EXHIBIT 10



COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

Date FEBRUARY 6, 2014

Reporting Month JANUARY 2014

	Carrier Information	
Company Name	PEOPLES RURAL TELEPHONE COOP CORP INC	
Company Address	PO BOX 159 MCKEE, KY 40447	
Telephone / Fax Vendor Number	606-287-5404 FAX 606-287-8302	
· chubi r tunioti		

Classification Please Circle One	ILEC	CLEC	Cellular	PCS	-

	Monthly Access Line Data	
1.	Total Access Lines in Service	6,850
2.	Surcharge Per Access Line	\$0.08_
3.	Amount of Surcharge Remitted to Kentucky USF	\$548.00
1.	Number of Access Lines Receiving Lifeline Support	1,263
5.	Amount of Reimbursement Requested from Kentucky USF	\$4,420.50

Signati	ure Block
I hereby attest that the information reported herein is true and ac	ccurate to the best of my knowledge.
Company Official <u>Ellisa Mewhowler</u> Title <u>Accuru</u> (Printed)	<u>it art</u> Company Official <u>Ellina</u> <u>Mci Dha</u> (Signed)
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 this report to: Kentucky Public Service Commission ATTN: Jim Stevens 211 Sower Blvd. P.O. Box 615 Frankfort, KY 40602
Capitol Annex, Room 488A Frankfort, KY 40601	



COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

Date MARCH 4, 2014

Reporting Month FEBRUARY 2014

	Carrier Information	
Company Name Company Address Telephone / Fax Vendor Number	PEOPLES RURAL TELEPHONE COOP CORP INC PO BOX 159 MCKEE, KY 40447 606-287-5404 FAX 606-287-8302	

Classification Please Circle One	ILEC	CLEC	Cellular	PCS	

	Monthly Access Line Data		
۱.	Total Access Lines in Service	6,879	
2.	Surcharge Per Access Line	\$0.08	
3.	Amount of Surcharge Remitted to Kentucky USF	\$550.32	L
4.	Number of Access Lines Receiving Lifeline Support	1,158	Gliller
5.	Amount of Reimbursement Requested from Kentucky USF	\$4,053.00	

Signati	ure Block
I hereby attest that the information reported herein is true and ac Company Official <u>Ellicon New Horter</u> Title <u>Account</u> (Printed)	curate to the best of my knowledge. <u>internet</u> Company Official <u>Elliver Washie</u> (Signed)
Make check payable to: "Kentucky State Treasurer" and send with this report to: Finance and Administration Cabinet ATTN: KY USF 702 Capital Ave. Capitol Annex, Room 488A Frankfort, KY 40601	Send a copy of this report to: Kentucky Public Service Commission ATTN: Jim Stevens 211 Sower Blvd. P.O. Box 615 Frankfort, KY 40602



COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

Date April 2, 2014

Reporting Month March 2014

	Carrier Information
Company Name Company Address Telephone / Fax Vendor Number	Peoples Rural Telephone Coop Corp Inc P.O. Box 159 McKee, KY 40447

Classification Please Circle One	ILEC	CLEC	Cellular	PCS	

	Monthly Access Line Data	
ι.	Total Access Lines in Service	6,883
2.	Surcharge Per Access Line	\$0.08
3.	Amount of Surcharge Remitted to Kentucky USF	\$206.49
4.	Number of Access Lines Receiving Lifeline Support	\$4,154.50 0 Globall
5.	Amount of Reimbursement Requested from Kentucky USF	\$4,154.50

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I hereby attest that the information reported herein is true and ac	curate to the best of my knowledge.
Company Official <u>Ellisce Macharter</u> Title <u>Acco</u> (Printed)	untant Company Official Fillisa March (Signed)
Make check payable to: "Kentucky State Treasurer" and send with this	Send a copy of this report to:
report to: Finance and Administration Cabinet	Kentucky Public Service Commission ATTN: Jim Stevens
ATTN: KY USF	211 Sower Blvd. P.O. Box 615

702 Capital Ave. Capitol Annex, Room 488A Frankfort, KY 40601



COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

Date May 6, 2014

Reporting Month April 2014

	Carrier Information	
Company Name		
Company Address	Peoples Rural Telephone Coop Corp Inc	
	PO Box 159 McKee, KY 40447	
Telephone / Fax	606-287-5404 Fax 606-287-8302	
Vendor Number	<u> </u>	

Classification / Please Circle One	ILEC	CLEC	Cellular	PCS	

	Monthly Access Line Data		
1.	Total Access Lines in Service	6,850	
2.	Surcharge Per Access Line	\$0.08	
3.	Amount of Surcharge Remitted to Kentucky USF	\$548.00	
4.	Number of Access Lines Receiving Lifeline Support	1,189	
5.	Amount of Reimbursement Requested from Kentucky USF	\$4,161.50	pc1 6

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I hereby attest that the information reported herein is true and acc	
Company Official <u>Ellisci Merchorker</u> Title <u>Accent</u> (Printed)	nt Cent_Company Official Febria Mewhere (Signed)
Make check payable to: "Kentucky State Treasurer" and send with this	Send a copy of this report to:
report to:	Kentucky Public Service Commission ATTN: Jim Stevens

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



COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

Date June 4, 2014

Frankfort, KY 40601

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Reporting Month May 2014

	Carrier Information	
Company Name		
Company Address	Peoples Rural Telephone Coop. Corp. Inc.	
Telephone / Fax	P.O. Box 159 McKee, KY 40447	
Vendor Number	606-287-5404 Fax 606-287-8302	

Classification	1				
Please Circle One	(ILEC)	CLEC	Cellular	PCS	

	Monthly Access Line Data		
1.	Total Access Lines in Service	6,799	
2.	Surcharge Per Access Line	\$0.08	
3.	Amount of Surcharge Remitted to Kentucky USF	\$ 543.92	
4.	Number of Access Lines Receiving Lifeline Support	1,172	
5.	Amount of Reimbursement Requested from Kentucky USF	\$4,201.00	odle

Signature	e Block
I hereby attest that the information reported herein is true and accu Company Official <u>Ellisa</u> <u>No. horter</u> Title <u>focour</u> (Printed)	
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 this report to: Kentucky Public Service Commission ATTN: Jim Stevens 211 Sower Blvd. P.O. Box 615 Frankfort, KY 40602



Date____JULY 9, 2014

Reporting Month JUNE 2014

	Carrier Information	
Company Name Company Address Telephone / Fax Vendor Number	PEOPLES RURAL TELEPHONE COOP CORP INC PO BOX 159 MCKEE, KY 40447 606-287-5404 FAX 606-287-8302	

Classification Please Circle One	ILEC	CLEC	Cellular	PCS	

	Monthly Access Line Data		
1.	Total Access Lines in Service	6,751	
2.	Surcharge Per Access Line	\$0.08	
3.	Amount of Surcharge Remitted to Kentucky USF	\$540.08	
4.	Number of Access Lines Receiving Lifeline Support	1,158	
5.	Amount of Reimbursement Requested from Kentucky USF	\$4,053.00	alle

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I hereby attest that the information reported herein is true and ac	ccurate to the best of my knowledge.
Company Official <u>Ellisa McWhort</u> を出 (Printed)	Suntant Company Official Lilling Meadler (Signed)
Make check payable to: "Kentucky State Treasurer" and send with this report to:	Send a copy of this report to: Kentucky Public Service Commission
Finance and Administration Cabinet ATTN: KY USF 702 Capital Ave. Capitol Annex, Room 488A	ATTN: Jim Stevens 211 Sower Blvd. P.O. Box 615 Frankfort, KY 40602
E 1. 6 1/ N 40(01	

Capitol Annex, Room 488A Frankfort, KY 40601



COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

Date August 7, 2014

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Reporting Month July 2014

Carrier Information			
Company Name	Pooplog Bural Melephone Georg Georg Tra		
Company Address	Peoples Rural Telephone Coop Corp Inc P.O. Box 159 McKee, KY 40447		
Telephone / Fax	606-287-5404 Fax 606-287-8302		
Vendor Number			

Classification Please Circle One	(ILEC)	CLEC	Cellular	PCS	

	Monthly Access Line Data			
1.	Total Access Lines in Service	6,738		
2.	Surcharge Per Access Line	\$0.08		
3.	Amount of Surcharge Remitted to Kentucky USF	\$539.04		
4.	Number of Access Lines Receiving Lifeline Support	1,114		
5.	Amount of Reimbursement Requested from Kentucky USF	\$3,899.00	•	10

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I hereby attest that the information reported herein is true and a Company Official Ellisce Marshort Eitle According (Printed)	winternt Company Official <u>Felcure</u> Menhod (Signed)
Make check payable to: "Kentucky State Treasurer" and send with this report to: Finance and Administration Cabinet ATTN: KY USF 702 Capital Ave. Capitol Annex, Room 488A Frankfort, KY 40601	Send a copy of this report to: Kentucky Public Service Commission ATTN: Jim Stevens 211 Sower Blvd. P.O. Box 615 Frankfort, KY 40602



COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

Date September 5, 2014

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Reporting Month August 2014

	Carrier Information			
Company Name	Deepler Durch Welenheite Geen Geen The			
Company Address	Peoples Rural Telephone Coop Corp Inc P.O. Box 159 McKee, KY 40447			
Telephone / Fax	606-287-5404 Fax 606-287-8302			
Vendor Number				

Classification					
Please Circle One	(ILEC)	CLEC	Cellular	PCS	

	Monthly Access Line Data		
1.	Total Access Lines in Service	6,721	
2.	Surcharge Per Access Line	\$0.08	
3.	Amount of Surcharge Remitted to Kentucky USF	\$537.68	s
1.	Number of Access Lines Receiving Lifeline Support	1,116	
5.	Amount of Reimbursement Requested from Kentucky USF	\$3,906.00	
			1

Signatu	ire Block
I hereby attest that the information reported herein is true and acc Company Official <u>Ellisa Newhorler</u> Title <u>fecon</u> (Printed)	curate to the best of my knowledge. <u>int Gint</u> Company Official <u>Ellipa</u> Marchael (Signed)
Make check payable to: "Kentucky State Treasurer" and send with this report to: Finance and Administration Cabinet ATTN: KY USF 702 Capital Ave. Capitol Annex, Room 488A Frankfort, KY 40601	Send a copy of this report to: Kentucky Public Service Commission ATTN: Jim Stevens 211 Sower Blvd. P.O. Box 615 Frankfort, KY 40602



COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

Date October 6, 2014

Reporting Month September 2014

Carrier Information				
Company Name				
Company Address	Peoples Rural Telephone Coop Corp Inc			
	P.O. Box 159 McKee, KY 40447			
Telephone / Fax	606-287-5404 Fax 606-287-8302			
Vendor Number				

Classification					
Please Circle One	ILEC	CLEC	Cellular	PCS	
	and the second se				

	Monthly Access Line Data		
1.	Total Access Lines in Service	6,676	
2.	Surcharge Per Access Line	\$0.08_	
3.	Amount of Surcharge Remitted to Kentucky USF	\$534.08	
١.	Number of Access Lines Receiving Lifeline Support	1,113	
5.	Amount of Reimbursement Requested from Kentucky USF	\$3,895.50	12/14

Signa	ature Block
I hereby attest that the information reported herein is true and a Company Official <u>Elliscens</u> (where Fitle <u>Acc</u> (Printed)	accurate to the best of my knowledge. Count Cent Company Official <u>Films Merchic</u> (Signed)
Make check payable to: "Kentucky State Treasurer" and send with this report to: Finance and Administration Cabinet ATTN: KY USF 702 Capital Ave. Capitol Annex, Room 488A Frankfort, KY 40601	Send a copy of this report to: Kentucky Public Service Commission ATTN: Jim Stevens 211 Sower Blvd. P.O. Box 615 Frankfort, KY 40602



Date____December 4, 2014

Reporting Month October 2014

Carrier Information	
Peoples Rural Telephone Coop. Corp. Inc.	
P.O. Box 159 McKee, KY 40447	
606-287-5404 Fax 606-287-8302	
	Peoples Rural Telephone Coop. Corp. Inc. P.O. Box 159 McKee, KY 40447

Classification Please Circle One	(ILEC)	CLEC	Cellular	PCS	
			the second s		

	Monthly Access Line Data		
1.	Total Access Lines in Service	6,685	
2.	Surcharge Per Access Line	\$0.08_	
3.	Amount of Surcharge Remitted to Kentucky USF	\$534.80	
4.	Number of Access Lines Receiving Lifeline Support	975	
5.	Amount of Reimbursement Requested from Kentucky USF	\$3,412.50	- 12/14.

st of my knowledge. Company Official <u>Ellina Marshar</u>
a portinting into the short
(Signed)
Send a copy of this report to:

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



Date December 4, 2014

.

Reporting Month November 2014

	Carrier Information	
Company Name		
Common Add	Peoples Rural Telephone Coop Corp Inc	
Company Address	D D D 450 N-Y WY 40445	
Telephone / Fax	P.O. Box 159 McKee, KY 40447	
receptione / r ux	606-287-5404 Fax 606-287-8302	
Vendor Number		

Classification Please Circle One	ILEC	CLEC	Cellular	PCS	

	Monthly Access Line Data		
۱.	Total Access Lines in Service	6,657	
1	Surcharge Per Access Line	\$0.08_	
	Amount of Surcharge Remitted to Kentucky USF	\$532.56	-1
	Number of Access Lines Receiving Lifeline Support	857	28
5.	Amount of Reimbursement Requested from Kentucky USF	\$2,999.50	1/15

Signatu	re Block
I hereby attest that the information reported herein is true and acc Company Official $E_{11} = G_{11} M_{COMMAC}$ Title A_{COMMAC} (Printed)	urate to the best of my knowledge. <u>trent</u> Company Official <u>Filence</u> Meeshe (Signed)
Make check payable to: "Kentucky State Treasurer" and send with this report to: Finance and Administration Cabinet ATTN: KY USF 702 Capital Ave. Capitol Annex, Room 488A Frankfort, KY 40601	Send a copy of this report to: Kentucky Public Service Commission ATTN: Jim Stevens 211 Sower Blvd. P.O. Box 615 Frankfort, KY 40602



Date JANUARY 6, 2015

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Reporting Month DECEMBER 2014

	Carrier Information	
Company Name		
Company Address	PEOPLES RURAL TELEPHONE COOP CORP INC	
Telephone / Fax	PO BOX 159 MCKEE, KY 40447	
Vendor Number	606-287-5404 FAX 606-287-8302	

Classification	1		Weike e			
Please Circle One	1	ILEC)	CLEC	Cellular	PCS	
	(

	Monthly Access Line Data		
١.	Total Access Lines in Service	6,653	
2.	Surcharge Per Access Line	\$0.08	
3.	Amount of Surcharge Remitted to Kentucky USF	\$532.24	
4.	Number of Access Lines Receiving Lifeline Support	944	
5.	Amount of Reimbursement Requested from Kentucky USF	\$3,304.00	Ale 4010.37 2/15

Signature Block	
I hereby attest that the information reported herein is true and accurate to the	best of my knowledge.
Company Official Enec Marcharter Title Jacountant (Printed)	Company Official <u>Eules Marshar</u> (Signed)
Make check payable to: "Kentucky	

State Treasurer" and send with this report to:

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

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



Date FEBRUARY 4, 2015

Reporting Month JANUARY 2015

Carrier Information					
Company Name					
Company Address	PEOPLES RURAL TELEPHONE COOP CORP INC				
	PO BOX 159 MCKEE KY 40447				
Telephone / Fax	606-287-5404 FAX 606-287-8302				
Vendor Number					

Classification					
Please Circle One	ILEC	CLEC	Cellular	PCS	

	Monthly Access Line Data		
١.	Total Access Lines in Service	6,638	
2.	Surcharge Per Access Line	\$0.08	
3.	Amount of Surcharge Remitted to Kentucky USF	\$531.04	
1 .	Number of Access Lines Receiving Lifeline Support	980	
5.	Amount of Reimbursement Requested from Kentucky USF	\$3,430.00	3/19

Signa	ature Block
I hereby attest that the information reported herein is true and a Company Official Flisce Machart (Fitle Poon) (Printed)	accurate to the best of my knowledge. <u>witcent</u> Company Official <u>Files Macchurch</u> (Signed)
Make check payable to: "Kentucky State Treasurer" and send with this report to: Finance and Administration Cabinet ATTN: KY USF 702 Capital Ave. Capitol Annex, Room 488A Frankfort, KY 40601	Send a copy of this report to: Kentucky Public Service Commission ATTN: Jim Stevens 211 Sower Blvd. P.O. Box 615 Frankfort, KY 40602



COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

Date March 5, 2015

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ite <u>XV Jaroh</u> 5	Reporting Month February 2015
	Carrier Information
Company Name	De l'ELE /
Company Address	Peoples Rural Telephone (opp.
Telephone / Fax	20 Box 159 WOKee K. 2104417 606-287-5404 Fax 1006-287-8302
Vendor Number	1000-201-0404 FILX 1000-201-0502

Classification Please Circle One	ILEC	CLEC	Cellular	PCS	
			and the second second second second	The second s	

	Monthly Access Line Data
1.	Total Access Lines in Service
2.	Surcharge Per Access Line
3.	Amount of Surcharge Remitted to Kentucky USF ずらろの。しん
4.	Number of Access Lines Receiving Lifeline Support
5.	Amount of Reimbursement Requested from Kentucky USF

Signat	ure Block
I hereby attest that the information reported herein is true and ac Company Official <u>Files Man howder</u> Title <u>Accous</u> (Printed)	curate to the best of my knowledge. which Company Official Editor, Marchaelle, (Signed)
Make check payable to: "Kentucky State Treasurer" and send with this report to: Finance and Administration Cabinet ATTN: KY USF 702 Capital Ave. Capitol Annex, Room 488A Frankfort, KY 40601	Send a copy of this report to: Kentucky Public Service Commission ATTN: Jim Stevens 211 Sower Blvd. P.O. Box 615 Frankfort, KY 40602



COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

Date_ peil 7,2015

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Reporting Month March 2015

	Carrier Information
Company Name	
Company Address -	Leogles Kural Telephone (oop.
Telephone / Fax	606-287-5404 For 606+287-8302
Vendor Number	WWW-25 FO-W-L LUY 100103281-8302

Classification	\bigcirc			
Please Circle One	(ILEC)	CLEC	Cellular	PCS

	Monthly Access Line Data		
١.	Total Access Lines in Service	6,662	
2.	Surcharge Per Access Line	\$0.08	
3.	Amount of Surcharge Remitted to Kentucky USF	*532.96	
1.	Number of Access Lines Receiving Lifeline Support	910	
5.	Amount of Reimbursement Requested from Kentucky USF	*3.185.00 0	0/15

Signa	ature Block
I hereby attest that the information reported herein is true and a Company Official <u>Flica Macharter</u> Title <u>Accon</u> (Printed)	
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 5.9-15

1"

Reporting Month	April	2015
	- Mart	

Carrier Information				
Company Name				
Company Address	Peoples Bural Telephone Coop.			
Telephone / Fax	to Box 159 Mckee Ky 404417			
Vendor Number	606-287-5404 Fax 606-287-8302			

Classification					
Please Circle One	ILEC	CLEC	Cellular	PCS	

	Monthly Access Line Data				
1.	Total Access Lines in Service				
2.	Surcharge Per Access Line				
3.	Amount of Surcharge Remitted to Kentucky USF				
4.	Number of Access Lines Receiving Lifeline Support				
5.	Amount of Reimbursement Requested from Kentucky USF				

Signa	ature Block
I hereby attest that the information reported herein is true and a Company Official <u>Ellisary at Nord</u> Title <u>Accor</u> (Printed)	accurate to the best of my knowledge.
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 6-8-15

Reporting Month	May 2015

Carrier Information				
Company Name	Peoples Runal Telephone (000			
Company Address	PO BOX 159 MCKEE KU 40447			
Telephone / Fax	606-287-7101 lax lode-287-8:202			
Vendor Number				

Monthly Access Line Data					
1.	Total Access Lines in Service				
2.	Surcharge Per Access Line				
3.	Amount of Surcharge Remitted to Kentucky USF				
4.	Number of Access Lines Receiving Lifeline Support				
5.	Amount of Reimbursement Requested from Kentucky USF				

Signat	ture Block
I hereby attest that the information reported herein is true and ac Company Official $F(1: :::::::::::::::::::::::::::::::::::$	ccurate to the best of my knowledge. <u>untant</u> Company Official <u>Fulling</u> <u>March</u> (Signed)
Make check payable to: "Kentucky State Treasurer" and send with this report to: Finance and Administration Cabinet ATTN: KY USF 702 Capital Ave. Capitol Annex, Room 488A Frankfort, KY 40601	Send a copy of this report to: Kentucky Public Service Commission ATTN: Jim Stevens 211 Sower Blvd. P.O. Box 615 Frankfort, KY 40602



COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

Date__________

Reporting Month June 2015

Carrier Information				
Company Name				
Company Address				
Telephone / Fax	T.D. Box 159 Maxee Ky 404147			
Vendor Number	(006-287-5404 Jax 606-287-8302			

Classification	\sim	- 80-5			
Please Circle One	(ILEC)	CLEC	Cellular	PCS	

	Monthly Access Line Data
l.	Total Access Lines in Service
2.	Surcharge Per Access Line
s.	Amount of Surcharge Remitted to Kentucky USF
	Number of Access Lines Receiving Lifeline Support
	Amount of Reimbursement Requested from Kentucky USF

Signa	ature Block
I hereby attest that the information reported herein is true and a Company Official Elisc, Macher Title from (Printed)	writent_Company Official Fellin Mcentus (Signed)
Make check payable to: "Kentucky State Treasurer" and send with this report to: Finance and Administration Cabinet ATTN: KY USF 702 Capital Ave. Capitol Annex, Room 488A Frankfort, KY 40601	Send a copy of this report to: Kentucky Public Service Commission ATTN: Jim Stevens 211 Sower Blvd. P.O. Box 615 Frankfort, KY 40602



COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

Date 8-7-15

Reporting Month	July 2015
	0

	Carrier Information
Company Name	
Company Address	Peoples Fund Telephone
Telephone / Fax	1006-287-5464 104 606-287-8302
Vendor Number	1000-201-2404 104 1000-281-8802

Classification Please Circle One	(ILEC)	CLEC	Cellular	PCS	

	Monthly Access Line Data					
1.	Total Access Lines in Service					
2.	Surcharge Per Access Line					
3.	Amount of Surcharge Remitted to Kentucky USF					
4.	Number of Access Lines Receiving Lifeline Support					
5.	Amount of Reimbursement Requested from Kentucky USF					
	Υ. Υ.					

Signatu	ire Block
I hereby attest that the information reported herein is true and acc Company Official Elliza Mc Shorter Title Account (Printed)	curate to the best of my knowledge. <u>tant</u> Company Official <u>Felline</u> Machanter (Signed)
Make check payable to: "Kentucky State Treasurer" and send with this report to: Finance and Administration Cabinet ATTN: KY USF 702 Capital Ave. Capitol Annex, Room 488A Frankfort, KY 40601	Send a copy of this report to: Kentucky Public Service Commission ATTN: Jim Stevens 211 Sower Blvd. P.O. Box 615 Frankfort, KY 40602



COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

Date 9-8-15

Reporting Month August 2015

Carrier Information				
Company Name				
Company Address	Peoples Kural Telephone			
Telephone / Fax	to box 159 Makee Ky 4104417			
Vendor Number	606-287-5404 606-287-8302			

Classification	\bigcap				
Please Circle One	(ILEC)	CLEC	Cellular	PCS	

Monthly Access Line Data					
1.	Total Access Lines in Service				
2.	Surcharge Per Access Line				
3.	Amount of Surcharge Remitted to Kentucky USF				
4.	Number of Access Lines Receiving Lifeline Support				
5.	Amount of Reimbursement Requested from Kentucky USF	9			

I hereby attest that the information reported herein is true and accurate to the best of my knowledge. Company Official <u>Filical Machanter</u> <u>Accountant</u> Company Official <u>Filical Machanter</u> (Signed) Make check payable to: "Kentucky State Treasurer" and send with this report to: Finance and Administration Cabinet ATTN: KY USF 702 Capital Ave. Capitol Annex, Room 488A Frankfort, KY 40601	Signature	Block
State Treasurer" and send with this report to:Send a copy of this report to:Finance and Administration Cabinet ATTN: KY USF 702 Capital Ave. Capitol Annex, Room 488AKentucky Public Service Commission ATTN: Jim Stevens 211 Sower Blvd. P.O. Box 615 Frankfort, KY 40602	Company Official Ellison Maching File Accord	tart Company Official Filling Mar Die
	State Treasurer" and send with this report to: Finance and Administration Cabinet ATTN: KY USF 702 Capital Ave. Capitol Annex, Room 488A	Kentucky Public Service Commission ATTN: Jim Stevens 211 Sower Blvd. P.O. Box 615



Date 10-7-15

Reporting Month	Hember 20	015
1)	

	Carrier Information
Company Name_	P do P A LI AQUA
Company Address	Fo Box 159 Maker K. 4104417
Telephone / Fax	6006-267-3404 Jan 6000-287-8302
Vendor Number	

Classification Please Circle One	ILEC	CLEC	Cellular	PCS	

	Monthly Access Line Data
1.	Total Access Lines in Service
2.	Surcharge Per Access Line
	Amount of Surcharge Remitted to Kentucky USF
	Number of Access Lines Receiving Lifeline Support
5.	Amount of Reimbursement Requested from Kentucky USF

Signature Block	с
I hereby attest that the information reported herein is true and accurate to Company Official Elliss Mewhorter Title Accountan	t Company Official Filing Marchio
(Printed)	(Signed)

Make check payable to: "Kentucky State Treasurer" and send with this report to:	Send a copy of this report to:
Finance and Administration Cabinet	Kentucky Public Service Commission
ATTN: KY USF	ATTN: Jim Stevens
702 Capital Ave.	211 Sower Blvd.
Capitol Annex, Room 488A	P.O. Box 615
Frankfort, KY 40601	Frankfort, KY 40602



COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

Date 11-10-15

Reporting Month October 2015

	Carrier Information
Company Name	DADITI
Company Address	Po boy IGO Marine K Mounta
Telephone / Fax	40 DOX 139 Makee Ky 404417 (0010-287-5404 Jan (0010-287-5404
Vendor Number	000-201-5+0+ 104 000-251-5+0+

Classification Please Circle One	(ILEC)	CLEC	Cellular	PCS	

	Monthly Access Line Data	
ι.	Total Access Lines in Service	
2.	Surcharge Per Access Line	
3.	Amount of Surcharge Remitted to Kentucky USF	
1.	Number of Access Lines Receiving Lifeline Support	
5.	Amount of Reimbursement Requested from Kentucky USF	1/16

Signat	ture Block
I hereby attest that the information reported herein is true and ac Company Official Ellisa Diacoborte Fitle Accous (Printed)	ccurate to the best of my knowledge.
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 12-4-15

Reporting Month Devember 2015

	Carrier Information
Company Name_	
Company Address_	Peoples Kural Telephone
Telephone / Fax	Locle - 287-5404 lax 1006-287-8302
Vendor Number	

Classification Please Circle One	ILEC	CLEC	Cellular	PCS	

	Monthly Access Line Data
۱.	Total Access Lines in Service
2.	Surcharge Per Access Line
3.	Amount of Surcharge Remitted to Kentucky USF
	Number of Access Lines Receiving Lifeline Support
5.	Amount of Reimbursement Requested from Kentucky USF

Signat	ure Block
I hereby attest that the information reported herein is true and ac	ccurate to the best of my knowledge.
Company Official FILLSCA Marshall Company Official FILLSCA Marshall Company Official FILLSCA Marshall Company Official FILLSCA MARSHALL COMPANY OF THE COMPANY.	runtant Company Official Filing Mcchail (Signed)
Make check payable to: "Kentucky State Treasurer" and send with this	Send a copy of this report to:
report to: Finance and Administration Cabinet	Kentucky Public Service Commission ATTN: Jim Stevens 211 Sower Blvd.

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

Revised 03-13-2008

Frankfort, KY 40602

P.O. Box 615



Reporting Month December 2015

Carrier Information		
Company Name		
Company Address.	teolog turch lol days of	
	P.C. Box 169 Makee Ky 2104/4171	
Telephone / Fax	10000-287-54104 10× 10010-087-9200	
Vendor Number	for anotopool	

Classification					
Please Circle One	(ILEC /	CLEC	Cellular	PCS	

	Monthly Access Line Data		
1.	Total Access Lines in Service		
2.	Surcharge Per Access Line		
3.	Amount of Surcharge Remitted to Kentucky USF		
4.	Number of Access Lines Receiving Lifeline Support		
5.	Amount of Reimbursement Requested from Kentucky USF		

Sign	ature Block
I hereby attest that the information reported herein is true and a Company Official <u>Ellison Nachorker</u> Title <u>flore</u> (Printed)	accurate to the best of my knowledge. Auntant Company Official Filma Marchae (Signed)
Make check payable to: "Kentucky State Treasurer" and send with this report to: Finance and Administration Cabinet ATTN: KY USF 702 Capital Ave. Capitol Annex, Room 488A Frankfort, KY 40601	Send a copy of this report to: Kentucky Public Service Commission ATTN: Jim Stevens 211 Sower Blvd. P.O. Box 615 · Frankfort, KY 40602

1



Date .2-8-16

ne2-8-16	Reporting Month January 201
	Carrier Information
Company Name Company Address Telephone / Fax	Box 159 Mekee Ry 404417
Vendor Number	

Classification	\bigcirc				anna an tao marta an an ann an an ann an ann an ann an a
Please Circle One	(ILEC)	CLEC	Cellular	PCS	

Monthly Access Line Data		
۱.	Total Access Lines in Service	6,523
2.	Surcharge Per Access Line	\$0.08
3.	Amount of Surcharge Remitted to Kentucky USF	T.521.84
4.	Number of Access Lines Receiving Lifeline Support	779
5.	Amount of Reimbursement Requested from Kentucky USF	# 2726.50

Signature Block	k
I hereby attest that the information reported herein is true and accurate to Company Official $\underline{FH} = \underline{G}$ Move $\underline{Jh} \underline{Ch} Ch$	
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 3-41-16	
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Reporting Month_	February 2014
	\square

Carrier Information		
Company Name		
Company Address	Peoples Bural Telephone	
Telephone / Fax	to box 159 Makee Ky 40447	
Vendor Number	606-287-5404 Jay 606-287-8302	

Classification Please Circle One	ILEC	CLEC	Cellular	PCS	
			Contaitai	105	

 Monthly Access Line Data		
Total Access Lines in Service		
Surcharge Per Access Line		
Amount of Surcharge Remitted to Kentucky USF		
Number of Access Lines Receiving Lifeline Support		
Amount of Reimbursement Requested from Kentucky USF		

Signature Block	
I hereby attest that the information reported herein is true and accurate to the Company Official <u>Flied Marcharter</u> Title <u>Accountant</u> (Printed)	best of my knowledge. Company Official <u>Falling</u> (Signed)

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

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

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

Revised 02-15-2016



COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

Date 4-10-110

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Reporting Month March 2014

	Carrier Information		
Company Name	Donder R. of Flater		
Company Address	Po box keg plane K. dialula		
Telephone / Fax	10 10x 104 100 100 10010-287-8302		
Vendor Number			

Classification	[
Please Circle One	(ILEC)	CLEC	Cellular	PCS	
and the second se					

Monthly Access Line Data		
<u>(c, 555</u> 21		
\$0.08		
\$ 6.24.32		
8:11		
1. 2838.50		

Signature Block	
I hereby attest that the information reported herein is true and accurate to the b	best of my knowledge.
Company Official Elliza Man Juster Title Accountant	Company Official <u>Films</u> Marcheter (Signed)
(Printed)	(Signed)

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

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Revised 02-15-2016