EXHIBIT 10
### Carrier Information

<table>
<thead>
<tr>
<th>Company Name</th>
<th>PEOPLES RURAL TELEPHONE COOP CORP INC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Address</td>
<td>PO BOX 159 MCKEE, KY 40447</td>
</tr>
<tr>
<td>Telephone / Fax</td>
<td>606-287-5404 FAX 606-287-8302</td>
</tr>
<tr>
<td>Vendor Number</td>
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</tr>
</tbody>
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### Classification

- [ ] ILEC
- [ ] CLEC
- [ ] Cellular
- [ ] PCS

### Monthly Access Line Data

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>1. Total Access Lines in Service</td>
<td>6,850</td>
</tr>
<tr>
<td>2. Surcharge Per Access Line</td>
<td>$0.08</td>
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<tr>
<td>3. Amount of Surcharge Remitted to Kentucky USF</td>
<td>$548.00</td>
</tr>
<tr>
<td>4. Number of Access Lines Receiving Lifeline Support</td>
<td>1,263</td>
</tr>
<tr>
<td>5. Amount of Reimbursement Requested from Kentucky USF</td>
<td>$4,420.50</td>
</tr>
</tbody>
</table>

### Signature Block

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

Company Official: [Ellisa McWhorter](name)
Title: [Accountant](title)
Company: [Ellisa McWhorter](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

Revised 03-13-2008
### Commonweath of Kentucky
### Universal Service Fund

**Date:** March 4, 2014  
**Reporting Month:** February 2014

<table>
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<tr>
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<td>606-287-5404 Fax 606-287-8302</td>
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<table>
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<table>
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<td>1. Total Access Lines in Service</td>
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<td>2. Surcharge Per Access Line</td>
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<td>3. Amount of Surcharge Remitted to Kentucky USF</td>
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<td>4. Number of Access Lines Receiving Lifeline Support</td>
<td>1,158</td>
</tr>
<tr>
<td>5. Amount of Reimbursement Requested from Kentucky USF</td>
<td>$4,053.00</td>
</tr>
</tbody>
</table>

**Signature Block**

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

Company Official: [Signature]
Title: Accountant
Company Official: [Signature]
(Printed)
(Signed)

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

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Frankfort, KY 40602

Revised 03-13-2008
**COMMONWEALTH OF KENTUCKY**
**UNIVERSAL SERVICE FUND**

**Date** April 2, 2014  
**Reporting Month** March 2014

### Carrier Information

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<td>P.O. Box 159</td>
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<td>Telephone / Fax</td>
<td>McKee, KY 40447</td>
</tr>
</tbody>
</table>

### Classification

Please Circle One  
ILEC  CLEC  Cellular  PCS

### Monthly Access Line Data

1. 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: 1,187
5. Amount of Reimbursement Requested from Kentucky USF: $4,154.50

### Signature Block

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

Company Official: [Signature]  
Title: [Title]  
Printed: [Printed]

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

Finance and Administration Cabinet  
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P.O. Box 615  
Frankfort, KY 40602

Revised 03-13-2008
Case No. 2016-00059
Exhibit A
KUSF Reimbursement Forms

COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date May 6, 2014 Reporting Month April 2014

Carrier Information

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<tr>
<td>Telephone / Fax</td>
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<td>606-287-5404 Fax 606-287-8302</td>
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Classification

Please Circle One ILEC CLEC Cellular PCS

Monthly Access Line Data

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<td>1. Total Access Lines in Service</td>
<td>6,850</td>
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<td>$0.08</td>
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<td>4. Number of Access Lines Receiving Lifeline Support</td>
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<td>5. Amount of Reimbursement Requested from Kentucky USF</td>
<td>$4,161.50</td>
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Signature Block

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

Company Official: Luisa Martinez Title: Accountant
(Printed)
(Signed)

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

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

Send a copy of this report to:

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

Revised 03-13-2008
# Case No. 2016-00059
Exhibit A
KUSF Reimbursement Forms

## COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

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<th>Date</th>
<th>June 4, 2014</th>
<th>Reporting Month</th>
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## Carrier Information

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<tr>
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<td>606-287-5404 Fax 606-287-8302</td>
</tr>
</tbody>
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## Classification

Please Circle One:  
- [ ] ILEC  
- [ ] CLEC  
- [x] 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

## Signature Block

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

Company Official: [Signature]
Title: [Title]
(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  
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Frankfort, KY 40602

Revised 03-13-2008
**Commonwealth of Kentucky Universal Service Fund**

**Case No. 2016-00059**  
Exhibit A  
KUSF Reimbursement Forms

**Date:** JULY 9, 2014  
**Reporting Month:** JUNE 2014

### Carrier Information

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<th>Company Name</th>
<th>PEOPLES RURAL TELEPHONE COOP CORP INC</th>
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<tr>
<td>Telephone / Fax</td>
<td>606-287-5404 FAX 606-287-8302</td>
</tr>
</tbody>
</table>

### Classification

- [ ] ILEC  
- [ ] CLEC  
- [ ] Cellular  
- [x] 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

### Signature Block

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

Company Official: **Ellisa McWhorter**  
Title: Accountant  
(Printed)  
(Signed)

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

Finance and Administration Cabinet  
ATTN: KY USF  
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211 Sower Blvd.  
P.O. Box 615  
Frankfort, KY 40602

Revised 03-13-2008
# Commonwealth of Kentucky Universal Service Fund

**Case No. 2016-00059**  
**Exhibit A**  
**KUSF Reimbursement Forms**

---

**Date:** August 7, 2014  
**Reporting Month:** July 2014

## Carrier Information

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<th>Company Name</th>
<th>Peoples Rural Telephone Coop Corp Inc</th>
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<tbody>
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</tr>
<tr>
<td>Telephone / Fax</td>
<td>606-287-5404 Fax 606-287-8302</td>
</tr>
</tbody>
</table>

## 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

## Signature Block

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

Company Official: [Signature]  
(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

Revised 03-13-2008
**COMMONWEALTH OF KENTUCKY**
**UNIVERSAL SERVICE FUND**

**Date** September 5, 2014  
**Reporting Month** August 2014

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<td><strong>Company Name</strong></td>
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<td><strong>Company Address</strong></td>
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<tr>
<td>CLEC</td>
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<tr>
<td>Cellular</td>
</tr>
<tr>
<td>PCS</td>
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</tbody>
</table>

<table>
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<tr>
<th>Monthly Access Line Data</th>
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</thead>
<tbody>
<tr>
<td>1. Total Access Lines in Service.............................. 6,721</td>
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<tr>
<td>2. Surcharge Per Access Line.................................. $0.08</td>
</tr>
<tr>
<td>3. Amount of Surcharge Remitted to Kentucky USF............. $537.68</td>
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<tr>
<td>4. Number of Access Lines Receiving Lifeline Support...... 1,116</td>
</tr>
<tr>
<td>5. Amount of Reimbursement Requested from Kentucky USF.... $3,906.00</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature Block</th>
</tr>
</thead>
<tbody>
<tr>
<td>I hereby attest that the information reported herein is true and accurate to the best of my knowledge.</td>
</tr>
</tbody>
</table>

**Company Official**  
**Title** Accountant  
**Company Official**  
**Title**  
**Printed**  
**Signed**

Make check payable to: “Kentucky State Treasurer” and send with this report to:
Finance and Administration Cabinet  
ATTN: KY USF  
702 Capital Ave.  
Capitol Annex, Room 488A  
Frankfort, KY 40601

Send a copy of this report to:
Kentucky Public Service Commission  
ATTN: Jim Stevens  
211 Sower Blvd.  
P.O. Box 615  
Frankfort, KY 40602

Revised 03-13-2008
**Commonwealth of Kentucky Universal Service Fund**

**Date:** October 6, 2014  
**Reporting Month:** September 2014

### Carrier Information

<table>
<thead>
<tr>
<th>Company Name</th>
<th>Peoples Rural Telephone Coop Corp Inc</th>
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<tbody>
<tr>
<td>Company Address</td>
<td>P.O. Box 159 McKee, KY 40447</td>
</tr>
<tr>
<td>Telephone / Fax</td>
<td>606-287-5404 Fax 606-287-8302</td>
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### Classification

- Please Circle One: ILEC

### Monthly Access Line Data

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<tr>
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<th>Value</th>
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<tbody>
<tr>
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<td>Amount of Surcharge Remitted to Kentucky USF</td>
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<tr>
<td>Number of Access Lines Receiving Lifeline Support</td>
<td>1,113</td>
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<tr>
<td>Amount of Reimbursement Requested from Kentucky USF</td>
<td>$3,895.50</td>
</tr>
</tbody>
</table>

**Signature Block**

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

Company Official: [Signature]

**Make check payable to: “Kentucky State Treasurer” and send with this report to:**

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

**Send a copy of this report to:**

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211 Sower Blvd.  
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Frankfort, KY 40602

Revised 03-13-2008
**Case No. 2016-00059**
**Exhibit A**
**KUSF Reimbursement Forms**

## Carrier Information

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<tr>
<td>Vendor Number</td>
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## Classification

<table>
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<tr>
<th>Please Circle One</th>
<th>ILEC</th>
<th>CLEC</th>
<th>Cellular</th>
<th>PCS</th>
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## 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

## Signature Block

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

Company Official: [Signature]
Title: Accountant
Company Official: [Signature]
(Signed)

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

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Revised 03-13-2008
**Case No. 2016-00059**  
**Exhibit A**  
**KUSF Reimbursement Forms**

---

**COMMONWEALTH OF KENTUCKY**  
**UNIVERSAL SERVICE FUND**

**Date** December 4, 2014  
**Reporting Month** November 2014

**Carrier Information**

<table>
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<td>CLEC</td>
</tr>
<tr>
<td>Cellular</td>
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<tr>
<td>PCS</td>
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</table>

**Monthly Access Line Data**

1. Total Access Lines in Service ........................................... 6,657
2. Surcharge Per Access Line .................................................. $0.08
3. Amount of Surcharge Remitted to Kentucky USF ....................... $532.56
4. Number of Access Lines Receiving Lifeline Support ................. 857
5. Amount of Reimbursement Requested from Kentucky USF ............ $2,999.50

---

**Signature Block**

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

**Company Official**  
(Full Name) Licia Mechtley  
(Title) Accountant  
Company Official  
(Signed)

---

Make check payable to: "Kentucky State Treasurer" and send with this report to:
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ATTN: KY USF  
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Frankfort, KY 40601

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Frankfort, KY 40602

Revised 03-13-2008
Case No. 2016-00059
Exhibit A
KUSF Reimbursement Forms

COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date JANUARY 6, 2015
Reporting Month DECEMBER 2014

Carrier Information

<table>
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<tr>
<th>Company Name</th>
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<tr>
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<tr>
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<td>606-287-5404 FAX 606-287-8302</td>
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Classification
Please Circle One
ILEC CLEC Cellular PCS

Monthly Access Line Data

1. 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

Signature Block

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

Company Official (Printed) [signature]
Title: Accountant
Company Official (Signed)

Make check payable to: "Kentucky State Treasurer" and send with this report to:
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702 Capital Ave.
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211 Sower Blvd.
P.O. Box 615
Frankfort, KY 40602

Revised 03-13-2008
## COMMONWEALTH OF KENTUCKY
### UNIVERSAL SERVICE FUND

**Date**: **FEBRUARY 4, 2015**

**Reporting Month**: **JANUARY 2015**

### Carrier Information

<table>
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<tr>
<th>Company Name</th>
<th>PEOPLES RURAL TELEPHONE COOP CORP INC</th>
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<tr>
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<td>606-287-5404 FAX 606-287-8302</td>
</tr>
</tbody>
</table>

### Classification

| Please Circle One | ILEC | CLEC | Cellular | PCS |

### Monthly Access Line Data

1. **Total Access Lines in Service**: 6,638
2. **Surcharge Per Access Line**: $0.08
3. **Amount of Surcharge Remitted to Kentucky USF**: $531.04
4. **Number of Access Lines Receiving Lifeline Support**: 980
5. **Amount of Reimbursement Requested from Kentucky USF**: $3,430.00

### Signature Block

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

**Company Official**: [Signature]
**Title**: [Title]

**Company Official**: [Signature]
**Title**: [Title]

---

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

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Revised 03-13-2008
**COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND**

Date: March 5, 2015

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<td><strong>Telephone/Fax</strong></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Classification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please Circle One: ILEC</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Monthly Access Line Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Total Access Lines in Service</td>
</tr>
<tr>
<td>2. Surcharge Per Access Line</td>
</tr>
<tr>
<td>3. Amount of Surcharge Remitted to Kentucky USF</td>
</tr>
<tr>
<td>4. Number of Access Lines Receiving Lifeline Support</td>
</tr>
<tr>
<td>5. Amount of Reimbursement Requested from Kentucky USF</td>
</tr>
</tbody>
</table>

**Signature Block**

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

Company Official: [Name] (Printed)
Title: Accountant

Company Official: [Name]
(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

Revised 03-13-2008
Case No. 2016-00059
Exhibit A
KUSF Reimbursement Forms

Date: April 1, 2015
Reporting Month: March 2015

Carrier Information

<table>
<thead>
<tr>
<th>Company Name</th>
<th>Peoples Rural Telephone Coop.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Address</td>
<td>PO Box 159, Maylee Ky 40417</td>
</tr>
<tr>
<td>Telephone / Fax</td>
<td>606-287-5404 Fax 606-287-8302</td>
</tr>
</tbody>
</table>

Classification

Please Circle One

| ILEC | CLEC | Cellular | PCS |

Monthly Access Line Data

| 1. Total Access Lines in Service | 16,662 |
| 2. Surcharge Per Access Line     | $0.08  |
| 3. Amount of Surcharge Remitted to Kentucky USF | $5,329.16 |
| 4. Number of Access Lines Receiving Lifeline Support | 910 |
| 5. Amount of Reimbursement Requested from Kentucky USF | $3,185.00 |

Signature Block

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

Company Official: Ellis K. Makhtar
Title: Accountant
(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

Revised 03-13-2008
**COMMONWEALTH OF KENTUCKY**  
**UNIVERSAL SERVICE FUND**

**Date** 5-7-15 
**Reporting Month** April 2016

### Carrier Information

<table>
<thead>
<tr>
<th>Company Name</th>
<th>Peoples Burial Telephone Corp.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Address</td>
<td>P.O. Box 159, Moreau, KY 40447</td>
</tr>
<tr>
<td>Telephone / Fax</td>
<td>606-287-6404, Fax 606-287-3202</td>
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### Classification

<table>
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<tr>
<th>Please Circle One</th>
<th>ILEC</th>
<th>CLEC</th>
<th>Cellular</th>
<th>PCS</th>
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### Monthly Access Line Data

<table>
<thead>
<tr>
<th>Item</th>
<th>Value</th>
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<tbody>
<tr>
<td>1. Total Access Lines in Service</td>
<td>6,424</td>
</tr>
<tr>
<td>2. Surcharge Per Access Line</td>
<td>$0.08</td>
</tr>
<tr>
<td>3. Amount of Surcharge Remitted to Kentucky USF</td>
<td>$5,049.92</td>
</tr>
<tr>
<td>4. Number of Access Lines Receiving Lifeline Support</td>
<td>1,265</td>
</tr>
<tr>
<td>5. Amount of Reimbursement Requested from Kentucky USF</td>
<td>$3,231.50</td>
</tr>
</tbody>
</table>

### Signature Block

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

Company Official: [Signature]  
Title: Accounting  
Company Name: [Company Name]

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

Revised 03-13-2008
# COMMONWEALTH OF KENTUCKY
# UNIVERSAL SERVICE FUND

**Case No. 2016-00059**  
**Exhibit A**  
**KUSF Reimbursement Forms**

---

**Date:** 10-8-15  
**Reporting Month:** May 2015

### Carrier Information

<table>
<thead>
<tr>
<th>Company Name</th>
<th>Peoples Rural Telephone Coop</th>
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<tbody>
<tr>
<td>Company Address</td>
<td>P.O. Box 159, Macee, KY 41047</td>
</tr>
<tr>
<td>Telephone / Fax</td>
<td>(606) 287-7101 / (606) 287-8302</td>
</tr>
</tbody>
</table>

### Classification

Please Circle One:  
- ILEC  
- CLEC  
- Cellular  
- PCS

### Monthly Access Line Data

1. **Total Access Lines in Service**: 6624
2. **Surcharge Per Access Line**: $0.08
3. **Amount of Surcharge Remitted to Kentucky USF**: $589.92
4. **Number of Access Lines Receiving Lifeline Support**: 927
5. **Amount of Reimbursement Requested from Kentucky USF**: $3,241.50

### Signature Block

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

**Company Official:**  
**Title:** Accountant  
**(Printed)**  
**Company Official:**  
**Title:**  
**(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

Revised 03-13-2008
Case No. 2016-00059
Exhibit A
KUSF Reimbursement Forms

Date 7-10-15
Reporting Month June 2015

Commonwealth of Kentucky
Universal Service Fund

Carrier Information

<table>
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<tr>
<th>Company Name</th>
<th>Peoples Rural Telephone Coop</th>
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<tr>
<td>Company Address</td>
<td>P.O. Box 159, Marsee KY 41047</td>
</tr>
<tr>
<td>Telephone / Fax</td>
<td>606-387-5904, FAX 606-387-8302</td>
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Classification
Please Circle One
ILEC  CLEC  Cellular  PCS

Monthly Access Line Data

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<tr>
<th>Description</th>
<th>Amount</th>
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<tr>
<td>1. Total Access Lines in Service</td>
<td>6,580</td>
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<td>2. Surcharge Per Access Line</td>
<td>$0.08</td>
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<tr>
<td>3. Amount of Surcharge Remitted to Kentucky USF.</td>
<td>$5,960.40</td>
</tr>
<tr>
<td>4. Number of Access Lines Receiving Lifeline Support</td>
<td>883</td>
</tr>
<tr>
<td>5. Amount of Reimbursement Requested from Kentucky USF.</td>
<td>$3,090.50</td>
</tr>
</tbody>
</table>

Signature Block

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

Company Official: [Name] Title: [Position] Company Official: [Name] (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

Revised 03-13-2008
### COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

<table>
<thead>
<tr>
<th>Date</th>
<th>8-7-15</th>
<th>Reporting Month</th>
<th>July 2015</th>
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#### Carrier Information

<table>
<thead>
<tr>
<th>Company Name</th>
<th>Peoples Rural Telephone</th>
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<tbody>
<tr>
<td>Company Address</td>
<td>Po Box 159, Maysville, Ky 41064</td>
</tr>
<tr>
<td>Telephone / Fax</td>
<td>1(606)-287-5404</td>
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<table>
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<tr>
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<th>ILEC</th>
<th>CLEC</th>
<th>Cellular</th>
<th>PCS</th>
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</table>

#### Monthly Access Line Data

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
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<tbody>
<tr>
<td>1. Total Access Lines in Service</td>
<td>10,565</td>
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<tr>
<td>2. Surcharge Per Access Line</td>
<td>$0.08</td>
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<tr>
<td>3. Amount of Surcharge Remitted to Kentucky USF</td>
<td>$525.20</td>
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<tr>
<td>4. Number of Access Lines Receiving Lifeline Support</td>
<td>885</td>
</tr>
<tr>
<td>5. Amount of Reimbursement Requested from Kentucky USF</td>
<td>$3,095.50</td>
</tr>
</tbody>
</table>

#### Signature Block

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

Company Official: [Signature]  Title: Accountant  Company: [Company Name]

Send a copy of this report to:

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

Revised 03-13-2008
**Date**: 9-8-15  
**Reporting Month**: August 2016

### Carrier Information

<table>
<thead>
<tr>
<th>Company Name</th>
<th>Peoples Rural Telephone</th>
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<tbody>
<tr>
<td>Company Address</td>
<td>P.O. Box 159, Macee, Ky 40447</td>
</tr>
<tr>
<td>Telephone / Fax</td>
<td>606-287-5404, 606-287-8302</td>
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<tr>
<td>Vendor Number</td>
<td></td>
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</table>

### Classification

- Please Circle One: ILEC
- CLEC
- Cellular
- PCS

### Monthly Access Line Data

1. Total Access Lines in Service........................................... 6,375
2. Surcharge Per Access Line........................................... $0.08
3. Amount of Surcharge Remitted to Kentucky USF................. $22,820
4. Number of Access Lines Receiving Lifeline Support............ 850
5. Amount of Reimbursement Requested from Kentucky USF......... 3,112.00

### Signature Block

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

Company Official: **Ellis* Wagner**  
Title: Accountant  
Company Official: **Ellis* Wagner**  
(Printed)  
(Signed)

---

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

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

Send a copy of this report to:

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

Revised 03-13-2008
# COMMONWEALTH OF KENTUCKY
# UNIVERSAL SERVICE FUND

**Date**: 10-7-15

**Reporting Month**: September 2015

## Carrier Information

<table>
<thead>
<tr>
<th>Company Name</th>
<th>Pequos Rural Telephone</th>
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<tbody>
<tr>
<td>Company Address</td>
<td>P.O. Box 139, Magoffin, KY 41041</td>
</tr>
<tr>
<td>Telephone / Fax</td>
<td>606-329-5404, Fax 606-389-2282</td>
</tr>
</tbody>
</table>

## Classification

- ILEC
- CLEC
- Cellular
- PCS

## Monthly Access Line Data

1. Total Access Lines in Service: 60,641.0
2. Surcharge Per Access Line: $0.08
3. Amount of Surcharge Remitted to Kentucky USF: 523,688
4. Number of Access Lines Receiving Lifeline Support: 893
5. Amount of Reimbursement Requested from Kentucky USF: 3,126,00

## Signature Block

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

**Company Official**: Lea Newhouse  
**Title**: Accountant  
**Company Official**: fisher Newhouse  
**Signed**:  
**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

**Revised 03-13-2008**
Case No. 2016-00059  
Exhibit A  
KUSF Reimbursement Forms

COMMONWEALTH OF KENTUCKY  
UNIVERSAL SERVICE FUND

Date: 11-10-15  
Reporting Month: October 2015

Carrier Information

<table>
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<tr>
<th>Company Name</th>
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<tbody>
<tr>
<td>Company Address</td>
<td>PO Box 159, Maker Ky 40447</td>
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<tr>
<td>Telephone / Fax</td>
<td>606-287-5404,  fax: 606-287-5404</td>
</tr>
<tr>
<td>Vendor Number</td>
<td></td>
</tr>
</tbody>
</table>

Classification

- [ ] ILEC  
- [ ] CLEC  
- [ ] Cellular  
- [ ] PCS

Monthly Access Line Data

1. Total Access Lines in Service: 1,637

2. Surcharge Per Access Line: $0.08

3. Amount of Surcharge Remitted to Kentucky USF: $622.96

4. Number of Access Lines Receiving Lifeline Support: 1,068

5. Amount of Reimbursement Requested from Kentucky USF: $3178.00

Signature Block

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

Company Official: [Signature]
Title: Accountant  
Company Official: [Signature]
(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

Revised 03-13-2008
**Carrier Information**

<table>
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<th>Company Name</th>
<th>People's Rural Telephone</th>
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<tr>
<td>Company Address</td>
<td>P.O. Box 158, Maree KY 40447</td>
</tr>
<tr>
<td>Telephone / Fax</td>
<td>606-387-5404/ fax 606-387-8302</td>
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**Monthly Access Line Data**

<table>
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<tr>
<th>Description</th>
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<tbody>
<tr>
<td>1. Total Access Lines in Service</td>
<td>6,531</td>
</tr>
<tr>
<td>2. Surcharge Per Access Line</td>
<td>$0.08</td>
</tr>
<tr>
<td>3. Amount of Surcharge Remitted to Kentucky USF</td>
<td>522 48</td>
</tr>
<tr>
<td>4. Number of Access Lines Receiving Lifeline Support</td>
<td>398</td>
</tr>
<tr>
<td>5. Amount of Reimbursement Requested from Kentucky USF</td>
<td>5,143.00</td>
</tr>
</tbody>
</table>

**Signature Block**

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

Company Official: Emily Marshall
Title: Accountant
Company Official: Emily Marshall
(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

Revised 03-13-2008
Case No. 2016-00059  
Exhibit A  
KUSF Reimbursement Forms

**COMMONWEALTH OF KENTUCKY**  
**UNIVERSAL SERVICE FUND**

**Date:** 1-8-16  
**Reporting Month:** December 2016

<table>
<thead>
<tr>
<th>Carrier Information</th>
</tr>
</thead>
</table>
| **Company Name:**  
People's Rural Telephone Cooperative  |
| **Company Address:**  
P.O. Box 159  
Nicholasville, Ky 40356  |
| **Telephone / Fax:**  
406-237-5104  
Fax: 1-800-237-8302  |

**Classification**  
Please Circle One  
- ILEC  
- CLEC  
- Cellular  
- PCS

**Monthly Access Line Data**

1. **Total Access Lines in Service:** 6,513
2. **Surcharge Per Access Line:** $0.08
3. **Amount of Surcharge Remitted to Kentucky USF:** $5,051.04
4. **Number of Access Lines Receiving Lifeline Support:** 163
5. **Amount of Reimbursement Requested from Kentucky USF:** $3,140.50

**Signature Block**

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

Company Official: Elise Waugh  
Title: Accountant  
(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

Revised 03-13-2008
Date: 2-8-11
Reporting Month: January 2011

Carrier Information

<table>
<thead>
<tr>
<th>Company Name</th>
<th>Pendergrass Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Address</td>
<td>PO Box 159 Macee Ky 40447</td>
</tr>
<tr>
<td>Telephone/Fax</td>
<td></td>
</tr>
<tr>
<td>Vendor Number</td>
<td></td>
</tr>
</tbody>
</table>

Classification
Please Circle One
ILEC  CLEC  Cellular  PCS

Monthly Access Line Data

| 1. Total Access Lines in Service | 6,523 |
| 2. Surcharge Per Access Line     | $0.08 |
| 3. Amount of Surcharge Remitted to Kentucky USF | $521.84 |
| 4. Number of Access Lines Receiving Lifeline Support | 779 |
| 5. Amount of Reimbursement Requested from Kentucky USF | $2,724.50 |

Signature Block

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

Company Official: Ellis N. Woods, Title: Accountant

(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 40601

Revised 03-13-2008
# Case No. 2016-00059

## Exhibit A

## KUSF Reimbursement Forms

### COMMONWEALTH OF KENTUCKY

**UNIVERSAL SERVICE FUND**

**Date**: 3-4-16

**Reporting Month**: February 2016

### Carrier Information

<table>
<thead>
<tr>
<th>Company Name</th>
<th>Peoples Rural Telephone</th>
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<tbody>
<tr>
<td>Company Address</td>
<td>PO Box 159, MACEEKY 41447</td>
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<tr>
<td>Telephone / Fax</td>
<td>606-287-5404/ 606-287-8302</td>
</tr>
<tr>
<td>Vendor Number</td>
<td></td>
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### Classification

- [ ] ILEC
- [x] CLEC
- [ ] Cellular
- [ ] PCS

### Monthly Access Line Data

<table>
<thead>
<tr>
<th>Description</th>
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<tr>
<td>Total Access Lines in Service</td>
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<tr>
<td>Surcharge Per Access Line</td>
<td>$0.08</td>
</tr>
<tr>
<td>Amount of Surcharge Remitted to Kentucky USF</td>
<td>$2,521.48</td>
</tr>
<tr>
<td>Number of Access Lines Receiving Lifeline Support</td>
<td>145</td>
</tr>
<tr>
<td>Amount of Reimbursement Requested from Kentucky USF</td>
<td>$2,192.60</td>
</tr>
</tbody>
</table>

### Signature Block

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

- **Company Official**
  - [Signed]
  - Filene Macchiette
  - Title: Accountant

- **Company Official**
  - [Signed]
  - Filene Macchiette
  - Title: Accountant

### Instructions

- 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**
Case No. 2016-00059  
Exhibit A  
KUSF Reimbursement Forms

COMMONWEALTH OF KENTUCKY  
UNIVERSAL SERVICE FUND

Date 2/14/16

Reporting Month March 2016

Carrier Information

<table>
<thead>
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<th>Company Name</th>
<th>Peoples Rural Telephone</th>
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<tr>
<td>Company Address</td>
<td>P.O. Box 1129 Macks KY 40479</td>
</tr>
<tr>
<td>Telephone / Fax</td>
<td>606-287-5504 fax 606-287-8302</td>
</tr>
<tr>
<td>Vendor Number</td>
<td></td>
</tr>
</tbody>
</table>

Classification

Please Circle One  
ILEC  
CLEC  
Cellular  
PCS

Monthly Access Line Data

1. Total Access Lines in Service.......................... 14,654
2. Surcharge Per Access Line.............................. $0.08
3. Amount of Surcharge Remitted to Kentucky USF........ 624.32
4. Number of Access Lines Receiving Lifeline Support.... 811
5. Amount of Reimbursement Requested from Kentucky USF 3,832.60

Signature Block

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

Company Official  
Title  
Company Official  
(Signed)

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

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

Send a copy of this report to:

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

Revised 02-15-2016