EXHIBIT 13
# Carrier Information

<table>
<thead>
<tr>
<th>Company Name</th>
<th>West Kentucky Rural Telephone Cooperative, Corp., Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Address</td>
<td>237 N. 8th Street - PO Box 649, Mayfield, KY 42066</td>
</tr>
<tr>
<td>Telephone / Fax</td>
<td>(270) 856-1890 / Fax (270) 856-3045</td>
</tr>
</tbody>
</table>

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

## Monthly Access Line Data

<table>
<thead>
<tr>
<th>Description</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Total Access Lines in Service</td>
<td>10,244</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>$819.52</td>
</tr>
<tr>
<td>4. Number of Access Lines Receiving Lifeline Support</td>
<td>106</td>
</tr>
<tr>
<td>5. Amount of Reimbursement Requested from Kentucky USF, X $3.50</td>
<td>$371.00</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: Stacey Wray  
Title: Accounting  
Company Official: [Signature]

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

Finance and Administration Cabinet  
ATTN: KY USF  
702 Capitol 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:** 2/4/11  
**Reporting Month:** January 2011

### Carrier Information

<table>
<thead>
<tr>
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<th>West Kentucky Rural Telephone Cooperative, Corp., Inc.</th>
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<td>237 N. 8th Street – P.O. Box 649, Mayfield, KY 42066.</td>
</tr>
<tr>
<td>Telephone / Fax</td>
<td>(270)674-1000 / Fax (270)856-3651</td>
</tr>
<tr>
<td>Vendor Number</td>
<td></td>
</tr>
</tbody>
</table>

### Classification

Please Circle One  
- [ ] ILBC  
- [ ] CLBC  
- [ ] Cellular  
- [X] PCS

### Monthly Access Line Data

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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</thead>
<tbody>
<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>
<td>$832.16</td>
</tr>
<tr>
<td>4. Number of Access Lines Receiving Lifeline Support</td>
<td>122</td>
</tr>
<tr>
<td>5. Amount of Reimbursement Requested from Kentucky USF</td>
<td>$427.00</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 **Cathy C. Pigg**  
Title **Accountant**  
Company Official **Cathy C. Pigg**  
(Printed)  
(Signed)

---

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

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Frankfort, KY 40601

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

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

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</tr>
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<td>Vendor Number</td>
<td></td>
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</tbody>
</table>

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

**Monthly Access Line Data**

<table>
<thead>
<tr>
<th>Description</th>
<th>Value</th>
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<tbody>
<tr>
<td>1. Total Access Lines in Service</td>
<td>10,383</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>$830.04</td>
</tr>
<tr>
<td>4. Number of Access Lines Receiving Lifeline Support</td>
<td>124</td>
</tr>
<tr>
<td>5. Amount of Reimbursement Requested from Kentucky USF</td>
<td>$434.00</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 **Cathy C. Figg**  
Title **Accountant**
(Printed)

Company Official **Cathy C. Figg**  
(Signed)

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

Finance and Administration Cabinet  
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Capitol Annex, Room 488A  
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Revised 03-13-2008
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</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 .................................. 10,406
2. Surcharge Per Access Line ........................................ $0.08
3. Amount of Surcharge Remitted to Kentucky USF ................. $832.48
4. Number of Access Lines Receiving Lifeline Support .......... 124
   
5. Amount of Reimbursement Requested from Kentucky USF........ $434.00

### Signature Block

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

Company Official: **Cathy C. Pegg**  
Title: **Accountant**  
Company Official: **Cathy C. Pegg**  
(Signed)

---

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

Finance and Administration Cabinet  
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Frankfort, KY 40601

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ATTN: Jim Stevens  
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>
</tbody>
</table>

## Classification

- **ILEC**
- CLEC
- Cellular
- PCS

## Monthly Access Line Data

1. Total Access Lines in Service: **10409**
2. Surcharge Per Access Line: **$0.08**
3. Amount of Surcharge Remitted to Kentucky USF: **$838.72**
4. Number of Access Lines Receiving Lifeline Support: **124**
5. Amount of Reimbursement Requested from Kentucky USF: **$434.00**

## Signature Block

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

**Company Official**: Cathy C. Pigg  
**Title**: Accountant  
**(Printed)**

**Company Official**: Cathy C. Pigg  
**(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

Case No. 2016-00059
Exhibit A
KUSF Reimbursement Forms

Date 10/7/15
Reporting Month Sept 2013

### Carrier Information

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<td>(270)674-1000 / Fax (270)856-3651</td>
</tr>
<tr>
<td>Vendor Number</td>
<td></td>
</tr>
</tbody>
</table>

### Classification

Circle One: ILEC  CLEC  Cellular  PCS

### Monthly Access Line Data

1. Total Access Lines in Service .................................... 10389
2. Surcharge Per Access Line ........................................ $0.08
3. Amount of Surcharge Remitted to Kentucky USF .............. 831.12
4. Number of Access Lines Receiving Lifeline Support ... 125
5. Amount of Reimbursement Requested from Kentucky USF .... 437.50

### Signature Block

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

Company Official Cathy C. Pigg  Title Accountant  Company Official Cathy C. Pigg (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
<table>
<thead>
<tr>
<th>Classification</th>
<th>ILEC</th>
<th>CLEC</th>
<th>Cellular</th>
<th>PCS</th>
</tr>
</thead>
</table>

### Monthly Access Line Data

1. Total Access Lines in Service: 10,375
2. Surcharge Per Access Line: $0.08
3. Amount of Surcharge Remitted to Kentucky USF: $830.00
4. Number of Access Lines Receiving Lifeline Support: 128
5. Amount of Reimbursement Requested from Kentucky USF: $448.00

### Signature Block

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

Company Official: Cathy C. Pigg  
Title: Accountant  
Company Official: Cathy C. Pigg  
(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** 8/7/15  
**Reporting Month** July 2015

### Carrier Information

<table>
<thead>
<tr>
<th>Company Name</th>
<th>West Kentucky Rural Telephone Cooperative, Corp., Inc.</th>
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</thead>
<tbody>
<tr>
<td>Company Address</td>
<td>237 N. 8th Street - P.O. Box 649, Mayfield, KY 42066</td>
</tr>
<tr>
<td>Telephone / Fax</td>
<td>(270) 674-1000 / Fax (270) 856-3651</td>
</tr>
</tbody>
</table>

### Classification

- **ILEC**

### Monthly Access Line Data

1. Total Access Lines in Service: 103.58
2. Surcharge Per Access Line: $0.08
3. Amount of Surcharge Remitted to Kentucky USF: 828.64
4. Number of Access Lines Receiving Lifeline Support: 130
5. Amount of Reimbursement Requested from Kentucky USF: 455.00

### Signature Block

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

**Company Official** Cathy C. Pigg  
**Title** Accountant  
**Company Official** Cathy C. Pigg

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

Finance and Administration Cabinet  
ATTN: KY USP  
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:** 7/7/15  
**Reporting Month:** June 2015

### Carrier Information

<table>
<thead>
<tr>
<th><strong>Company Name</strong></th>
<th>West Kentucky Rural Telephone Cooperative, Corp., Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Company Address</strong></td>
<td>237 N. 8th Street - P.O. Box 649, Mayfield, KY 42066</td>
</tr>
<tr>
<td><strong>Telephone/Fax</strong></td>
<td>(270)674-1000 / Fax (270)856-3651</td>
</tr>
</tbody>
</table>

### Classification

- **ILEC**  
- **CLEC**  
- **Cellular**  
- **PCS**

### Monthly Access Line Data

<table>
<thead>
<tr>
<th><strong>Line</strong></th>
<th><strong>Data</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Total Access Lines in Service: 10394</td>
</tr>
<tr>
<td>2.</td>
<td>Surcharge Per Access Line: $0.08</td>
</tr>
<tr>
<td>3.</td>
<td>Amount of Surcharge Remitted to Kentucky USF: 823.50</td>
</tr>
<tr>
<td>4.</td>
<td>Number of Access Lines Receiving Lifeline Support: 1,27</td>
</tr>
<tr>
<td>5.</td>
<td>Amount of Reimbursement Requested from Kentucky USF: 444.50</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:** Cathy C. Pigg  
**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
## Carrier Information

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<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Company Address</td>
<td>237 N. 8th Street - P.O. Box 649, Mayfield, KY 42066</td>
</tr>
<tr>
<td>Telephone / Fax</td>
<td>(270)674-1000 / Fax (270)856-3651</td>
</tr>
</tbody>
</table>

### Classification
- **ILEC**
- CLEC
- Cellular
- PCS

## Monthly Access Line Data

1. Total Access Lines in Service: 10352
2. Surcharge Per Access Line: $0.08
3. Amount of Surcharge Remitted to Kentucky USF: 850.16
4. Number of Access Lines Receiving Lifeline Support: 130
5. Amount of Reimbursement Requested from Kentucky USF: 453.00

## Signature Block

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

Company Official: Cathy C. Pigg  
Title: Accountant  
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: Jim Stevens  
211 Sower Blvd.  
P.O. Box 615  
Frankfort, KY 40602

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

Date 3/5/15 Reporting Month April 2015

Carrier Information

<table>
<thead>
<tr>
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</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 ............................................. 10360
2. Surcharge Per Access Line .................................................. $0.08
3. Amount of Surcharge Remitted to Kentucky USF ...................... 828.80
4. Number of Access Lines Receiving Lifeline Support ............... $3.50
   137
5. Amount of Reimbursement Requested from Kentucky USF ........... 479.50

Signature Block

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

Company Official Cathy C. Pigg Title Accountant Company Official Cathy C. Pigg
(Printed) (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**

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

**Date** 4/6/15  
**Reporting Month** March 2015

<table>
<thead>
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<tbody>
<tr>
<td>ILEC</td>
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</table>

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<thead>
<tr>
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</thead>
<tbody>
<tr>
<td><strong>1. Total Access Lines in Service</strong></td>
</tr>
<tr>
<td><strong>2. Surcharge Per Access Line</strong></td>
</tr>
<tr>
<td><strong>3. Amount of Surcharge Remitted to Kentucky USF</strong></td>
</tr>
<tr>
<td><strong>4. Number of Access Lines Receiving Lifeline Support</strong></td>
</tr>
<tr>
<td><strong>5. Amount of Reimbursement Requested from Kentucky USF</strong></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** Cathy C. Pigg  
**Title** Accountant  
**Company Official** (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:** 3/9/15  
**Reporting Month:** February 2015

### Carrier Information

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</table>

### Classification

- Circle **ILEC**
- CLEC
- Cellular
- PCS

### Monthly Access Line Data

<table>
<thead>
<tr>
<th>Item</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Total Access Lines in Service</td>
<td>10300</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>816.48</td>
</tr>
<tr>
<td>4. Number of Access Lines Receiving Lifeline Support</td>
<td>135</td>
</tr>
<tr>
<td>5. Amount of Reimbursement Requested from Kentucky USF</td>
<td>472.50</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 **Cathy C. Pigg**  
Title: **Accountant**  
Company Official: **Cathy C. Pigg**

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

Commonwealth of Kentucky  
Universal Service Fund

Date: 2/4/15  
Reporting Month: January 2015

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Classification  
Please Circle One  
ILEC  CLEC  Cellular  PCS

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<tr>
<td>5. Amount of Reimbursement Requested from Kentucky USF</td>
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</tbody>
</table>

Signature Block

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

Company Official: Cathy C. Pigg  
Title: Accountant  
(Parted)  
(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**

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

**Date** 1/8/15  
**Reporting Month** DECEMBER

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

<table>
<thead>
<tr>
<th><strong>Monthly Access Line Data</strong></th>
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<tr>
<td>1. Total Access Lines in Service</td>
</tr>
<tr>
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</tr>
<tr>
<td>3. Amount of Surcharge Remitted to Kentucky USF</td>
</tr>
<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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Title **Accountant**  
(Printed)

(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**: 12/3/14  
**Reporting Month**: November

---

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<tr>
<td>ILEC</td>
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**Monthly Access Line Data**

1. **Total Access Lines in Service**: 10368
2. **Surcharge Per Access Line**: $0.08
3. **Amount of Surcharge Remitted to Kentucky USF**: 829.44
4. **Number of Access Lines Receiving Lifeline Support**: 134
5. **Amount of Reimbursement Requested from Kentucky USF**: 419.00

---

**Signature Block**

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

Company Official **Cathy C. Pigg**  
Title **Accountant**  
Company Official **Cathy C. Pigg**  
(Printed)  
(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: 11/3/14  Reporting Month: October

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(People)

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Revised 03-13-2008
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<tr>
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<td>(270)674-1000 / Fax (270)856-3651</td>
</tr>
</tbody>
</table>

**Classification**

Please Circle One: ILEC  CLEC  Cellular  PCS

**Monthly Access Line Data**

1. Total Access Lines in Service............................................ **10529**
2. Surcharge Per Access Line.................................................. **$0.08**
3. Amount of Surcharge Remitted to Kentucky USF.......................... **842.32**
4. Number of Access Lines Receiving Lifeline Support..................... **138**
   $ $3.50
   **483.00**

**Signature Block**

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

Company Official: **Cathy C. Pigg**  Title: **Accountant**  Company Official: **Cathy C. Pigg**  (Signed)

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

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<th>PCS</th>
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### Monthly Access Line Data

1. Total Access Lines in Service................................. 10,556
2. Surcharge Per Access Line................................... $0.08
3. Amount of Surcharge Remitted to Kentucky USF........... 844.48
4. Number of Access Lines Receiving Lifeline Support... 137
   × $3.50 = 479.50
5. Amount of Reimbursement Requested from Kentucky USF... 479.50

### Signature Block

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

Company Official **Cathy C. Pigg** Title **Accountant**

Company Official **Cathy C. Pigg**

(Printed)

(Signed)

---

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**: 8/7/14
**Reporting Month**: July 2014

### Carrier Information

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### Classification

Please Circle One
- ILEC
- CLEC
- Cellular
- PCS

### Monthly Access Line Data

<table>
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<th>Amount</th>
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<td>1. Total Access Lines in Service</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>$844.56</td>
</tr>
<tr>
<td>4. Number of Access Lines Receiving Lifeline Support</td>
<td>138</td>
</tr>
<tr>
<td>5. Amount of Reimbursement Requested from Kentucky USF</td>
<td>$483.00</td>
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### Signature Block

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**Company Official**: Cathy C. Pigg  
**Title**: Accountant  
**Company Official**: Cathy C. Pigg  
(Signed)

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Revised 03-13-2008
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</table>

### Classification

- ILEC
- CLEC
- Cellular
- PCS

### Monthly Access Line Data

1. Total Access Lines in Service: 10,594
2. Surcharge Per Access Line: \( x \) $0.08
3. Amount of Surcharge Remitted to Kentucky USF: $847.84
4. Number of Access Lines Receiving Lifeline Support: 147
   \( x \) 3,60
   \( 514.50 \)
5. Amount of Reimbursement Requested from Kentucky USF: 514.50

### Signature Block

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

- Company Official: Cathy C. Pigg
  - Title: Accountant
  - Signature: (Signed)

---

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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**

---

**Reporting Month:** MAY 2014

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<table>
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<th>CLEC</th>
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**Signature Block**

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Company Official **Cathy C. Pigg**  
Title: **Accountant**  
Company Official **Cathy C. Pigg**  
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(Signed)

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

COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Reporting Month: April 2014

Carrier Information

Name: West Kentucky Rural Telephone Cooperative, Corp., Inc.
Address: 237 N. 8th Street - P.O. Box 649, Mayfield, KY 42066
Telephone / Fax: (270)674-1000 / Fax (270)856-3651

Classification
Please Circle One: ILEC  CLEC  Cellular  PCS

Monthly Access Line Data

1. Total Access Lines in Service: 10581
2. Surcharge Per Access Line: $0.08
3. Amount of Surcharge Remitted to Kentucky USF: $846.48
4. Number of Access Lines Receiving Lifeline Support: 154
5. Amount of Reimbursement Requested from Kentucky USF: 53900

Signature Block

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

Company Official: Cathy C. Pigg  Title: Accountant  Company Official: (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 4/30/14**  
**Reporting Month** MARCH 2014

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Company Official: **Cathy C. Pigg**  
(Signed) |

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### Monthly Access Line Data

1. Total Access Lines in Service: 10533
2. Surcharge Per Access Line: $0.08
3. Amount of Surcharge Remitted to Kentucky USF: $84244
4. Number of Access Lines Receiving Lifeline Support: 157
5. Amount of Reimbursement Requested from Kentucky USF: $54930

### Signature Block

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

Company Official **Cathy C. Pigg**

Title: **Accountant**

Company Official **Cathy C. Pigg**

(Signed)

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### Classification

- **ILEC**
- CLEC
- Cellular
- PCS

### Monthly Access Line Data

1. Total Access Lines in Service ............................................... 10,594
2. Surcharge Per Access Line ....................................................... $0.08
3. Amount of Surcharge Remitted to Kentucky USF ............................... $847.52
4. Number of Access Lines Receiving Lifeline Support .......................... 163
5. Amount of Reimbursement Requested from Kentucky USF ........................ $570.50

### Signature Block

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

Company Official [Cathy C. Pigg](Printed) Title [Accountant](Signed) Company Official

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

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

**1-22-14**

Reporting Month **December 2013**

## Carrier Information

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## Monthly Access Line Data

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<th>Description</th>
<th>Amount</th>
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<tbody>
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<td>1. Total Access Lines in Service</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>$854.08</td>
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<tr>
<td>4. Number of Access Lines Receiving Lifeline Support</td>
<td>163</td>
</tr>
<tr>
<td>5. Amount of Reimbursement Requested from Kentucky USF</td>
<td>$567.00</td>
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Company Official **Cathy C. Pigg**
Title **Accountant**
Company Official **Cathy C. Pigg**
(Printed)
(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
12-20-13

### Reporting Month
Nov. 2013

## Carrier Information

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<tr>
<td>Company Address</td>
<td>237 N. 8th Street - P.O. Box 649, Mayfield, KY 42066</td>
</tr>
<tr>
<td>Telephone / Fax</td>
<td>(270)674-1000 / Fax (270)856-3651</td>
</tr>
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### Classification

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<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........................................... 10744
2. Surchage Per Access Line.................................................. $0.08
3. Amount of Surchage Remitted to Kentucky USF...................... $859.52
4. Number of Access Lines Receiving Lifeline Support............... 162
5. Amount of Reimbursement Requested from Kentucky USF........... $567.00

## Signature Block

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

Company Official **Cathy C. Pigg** Title **Accountant** 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