EXHIBIT 12



Date April 15, 2016

Reporting Month March 2016

Carrier Information			
Company Name			
	Thacker-Grigsby Telephone Co., Inc.		
Company Address			
	P.O. Box 789 Hindman, KY 41822		
Telephone / Fax	TOLL		
	606-785-9500 (T) 606-785-9521 (F)		
Vendor Number	<u> </u>		
V Chaol Mailloci			

Classification					
Please Circle One	ILEC	CLEC	Cellular	PCS	

	Monthly Access Line Data		
1.	Total Access Lines in Service	5543	
2.	Surcharge Per Access Line	\$0.08_	
3.	Amount of Surcharge Remitted to Kentucky USF	443.44	
4.	Number of Access Lines Receiving Lifeline Support	400	
5.	Amount of Reimbursement Requested from Kentucky USF	1,400.00	

	Signature Block
I hereby attest that the information reported	herein is true and accurate to the best of my knowledge.
Company Official Karla Smith (Printed)	Title Billing Clerk Company Official Karle Succession (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



Date March 15, 2016

Reporting Month February 2016

	Carrier Information	
Company Name Company Address Telephone / Fax	Thacker-Grigsby Telephone Co., Inc. P.O. Box 789 Hindman, KY 41822	
Vendor Number	606-785-9500 (T) 606-785-9521 (F)	
Classification Please Circle One	ILEC CLEC Cellular PCS	
	Monthly Access Line Data	
1. Total Access L	Lines in Service	
2. Surcharge Per	Access Line	
3. Amount of Sur	rcharge Remitted to Kentucky USF	
4. Number of Acc	cess Lines Receiving Lifeline Support	
5. Amount of Rei	imbursement Requested from Kentucky USF	
	Signature Block	
I hereby attest that the in Company Official Ka	information reported herein is true and accurate to the best of my knowledge. Title Billing Clerk 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



Date February 15, 2016

Reporting Month January 2016

Carrier Information
Company Name Thacker-Grigsby Telephone Co., Inc.
Company Address P.O. Box 789 Hindman, KY 41822
Telephone / Fax 606-785-9500 (T) 606-785-9521 (F)
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
3. Amount of Surcharge Remitted to Kentucky USF
4. Number of Access Lines Receiving Lifeline Support
5. Amount of Reimbursement Requested from Kentucky USF
Signature Block
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.
Company Official Karla Smith Title Billing Clerk Company Official Cigned (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



COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

Date	January	15	2016	
Duit.	January	LJ	2010	

Reporting Month December 2015

ŧa	×	Carrier Information	
Company Name Company Address Telephone / Fax Vendor Number		Grigsby Telephone Co. 789 Hindman, KY 41 9500 (T) 606-785-95	822
lassification lease Circle One	(ILEC)	CLEC Cellular	PCS
		Monthly Access Line I	Data
. Amount of Su	rcharge Remitted to	Kentucky USF	446.96
6. Amount of Re	imbursement Reque	ested from Kentucky USF	1,291.50
		Signature Block	
hereby attest that the	information reported	d herein is true and accurate to th	e best of my knowledge.
Company Official Ka		Title Billing Clerk	

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 15, 2015

Reporting Month November 2015

65	Carrier Information	
Company Name		
Company Address	Thacker-Grigsby Telephone Co., Inc.	The Control of the Co
Telephone / Fax	P.O. Box 789 Hindman, KY 41822	1 1
Vendor Number	606-785-9500 (T) 606-785-9521 (F)	У. н.
Classification Please Circle One	ILEC CLEC Cellular PCS	X - 3
-	Monthly Access Line Data	
. Total Access	Lines in Service	pic.
Surcharge Per	er Access Line <u>\$0.08</u>	
. Amount of Su	Surcharge Remitted to Kentucky USF	
Number of A	Access Lines Receiving Lifeline Support	
. Amount of Re	Reimbursement Requested from Kentucky USF	
	Signature Block	
hereby attest that the	Signature Block e information reported herein is true and 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



Date	November	15.	2015
vaic	MOACHDET	179	2017

Reporting Month October 2015

Š	Carrie	er Information
Company Name	Thacker-Criosby Tele	ephone Co., Inc.
Company Address		en, KY 41822
Telephone / Fax		506-785-9521 (F)
Vendor Number	000-703-3500 (1) 0	700-703-9521 (F)
Classification Please Circle One	ILEC CLEC	Cellular PCS
4	Monthly	Access Line Data
. Total Access	Lines in Service	5604
2. Surcharge Per	Access Line	\$0.08_
3. Amount of Su	rcharge Remitted to Kentucky USF	448.32
4. Number of A	ocess Lines Receiving Lifeline Suppor	·t433
5. Amount of Re	simbursement Requested from Kentuck	ky USF 1,515.50
- in the second second		
	Sig	gnature Block
hereby attest that the	information reported herein is true and	d accurate to the best of my knowledge.
	rla Smith Title Bill	Ling Clerk Company Official Kouls Suelle

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:

COMMONWEALTH OF KENTUCKY

UNIVERSAL SERVICE FUND

Date <u>October 15, 2015</u>

Reporting Month September 2015

٠	Car	arrier Information	
Company Name Company Address Telephone / Fax Vendor Number		lman, KY 41822 606-785-9521 (F)	
Classification Please Circle One	ILEC CLEC	Cellular PCS	* ;
(9)	Month	hly Access Line Data	
*	Lines in Service	avail 5 019: 90 Heart 200 arcestes Harbert 4 19	
4. Number of A	rcharge Remitted to Kentucky USF	port443	_
5. Amount of Re	simbursement Requested from Kent	tucky USF	
	\$	Signature Block	
hereby attest that the		Signature Block and accurate to the best of my knowledge.	e en les

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 22, 2015

Reporting Month August 2015

5	Carrier Information	
Company Name Company Address Telephone / Fax Vendor Number	Thacker-Grigsby Telephone Co., Inc. P.O. Box 789 Hindman, KY 41822 606-785-9500 (T) 606-785-9521 (F)	
Plassification lease Circle One	ILEC CLEC Cellular PCS	
	Monthly Access Line Data	
2. Surcharge Pe 3. Amount of St 4. Number of A	Lines in Service	
	Signature Block	
I hereby attest that the Company Official _K	ne information reported herein is true and accurate to the best of my knowledge. Karla Smith Title Billing Clerk Company Official (Signature)	Suelly ned)

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



	Coming Information	
•	Carrier Information	
Company Name		
Company Address	Thacker-Grigsby Telephone Co., Inc.	
	P.O. Box 789 Hindman, KY 41822	
Telephone / Fax	606-785-9500 (T) 606-785-9521 (F)	
Vendor Number		
lassification /		
lease Circle One	ILEC CLEC Ceilular PCS	
*	Monthly Access Line Data	
mand Assess	.ines in Service <u>5625</u>	Si
	Access Line	
. Surcharge Per		
	rcharge Remitted to Kentucky USF	
. Amount of Sur		
Amount of Sur	cess Lines Receiving Lifeline Support	
. Amount of Sur		
. Amount of Sur	cess Lines Receiving Lifeline Support	A
. Amount of Sur	cess Lines Receiving Lifeline Support	

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:



COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

te July 15, 2015			P	Reporting Month	June 2015	·
	*	Ca	arrier Information			
Company Name Company Address Telephone / Fax Vendor Number	P.O. Box		elephone Co. iman, KY 4) 606-785-95			
Classification Please Circle One	(ILEC)	CLEC	Cellular	PCS		
		Mont	hly Access Line I	Data		
 Surcharge Per A Amount of Sur Number of Acc 	Access Line charge Remitted t cess Lines Receiv	to Kentucky USI	port	<u>\$0,08</u>		
78			Signature Block			
I hereby attest that the in			and accurate to the		1	
Make check payable to State Treasurer" and s		¥		Send a	copy of this repor	t to:

report to:

ATTN: KY USF

702 Capital Ave.

Finance and Administration Cabinet

Capitol Annex, Room 488A Frankfort, KY 40601



COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

Date June 15, 2	015		Reporting Month	May 2015
	2 % 3	Carrier Information		
Company Name		Thomason		
Company Address		Telephone Co.,	Inc.	
Telephone / Fax	P.O. Box 789 H	indman, KY 418) 606-785-952		TO THE STATE OF TH
Vendor Number	705 7500 (1) 000-783932	1 (F)	
Classification Please Circle One	ILEC CLEC	Cellular	PCS	× ×
	M	lonthly Access Line Dat	a	
1. Total Access Lin	nes în Service		5652	5 -
2. Surcharge Per A	.ccess Line		\$0.08	
3. Amount of Surch	harge Remitted to Kentucky I	USF	452.16	
4. Number of Acce	ss Lines Receiving Lifeline S	Support	461	
5. Amount of Reim	ibursement Requested from K	Centucky USF	1,613.50	
		· · · · · · · · · · · · · · · · · · ·		
		Signature Block		
I hereby attest that the info	ormation reported herein is tr	ue and accurate to the b	est of my knowledge.	4
Company Official Karl	a Smith Title_	Billing Clerk	_Company Official	Kailo Suith

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

(Printed)

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

(Signed)

April 2015



Date May 15, 2015 Reporting Month

	Carrier Information
Company Name	
Company Address	Thacker-Grigsby Telephone Co., Inc.
Telephone / Fax	P.O. Box 789 Hindman, KY 41822
Vendor Number	606-785-9500 (T) 606-785-9521 (F)
Classification Please Circle One	ILEC CLEC Cellular PCS
	Monthly Access Line Data
Total Access I	ines in Service <u>5655</u>
2. Surcharge Per	Access Line
3. Amount of Su	rcharge Remitted to Kentucky USF
4. Number of Ac	cess Lines Receiving Lifeline Support
5. Amount of Re	imbursement Requested from Kentucky USF
(1)	
	Signature Block
I hereby attest that the	information reported herein is true and accurate to the best of my knowledge.
Company Official Ka	rla Smith Title Billing Clerk Company Official Korla Suette (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:



Date April 15, 2015 Reporting Month March 2015 Carrier Information Company Name Thacker-Grigsby Telephone Co., Inc. Company Address P.O. Box 789 Hindman, KY 41822 Telephone / Fax 606-785-9500 (T) 606-785-9521 (F) Vendor Number Classification Please Circle One / ILEC CLEC Cellular PCS Monthly Access Line Data 1. Total Access Lines in Service.... 5624 2. Surcharge Per Access Line.... \$0.08 3.

Signature Block

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

Company Official Karla Smith Title Billing Clerk Company Official Korla Suith (Printed)

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

4.

5.

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



COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

	2015	Reporting Month February 2015
:	Carrier Informat	tion
Company Name Company Address	Thacker-Grigsby Telephone (Co., Inc.
	P.O. Box 789 Hindman, KY	41822
Telephone / Fax	606-785-9500 (T) 606-785-	-9521 (F)
Vendor Number		
Classification Please Circle One	ILEC CLEC Cellular	PCS
	Monthly Access Lin	ne Data
I. Total Access I	Lines in Service	5589
2. Surcharge Per	Access Line	\$0.08
3. Amount of Su	rcharge Remitted to Kentucky USF	447.12
	cess Lines Receiving Lifeline Support	
4. Number of Ac	·	444
4. Number of Ac	cess Lines Receiving Lifeline Support	444
4. Number of Ac	cess Lines Receiving Lifeline Support	1,554.00

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 15, 2015

Reporting Month January 2015

¥	Carrier Information		
Company Name Company Address Telephone / Fax Vendor Number Classification	Thacker-Grigsby Telephone Co., Inc. P.O. Box 789 Hindman, KY 41822 Telephone / Fax 606-785-9500 (T) 606-785-9521 (F)		
Please Circle One	ILEC CLEC Cellular PCS		
*	Monthly Access Line Data		
	Lines in Service		
_	Access Line\$0.08 rcharge Remitted to Kentucky USF		
4. Number of Ac	cess Lines Receiving Lifeline Support		
5. Amount of Re	imbursement Requested from Kentucky USF		
	Signature Block		
I hereby attest that the	information reported herein is true and accurate to the best of my knowledge.		
Company Official Ka	rla Smith Title Billing Clerk Company Official Kaula Succession (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:



			*
Date January 15,	_2015	Reporting Month	December 2015
÷.	Carrier Information	n	+
Company Name Company Address	Thacker-Grigsby Telephone Co	., Inc.	
Telephone / Fax Vendor Number	P.O. Box 789 Hindman, KY 4 606-785-9500 (T) 606-785-9	1822 521 (F)	
Classification			
Please Circle One	ILEC CLEC Cellular	PCS	a contractive secondary secondary secondary
	Monthly Access Line	Data	
1. Total Access L	ines in Service	5611	,
2. Surcharge Per	Access Line	\$0.08	Service of Contractor
3. Amount of Sur	charge Remitted to Kentucky USF	448.88	district Section of English Section (Section Section S
4. Number of Acc	cess Lines Receiving Lifeline Support	437	OXIVATE DISTRIBUTION
5. Amount of Rei	imbursement Requested from Kentucky USF	1,529.50	
	Signature Block		
I hereby attest that the i	nformation reported herein is true and accurate to	the best of my knowled	ge.
Company Official Ka	rla Smith Title Billing Cler (Printed)	Company Official	al Koula) Switter (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:



Date December 15, 2014

Reporting Month November 2014

El .	Carrier Information	
Company Name Company Address Telephone / Fax Vendor Number	Thacker-Grigsby Telephone Co., Inc. P.O. Box 789 Hindman, KY 41822 606-785-9500 (T) 606-785-9521 (F)	
Classification Please Circle One	ILEC CLEC Cellular PCS Monthly Access Line Data	
1. Total Access l	ines in Service56	506
2. Surcharge Per	Access Line	\$0.08
3. Amount of Su	rcharge Remitted to Kentucky USF44	48.48
	2	27
		,494.50
	Signature Block	

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

Title Billing Clerk

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

Company Official Karla Smith

(Printed)

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

Company Official Kaula) S

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

(Signed)



Date November 15, 2014

Reporting Month October 2014

*	Carrier Information
Company Name Company Address Telephone / Fax Vendor Number Classification Please Circle One	Thacker-Grigsby Telephone Co., Inc. P.O. Box 789 Hindman, KY 41822 606-785-9500 (T) 606-785-9521 (F) ILEC CLEC Cellular PCS
1	Monthly Access Line Data
2. Surcharge Per	Lines in Service
	eimbursement Requested from Kentucky USF
	Signature Block
I hereby attest that the Company Official _K	information reported herein is true and accurate to the best of my knowledge. arla Smith Title Billing Clerk Company Official Koule Swith (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



05	Carrier Information
Company Name	
Carrenanti Address	Thacker-Grigsby Telephone Co., Inc.
Company Address	P.O. Box 789 Hindman, KY 41822
Telephone / Fax	AND
Vendor Number	606-785-9500 (T) 606-785-9521 (F)
	ILEC CLEC Cellular PCS
	Monthly Access Line Data
ease Circle One	
	Monthly Access Line Data

	Signature Block	
I hereby attest that the information repo	rted herein is true and accurate to the	best of my knowledge.
Company Official Karla Smith	Title Billing Clerk	Company Official Karla Suette
(Printed)		(Signed)

Number of Access Lines Receiving Lifeline Support....

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

4.

5.

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

547



Date September 15, 2014

Reporting Month August 2014

Monthly Access Line Data 1. Total Access Lines in Service	ъ	Carrier Information
Monthly Access Line Data 1. Total Access Lines in Service	Company Address Telephone / Fax	P.O. Box 789 Hindman, KY 41822
1. Total Access Lines in Service	Classification Please Circle One	ILEC CLEC Cellular PCS
2. Surcharge Per Access Line		Monthly Access Line Data
I hereby attest that the information reported herein is true and accurate to the best of my knowledge. Company Official Karla Smith Title Billing Clerk Company Official Koule Suith	 Surcharge Per Amount of Su Number of A 	Access Line
Company Official Karla Smith Title Billing Clerk Company Official Koule Sweether		Signature Block
		arla Smith Title Billing Clerk Company Official Koule Suette

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

Telephone / Fax Vendor Number P.O. Box 789 Hindman, KY 41822 606-785-9500 (T) 606-785-9521 (F) assification	· · · · · · · · · · · · · · · · · · ·	Carrier Information	
Monthly Access Line Data Total Access Lines in Service	Company Address Telephone / Fax	P.O. Box 789 Hindman, KY 41822 606-785-9500 (T) 606-785-9521 (F)	
Total Access Lines in Service	lassification lease Circle One		
	Surcharge Pe Amount of St Number of A	S Lines in Service. 5699 er Access Line. \$0.08 Surcharge Remitted to Kentucky USF. 455.92 Access Lines Receiving Lifeline Support. 593	F3

Title Billing Clerk Company Official Koula) Su

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

Company Official Karla Smith

(Printed)

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

(Signed)



ate July 15,	2014	Reporting Month June 2014		
Ē	Carrier Information			
Company Name Company Address Telephone / Fax Vendor Number	Thacker-Grigsby Telephone Co., P.O. Box 789 Hindman, KY 4185 606-785-9500 (T) 606-785-952	22		
Classification Please Circle One	ILEC CLEC Cellular	PCS		
	Monthly Access Line Dat	ta		
Total Access	Lines in Service	5738		
	r Access Line			
3. Amount of Su	urcharge Remitted to Kentucky USF	459.04		
4. Number of Access Lines Receiving Lifeline Support				
5. Amount of R	eimbursement Requested from Kentucky USF	2,075.50		
		COLUMN TO THE CO		
	Signature Block			
I hereby attest that the	information reported herein is true and accurate to the	best of my knowledge.		
Company Official K	arla Smith Title Billing Clerk (Printed)	Company Official Koula) Swift (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:

Reporting Month May 2014



Date June 15, 2014

}≆	Carrier Information
Company Name Company Address Telephone / Fax Vendor Number Classification	Thacker-Grigsby Telephone Co., Inc. P.O. Box 789 Hindman, KY 41822 606-785-9500 (T) 606-785-9521 (F)
Please Circle One	
	Monthly Access Line Data
1. Total Access 1	Lines in Service57/66
2. Surcharge Per	Access Line
3. Amount of Su	urcharge Remitted to Kentucky USF
	ccess Lines Receiving Lifeline Support
	eimbursement Requested from Kentucky USF
	Signature Block
I hereby attest that the	information reported herein is true and accurate to the best of my knowledge.
	arla Smith Title Billing Clerk Company Official Kaula Suelle

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

April 2014



May 15, 2014 Date

Company Name Company Address Telephone / Fax Vendor Number Classification Please Circle One ILEC CLEC Celtular Monthly Access Line Data 1. Total Access Lines in Service	ate May 15, 201	4		R	eporting Month	April 2014
Company Name Company Address Telephone / Fax Vendor Number Classification Please Circle One Please Circle One ILEC CLEC Cellular Monthly Access Line Data Monthly Access Line Data 1. Total Access Lines in Service						
Thacker-Grigsby Telephone Co., Inc. P.O. Box 789 Hindman, KY 41822 Classification Cla	:	(4)	Carrier Info	ormation		
Monthly Access Line Data 1. Total Access Lines in Service	Company Address Telephone / Fax	P.O. Box	789 Hindman, K	KY 41822	2	
1. Total Access Lines in Service	/	ILEC	CLEC Cell	lular	PCS	
2. Surcharge Per Access Line		- Ann	Monthly Acces	ss Line Data		7 (*
3. Amount of Surcharge Remitted to Kentucky USF						* *
4. Number of Access Lines Receiving Lifeline Support	2. Surcharge Per	Access Line			\$0.08_	- Antonio - Antonio
Signature Block I hereby attest that the information reported herein is true and accurate to the best of my knowledge. Company Official Karla Smith Title Billing Clerk Company Official Karla Smith	3. Amount of Sur	charge Remitted to	o Kentucky USF		462.00	
Signature Block I hereby attest that the information reported herein is true and accurate to the best of my knowledge. Company Official Karla Smith Title Billing Clerk Company Official Kouley Swith	4. Number of Ac	cess Lines Receivi	ng Lifeline Support		594	***
I hereby attest that the information reported herein is true and accurate to the best of my knowledge. Company Official Karla Smith Title Billing Clerk Company Official Kouley Supply	5. Amount of Re	imbursement Requ	ested from Kentucky US	5F	2,079.00	
Company Official Karla Smith Title Billing Clerk Company Official Koule Swith			Signature	e Block		
	I hereby attest that the	information reporte	ed herein is true and accu	rate to the be	est of my knowledge	e.
	Company Official _Ka	rla Smith (Printed)	Title Billing	Clerk	_Company Official	Koule Sudtu (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	April	15.	2014
Dutt	TIPLE		LUIT

Reporting Month March 2014

¥.	Carrier Info	rmation		
Company Name Company Address Thacker-Grigsby Telephone Co., Inc. P.O. Box 789 Hindman, KY 41822 Telephone / Fax Vendor Number Vendor Number				
Classification Please Circle One	ILEC CLEC Cell		2	
aprile - Control	Monthly Acces	s Line Data		
I. Total Acces	Lines in Service	5734	7	
	er Access Line	\$0.08		
2. Surcharge P	er Access Line			
 Surcharge P Amount of S 		458.72		
 Surcharge P Amount of S Number of A 	durcharge Remitted to Kentucky USF			

Title Billing Clerk Company Official

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

Company Official Karla Smith

(Printed)

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

(Signed)



Date March 15, 2014

Reporting Month February 2014

Carrier Information					
Company Name	Thankov Cricol- W-1-1 a				
Company Address	Thacker-Grigsby Telephone Co., Inc. P.O. Box 789 Hindman, KY 41822				
Telephone / Fax	606-785-9500 (T) 606-785-9521 (F)				
Vendor Number	200 703 9500 (1) 000-785-9521 (F)				
Classification Please Circle One	ILEC CLEC Cellular PCS				
44 \$1 - 34 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 -	Monthly Access Line Data				
1. Total Access 1	Lines in Service				
2. Surcharge Per	Access Line				
3. Amount of Su	rcharge Remitted to Kentucky USF				
4. Number of Access Lines Receiving Lifeline Support					
5. Amount of Re	imbursement Requested from Kentucky USF2,047.50				
	Signature Block				
I hereby attest that the i	nformation reported herein is true and accurate to the best of my knowledge.				
Company Official Ka	rla Smith Title Billing Clerk Company Official Koula Swith (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:



February 15, 2014 Date

January 2014 Reporting Month_

*	4	Carrier Information			
Company Name Company Address P.O. Box 789 Hindman, KY 41822 Telephone / Fax Vendor Number Company Name Thacker-Grigsby Telephone Co., Inc. P.O. Box 789 Hindman, KY 41822 Telephone / Fax Vendor Number					
Classification Please Circle One	ILEC CL	.EC Cellular	PCS		
		Monthly Access Line Da	ıta		
 Surcharge Per Amount of Su Number of Ac 	Access Linercharge Remitted to Ken	tucky USFfeline Supportfrom Kentucky USF		574	
I hereby attest that the Company Official Ka		Signature Block rein is true and accurate to the Title Billing Clerk		knowledge. iny Official <u>Koula) Swelle</u> (Signed)	
Make check payable State Treasurer" and	to: "Kentucky	***		Send a copy of this report to:	

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