339		·			
	Vendor Number							
Clas	sification	1. Jan Barry H			\			
Plea	se Circle One	ILEC	CLEC	Cellular	PCS			
				,	,			
	and and the second s	Month	ly Access Line Data		and a second			
1	Total Access Lines in Servi	ce	، ۱۹۷۹ ۱۰۰۰ (۱۹۹۰,۱۰۰ (۱۹۹۰) ۰۰۰ (۱۹۹۰ ۱۹۹۹) ۲۰۰۰ (۱۹۹۰ ۱۹۹۹) ۲۰۰۰ (۱۹۹۰ ۱۹۹۹)	1969 5 5 5 5 6 6 - 5 5 5 - 5 - 5 - 5 - 5 - 5	60,323			
2	Surcharge Per Access Line) 	- an a contraction of a model of the state of the first point of the state of the s	\$0.08				
3	Amount of Surcharge Rem	itted to Kentucky	USF	\$4,825.84				
4	Number of Access Lines R	eceiving Lifeline	Support	264				
5	Amount of Reimbursement	Requested from	Kentucky USF		\$924.00			
		S	ignature Block	<u> </u>				
	reby attest that the information npany Official Elizabeth Love							
Соп	npany Official Signature	in the state	fixe Mighten	DateAA	•			
	heck payable to: "Kentucky reasurer" and send with this				py of this report to: Public Service			

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. P.O. Box 615 Frankfort, KY 40602

)ate	03/09/15		Reporting	Month Febru:	ary 2015			
		Ca	rrier Information					
	Company Name CUMBERLAND CELLULAR PARTNERSHIP							
	Company Address	P.O. BOX	5012, ELIZABETHTC	WN, KY 42702-5012				
	Telephone / Fax	(270) 769	-0339					
	Vendor Number			199				
Clas	sification							
Plea	se Circle One	ILEC	CLEC	Cellular	PCS			
		Monti	nly Access Line Data					
•		·····			CD 445			
1	Total Access Lines in Serv			45-2 ⁻⁴ 1-75-18-457-18-18-19-1	60,146			
2	Surcharge Per Access Lin-	B		\$0.08				
3	Amount of Surcharge Rem	itted to Kentuck	y USF	\$4,811.68				
4	Number of Access Lines F	eceiving Lifeling	e Support		252			
5	Amount of Reimbursemen	t Requested fro	m Kentucky USF		\$882.00			
	ن بالمحمد بالم		Signature Block					
	reby attest that the information							
	npany Official Elizabeth Lovennpany Official Signature	E Arrie		Date <u> ろいいち</u>				
State T	check payable to: "Kentucky reasurer" and send with this to: e and Administration Cabinet			Send a copy Kentucky Pu Commission ATTN: Jim S				

211 Sower Blvd.

Frankfort, KY 40602

P.O. Box 615

702 Capital Ave. Capitol Annex, Room 488A

Frankfort, KY 40601

Attn: KY USF

e 04/10/15		Reporting N	Month March	2015		
	Ca	rrier Information				
Company Name	CUMBER	LAND CELLULAR PAP	RTNERSHIP			
Company Address	P.O. BOX	5012, ELIZABETHTO	NN, KY 42702-5012			
Telephone / Fax	(270) 769	-0339	un de se angen a state de la companya de la company			
Vendor Number		and the second				
Classification				PCS		
Please Circle One	ILEC	CLEC	Cellular			
	Mont	hly Access Line Data				
				59,826		
1 Total Access Lines in S		and and the second s		60 D9		
2 Surcharge Per Access		ang - gaya sharka hagi warata (ja Manaya an ananga a sayaa an	.	1,786.08		
3 Amount of Surcharge F	Remitted to Kentuc	ky USF				
4 Number of Access Line	es Receiving Lifelin	ne Support	Ann 1840-1944 Anna Anna Anna Anna Anna Anna Anna An	241		
5 Amount of Reimburse	ment Requested fro	om Kentucky USF		\$843.50		
		Signature Block				
I hereby attest that the information of the informa	ation reported here	and on behalf of Cum	o the best of my knowledg perland Cellular Partners	hip		
Company Official Oignetero			· · · · · · · · · · · · · · · · · · ·	- Cable mont to:		
Make check payable to: "Kentucl State Treasurer" and send with the report to: Finance and Administration Cab Attn: KY USF 702 Capital Ave. Capitol Annex, Room 488A Frankfort, KY 40601	715		Send a copy Kentucky Pul Commission ATTN: Jim S 211 Sower B P.O. Box 615 Frankfort, KY	Stevens Ivd. 5		

1

Date 05/08/15			Reporting Month			April 2015		
ana ana kaominina dia kaomin		Ca	arrier Information			ustanne,ustronover, a starte e		
Company Name CUMBERLAND CELLULAR PARTNERSHIP								
	Company Address		(5012, ELIZABETHTO		5012			
	Telephone / Fax	(270) 769			, page - y - y - y - y - y - y - y - y - y -			
ى يونۇپ ۋولىرىيى يېزىكى سىزىكى يىزىنى يېزىكى	Vendor Number							
Class	sification					***		
Pleas	se Circle One	ILEC	CLEC	Celiular) P	CS		
		Monti	hiy Access Line Data					
1	Total Access Lines in Sen	lice			59,611			
		1000 1 10 10 10 10 10 10 10 10 10 10 10		\$0.08				
2	Surcharge Per Access Lin	1 5 5 part of 1 m K and 7 5 1 7 and 9 big years		\$4,768.88				
3	Amount of Surcharge Ren	hitted to Kentuck	(y USF	\$4,700.00				
4	Number of Access Lines F	Receiving Lifeling	e Support	235				
5	Amount of Reimbursemen	t Requested fro	m Kentucky USF	\$822.50				
			Signature Block					
l her	eby attest that the information	reported herein	is true and accurate to	the best of my k	nowledge.			
Com	pany Official Elizabeth Lov							
Com	pany Official Signature	St BARE	millians	Date <u></u>				
State Tr report to Finance Attn: K 702 Cap Capitol	and Administration Cabinet			Kentu Comm ATTN 211 S P.O. E	a copy of this repor cky Public Service hission : Jim Stevens ower Blvd. Box 615 fort, KY 40602	t to:		

Date(06/05/15		Reporting M	Nonth	May 2015
			rrier Information		مربع المربع ا
					an de ser se de ser s
	Company Name		LAND CELLULAR PAF		an a
	Company Address	P.O. BOX	(5012, ELIZABETHTO)	WN, KY 42702-501	۶. <u> </u>
	Telephone / Fax	(270) 769	-0339	anna ya a a a a a a a a a a a a a a a a	
	Vendor Number	 		مەرمەي مەرمە مەرمەي مەرمەي	
Classifica	ation	······································			PCS
Please C	ircle One	ILEC	CLEC	Cellular	
			Live Annual inc. Data		
		Mont	hly Access Line Data		
1 -	Total Access Lines In Ser	vice	a de artificação da como de com	مېرىيىتىنى دىرىدىنىدىنىدىنىدىنىيىنىيىتىنىنىدىنى دوغا چې چې چې دى. دۇمەرىيە مەرەپىرە يېرىمىرى	59.549
					\$0.08
	Surcharge Per Access Lit				\$4,763.92
3	Amount of Surcharge Rei	nitted to Kentuc	ky USF	a ka 1939 yang dari kula Mangaratika sa dang pangang	34,100.04
4	Number of Access Lines	Receiving Lifelir	ne Support		223
1	Amount of Reimburseme			······	\$780.50
[Signature Block		
	vattest that the information				
Compa	ny Official Elizabeth Lo	ve-McGray for	and on behalf of Cumb	erland Cellular Par	tnership
1	ny Official Signature	Mir/		Date	<u>/}</u>
State Trea report to: Finance ar Attn: KY t 702 Capita Capitol An				Kentuck Commis ATTN: 211 Sov P.O. Bo	Jim Stevens ver Blvd.

Date	07/08/15		Reporting	Month	June 2015				
		Ca	arrier Information	<u></u> ,					
	Company Name CUMBERLAND CELLULAR PARTNERSHIP								
	Company Address		(5012, ELIZABETHTO)		2				
	Telephone / Fax	(270) 769		· · · · · · · · · · · · · · · · · · ·					
	Vendor Number								
Clas	sification	an a							
Plea	se Circle One	ILEC	CLEC	Cellular	PCS				
<u></u>		Month	nly Access Line Data						
1	Total Access Lines in Serv	ice	ar an di an la de la brande de la Se la de Manae e 170	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	59,303				
2	Surcharge Per Access Lin	B	амалан (кисэе малаар арагасан тоорон).	\$0.08					
3	Amount of Surcharge Rem	itted to Kentuck	y USF	\$4,744.24					
4	Number of Access Lines F	eceiving Lifeline	e Support	219					
5	Amount of Reimbursemen	t Requested fror	m Kentucky USF	\$766.50					
		:	Signature Block						
l her	reby attest that the information	reported herein	is true and accurate to	the best of my know	vledge.				
Çorr	ipany Official Elizabeth Love	-McGray for an	nd on behalf of Cumbe	rland Cellular Part	nership				
Сол	apany Official Signature	-Nors-	mp. Sharry	Date	- 14 ⁻ 5				
	heck payable to: "Kentucky				opy of this report to:				
	reasurer" and send with this			Kentucky Commiss	Public Service				
report to	and Administration Cabinet				im Stevens				
Attn: K				211 Sowe					
	pital Ave.			P.O. Box					
Capitol Frankfo	Annex, Room 488A at, KY -40601				, KY 40602				

Date 08/11/15		Month July 2015
	Carrier Information	
Company Name	CUMBERLAND CELLULAR PAI	RTNERSHIP
Company Address	P.O. BOX 5012, ELIZABETHTO	
Telephone / Fax	(270) 769-0339	
Vendor Number		
Classification		
Please Circle One	ILEC CLEC	Cellular PCS
	Monthly Access Line Data	
1 Total Access Lines in Servic	e	59,133
2 Surcharge Per Access Line	n bahammunan san bar kana munan munan kana san san	\$0.08
3 Amount of Surcharge Remit	ted to Kentucky USF	\$4,730.64
4 Number of Access Lines Re	ceiving Lifeline Support	214
5 Amount of Reimbursement I	Requested from Kentucky USF	\$749.00
	Signature Block	
I hereby attest that the information r	eported herein is true and accurate to	the best of my knowledge.
Company Official Elizabeth Love-	McGray for and on behalf of Cumbe	erland Cellular Partnership
Company Official Signature	Arre MI Cither	Date <u>Earlier Date</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

Date _	09/11/15	-	Reporting	Month	Aug 2015			
		Cai	rrier Information					
	Company Name CUMBERLAND CELLULAR PARTNERSHIP							
	Company Address	······································	5012, ELIZABETHTO		:042			
	Telephone / Fax		<u></u>	WIN, (() 42102-3	Q12			
	·	(270) 769-	-0339					
	Vendor Number			···· • ···· ··························				
Linger (100 - 100					n na an			
Clas	sification				·			
Plea	ase Circle One	ILEC	CLEC	Cellular	PCS			
	······································				An and the second s			
		Month	ly Access Line Data					
1	Total Access Lines in Servic	8	Mic (11)1-10-10-10-10-10-10-10-10-10-10-10-10-10	11×14-14 (11)12 (1) 112 (1)	59,084			
2	Surcharge Per Access Line			\$0.08				
	Suicharge Fel Access Line	-cdea co.al canaa co.caaa.cl qo.gW	m alall al opera pl'alierteperietenen en analogiationne e					
3	Amount of Surcharge Remit	ed to Kentucky	USF	\$4,726.72				
4	Number of Access Lines Re	ceiving Lifeline	Support	204				
5	Amount of Reimbursement F	Requested from	Kentucky USF	15 prov. and a construction of the second	\$714.00			
	د در بالدر المراجع به المراجع به المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع بي المراجع الم مراجع من المراجع به المراجع بي المراجع ا	······································		·····				
		S	ignature Block					
l her	reby attest that the information re	ported herein i	is true and accurate to	the best of my kn	owledge.			
Сол	npany Official Elizabeth Love-	IcGray for and	d on behalf of Cumbe	rland Cellular Pa	artnership			
Con	npany Official Signature	Heat Pro 2	April 19 Car	Date <u></u>	n <u>. 18.</u>			
Make c	heck payable to: "Kentucky]		Send a	copy of this report to:			
State T	reasurer" and send with this			Kentuc	ky Public Service			
report to				Commi				
Attn: K	and Administration Cabinet				Jim Stevens wer Blvd.			
1	pítal Ave.			P.O. B				
	Annex, Room 488A				ort, KY_40602			

Capitol Annex, Room 488A Frankfort, KY 40601

Date	10/13/15		Reporting	Month Se	p 2015			
		Ca	rrier Information					
Company Name CUMBERLAND CELLULAR PARTNERSHIP								
	Company Address	·····	5012, ELIZABETHTO					
	Telephone / Fax	(270) 769-		φοριτητική το πολογοριστικό το				
	Vendor Number							
Class	sification							
Plea	se Circle One	ILEC	CLEC	Cellular	PCS			
(18)		Month	ly Access Line Data	4. 6., 4				
1	Total Access Lines in Serv	ice			59,609			
2	Surcharge Per Access Line	•	19 1 10 10 10 10 10 10 10 10 10 10 10 10 1	1	\$0.08			
3	Amount of Surcharge Rem	itted to Kentucky	USF	\$4,768.72				
4	Number of Access Lines R	eceiving Lifeline	Support	172				
5	Amount of Reimbursemen	Requested fron	n Kentucky USF	\$602.00				
		S	iignature Block	••••••••••••••••••••••••••••••••••••••				
l her	eby attest that the information	reported herein	is true and accurate to	the best of my knowledge				
	pany Official Elizabeth Love			,				
	pany Official Signature			Date				
State Tr report to Finance Attn: KY 702 Cap Capitol	and Administration Cabinet			Send a copy of Kentucky Public Commission ATTN: Jim Ste 211 Sower Blvd P.O. Box 615 Frankfort, KY 4	c Service vens I.			

Date 11/16/15		Reporting Mo	onth Oc	ct 2015	
	Ci	arrier Information		······	
Company	Name CUMBER	RLAND CELLULAR PART	NERSHIP		
Company Ad	dress P.O. BOX	K 5012, ELIZABETHTOWN	I, KY 42702-5012		
Telephone	/ Fax (270) 769)-0339			
Vendor Ni	ımber			ىرىنىيە يېرىكى بىرىنىيە بىرىن	
: Classification		**, /		· · ·	
Please Circle One	ILEC	CLEC	Cellular	PCS	
· · · · · · · · · · · · · · · · · · ·	Mont	hly Access Line Data	· · · · · · · · · · · · · · · · · · ·		
1 Total Access Line	es in Service			59,496	
2 Surcharge Per A	ccess Line	9/2/ 10 1 10 10 10 10 10 10 10 10 10 10 10 1	\$0.08		
3 Amount of Surch	arge Remitted to Kentuck	y USF	\$4,759.68		
4 Number of Acces	s Lines Receiving Lifeline	e Support	166		
5 Amount of Reimb	pursement Requested from	m Kentucky USF	\$581.00		
		Signature Block			
I hereby attest that the in	formation reported herein	is true and accurate to the	best of my knowledge	-	
Company Official Elizat	eth Love-McGray for ar	nd on behalf of Cumberla	nd Cellular Partnersh	ip	
Company Official Signatu	ire <u>C. Alpers</u>	NI Parative y	Date <u>and the sec</u>		
Make check payable to: "Kei			Send a copy of		
State Treasurer' and send w report to:	แถ เกเร		Kentucky Public Commission	2 2BLAICE	
Finance and Administration	Cabinet		ATTN: Jim Ste		
Attn: KY USF			211 Sower Blvd	l.	
702 Capital Ave. Capitol Annex, Room 488A			P.O. Box 615 Frankfort, KY 4	10602	
Frankfort, KY 40601					

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Date	12/10/15	_	Reporting	Month	Nov 2015				
	anna a stain an	Carri	ier Information						
	Company Name CUMBERLAND CELLULAR PARTNERSHIP								
	Company Address	P.O. BOX 5	012, ELIZABETHTO	WN, KY 42702-50	12				
. ,	Telephone / Fax	(270) 769-03	339						
	Vendor Number								
Classifi	cation								
Please	Circle One	ILEC	CLEC	Cellular	PCS				
		Monthly	Access Line Data						
1	Total Access Lines in Service	;e	779 97 - 1940 - 197 - 197 - 197 - 197 - 197 - 1980 - 197 - 1880 - 1844 - 1844 - 1844 - 1844 - 1844 - 1844 - 184	19441 - 19441 - 1∉- 10 da	59,438				
2	Surcharge Per Access Line	11 J (* 11 J (B) 11 J (B) 11 S	Meryaly di a cara e a configue project di jina	\$0.08					
3	Amount of Surcharge Remit	ted to Kentucky L	JSF	\$4,755.04					
4	Number of Access Lines Re	ceiving Lifeline S	upport	168					
5	Amount of Reimbursement	Requested from I	Kentucky USF	\$588.00					
		Sig	inature Block		~~~~				
l hereb	y attest that the information r	eported herein is	true and accurate to	the best of my know	vledge.				
Compa	ny Official Elizabeth Love-	McGray for and	on behalf of Cumbe	rland Cellular Parl	nership				
Compa	ny Official Signature	N. 3	P. J. Marchy	Date <u>Startin</u>	<u>}.</u> ,				
State Trea report to:	k payable to: "Kentucky surer" and send with this d Administration Cabinet			Kentucky Commiss	opy of this report to: Public Service sion im Stevens				

Attn: KY USF 702 Capital Ave. Capitol Annex, Room 488A Frankfort, KY 40601 Commission ATTN: Jim Stevens 211 Sower Blvd. P.O. Box 615 Frankfort, KY 40602

ate 01/09/16			Reporting	Month	Dec 2015	
~*/******************		Car	rier Information			
····	Company Name	CUMBERI	AND CELLULAR PAI	RTNERSHIP		
	Company Address		5012, ELIZABETHTO	Angland - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 -		
	Telephone / Fax	(270) 769-				
	Vendor Number	(
			tinter the second s			
Classi	fication					
Please	e Circle One	ILEC	CLEC	Cellular	PCS	
<u>,</u>		Month	ly Access Line Data			
1	Total Access Lines in Serv	ice	engenitereriteret densend, it. (1. jn. 1944) dense verdensen	59,527		
2	Surcharge Per Access Line	2	میک دورون دارد. میک دورون در میک در میک در میک در	\$0.08		
3	Amount of Surcharge Rem	itted to Kentucky	USF	\$4,762.16		
4	Number of Access Lines R	eceiving Lifeline	Support	165		
5	Amount of Reimbursemen	Requested fron	n Kentucky USF		\$577.50	
••••••••••••••••••••••••••••••••••••••		Ę	ignature Block			
i here	by attest that the information	reported herein	is true and accurate to	the best of my knowled	lge.	
Comr	any Official Elizabeth Love	-McGray for an	d on behalf of Cumbe	erland Cellular Partne	rship	
	oany Official Signature		<u>hi li kien i</u>	Date <u>1.000000</u>		
State Tre report to Finance Attn: KY 702 Cap Capitol A	and Administration Cabinet			Send a copy Kentucky Po Commission ATTN: Jim 211 Sower I P.O. Box 61 Frankfort, K	i Stevens Blvd. 5	

Date	02/18/16		Reporting Month	Jan 2016	
					
		Carrier Infor	mation		
	Company Name	CUMBERLAND CE	LLULAR PARTNER	SHIP	
	Company Address	P.O. BOX 5012, EL	ZABETHTOWN, KY	42702-5012	
	Telephone / Fax	(270) 769-0339	,, <u>.</u>		
	Vendor Number				•
Clas	sification	1			······································
Plea	se Circle One	ILEC CI	.EC	Cellular	PCS
		Monthly Access	Line Data		
1	Total Access Lines in Servic	e	Алландаран ал тара у составляется <u>на составляется на сост</u> уго у _с ерение на составляется и составляется и состав	59,294	W
2	Surcharge Per Access Line	* ************************************			
3	Amount of Surcharge Remit	, , , , , , , , , , , , , , , , , , ,			
4	Number of Access Lines Re		450	H	
5	Amount of Reimbursement F	Requested from Kentucky	USF	\$553.00	
		Signature E			
l here	eby attest that the information re	ported herein is true and	accurate to the best	of my knowledge.	
Comp	oany Official Michael Grendi f	o r and on behalf of Curr	berland Cellular P	artnership	
Comp	pany Official Signature	lon y	Date	ALUL A	
State Tre report to: Finance a Attn: KY 702 Capi Capitol A	and Administration Cabinet			Send a copy of this report Kentucky Public Service Commission ATTN: Jim Stevens 211 Sower Blvd. P.O. Box 615 Frankfort, KY 40602	to:

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ate 03/14/16			Reporting Month		Feb 2016		
- <u>1-1-1-1-</u>		Ca	rrier Information				
	Company Name	CUMBER	LAND CELLULAR PAR	TNERSHIP			
	Company Address	P.O. BO)	(5012, ELIZABETHTOW	/N, KY 42702-50	012		
	Telephone / Fax	(270) 769	-0339				
	Vendor Number				· · · · · · · · · · · · · · · · · · ·		
Class	sification						
Plea	se Circle One	ILEC	CLEC	Cellular	PCS		
<u></u>	ayaaaaa	Monti	nly Access Line Data				
1	Total Access Lines in Ser	vice	and the second second second second	. / <u></u>	59,201		
2	2 Surcharge Per Access Line			a sa ta a ang ang ang ang ang ang ang ang ang	\$0.08		
3	3 Amount of Surcharge Remitted to Kentucky USF			Note 16 - 16 - 16 - 16 - 16 - 16 - 16 - 16	\$4,736.08		
4	4 Number of Access Lines Receiving Lifeline Support			- 15 48 - 1748 117 - 1 46 48 - 176 - 177 - 1	150		
5	Amount of Reimbursemen	t Requested from	m Kentucky USF		\$525.00		
			Signature Block				
l her	eby attest that the information	reported herein	is true and accurate to th	he best of my kno	owledge.		
Corr	pany Official Elizabeth Lov	e-McGray for an	nd on behalf of Cumber	land Cellular Pa	rtnership		
			A Walking	_Date <u>3</u> 17			
State Tr report to Finance Attn. K 702 Ca Capitol	and Administration Cabinet			Kentuci Commi ATTN: 211 So P.Q. Bo	Jim Stevens wer Blvd.		

Date _	04/15/16	<u></u>	Reporting I	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						
Class	sification	••••••••••••••••••••••••••••••••••••••		antanan ar - Ayte Ayter data ana ya ya a tata		
Pleas	se Circle One	ILEC	CLEC	Cellular	PCS	
· · · · · · · · · · · · · · · · · · ·		Monthly Ac	cess Line Data			
1	Total Access Lines In Servi	CO	***	PM3PM-8	59,077	
2	Surcharge Per Access Line	t ar - in mark data in Industriani mananan	անուն Անարին, հետ ինչներ, ինչներից նարարանուն։	6.11.97.07.07.07.0 <u></u>	\$0.08	
3	Amount of Surcharge Remi	tted to Kentucky USF		,	\$4,726.16	
4	Number of Access Lines Re	eceiving Lifeline Supp	port	۲۰۰۰ (۱۰۰۰ ۱) .) .) .) .)	142	
5	Amount of Reimbursement	lucky USF	100 e 1 e 1 d <u>essanssyssisses see</u>	\$497.00		
/**		Signat	ure Block			
Comp	eby allest that the information r pany Official <u>Elizabeth Love-</u> pany Official Signature <u>(</u>		behalf of Cumber	•	ership	
State Tre report to: Finance Attn: KY 702 Capi Capitol A	and Administration Cabinet				Stevens Blvd. 15	

Date	05/19/16		Repor	ting Month	Ар	r 2016		
	an gan dan mangan yan an a	<u></u>	Carrier Information	··· · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·		
Company Name CUMBERLAND CELLULAR PARTNERSHIP								
	Company Address		P.O. BOX 5012, ELIZABETHTOWN, KY 42702-5012					
	Telephone / Fax		(270) 769-0339			· · · · · · · · · · · · · · · · · · ·		
	Vendor Number							
Classificat	tion		·····					
Please Çi	rcle One	ILEC	CLEC	(Cellular	PCS		
	ang dag baga ang dag an	Mo	nthly Access Line Da	ita	·····			
1 Tc	otal Access Lines in Serv	ice	1997 - Erste Marketterstelskelst-safety-starter verse verse starter starter			58,906		
2 St	urcharge Per Access Line) 	410.00 . 00.000.000.000.000.000.000.000.00			\$0.08		
3 Ar						712.48		
4 Nu	4 Number of Access Lines Receiving Lifeline Support 139							
5 Ar	5 Amount of Reimbursement Requested fr			e estanderson mensionen, fosto de	\$4	86.50		
			Signature Block	an a				
	ttest that the information Official <u>Michael Grend</u> i	for and on l						
Company	Official Signature	<u>Miner</u>		Date _	5/21/1(
State Treasur report to:	ve. 1. Room 488A				Send a copy of th Kentucky Public Commission ATTN: Jim Steve 211 Sower Blvd. P.O. Box 615 Frankfort, KY 40	Service ens		

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06/15/16		Reporting I	Month	May 2016
		rrier Information		:
Company Name		LAND CELLULAR PAI		
Company Address	P.O. BOX	5012, ELIZABETHTO	WN, KY 42702-5012	
Telephone / Fax	(270) 769	-0339	555-55-55-55-55-55-55-55-55-55-55-55-55	
Vendor Number				
2010				
Classification Please Circle One	ILEC	CLEC	Cellular	PCS
	Mont	hly Access Line Data		99999999999999999999999999999999999999
	ren and a second s			58,842
1 Total Access Lines in S				\$0.08
2 Surcharge Per Access	\$4,707.36			
3 Amount of Surcharge F				
4 Number of Access Line	es Receiving Lifelin	ne Support	N - (142-0-0-0-1-1) - (1747-1-4)	134
5 Amount of Reimburser	\$469.00			
		Signature Block		
I hereby attest that the information	ation reported here	in is true and accurate	to the best of my know	wledge.
Company Official <u>Michael G</u> Company Official Signature	rendi for and on I	behalf of Cumberland	Cellular Partnership DateC//	1// 4
Take check payable to: "Kentuck tate Treasurer" and send with the port to: Finance and Administration Cabi Attn: KY USF 702 Capital Ave. Capitol Annex, Room 488A Frankfort, KY 40601	าเร		Kentuck Commis ATTN: 211 Sov P.O. Bo	Jim Stevens ver Blvd.

Date 07/08/16	•••••••••••••••••••••••••••••••••••••••	Reporting M	IonthJu	ne 2016			
	C:	arrier Information		an a			
Company Name CUMBERLAND CELLULAR PARTNERSHIP							
Company Address							
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			
4			·				
***** <u>********************************</u>	Month	ly Access Line Data	* · · · · · · · · · · · · · · · · · · ·				
1 Total Access Lines in Se	rvice			58.808			
2 Surcharge Per Access Line							
	terior and the second second second			\$0.08			
		USF	54	,704.64			
4 Number of Access Lines	Receiving Lifeline	Support	••	130			
5 Amount of Reimburseme	5 Amount of Reimbursement Requested from Kentucky USF						
			· · · · · · · · · · · · · · · · · · ·	······································			
un an	S	ignature Block					
I hereby attest that the Information	n reported herein i	s true and accurate to the	best of my knowledge				
Company Official Elizabeth Lov	e-McGray for and	I on behalf of Cumberla	nd Cellular Partnershi	n			
Company Official Signature	d gree		Date Y 15 14	1			
Make check payable to: "Kentucky State Treasurer" and send with this report to: Finance and Administration Cabinet Attn: KY USF 702 Capital Ave.			Send a copy of I Kentucky Public Commission ATTN: Jim Stev 211 Sower Blvd. P.O. Box 615	Service			

Frankfort, KY 40602

Capitol Annex, Room 488A

Frankfort_KY 40601