Exhibit 4

	.	Reporting	g Month	JANUARY	2014
	Carri	er information	<u></u>		f
pany Name	KENTUCKY	RSA #4 CELLULA	R GENE	RAL PARTNERSH	IP
ny Address	P.O. BOX 50	12, ELIZABETHT	OWN, KY	42702-5012	
hone / Fax	(270) 769-03	39		the second s	
lor Number					
					
<u>.</u>	LEC	CLEC	(Cellular	PCS
	Monthly	Access Line Data			
ss Lines in Servic	e	41)41555		5	3,202
Per Access Line	2012 - 11 - 11 - 14 - 14 - 14 - 14 - 14 -	9 W T W I I COMPANY (P 12 1941 COMMAN	*****		\$0.08
Surcharge Remit	ed to Kentucky t	JSF		\$4,2	56.16
Access Lines Re	ceiving Lifeline S	upport	•• <i>••</i> •• •• •• ••		302
Reimbursement F	Requested from h	Kentucky USF	\$1,057.00		
••••••••••••••••••••••••••••••••••••••	~		······································		
·····	Sig	nature Block			e en estadore e
t the information	reported herein is	s true and accurate	to the be	st of my knowledge	,
Elizabeth Love-N	IcGray for and o	on behalf of Kentu	cky RSA	4 Cellular Genera	l Partnership
Signature	al the lifes.		Date	02/17/14	
end with this ation Cabinet				Kentucky Public 3 Commission ATTN: Jim Steve 211 Sower Blvd. P.O. Box 615	Service Ins -
	ss Lines in Servic Per Access Line Surcharge Remitt Access Lines Rec Reimbursement F	pany Name KENTUCKY iny Address P.O. BOX 50 phone / Fax (270) 769-03 dor Number ILEC ing Address ILEC Monthly Starting Remitted to Kentucky end with this ation Cabinet	Carrier Information pany Name KENTUCKY RSA #4 CELLULA iny Address P.O. BOX 5012, ELIZABETHTY ohone / Fax (270) 769-0339 dor Number ILEC ce ILEC CLEC Monthly Access Line Data ss Lines in Service Monthly Access Line Data Surcharge Remitted to Kentucky USF Access Line Surcharge Remitted to Kentucky USF Signature Block kt the information reported herein is true and accurate Signature Block signature Image of the second of the	pany Name KENTUCKY RSA #4 CELLULAR GENE iny Address P.O. BOX 5012, ELIZABETHTOWN, KY ohone / Fax (270) 769-0339 dor Number ILEC c ILEC monthly Access Line Data ss Lines in Service Per Access Line Surcharge Remitted to Kentucky USF Access Lines Receiving Lifeline Support Reimbursement Requested from Kentucky USF Signature Block tt the information reported herein is true and accurate to the best Elizabeth Love-McGray for and on behalf of Kentucky RSA Signature Image: Access Line Date Signature Image: Access Line Date	Carrier Information pany Name KENTUCKY RSA #4 CELLULAR GENERAL PARTNERSH iny Address P.O. BOX 5012, ELIZABETHTOWN, KY 42702-5012 ohone / Fax (270) 769-0339 dor Number (270) 769-0339 set Lice Clear Superstand Reguested Information reported herein is true and accurate to the best of my knowledge Elizabeth Love-McGray for and on behalf of Kentucky RSA 4 Cellular Genera

Date 03/13/1	4		Reporting	Month	FEBRUARY 201	4	

		Carrier	Information				
Co	mpany Name	KENTUCKY R	SA #4 CELLULA	RGENERA	L PARTNERSHIP		
Comj	pany Address	P.O. BOX 5012	2, ELIZABETHT	WN, KY 4	2702-5012		
Tel	ephone / Fax	(270) 769-0339)	vyð • • • • • • • • • • • • • • • • • • •			
Ve	ndor Number						
Classification						alı fanan fan de se a s	
Please Circle O	ne l	LEC	CLEC	6	ellular	PCS	
		Monthly A	ccess Line Data	<u></u>	<u>, , , , , , , , , , , , , , , , , , , </u>		
1 Total Acc	cess Lines in Servic	e	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	*1 6235. 12-22 21-1 - 21-1	53,04	<u> </u>	
2 Surcharg	e Per Access Line	ang a se prins pri se trab as haven doub	want of a plan of plants of the head		\$0.(08	
3 Amount	of Surcharge Remitt	ed to Kentucky US	F		\$4,243.8	84	
4 Number	of Access Lines Re	ceiving Lifeline Sup	aport	n an an an an herrar a nna	307		
5 Amount	of Reimbursement F	Requested from Ke	ntucky USF	1	\$1,074.50		
[Sign	ture Block	·····			
[14	Jigna				******	
I hereby attest	that the information	reported herein is t	rue and accurate	to the best	of my knowledge.		
Company Offic	al Elizabeth Love-	AcGray for and or	behalf of Kentu	ucky RSA 4	Cellular General P	artnership	
Company Offic	al Signature <u>1999</u>	utsti, ejes		Date	03/13/14		
Make check payable]		1	Send a copy of this r	-	
State Treasurer" an report to:	d send with this				Kentucky Public Ser Commission	AICĠ	
Finance and Admin	istration Cabinet			1	ATTN: Jim Stevens		
Attn: KY USF 702 Capital Ave.					211 Sower Blvd. P.O. Box 615		
Capitol Annex, Roo	m 488A			L	Frankfort, KY 40602		

Date _	04/11/14	_ Repo	ting Month	MARCH 2014				
[Carrier Information						
	Company Name	KENTUCKY RSA #4 CELLU		PARTNERSHIP				
	Company Address P.O. BOX 5012, ELIZABETHTOWN, KY 42702-5012							
	Telephone / Fax	(270) 769-0339						
	Vendor Number							
CI	lassification							
PI	lease Circle One	ILEC CLEC	Cell	ular) PCS				
		Monthly Access Line D	ata					
1	Total Access Lines in Serv	ce	اله مراجر ان مواجوع ، ماروز ، مستقد میدود و از ان مارور میکند. مارور ا	52,787				
2	Surcharge Per Access Line		n Maranaka da Basar II. a cin, an din amanakan ma	\$0.08				
3	Amount of Surcharge Rem	itled to Kentucky USF		\$4,222.96				
4	Number of Access Lines R	eceiving Lifeline Support	desseressesesesesesesesesesesesesesesese	294				
5	Amount of Reimbursement	Requested from Kentucky USF	• 1499 11 11 11 17 17 18 17 17 18 11 17 18 11 17 18 18 18 18 18 18 18 18 18 18 18 18 18	\$1,029.00				
		Signature Block						
		n reported herein is true and accu -McGray for and o n behalf of K						
	Company Official Signature	. gove messay	Date	04/11/14				
State report Financ Attn: 702 C	check payable to: "Kentucky Treasurer" and send with this to: ce and Administration Cabinet KY USF apital Ave. of Annex, Room 488A		Ke Co AT 21 P.	and a copy of this report to: entucky Public Service ommission TN: Jim Stevens 1 Sower Blvd. O. Box 615 ankfort, KY 40802				

Date _	05/07/14		Reporting M	Ionth	APRIL 2014	
		Ca	rrier Information			
×	Company Name			GENERAL PA	RTNERSHIP	
	Company Name KENTUCKY RSA #4 CELLULAR GENERAL PARTNERSHIP Company Address P.O. BOX 5012, ELIZABETHTOWN, KY 42792-5012					
	Telephone / Fax	(270) 769				
	Vendor Number					
Cli	assification					
Pl	ease Circle One	ILEC	CLEC	Cellula	PCS	
		Monti	nly Access Line Data	999000, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	·····	
1	Total Access Lines in Ser	vice			52,593	
2	Surcharge Per Access Lir	e			\$0.08	
3	Amount of Surcharge Rer			+ · · ·		
4	Number of Access Lines I	Receiving Lifelin	e Support	285		
5	Amount of Reimbursemer	nt Requested fro	m Kentucky USF	\$997.50		
!			Signature Block			
			······································			
	nereby attest that the information					
c c	ompany Official Elizabeth Lov			·		
C	ompany Official Signature	Love-4	Medicary		-05/07/14 -19-14	
State report Finance Attn: I 702 Ca	check payable to: "Kentucky Treasurer" and send with this to: ce and Administration Cabinet KY USF apital Ave. I Annex, Room 488A			Kentu Comu ATTN 211 S P.O.	a copy of this report to: ucky Public Service mission t: Jim Stevens Sower Blvd. Box 615 kfort, KY 40602	

ite	06/07/14		Reporting N	Ionth N	iay 2014	
		Ca	rrier Information			
	Company Name	KENTUCH	Y RSA #4 CELLULAR	GENERAL PARTNER	SHIP	
	Company Address	P.O. BOX	5012, ELIZABETHTOV	VN, KY 42702-5012		
	Telephone / Fax	(270) 769-	0339		Anny - Louis and the second	
	Vendor Number					
Clas	ssification				ny ny manana araa ahaa ahaa ahaa ahaa ahaa ahaa	
Plea	ase Circle One	ILEC	CLEC	(Cellular)	PCS	
		Month	nly Access Line Data			
1	Total Access Lines in Se	rvice			52,621	
2	Surcharge Per Access L				\$0.08	
3	Amount of Surcharge Re				\$4,209.68	
4	Number of Access Lines				277	
5	Amount of Reimbursem			\$969.50		
			Signature Block			
Co	ereby attest that the informa ompany Official Elizabeth Lo	ive-McGray for a	nd on behalf of Kentu		neral Partnership	
Co	ompany Official Signature	<u>C 3)O.s</u>	11 de la cara f		<u>/</u>	
State T report 1 Financ Attn: K 702 Ca	check payable to: "Kentucky Treasurer" and send with this to: e and Administration Cabine <y usf<br="">apital Ave. I Annex, Room 488A</y>			Send a copy Kentucky Pu Commission ATTN: Jim 211 Sower I P.O. Box 61 Frankfort, K	i Stevens Blvd. 5	

Date 07/14/14	Reporting	Month J	une 2014				
	Carrier Information	76 Ma nuffer († 51. j. j. v. v. v. sanske stander († 1997)					
Company Name KENTUCKY RSA #4 CELLULAR GENERAL PARTNERSHIP							
Company Address	P.O. BOX 5012, ELIZABETHTO	WN, KY 42702-5012					
Telephone / Fax	(270) 769-0339						
Vendor Number	n,						
Classification							
Please Circle One	LEC CLEC	Cellular	PCS				
	Monthly Access Line Data						
1 Total Access Lines in Service	e		52,611				
2 Surcharge Per Access Line	ann a a s a t s ' s a t s t s tannarannanan ann a t s t a t a t s a t s a t s a t s a t s a t s a t s a t s a t		\$0.08				
	ed to Kentucky USF		\$4,208.88				
4 Number of Access Lines Rec		272					
	Requested from Kentucky USF	\$952.00					
	Signature Block						
I hereby attest that the information (reported herein is true and accurate to	o the best of my knowl	edge.				
Company Official Elizabeth Love-N	IcGray for and on behalf of Kentuc	ky RSA 4 Cellular Ge	neral Partnership				
Company Official Signature	Sac Millay	Date <u>1-16-14</u>	Landon				
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		Send a copy Kentucky Pu Commission ATTN: Jim \$ 211 Sower B P.O. Box 61 Frankfort, KY	Stevens Slvd 5				

Date	08/18/14	. 	Reporting I	Month	July 2014			
r			<u></u>					
		Car	rier Information					
	Company Name KENTUCKY RSA #4 CELLULAR GENERAL PARTNERSHIP							
	Company Address	P.O. BOX	5012, ELIZABETHTO	NN, KY 42702-5	5012			
	Telephone / Fax	(270) 769-(0339					
 	Vendor Number							
Cla	ssilication	<u>, 11 - 1860</u>						
Ple	ase Circle One	ILEC	CLEC	Cellular) PCS			
		Month	ly Access Line Data	<u></u>				
1	Total Access Lines in Ser	vice			52,726			
2	Surcharge Per Access Li	10	1 (P. 1) (C. 1)(M. 1) (1) () () ((C. 1)(M. 1)(M. 1)) () () () () () () () () ()	n in sesan in tempapan dasaraha	\$0.08			
3	Amount of Surcharge Rel	nitted to Kentucky	y USF	aa ahaanaa da da waxaa da d	\$4,218.08			
4	Number of Access Lines	Receiving Lifeline	Support	272				
5	Amount of Reimburseme	nt Requested from	n Kentucky USF	a a 20 10 30 11 10 20	\$952.00			
		S	ignature Block					
l he	ereby attest that the informati	on reported herein	n is true and accurate t	o the best of my	knowledge.			
Co	mpany Official Elizabeth Lov	e-McGray for an	d on behalf of Kentuc	ky RSA 4 Cellu	lar General Partnership			
Co	mpany Official Signature 💆	gue the fo	up - Mellary	Date <u></u>	158-14			
State T report to Finance Attn: K 702 Ca	e and Administration Cabinet			Kentua Comm ATTN: 211 Sc P.O. E	a copy of this report to: cky Public Service hission : Jim Stevens ower Blvd. Box 615 fort, KY 40602			

ate	09/15/14	ler (*	Reporting N	Nonth Au	ugust 2014	
		Carrier In	formation			
	Company Name	KENTUCKY RS	A #4 CELLULAR	GENERAL PARTN	ERSHIP	
	Company Address	· · · · · · · · · · · · · · · · · · ·		VN, KY 42702-5012		
	Telephone / Fax	(270) 769-0339		·		
	Vendor Number			•		
Cla	ssification					
Ple	ase Circle One	ILEC	CLEC	(Cellular)	PCS	
		Monthly Ac	cess Line Data		۰ - دان بالی بینیند. بالی بالی بینیند. 	
		uico.		<u></u>	52,953	
1	Total Access Lines in Sen		ag aggini in chi chi chi ta gi in caggeri da bindhad		\$0.08	
2	Surcharge Per Access Lin	16	an dangana dikacta pada aranga da tangankanik			
3	3 Amount of Surcharge Remitted to Kentucky USF			\$4,236.24		
4	Number of Access Lines	Receiving Lifeline Supp	noc	229		
5	Amount of Reimbursemen	nt Requested from Ker	itucky USF	\$801.50		
		Signa	ture Block	·		
	ereby attest that the informati ompany Official Elizabeth Lov					
	ompany Official Elizabeth Lov ompany Official Signature	/e-wcGray for and on	S-11:1 Ly	Date?	; <u>·</u>]	
State T report Financ Attn: 1 702 Ga	check payable to: "Kentucky Freasurer" and send with this to: ce and Administration Cabinet KY USF apital Ave. of Annex, Room 488A			Kentucky Commis ATTN: 211 Sow P.O. Bos	lim Stevens ver Blvd.	

. <u> </u>	Reporting	Month Septembe	r 2014	
Ca	urrier Information			
me KENTUC	KY RSA #4 CELLULA	R GENERAL PARTNERS	HIP	
ess P.O. BOX	5012, ELIZABETHTO	WN, KY 42702-5012	11	
Fax (270) 769	-0339			
iber				
ILEC	CLEC	(Cellular)	PĊS	
Mont	hly Access Line Data		······································	
s in Service			53,169	
			\$0.08	
		•	4,253.52	
s Lines Receiving Lifeli	ne Support	ne www.eew.stpdatt.progenitedee.com		
ursement Requested fr	om Kentucky USF	- 1- 1- 10-10-10-10-10-10-10-10-10-10-10-10-10-1	\$833.00	
	Signature Block			
nformation reported he	rein is true and accurate	e to the best of my knowle	dge.	
16	and on behalf of Kent	Doto		
ture <u>Carter</u>	11 failterel		·····	
with this		Kentucky Pu Commission ATTN: Jim S 211 Sower B	Stevens Ivd. 3	
	Ame KENTUC Ress P.O. BOX Fax (270) 769 Ther ILEC Mont arge Remitted to Kentuc s Lines Receiving Lifeli pursement Requested fr and the formation reported her	Carrier Information ame KENTUCKY RSA #4 CELLULAI ress P.O. BOX 5012, ELIZABETHTC Fax (270) 769-0339 nber ILEC CLEC ILEC CLEC Monthly Access Line Data as in Service Signature Data sin Service Signature Block Intermet Requested from Kentucky USF Signature Block Information reported herein is true and accurate Signature Block Information reported herein is true and accurate Signature Block Intucky Mark It formation	Imme KENTUCKY RSA #4 CELLULAR GENERAL PARTNERS ess P.O. BOX 5012, ELIZABETHTOWN, KY 42702-5012 Fax (270) 769-0339 hber ILEC ILEC CLEC Cellular Monthly Access Line Data sin Service Service incess Line Service arge Remitted to Kentucky USF \$ s Lines Receiving Lifeline Support Service Signature Block Signature Block information reported herein is true and accurate to the best of my knowled beth Love-McGray for and on behalf of Kentucky RSA 4 Cellular Ger intucky Send a copy Kentucky Put Commission ATTN: Jim Service Stignet \$ Send a copy Commission ATTN: Jim Service Send a copy Kentucky Put Service Send a copy Send a copy Send a copy Kentucky Put Service Send a copy Kentucky Put Service Send a copy Send a copy Send a copy Send a copy Send a copy Kentucky Put Service Send a copy Commission ATTN: Jim Severe	

Capitol Annex, Room 488A

Date	11/06/14		Reporting	Month	October 201	4
		Car	rier Information		aanaa ay ahaa ahaa ahaa ahaa ahaa ahaa a	
	Osman Norio					y
	Company Name		Y RSA #4 CELLULAF			- et de su de anticipation de su de la companya de su de la companya de su de la companya de la companya de la c
	Company Address	P.O. BOX 5	5012, ELIZABETHTO	WN, KY 427	02-5012	
	Telephone / Fax	(270) 769-0	339			
	Vendor Number		delayees for the set of the set o			
Cla	issification					
Ple	ase Circle One	ILEC	CLEC	Cell	ular	PCS
(Monthl	y Access Line Data	81		
1	Total Access Lines in Ser	vice			53,3	39
2	Surcharge Per Access Lir				\$0.	08
3	Amount of Surcharge Ren				\$4,267.	12
4	Number of Access Lines	Receiving Lifeline	Support	232		
5	Amount of Reimbursemen	nt Requested from	Kentucky USF	19 11 2 11 11 11 11 11 11 11 11 11 11 11 1	\$812.	00
[Si	gnature Block			······
	ereby attest that the information					artnership
	mpany Official Signature	· · · ·	e for the second	Date	Mar De 163	
State T report t Finance Attn: K 702 Ca	e and Administration Cabinet			Ке Сс А ^т 21 Р.	end a copy of this i entucky Public Ser ommission ITN: Jim Stevens 1 Sower Blvd. O. Box 615 ankfort, KY 40602	vice

Date _	12/05/14	_	Reporting N	November	2014	
******		Ca	arrier Information	n ang pangan pantanang ng tanang pang pang pang tang bang bang bang bang bang bang bang b		
	Company Name	KENTUCI	KY RSA #4 CELLULAR	GENERAL PARTNERSH	lip	
	Company Address	P.O. BOX	5012, ELIZABETHTO	VN, KY 42702-5012		
	Telephone / Fax	(270) 769	-0339			
	Vendor Number		*****			
Cli	assification					
Pli	ease Circle One	ILEC	CLEC	(Cellular)	PCS	
	han da an	Mont	hly Access Line Data			
1	Total Access Lines in Ser	vice			53,333	
2	Surcharge Per Access Li				\$0.08	
3	Amount of Surcharge Re			\$4,266.64		
4	Number of Access Lines	Receiving Lifelin	ie Support	202		
5				\$707.00		
·		• • • • • • • • • • • • • • • • • • •	Signature Block			
1	hereby attest that the informat					
c	ompany Official Elizabeth Lo				ral Partnership	
c c	ompany Official Signature	1. 6. K. 2.	11/ 0310 3	Date22331_27		
State report Finance Attn 702 C	check payable to: "Kentucky Treasurer" and send with this to: ce and Administration Cabinet KY USF apital Ave. of Annex, Room 488A			Send a copy of Kentucky Public Commission ATTN: Jim Ste 211 Sower Blvc P.O. Box 615 Frankfort, KY 4	s Service vens 1.	

Date	01/12/15		Reporting N	Aonth December	2014	
		Ca	rrier Information			
	Company Name	KENTUCH	Y RSA #4 CELLULAR	GENERAL PARTNERSH	IIP	
	Company Address	P.O. BOX	5012, ELIZABETHTO	VN, KY 42702-5012		
	Telephone / Fax	(270) 769	-0339			
	Vendor Number					
Čla	essification					
Ple	ase Circle One	ILEC	CLEC	(Cellular)	PCS	
		Mont	hly Access Line Data			
1	Total Access Lines in Se	vice			53,606	
·					\$0.08	
2	Surcharge Per Access Li				,288.48	
3	Amount of Surcharge Re			1	and a second	
4	Number of Access Lines	Receiving Lifelin	ie Support	199		
5	Amount of Reimburseme	ent Requested fro	om Kentucky USF	\$696.50		
			Signature Block			
1	nereby attest that the information on pany Official Elizabeth Lo					
1				Date/ //////////////////////////////		
State T report Finance Attn: 1 702 C	check payable to: "Kentucky Treasurer" and send with this to: ce and Administration Cabine KY USF apital Ave. of Annex. Room 488A	t		Send a copy o Kentucky Publ Commission ATTN: Jim St 211 Sower Blv P.O. Box 615 Frankfort, KY	ic Service evens d.	

Date 02/10/15	Profe Hands or makeman and decisions	Reporting	Month Januar	y 2015
	¢	arrier Information	······································	
Company Nam		KY RSA #4 CELLULA	R GENERAL PARTNERS	
Company Addres	-	X 5012, ELIZABETHTO	مېر و مېر اندا اندا اندا اندا و و و و و و و و و و و و و و و و و و و	
Telephone / Fa	× (270) 769)-0339		n an
Vendor Numbe	r			
Classification			ng a baaran da ay baha ya ay	an a
Please Circle One	ILEC	CLEC	Cellular	PCS
	Mont	hly Access Line Data		······································
1 Total Access Lines in	Service			53,486
2 Surcharge Per Acces	s Line	17 M 17 - 1917 11 11 11 11 11 11 11 11 11 11 11 11 1		\$0.08
3 Amount of Surcharge	Remitted to Kentuc	ky USF	\$4,;	278.88
4 Number of Access Li	nes Receiving Lifelin	e Support	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	193
5 Amount of Reimburse	ement Requested fro	m Kentucky USF	5	675.50
		Signature Block		
	······································			
I hereby attest that the infor	·			
Company Official Elizabeth	1	······································		al Partnership
Company Official Signature	<u> </u>	Sures Stations	Date	
Make check payable to: "Kentuc			Send a copy of t	
State Treasurer" and send with the report to:	ระเร		Kentucky Public Commission	Service
Finance and Administration Cabl	net		ATTN: Jim Stev	
Attn: KY USF 702 Capital Ave.			211 Sower Blvd.	
Capitol Annex, Room 488A			P.O. Box 615 Frankfort, KY 40	602

Date	03/09/15		Reporting	y Month	February 201	5
		Ca	rrier Information	****		
	Company Name	KENTUC	KY RSA #4 CELLULA	R GENERAL I	PARTNERSHIP	
	Company Address	P.O. BOX	5012, ELIZABETHTO	OWN, KY 4270)2-5012	
	Telephone / Fax	(270) 769	-0339			
	Vendor Number					
Clas	sification			، ، ، ، ، ، ، ، ، ، ، ، ، ، ، ، ، ، ،		**** ********************************
Plea	se Circle One	ILEC	CLEC	Cellu	lar	PCS
		Monti	nly Access Line Data			
1	Total Access Lines in Sei	vice	en brenne brenne anderstaar bestij op daarde e		53,49	4
2	Surcharge Per Access Li	ne	• (10.11) (Fragment at at a strate of the later of the la	111111	\$0.0	8
3	Amount of Surcharge Re	mitted to Kentuch	y USF		\$4,279.5	2
4	Number of Access Lines	Receiving Lifelin	e Support		18	7
5	Amount of Reimburseme	nt Requested fro	m Kentucky USF	\$654,50		
H			Signature Block			
	eby attest that the informati					
	upany Official Elizabeth Lov upany Official Signature	de-mcGray for an	1) Caltand	Date 3		- -
State Tre report to: Finance Attn: KY 702 Capi	and Administration Cabinet		9999 - 1 <u>999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 19</u>	Ker Coi AT 211 P.C	nd a copy of this re ntucky Public Servi mmission TN: Jim Stevens I Sower Blvd. D. Box 615 Inkfort, KY 40602	

Date	04/10/15	Re	porting Month	March 20)15
					·····
		Carrier Informatio			
	Company Name	KENTUCKY RSA #4 CEL	LULAR GENER	AL PARTNERSHIP	
	Company Address	P.O. BOX 5012, ELIZABI	ETHTOWN, KY	42702-5012	
	Telephone / Fax	(270) 769-0339	<u></u>		
	Vendor Number				ngan an a
Cla	assification		<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		
Ple	ease Circle One	ILEC CLEC		Cellular	PCS
		Monthly Access Line	e Data		
<u> </u>					D 4 4
1	Total Access Lines in Serv	Ce	18 (8 11 11 J .79 8.249 (1123)	53,:	341
2	Surcharge Per Access Line) 		\$0	.08
3	Amount of Surcharge Rem	itted to Kentucky USF	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$4,267	.28
4	Number of Access Lines R	eceiving Lifeline Support	1919 - 1919 - 1919 - 1919 - 1919 - 1919 - 1919 - 1919 - 1919 - 1919 - 1919 - 1919 - 1919 - 1919 - 1919 - 1919 -		178
5	Amount of Reimbursemen	Requested from Kentucky US	F	\$623	.00
		Signature Bloc	k		
	nereby attest that the informatio				Partnorshin
ł	ompany Official Elizabeth Love ompany Official Signature	Same The Same		4 42 10	
State T report f Financ Attn: k 702 Ca	check payable to: "Kentucky Freasurer" and send with this to: te and Administration Cabinet <y usf<br="">apital Ave. I Annex, Room 488A</y>			Send a copy of this Kentucky Public Se Commission ATTN: Jim Steven 211 Sower Blvd. P.O. Box 615 Frankfort, KY 4060	erviće S

Date	05/08/15	_	Reporting	Month	April 2015
		Ca	rrier Information		
	Company Name	KENTUCK	Y RSA #4 CELLULA		
	Company Address	WN, KY 42702-50			
	Telephone / Fax	(270) 769-		WIN, KT 42702-30	14.
	Vendor Number	(210) 703-	<u> </u>	ىلى ئەرىپىرىيى يېرىكى يېرىكى تەرىپىلىكى تەرىپىلىكى تەرىپىلىكى تەرىپىلىكى تەرىپىلىكى تەرىپىكى تەرىپىكى تەرىپىكى	
<u> </u>		1	······································		
Clas	sification		<u></u>	<u> </u>	
Plea	se Circle One	ILEC	CLEC	Cellular	PCS
· · · · · · · · · · · · · · · · · · ·	۲۰۰۰ «۱۹۹۵» «۱۹۹۵» «۱۹۹۵» «۱۹۹۵» «۱۹۹۵» «۱۹۹۵» «۱۹۹۵» «۱۹۹۵» «۱۹۹۵» «۱۹۹۵» «۱۹۹۵» «۱۹۹۵» «۱۹۹۵» «۱۹۹۵» «۱۹۹۵» « «۱۹۹۵» «۱۹۹۵» «۱۹۹۵» «۱۹۹۵» «۱۹۹۵» «۱۹۹۵» «۱۹۹۵» «۱۹۹۵» «۱۹۹۵» «۱۹۹۵» «۱۹۹۵» «۱۹۹۵» «۱۹۹۵» «۱۹۹۵» «۱۹۹۵» «۱۹۹۵»	· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·
		Month	ly Access Line Data		
1	Total Access Lines in Servi	;e	a to'r pololl do Yykki drawnodonou annorgan	······································	53,322
Ż	Surcharge Per Access Line				50.08
3	Amount of Surcharge Remi	ted to Kentucky	y USF	46	\$4,265.76
4	Number of Access Lines Re	ceiving Lifeline	Support	11-11-147(2)+1)-04-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0	177
5	Amount of Reimbursement	Requested from	n Kentucky USF	. F 10 Million (1997)	\$619,50
		······································			
		5	ignature Block		
i her	eby attest that the information	reported herein	n is true and accurate t	o the best of my kn	owledge.
	pany Official Elizabeth Love-				~
	pany Official Signature		1 Prick Ly	Date Seite	
			······································		
	ck payable to: "Kentucky asurer" and send with this	1		I	opy of this report to:
report to;	asurer and send with this			Commiss	Public Service
	and Administration Cabinet			ATTN: J	im Stevens
Attn: KY 702 Capit				211 Sowe	1
	inex, Room 488A			P.O. Box Frankfort	615 , KY 40602

ate	06/05/15	_	Reporting M	Nonth M	ay 2015		
		Carr	rier Information				
·····	Company Name KENTUCKY RSA #4 CELLULAR GENERAL PARTNERSHIP						
	Company Address		5012, ELIZABETHTOV				
	Telephone / Fax	(270) 769-0					
	Vendor Number						
Clas	ssification	<u> </u>	and the fight and the second secon				
Plea	ase Circle One	ILEC	CLEC	Cellular	PCS		
		Monthl	ly Access Line Data				
1	Total Access Lines in Serv	ice	n 1999 at an a Albert from of pro- 1911 factority at post-to-to-to-to-	4 × 12 × 14 × 14 × 14 × 14 × 14 × 14 × 1	53,336		
2	Surcharge Per Access Line	9	ang may say ito ito ang panganananana ito ito ang anin ang anan	\$0.08			
3	Amount of Surcharge Rem			\$4,266.88			
	Number of Access Lines F			19			
4 5	Amount of Reimbursemen				\$595.00		
			lignature Block				
Co	ereby attest that the information official Elizabeth Love ompany Official Signature	on reported herei	n is true and accurate t				
State T report t Finance Attn: K 702 Ca	e and Administration Cabinet			Send a copy Kentucky Pul Commission ATTN: Jim S 211 Sower B P.O. Box 615 Frankfort, KY	Stevens Ivd. S		

Date	07/08/15		Reporting Mc	onth Jur	ie 2015	
		Ca	rrier Information			
	Company Name	KENTUC	KY RSA #4 CELLULAR C	ENERAL PARTNERS	HIP	
	Company Address	P.O. BOX	5012, ELIZABETHTOWI	N, KY 42702-5012		
	Telephone / Fax	(270) 769	-0339			
	Vendor Number				4 ₉ -4	
Cla	assification				PCS	
Ple	ease Circle One	ILEC	CLEC	(Cellular)	FU3	
		Mont	hly Access Line Data			
	Total Access Lines in Se	vice			53,370	
1				÷0.09		
2					4,269.60	
3			ky USF			
4			ne Support	an an an an San Barn a tha an		
5	Amount of Relmburseme	nt Requested fr	om Kentucky USF	, , , , , , , , , , , , , , , , , , ,	\$574.00	
{ ſ───			Signature Block			
c	hereby attest that the information official Elizabeth Lo company Official Elizabeth Lo	ve-McGray for	ein is true and accurate to		teral Partnership	
State report Finan Attn: 702 C	check payable to: "Kentucky Treasurer" and send with this to: ce and Administration Cabine KY USF Capital Ave. ol Annex, Room 488A	t		Send a copy Kentucky Pul Commission ATTN: Jim S 211 Sower B P.O. Box 618 Frankfort, K)	Stevens Ivd. 5	

	June
,,	

Date 08/11/15		Reporting	g Month	July 2015
	Ca	arrier Information		un te
Company Name	KENTUC	KY RSA #4 CELLULA	R GENERAL PART	NERSHIP
Company Address		5012, ELIZABETHT	·····	······································
Telephone / Fax	(270) 769			۶ ۶۰
Vendor Number				
Classification				
Please Circle One	ILEC	CLEC	Ceilular	PCS
	Month	nly Access Line Data		
1 Total Access Lines in Serv	ice			53,408
2 Surcharge Per Access Lin	_			\$0.08
3 Amount of Surcharge Rem	itled to Kentuck	y USF		\$4,272.64
4 Number of Access Lines R	eceiving Lifeline	e Support	(*18-11-1777) (s. 21-1) (automatical) (s. 11-1) (s. 11-1)	159
5 Amount of Reimbursement	Requested from	n Kentucky USF	the constitutions and the second s	\$556.50
			······································	
		ignature Block		
I hereby attest that the information	n reported hereir	n is true and accurate	to the best of my kno	wiedge.
Company Official Elizabeth Love	McGray for an	d on behalf of Kentu	cky RSA 4 Cellular	General Partnership
Company Official Signature		11 printer	Date Fronte	
Make check payable to: "Kentucky			Send a co	py of this report to:
State Treasurer" and send with this			Kentucky	Public Service
report to: Finance and Administration Cabinet	1		Commissi	
Attn: KY USF			ATTN: Jir 211 Sowe	
702 Capital Ave.			P.O. Box 6	
Capitol Annex, Room 488A	1		Frankfort,	

Date	09/11/15		Reporting	Vionth	Aug 2015	
		Cari	rier Information			
,	Company Name	KENTUCK	Y RSA #4 CELLULAR	GENERAL P	ARTNERSHIP	
	Company Address	2-5012				
	Telephone / Fax	(270) 769-0	1339	· · · · ·	· · · · · · · · · · · · · · · · · · ·	
	Vendor Number					
(Classification				-	,, _,, _
	Please Circle One	ILEC	CLEC	Cellul	ar F	PCS
<u> </u>		Monthl	y Access Line Data			
	1 Total Access Lines in Serv	ice			53,330	
		1			** **	
	2 Surcharge Per Access Line					
	3 Amount of Surcharge Rem	itted to Kentucky	VUSF	·····		
	4 Number of Access Lines R	eceiving Lifeline	Support	19-19-19-19-19-19-19-19-19-19-19-19-19-1	150	
	5 Amount of Reimbursement	Requested from	h Kentucky USF	1	\$525.00	
		S	ignature Block			
	I hereby attest that the informatio Company Official Elizabeth Love Company Official Signature	n reported hereir -McGray for an	is true and accurate	cky RSA 4 Ce		ership
		<u></u>		Ser	nd a copy of this repo	ert to:
State	e check payable to: "Kentucky e Treasurer" and send with this			Ken	itucky Public Service	
	ort to: Ince and Administration Cabinet			1	nmission FN: Jím Stevens	
Attn	: KY USF			211	Sower Blvd.	
	Capital Ave. itol Annex, Room 488A), Box 615 nkfort, KY 40602	

.

Date	10/13/15		Reporting I	Month	Sep 2015
		Ca	rrier Information		
	Company Name	KENTUCH	(Y RSA #4 CELLULAR	GENERAL PAI	RTNERSHIP
	Company Address	NN, KY 42702-	5012		
	Telephone / Fax	(270) 769-	-0339		
	Vendor Number				<u></u>
Cla	ssification				
Plea	ase Circle One	ILEC	CLEC	Çellular) PCS
[•	Month	lly Access Line Data		<u>,,,</u>
1	Total Access Lines in Ser	vice	анан алан алан алан алан алан алан алан	n de seuplise de ja la anticia de la const	53,666
2	Surcharge Per Access Lir	le	LANDER & ALTERNATION & M. P. P. P. Manual and S. M. M.		\$0.08
3	Amount of Surcharge Rer	nitted to Kentuck	y USF	11 · · · · · · · · · · · · · · · · · ·	\$4,293.28
4	Number of Access Lines	Receiving Lifeline	e Support		125
5	Amount of Reimbursemen	nt Requested from	n Kentucky USF		\$437.50
ļ					
, ,			Signature Block	,	
Ihe	ereby attest that the information	on reported herei	n is true and accurate to	o the best of my	knowledge.
Cor	mpany Official Elizabeth Lov	e-McGray for an	id on behalf of Kentuc	ky RSA 4 Cellu	lar General Partnership
Cor	mpany Official Signature	÷	<u> </u>	Date	<u>- 1 (</u>
State Tr report to Finance Attn: K 702 Cag	and Administration Cabinet			Kentuc Comm ATTN: 211 Sc P.O. E	a copy of this report to: cky Public Service tission : Jim Stevens ower Blvd. Box 615 fort, KY 40602

, , , ,

Date _	11/16/15		Reporting	Month	Oct 2015
-)		С	arrier Information		Name of the second s
	Company Name	KENTUC	KY R\$A #4 CELLULAF		
	Company Address	1	(5012, ELIZABETHTO		
	Telephone / Fax	(270) 769		WIN, INT 42702-51	112
· · · · · · · · · · · · · · · · · · ·	Vendor Number			···	
Cla	ssification				······································
Plea	ase Circle One	ILEC	CLEC	Cellular	PCS
·····		Month	ily Access Line Date		
1	Total Access Lines in Serv	ice	ing an annual to the state of the state of the state of		53,634
2	Surcharge Per Access Line	1 		19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	\$0.08
3	Amount of Surcharge Rem	itted to Kentucky	USF	·· 19.4 Sumpting	\$4,290.72
4	Number of Access Lines Re	eceiving Lifeline	Support	1991 - Margalanda a Age Ja ngga da ana ana ang kana an	129
5	Amount of Reimbursement	Requested from	Kentucky USF	····	\$451.50
		Si	gnature Block	Mattin da anna de antiquesa	
l here	eby attest that the information	reported herein	is true and accurate to	the best of my kno	owledge.
Com	pany Official Elizabeth Love-		on behalf of Kentuck		
Conf	pany Official Signature		AN MARCH	Date	
tate Trea port to: inance a ttn: KY t 02 Capita					n Slevens . r Blvd. 615

)ale <u>12/10/15</u>	artennan y par <u>a day</u> a	Reporting M	Month	Nov 2015	
	Ċ.	arrier Information			
Company Name	KENTUC	KY RSA #4 CELLULAR	GENERAL PART	NERSHIP	
Company Address		5012, ELIZABETHTOW			
Telephone / Fax				a and a second	
Vendor Number		1999 - Alexandra			
Classification					
Please Circle One	ILEC	CLEC	Cellular	PCS	
	Monti	nly Access Line Data	••••••••••••••••••••••••••••••••••••••		
1 Total Access Lines in	Service	۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰		53,740	
2 Surcharge Per Access	Line		179 1 M 1 (2 1 S 1 4 2) B 1 M 1	\$0.08	
3 Amount of Surcharge I	Remitted to Kentuck	y USF	\$4,299.20		
4 Number of Access Line	es Receiving Lifeline	e Support	129		
5 Amount of Reimburser	nent Requested from	m Kentucky USF	\$451.50		
	ŝ	lignature Block			
I hereby attest that the inform					
Company Official Elizabeth L Company Official Signature	• ~	d on behalf of Kentucky	Date 4 Cellular		
ake check payable to: "Kentucky tate Treasurer" and send with thi port to: nance and Administration Cablu- ttn: KY USF D2 Capital Ave. apitol Annex. Room 488A	s		Kentucky Commissi ATTN: Jir 211 Sowe P.O. Box (n Stevens r Blvd.	

Date	01/09/16		Reporting Month	Dec 2015
· · · · · · · · · · · · · · · · · · ·		Carrier Inform	ation	
*****	Company Name	KENTUCKY RSA #4 C	ELLULAR GENE	RAL PARTNERSHIP
	Company Address	P.O. BOX 5012, ELIZA	a	
	Telephone / Fax	(270) 769-0339	,	
	Vendor Number			
Clas	ssification	and the second		
Plea	ase Circle One	ILEC CLE	c (Cellular PCS
		Monthly Access L	ine Data	
1	Total Access Lines in Serv	ice		53,912
2	Surcharge Per Access Line	3		\$0.08
3	Amount of Surcharge Rem	ilted to Kentucky USF	483 - 14-2 \$\$4-14-14-14-14-14-14-14-14-14-14-14-14-14	\$4,312.96
4	Number of Access Lines R	ecelving Lifeline Support		126
5	Amount of Reimbursement	Requested from Kentucky U	ISF	\$441.00
		Signature Bio	ock	
l he	reby attest that the information	n reported herein is true and	accurate to the be	est of my knowledge.
Con				4 Cellular General Partnership
Çon	npany Official Signature	· Anne ANY Same	<u>Date</u>	1. P. do
State Tre report to: Finance Attn: KY 702 Capi	and Administration Cabinet			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 _	02/18/16		Reporting N	ionth	Jan 2016
and a state of the		Ca	rrier Information		
	Company Name		Y RSA #4 CELLULAR	GENERAL PART	NERSHIP
		······································			
	Company Address P.O. BOX 5012, ELIZABETHTOWN, KY 42702-5012				
	Telephone / Fax	(270) 769	-0339	·····	
,	Vendor Number			4 (1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 	<u></u>
Cla	assification		<u></u>		
Ple	ease Circle One	ILEC	CLEC	Cellular	PCS
			hte Areas Line Data		a da da da da gara como a su porte concentrativo no de la como de s
		MONU	hly Access Line Data		
1	Total Access Lines in Se	vice		94444 . 45 4 5 4 7 4 - 10 - 11 - 14 - 14 - 14 - 14 - 14 -	53,727
2	Surcharge Per Access Li	ne			\$0.08
3	Amount of Surcharge Re				\$4,298.16
4	Number of Access Lines				125
5	Amount of Reimburseme				\$437.50
<u> </u>					
	·	· · · · · · · · · · · · · · · · · · ·	Signature Block	· · · · · · · · · · · · · · · · · · ·	
	hereby attest that the informat	ion reported here	ain is true and accurate i	to the best of my l	knowledge.
C	ompany Official Michael Gren	idi for and on b	ehalf of Kentucky RSA	4 Cellular Gene	ral Partnership
1	company Official Signature	Mani "	in.	Date <u>3// /</u>	<u>v//c</u>
State report Finant Attn: 702 C	check payable to: "Kentucky Treasurer" and send with this to: ce and Administration Cabine KY USF capital Ave. ol Annex, Room 488A			Kentuc Comm ATTN: 211 Sc P.O. B	a copy of this report to: ky Public Service ission Jim Stevens ower Blvd. iox 615 ort, KY 40602

Date _	03/14/16		Reporting N	Month	Feb 2016		
		Ca	rrier Information				
**** <u>,</u> ********************************	Company Name	1					
	Company Name KENTUCKY RSA #4 CELLULAR GENERAL PARTNERSHIP Company Address P.O. BOX 5012, ELIZABETHTOWN, KY 42702-5012						
	Telephone / Fax	(270) 769	0720				
	Vendor Number	(270)703					
Cla	ssification				<u></u>		
Ple	ase Circle One	ILEC	CLEC	Cellular	PCS		
		Monti	nly Access Line Data	<u></u>			
1	Total Access Lines in Se	rvico			53,627		
2	Surcharge Per Access Li		ар с и Парански и Манаран (* 16 мана) 19 с и Парански и Парана		\$0.08		
3	Amount of Surcharge Re	mitted to Kentuck	y USF		\$4,290.16		
4	4 Number of Access Lines Receiving Lifeline Support				125		
5	Amount of Reimburseme	ent Requested fro	m Kentucky USF		\$437.50		
			Signature Block				
ł	ereby attest that the informat						
1	mpany Official Elizabeth Lo mpany Official Signature		ATT CLUB	Date			
State T report t Finance Attn: K 702 Ca	e and Administration Cabinet			Kentuck Commis ATTN: 、 211 Sow P.O. Box	lim Stevens ver Blvd		

Date	04/15/16		Reporting I	Month	Mar 2016
		C:	arrier Information		
	Company Name	KENTUC	KY RSA #4 CELLULAR	GENERAL PAG	
	Company Address	ſ	5012, ELIZABETHTOV		~~~~ ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
	Telephone / Fax	(270) 769			
	Vendor Number				······································
Clas	sification				میں میں بین میں بین میں بین کی کہ کی کہ کہ کہ کہ کہ میں میں میں میں میں کہ کہ میں کہ کہ کہ کہ کہ کہ کہ کہ کہ ک میں میں ایک کہ
Plea	ise Circle One	ILEC	CLEC	Cellular	PCS
		Month	ly Access Line Data		
1	Total Access Lines in Ser	vice		10 Meth. 15-17-12	53.618
2	Surcharge Per Access Lin	e		11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	\$0.08
3	Amount of Surcharge Ren	itted to Kentuck	y USF	144 41 11 11 14744 	\$4,289.44
4	Number of Access Lines F	eceiving Lifeline	Support	t per jak Skats sik , kungan ja	122
5	Amount of Reimbursemen	t Requested from	1 Kentucky USF	** 15 0 - 00	\$427.00
		S	ignature Block		
l here	eby attest that the informatio	n reported herein	i is true and accurate to	the best of my kr	10wledge.
Com	oany Official Elizabeth Love	-McGray for and	d on behalf of Kentuck	y RSA 4 Cellula	r General Partnership
Çomj	pany Official Signature	Hore - 4	1) ² - Herey	Date 4.	19,11,
State Trea eport to: Inance a stin: KY I 02 Capita				Kentucky Commiss ATTN: J 211 Sow P.Q. Box	im Stevens er Blvd.

. . .

Date 05/19/16	05/19/16 Reporting N			Apr 2016			
	C;	arrier Information					
Company Nam	e KENTUC		R GENERAL PART	NERSHIP			
Company Addres		KENTUCKY RSA #4 CELLULAR GENERAL PARTNERSHIP P.O. BOX 5012, ELIZABETHTOWN, KY 42702-5012					
Telephone / Fa	1			an a			
Vendor Numbe	er						
Classification	· · · · · · · · · · · · · · · · · · ·	9.98.4.19.99.00	WLWL II I I I I I I I I I I I I I I I I	· · · · · · · · · · · · · · · · · · ·			
Please Circle One	ILEC	CLEC	Cellular	PCS			
	Monti	nly Access Line Data	·····				
1 Total Access Lines in	Service	11111111111111111111111111111111111111		53,522			
2 Surcharge Per Acces	s Line	an taan ta maraa ka taa ka k	1931-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	\$0.08			
3 Amount of Surcharge	Remitted to Kentuck	y USF		\$4,281.76			
4 Number of Access Lin	nes Receiving Lifeline	Support	Shafkder Generation of the particular sector of the state	121			
5 Amount of Reimburse	ement Requested fror	n Kentucky USF	1997 - J. 1999 - B. 1997 - March - Mar	\$423.50			
	S	lignature Block					
I hereby attest that the inform	nation reported herei	n is true and accurate	to the best of my kn	owledge.			
Company Official Michael G		nalif of Kentucky RSA	4 Cellular General	Partnership			
Company Official Signature	<u> </u>	0Ak	Date <u>S/.7.//</u>	<u>(</u>			
Make check payable to: "Kentuck State Treasurer" and send with the report to: Finance and Administration Cable Attn: KY USF 702 Capital Ave. Capitol Annex. Room 488A	is		Kentucky Commiss ATTN: Ji 211 Sowe P.O. Box	im Stevens er Blvd.			

Date _	06/15/16	-	Reporting Month	May 2016		
		Carrier Info	mation]	
	Company Name	KENTUCKY RSA #	4 CELLULAR GENEI	RAL PARTNERSHIP		
	Company Address	P.O. BOX 5012, EL	IZABETHTOWN, KY	42702-5012	PCS 	
	Telephone / Fax	(270) 769-0339				
	Vendor Number					
Cla	assification	······································				
Ple	ease Circle One	ILEC C	LEC (Cellular PCS		
		Monthly Acces	s Line Data			
1	Total Access Lines in Serv	ice		53,557		
2	Surcharge Per Access Lin	e		\$0.08		
3	3 Amount of Surcharge Remitted to Kentucky USF \$4,284.56					
4	Number of Access Lines F	eceiving Lifeline Support	198 MP 1015315555 MAI 196 Mailenthat I de Mersker yn	115		
5	Amount of Reimbursemen	t Requested from Kentuc	ky USF	\$402.50		
L	h,,,,,,,, .	Signature	Block	· · · · · · · · · · · · · · · · · · ·		
	nereby attest that the informatic	n reported herein is true a	and accurate to the be	est of my knowledge.		
Co	ompany Official Michael Grenc		entucky RSA 4 Cellu	lar General Partnership		
Co	ompany Official Signature	MRM 4	Date	(if1_1/k		
State T report Financ Attn: H 702 Ca	check payable to: "Kentucky Freasurer" and send with this to: te and Administration Cabinet KY USF apital Ave. I Annex, Room 488A			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

07/08/16

Reporting Month

June 2016

		C	arrier Information					
	Company Name Company Address			AR GENERAL PARTNERS DWN, KY 42702-5012	HIP			
	Telephone / Fax Vendor Number	(210) 105-0339						
lassi	fication				·····			
Please Circle One		ILEC	CLEC	Cellular	PCS			
		Month	lly Access Line Data					
	Total Access Lines in Service				53,625			
Surcharge Per Access Line			A	\$0.08				
3 Amount of Surcharge Remitted to Kentucky USF			\$4,:	290.00				
ł	Number of Access Lines R	eceiving Lifeline	Support		1:7			

 4
 Number of Access Lines Receiving Lifeline Support
 112

 5
 Amount of Reimbursement Requested from Kentucky USF
 \$392.00

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 Kentucky RSA 4 Cellular General Partnership Company Official Signature 13 Date 1-13-16 Make check payable to: "Kentucky Send a copy of this report to: State Treasurer" and send with this Kentucky Public Service report to: Commission Finance and Administration Cabinet ATTN: Jim Stevens Attn: KY USF 211 Sower Blvd. 702 Capital Ave. P.O. Box 615 Capitol Annex, Room 488A Frankfort, KY 40602