**Commonwealth of Kentucky Universal Service Fund**

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

---

**Date** April 15, 2016

**Reporting Month** March 2016

### Carrier Information

<table>
<thead>
<tr>
<th>Company Name</th>
<th>Thacker–Grigsby Telephone Co., Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Address</td>
<td>P.O. Box 789 Hindman, KY 41822</td>
</tr>
<tr>
<td>Telephone / Fax</td>
<td>606-785-9500 (T) 606-785-9521 (F)</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: 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**
Title **Billing Clerk**
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:

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

**Case No. 2016-00059**

**Exhibit A**

**KUSF Reimbursement Forms**

---

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<tr>
<td>Telephone / Fax</td>
<td>606-785-9500 (T) 606-785-9521 (F)</td>
</tr>
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</table>

### Classification

- **Please Circle One**: ILEC

### Monthly Access Line Data

1. Total Access Lines in Service: **5538**
2. Surcharge Per Access Line: **$0.08**
3. Amount of Surcharge Remitted to Kentucky USF: **443.04**
4. Number of Access Lines Receiving Lifeline Support: **391**
5. Amount of Reimbursement Requested from Kentucky USF: **1,367.50**

---

### 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: **Karla Smith** (Signed)

---

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Revised 02-15-2016
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<td>606-785-9500 (T) 606-785-9521 (F)</td>
</tr>
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## Classification

Please Circle One

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

## Monthly Access Line Data

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<td>1. Total Access Lines in Service</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>444.72</td>
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<tr>
<td>4. Number of Access Lines Receiving Lifeline Support</td>
<td>392</td>
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<td>5. Amount of Reimbursement Requested from Kentucky USF</td>
<td>1,372.00</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  **Karla Smith**  Title  **Billing Clerk**  Company Official  **Karla Smith**  (Signed)

---

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Revised 02-15-2016
**COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND**

**Date** January 15, 2016

**Reporting Month** December 2015

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<th>Thacker-Grisby Telephone Co., Inc.</th>
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<table>
<thead>
<tr>
<th>Classification</th>
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<tbody>
<tr>
<td>ILEC</td>
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**Monthly Access Line Data**

1. Total Access Lines in Service ........................................... 5587
2. Surcharge Per Access Line ................................................ 0.08
3. Amount of Surcharge Remitted to Kentucky USF ....................... 446.96
4. Number of Access Lines Receiving Lifeline Support ................. 369
5. Amount of Reimbursement Requested from Kentucky USF ............. 1291.50

**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**

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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 15, 2015  
**Reporting Month** November 2015

<table>
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<th>Carrier Information</th>
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<td><strong>Company Address</strong></td>
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<tr>
<td><strong>Telephone / Fax</strong></td>
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**Classification**  
Please Circle One  
ILEC  
CLEC  
Cellular  
PCS

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

**Signature Block**

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Company Official **Karla Smith**  
Title **Billing Clerk**  
Company Official **Karla Smith**  
(Printed)  
(Signed)

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Frankfort, KY 40602

Revised 03-13-2008
Date November 15, 2015
Reporting Month October 2015

Carrier Information

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<td></td>
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</tbody>
</table>

Classification

Please Circle One

ILEC  CLEC  Cellular  PCS

Monthly Access Line Data

1. Total Access Lines in Service........................................... 5604
2. Surcharge Per Access Line................................................ $0.08
3. Amount of Surcharge Remitted to Kentucky USF...................... 448.32
4. Number of Access Lines Receiving Lifeline Support............... 433
5. Amount of Reimbursement Requested from Kentucky USF............. 1,515.50

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
(Printed)  (Signed)

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

**Date** October 15, 2015  
**Reporting Month** September 2015

### Carrier Information

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</tr>
<tr>
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</tr>
<tr>
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<td></td>
</tr>
</tbody>
</table>

### Classification

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

### Monthly Access Line Data

1. **Total Access Lines in Service**: 5606
2. **Surcharge Per Access Line**: $0.08
3. **Amount of Surcharge Remitted to Kentucky USF**: 448.16
4. **Number of Access Lines Receiving Lifeline Support**: 443
5. **Amount of Reimbursement Requested from Kentucky USF**: 1,550.50

### 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

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Frankfort, KY 40602

Revised 03-13-2008
**COMMONWEALTH OF KENTUCKY\nUNIVERSAL SERVICE FUND**

**Date** September 22, 2015

**Reporting Month** August 2015

<table>
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<tr>
<th><strong>Carrier Information</strong></th>
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<tr>
<td><strong>Company Name</strong></td>
<td>Thacker-Crigsby Telephone Co., Inc.</td>
</tr>
<tr>
<td><strong>Company Address</strong></td>
<td>P.O. Box 789 Hindman, KY 41822</td>
</tr>
<tr>
<td><strong>Telephone / Fax</strong></td>
<td>606-785-9500 (T) 606-785-9521 (F)</td>
</tr>
<tr>
<td><strong>Vendor Number</strong></td>
<td></td>
</tr>
</tbody>
</table>

**Classification**

- ILEC
- CLEC
- Cellular
- PCS

**Monthly Access Line Data**

1. Total Access Lines in Service: 5611
2. Surcharge Per Access Line: $0.08
3. Amount of Surcharge Remitted to Kentucky USF: 448.88
4. Number of Access Lines Receiving Lifeline Support: 457
5. Amount of Reimbursement Requested from Kentucky USF: 1,599.50

**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**
(Signed)

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

**Date**  **August 15, 2015**  
**Reporting Month**  **July 2015**

### Carrier Information

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<th>Company Name</th>
<th>Thacker-Griggsby Telephone Co., Inc.</th>
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</tr>
<tr>
<td>Telephone / Fax</td>
<td>606-785-9500 (T) 606-785-9521 (F)</td>
</tr>
</tbody>
</table>

### Classification

Please Circle One  
- ILEC  
- CLEC  
- Cellular  
- PCS

### Monthly Access Line Data

1. Total Access Lines in Service .................................................. 5625
2. Surcharge Per Access Line ....................................................... $0.08
3. Amount of Surcharge Remitted to Kentucky USF ............................ 450.00
4. Number of Access Lines Receiving Lifeline Support ...................... 459
5. Amount of Reimbursement Requested from Kentucky USF ................. 1,606.50

### 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  **Karla Smith**  
(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:** July 15, 2015  
**Reporting Month:** June 2015

### Carrier Information
- **Company Name:** Thacker-Crisby Telephone Co., Inc.
- **Company Address:** P.O. Box 789 Hindman, KY 41822
- **Telephone/Fax:** 606-785-9500 (T) 606-785-9521 (F)

### Classification
- Please Circle One: [ ] ILEC [ ] CLEC [ ] Cellular [ ] PCS

### Monthly Access Line Data
1. Total Access Lines in Service: 5649
2. Surcharge Per Access Line: $0.08
3. Amount of Surcharge Remitted to Kentucky USF: 451.92
4. Number of Access Lines Receiving Lifeline Support: 470
5. Amount of Reimbursement Requested from Kentucky USF: 1,645.00

### 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  
**(Printed)**

**Company Official:** Karla Smith  
**(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

Case No. 2016-00059
Exhibit A
KUSF Reimbursement Forms

Date         June 15, 2015
Reporting Month May 2015

Carrier Information

Company Name     Thacker-Grisby 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........................................ 5652
2. Surcharge Per Access Line.............................................. $0.08
3. Amount of Surcharge Remitted to Kentucky USF.................... 452.16
4. Number of Access Lines Receiving Lifeline Support.............. 461
5. Amount of Reimbursement Requested from Kentucky USF.......... 1,613.50

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
(Printed)          Company Official  Karla Smith
(Signed)

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

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

---

**Date**  
May 15, 2015  
**Reporting Month**  
April 2015

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**Classification**  
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ILEC  
CLEC  
Cellular  
PCS

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<td>2. Surcharge Per Access Line</td>
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<tr>
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<tr>
<td>5. Amount of Reimbursement Requested from Kentucky USF</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 **Karla Smith**  
(Printed)  
Title **Billing Clerk**  
Company Official **Karla Smith**  
(Signed)

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

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

Date **April 15, 2015**  
Reporting Month **March 2015**

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<td>606-785-9500 (T) 606-785-9521 (F)</td>
</tr>
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</table>

**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. Amount of Surcharge Remitted to Kentucky USF.................. 449.92
4. Number of Access Lines Receiving Lifeline Support............ 455
5. Amount of Reimbursement Requested from Kentucky USF....... 1,592.50

**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**  
(Printed)  
(Signed)

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

**Date** March 15, 2015  
**Reporting Month** February 2015

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**Classification**  
Please Circle One:  
- [ ] ILEC  
- [ ] CLEC  
- [ ] Cellular  
- [ ] PCS

**Monthly Access Line Data**

1. Total Access Lines in Service........................................ 5589
2. Surcharge Per Access Line........................................... $0.08
3. Amount of Surcharge Remitted to Kentucky USF.................. 447.12
4. Number of Access Lines Receiving Lifeline Support............. 444
5. Amount of Reimbursement Requested from Kentucky USF......... 1,554.00

**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 **[Signature]**

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Revised 03-13-2008
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**UNIVERSAL SERVICE FUND**

**Date** February 15, 2015  
**Reporting Month** January 2015

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

<table>
<thead>
<tr>
<th>Monthly Access Line Data</th>
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</table>
1. Total Access Lines in Service | 5613 |
2. Surcharge Per Access Line | $0.08 |
3. Amount of Surcharge Remitted to Kentucky USF | 449.04 |
4. Number of Access Lines Receiving Lifeline Support | 444 |
5. Amount of Reimbursement Requested from Kentucky USF | 1,554.00 |

**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 **Karla Smith**  
(Printed)  
(Signed)

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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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<td>606-785-9500 (T) 606-785-9521 (F)</td>
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### Classification

Please Circle One
- [ ] 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><strong>5611</strong></td>
</tr>
<tr>
<td>2. Surcharge Per Access Line</td>
<td><strong>$0.08</strong></td>
</tr>
<tr>
<td>3. Amount of Surcharge Remitted to Kentucky USF</td>
<td><strong>448.88</strong></td>
</tr>
<tr>
<td>4. Number of Access Lines Receiving Lifeline Support</td>
<td><strong>437</strong></td>
</tr>
<tr>
<td>5. Amount of Reimbursement Requested from Kentucky USF</td>
<td><strong>1,529.50</strong></td>
</tr>
</tbody>
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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: **Karla Smith**  
Title: **Billing Clerk**  
Company Official: **Karla Smith**  
(Signed)

---

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

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Revised 03-13-2008
**COMMONWEALTH OF KENTUCKY\nUNIVERSAL SERVICE FUND**

**Date** December 15, 2014

**Reporting Month** November 2014

### Carrier Information

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**Classification**

Please Circle One  
- ILEC
- CLEC
- Cellular
- PCS

### Monthly Access Line Data

1. Total Access Lines in Service........................................ 5606
2. Surcharge Per Access Line........................................... $0.08
3. Amount of Surcharge Remitted to Kentucky USF.................... 448.48
4. Number of Access Lines Receiving Lifeline Support............... 427
5. Amount of Reimbursement Requested from Kentucky USF............. 1,494.50

### 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  
(Printed)  
(Signed)

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Revised 03-13-2008
# KUSF Reimbursement Forms

**Date:** November 15, 2014  
**Reporting Month:** October 2014

## Company Information

- **Company Name:** Thacker-Grisby Telephone Co., Inc.
- **Company Address:** P.O. Box 789 Hindman, KY 41822
- **Telephone / Fax:** 606-785-9500 (T) 606-785-9521 (F)

## Classification

- ILEC
- CLEC
- Cellular
- PCS

## Monthly Access Line Data

1. **Total Access Lines in Service:** 5623
2. **Surcharge Per Access Line:** $0.08
3. **Amount of Surcharge Remitted to Kentucky USF:** 449.84
4. **Number of Access Lines Receiving Lifeline Support:** 408
5. **Amount of Reimbursement Requested from Kentucky USF:** 1,428.00

## 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** Karla Smith  
(Signed)

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- P.O. Box 615
- Frankfort, KY 40602

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

Date October 15, 2014  
Reporting Month September 2014

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### Classification

- ILEC  
- CLEC  
- Cellular  
- PCS

### Monthly Access Line Data

1. Total Access Lines in Service... 5626
2. Surcharge Per Access Line... $0.08
3. Amount of Surcharge Remitted to Kentucky USF... 450.08
4. Number of Access Lines Receiving Lifeline Support... 547
5. Amount of Reimbursement Requested from Kentucky USF... 1,914.50

### 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**  
(Signed)

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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** September 15, 2014  
**Reporting Month** August 2014

### Carrier Information

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### Classification

- ILEC
- CLEC
- Cellular
- PCS

### Monthly Access Line Data

1. Total Access Lines in Service: 5653
2. Surcharge Per Access Line: $0.08
3. Amount of Surcharge Remitted to Kentucky USF: 452.24
4. Number of Access Lines Receiving Lifeline Support: 549
5. Amount of Reimbursement Requested from Kentucky USF: 1,921.50

### 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**  
(Signed)

---

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** August 15, 2014  
**Reporting Month** July 2014

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(Printed)  
Title **Billing Clerk**  
Company Official **Karla Smith**  
(Signed) |

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

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Revised 03-13-2008
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## Classification

- ILEC
- CLEC
- Cellular
- PCS

## Monthly Access Line Data

1. Total Access Lines in Service: 5738
2. Surcharge Per Access Line: $0.08
3. Amount of Surcharge Remitted to Kentucky USF: 459.04
4. Number of Access Lines Receiving Lifeline Support: 593
5. Amount of Reimbursement Requested from Kentucky USF: 2,075.50

## 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

---

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

Finance and Administration Cabinet
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Frankfort, KY 40601

Send a copy of this report to:

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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** June 15, 2014  
**Reporting Month** May 2014

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<tr>
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</table>

**Monthly Access Line Data**

1. Total Access Lines in Service... 5766
2. Surcharge Per Access Line... $0.08
3. Amount of Surcharge Remitted to Kentucky USF... 461.28
4. Number of Access Lines Receiving Lifeline Support... 597
5. Amount of Reimbursement Requested from Kentucky USF... 2,089.50

### 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  
(Printed)  
(Signed)

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ATTN: KY USF  
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Frankfort, KY 40601

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

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ATTN: Jim Stevens  
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Revised 03-13-2008
**COMMONWEALTH OF KENTUCKY**  
**UNIVERSAL SERVICE FUND**

Date **May 15, 2014**  
Reporting Month **April 2014**

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</tbody>
</table>

### Classification

Please Circle One  
**ILEC**  
CLEC  
Cellular  
PCS

### Monthly Access Line Data

1. Total Access Lines in Service .............................................. 5775
2. Surcharge Per Access Line ................................................  $0.08
3. Amount of Surcharge Remitted to Kentucky USF .................... 462.00
4. Number of Access Lines Receiving Lifeline Support ............ 594
5. Amount of Reimbursement Requested from Kentucky USF .......... 2,079.00

### 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 **Karla Smith**  
(Signed)

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

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

**Date**: April 15, 2014  
**Reporting Month**: March 2014

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#### Classification

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

---

#### Monthly Access Line Data

1. **Total Access Lines in Service**: 5734
2. **Surcharge Per Access Line**: $0.08
3. **Amount of Surcharge Remitted to Kentucky USF**: 458.72
4. **Number of Access Lines Receiving Lifeline Support**: 584
5. **Amount of Reimbursement Requested from Kentucky USF**: 2,044.00

---

#### 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** Karla Smith

---

Send a copy of this report to:

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

**Date** March 15, 2014  
**Reporting Month** February 2014

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### Classification

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

### Monthly Access Line Data

1. Total Access Lines in Service... 5737
2. Surcharge Per Access Line... $0.08
3. Amount of Surcharge Remitted to Kentucky USF... 458.96
4. Number of Access Lines Receiving Lifeline Support... 585
5. Amount of Reimbursement Requested from Kentucky USF... 2,047.50

### 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 (Signed)

---

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

Date: February 15, 2014
Reporting Month: January 2014

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Company Official **Karla Smith**
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