EXHIBIT 14



COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

ate 2 6/14	Reporting Month Jan, 14
	Carrier Information
Company Name	Cumberland Cellular
Company Address	P.O. Box 80
Telephone / Fax	Jamestown, KY 42629 270-343-3131 270-343-2600 fax
Vendor Number	269005

Classification					
Please Circle One	ILEC	(CLEC)	Cellular	PCS	

	Monthly Access Line Data		
1.	Total Access Lines in Service	805	
2.	Surcharge Per Access Line	\$0.08_	
3.	Amount of Surcharge Remitted to Kentucky USF	-59.36	-
4.	Number of Access Lines Receiving Lifeline Support	14	-
5.	Amount of Reimbursement Requested from Kentucky USF	48.50	-
	*		

Signature Block				
I hereby attest that the information reported here	rein is true and accurate to the	e best of my knowledge.		
Company Official Teresa Emerson	Title Accountant	Company Official		
(Printed)		(Signed)		
	·			
Make check payable to: "Kentucky		Send a copy of this report to:		
State Treasurer" and send with this				
report to: 363		Kentucky Public Service Commission		
505		ATTN: Jim Stevens		

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

5 .

No. AND

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Revised 03-13-2008

Frankfort, KY 40602

211 Sower Blvd.

P.O. Box 615



COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

Date 3/10/14 0 2014 Reporting Month Carrier Information Company Name Cumberland Cellular Company Address P.O. Box 80 Telephone / Fax 270-343-3131 270-343-2600 fax Jamestown, KY 42629 Vendor Number 269005

Classification Please Circle One	ILEC	CLEC-	Cellular	PCS	

1. Total Access Lines in Service
2 Surpharea Per Access Line 2.4010.250 00.00
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 Company Official Teresa Emerson (Printed)		of my knowledge. ompany Official 22 (Signed)
Make check payable to: "Kentucky State Treasurer" and send with this		Send a copy of this report to:
report to: 363		Kentucky Public Service Commission ATTN: Jim Stevens

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

Revised 03-13-2008

Frankfort, KY 40602

211 Sower Blvd.

P.O. Box 615



COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

Date 4-4-14

March, 14 Reporting Month

	Carrier Information
Company Name	Cumberland Cellular
Company Address	P.O. Box 80
Telephone / Fax	Jamestown, KY 42629 270-343-3131 270-343-2600 fax
Vendor Number	269005

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

	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 h Company Official Teresa Emerson (Printed)	herein is true and accurate to the best of my knowledge	

Make check payable to: "Kentucky State Treasurer" and send with this report to: **363**

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

Send a copy of this report to:



COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

5/9/14 Date

Reporting Month

sid, dia

	Carrier Information
Company Name	Cumberland Cellular
Company Address	P.O. Box 80
Telephone / Fax	Jamestown, KY 42629 270-343-3131 270-343-2600 fax
Vendor Number	269005

Classification		\frown			
Please Circle One	ILEC	CLEC	Cellular	PCS	

	Monthly Access Line Data	
1.	Total Access Lines in Service	806
2.	Surcharge Per Access Line	\$0.08
3.	Amount of Surcharge Remitted to Kentucky USF	60.00
4.	Number of Access Lines Receiving Lifeline Support	IH
5.	Amount of Reimbursement Requested from Kentucky USF	48,50

Signatu	re Block
I hereby attest that the information reported herein is true and acc	urate to the best of my knowledge.
Company Official Teresa Emerson Title Accountation (Printed)	ntCompany Official \mathcal{L} (Signed)
Make check payable to: "Kentucky	
State Treasurer" and send with this report to: 363	Send a copy of this report to: Kentucky Public Service Commission

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

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



COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

6/9/14	Reporting Month May, 2014
	Carrier Information
Company Name	Cumberland Cellular
Company Address	P.O. Box 80
Telephone / Fax	Jamestown, KY 42629 270-343-3131 270-343-2600 fax
Vendor Number	269005

Classification Please Circle One ILEC

CLEC

Cellular

PCS

	Monthly Access Line Data		
1.	Total Access Lines in Service	804	1
2.	Surcharge Per Access Line	\$0.08	
3.	Amount of Surcharge Remitted to Kentucky USF	59.76	
4.	Number of Access Lines Receiving Lifeline Support	14	
5.	Amount of Reimbursement Requested from Kentucky USF	48,50	

	Signature Block
I hereby attest that the information reported hereby attest thereby attest that the information reported hereb	Title Accountant Company Official (Signed)

Make check payable to: "Kentucky State Treasurer" and send with this report to: 363

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

June, 2014 Reporting Month

	Carrier Inform	nation	
Company Name	Cumberland Cellular	1	
Company Address	P.O. Box 80		
Telephone / Fax	Jamestown, KY 42629	270-343-3131	270-343-2600 fax
Vendor Number	269005		

Classification Please Circle One ILEC

7/9/14

CLEC

Cellular

PCS

	Monthly Access Line Data	
1.	Total Access Lines in Service	799
2.	Surcharge Per Access Line	\$0.08_
3.	Amount of Surcharge Remitted to Kentucky USF	59 84
4.	Number of Access Lines Receiving Lifeline Support	14
5.	Amount of Reimbursement Requested from Kentucky USF	48.50

		Signature Block	
I hereby attest that	the information reported h	nerein is true and accurate to t	he best of my knowledge.
Company Official	Teresa Emerson (Printed)	Title_Accountant	Company Official (Signed)
Make check payal	ble to: "Kentucky		Send a copy of this report to:

State Treasurer" and send with this report to: 363

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

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



COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

July, 2014 2014 aug Date ' Reporting Month Carrier Information Company Name Cumberland Cellular **Company Address** P.O. Box 80 Telephone / Fax 270-343-3131 270-343-2600 fax Jamestown, KY 42629 Vendor Number 269005

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	
the information reported b Teresa Emerson (Printed)	nerein is true and accurate to Title	the best of my knowledge. Company Official

Make check payable to: "Kentucky State Treasurer" and send with this report to: **363**

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

014 Date

Reporting Month_

PCS

	Carrier Information
Company Name	Cumberland Cellular
Company Address	P.O. Box 80
Telephone / Fax	Jamestown, KY 42629 270-343-3131 270-343-2600 fax

Classification

Please Circle One

ILEC

CLEC

269005

Cellular

	Monthly Access Line Data	
٦.	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 tr	ie and accurate to the best of my knowledge.
Company Official Teresa Emerson Title Action (Printed)	countant Company Official
(rnned)	(Signed)

Make check payable to: "Kentucky State Treasurer" and send with this report to: **363**

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

Send a copy of this report to:



COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

10/2 Date

Reporting Month Sept, 2014

Carrier Information					
Company Name	Cumberland Cellular				
Company Address	P.O. Box 80				
Telephone / Fax	Jamestown, KY 42629 270-343-3131 270-343-2600 fax				
Vendor Number	269005				

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

Monthly Access Line Data				
1.	Total Access Lines in Service	796		
2.	Surcharge Per Access Line	\$0.08		
3.	Amount of Surcharge Remitted to Kentucky USF	60.08		
4.	Number of Access Lines Receiving Lifeline Support	12		
5.	Amount of Reimbursement Requested from Kentucky USF	50.64		

	Signature Block	1
I hereby attest that the information reported h Company Official Teresa Emerson (Printed)	erein is true and accurate to 	the best of my knowledge. Company Official

Make check payable to: "Kentucky State Treasurer" and send with this report to: 363 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

Send a copy of this report to:



COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

Date NOU 3, 2014

Reporting Month Oct, 2014

	Carrier Information
Company Name	Cumberland Cellular
Company Address	P.O. Box 80
Telephone / Fax	Jamestown, KY 42629 270-343-3131 270-343-2600 fax
Vendor Number	269005

Classification Please Circle One	ILEC	CLEC	Cellular	PCS	
		1			

	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	k
I hereby attest that the information Company Official Teresa En (Printe		Company Official (Signed)

Make check payable to: "Kentucky State Treasurer" and send with this report to: **363** 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 12-1-14

Reporting Month NOV, 2014

Carrier Information				
Company Name	Cumberland Cellular			
Company Address	P.O. Box 80			
Telephone / Fax	Jamestown, KY 42629 270-343-3131 270-343-2600 fax			
Vendor Number	269005			

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 Company Official	the information reported l Teresa Emerson (Printed)	nerein is true and accurate to Title Accountant	Company Official (Signed)

Make check payable to: "Kentucky State Treasurer" and send with this report to: **363**

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

1	UNIVERSAL SERVICE FUND				
Pate 815	Reporting Month Dec, 2014				
	Carrier Information				
Company Name	Cumberland Cellular				
Company Address	P.O. Box 80				
Telephone / Fax	Jamestown, KY 42629 270-343-3131 270-343-2600 fax				
Vendor Number	269005				
Classification Please Circle One	ILEC CLEC Cellular PCS				
	Monthly Access Line Data				

Amount - COuntry Den 14, 14, 14, 14, 1, 100	FO 10
Amount of Surcharge Remitted to Kentucky USF	24.12
Number of Access Lines Receiving Lifeline Support	10
Amount of Reimbursement Requested from Kentucky USF	34.50

Total Access Lines in Service.....

Signature Block	
I hereby attest that the information reported herein is true and accurate to the	best of my knowledge.
Company Official Teresa Emerson Title Accountant (Printed)	Company Official(Signed)
Make check payable to: "Kentucky State Treasurer" and send with this	Send a copy of this report to:

report to: 363 Finance and Administration Cabinet ATTN: KY USF 702 Capital Ave. Capitol Annex, Room 488A Frankfort, KY 40601

1.

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

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773



COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

Date Feb 9

Reporting Month Jan, 2015

	Carrier Information
Company Name	Cumberland Cellular
Company Address	P.O. Box 80
Telephone / Fax	Jamestown, KY 42629 270-343-3131 270-343-2600 fax
Vendor Number	269005

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 Teresa Emerson Title Accountant Company Official (Signed)				
Make check payable to: "Kentucky State Treasurer" and send with this	Send a copy of this report to:			

report to: 363 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



188

COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

Date 312/15

Reporting Month Feb, 2015

	Carrier Information
Company Name	Cumberland Cellular
Company Address	P.O. Box 80
Telephone / Fax	Jamestown, KY 42629 270-343-3131 270-343-2600 fax
Vendor Number	269005

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	c
I hereby attest that the information reported h Company Official Teresa Emerson (Printed)	erein is true and accurate to 	the best of my knowledge. Company Official (Signed)

Make check payable to: "Kentucky State Treasurer" and send with this report to: **363**

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

21, 01 ling Date (

Reporting Month 15

	Carrier Information
Company Name	Cumberland Cellular
Company Address	P.O. Box 80
Telephone / Fax	Jamestown, KY 42629 270-343-3131 270-343-2600 fax
Vendor Number	269005

Cellular

PCS

Classification		
Please Circle One	ILEC	(CLEO

	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
a Title Accountant Company Official (Signed)
rte

Make check payable to: "Kentucky
State Treasurer" and send with this
report to:Send a copy of this report to:363Kentucky Public Service Commission
ATTN: Jim Stevens
211 Sower Blvd.
P.O. Box 615
Frankfort, KY 40601Pair All Are.
Frankfort, KY 40601Frankfort, KY 40602



COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

Date 5/4/15

6

Reporting Month_

	Carrier Information
Company Name	Cumberland Cellular
Company Address	P.O. Box 80
Telephone / Fax	Jamestown, KY 42629 270-343-3131 270-343-2600 fa
Vendor Number	269005

Classification Please Circle One	ILEC CLEC) Cellular	PCS
		Y	

	Monthly Access Line Data		
1.	Total Access Lines in Service	778	31.12
2.	Surcharge Per Access Line	\$0.08_	
3.	Amount of Surcharge Remitted to Kentucky USF	60.64	
4.	Number of Access Lines Receiving Lifeline Support	11	
5.	Amount of Reimbursement Requested from Kentucky USF	41.96	

	Signature Block	
I hereby attest that the information reported Company Official <u>Teresa Emerson</u> (Printed)	herein is true and accurate to th	e best of my knowledge. Company Officiat (Signed)

Make check payable to: "Kentucky
State Treasurer" and send with this
report to:Send a copy of this report to:363Kentucky Public Service Commission
ATTN: Jim Stevens
211 Sower Blvd.
P.O. Box 615
Frankfort, KY 40601Make check payable to: "Kentucky
Kentucky Public Service Commission
ATTN: Kentucky Public Service Commission
ATTN: Jim Stevens
211 Sower Blvd.
P.O. Box 615
Frankfort, KY 40602



COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

Date 6/2/15

Reporting Month

	Carrier Information
Company Name	
Company Address Telephone / Fax Vendor Number	Duo County Telephone
	P.O. Box 80, Jamestown, KY 42629
	270-343-3131 270-343-2600 fax
vendor Number	260401

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 <u>Teresa Emerson</u> Title <u>Accountant</u> Company Official (Signed)	

Make check payable to: "Kentucky State Treasurer" and send with this report to: **363**

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

une 15



COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

7/8/ 15 Date

)

Reporting Month

	Carrier Information
Company Name	Cumberland Cellular
Company Address	P.O. Box 80
Telephone / Fax	Jamestown, KY 42629 270-343-3131 270-343-2600 fax
Vendor Number	269005

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 h	erein is true and accurate to t	he best of my knowledge.
Company Official <u>Teresa Emerson</u> (Printed)	_TitleAccountant	Company Official $\underbrace{\mathcal{Z}}_{(Signed)}$

Make check payable to: "Kentucky State Treasurer" and send with this report to: 363

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

8/5/15 Date

Reporting Month

	Carrier Information
Company Name	Cumberland Cellular
Company Address	P.O. Box 80
Telephone / Fax	Jamestown, KY 42629 270-343-3131 270-343-2600 fax
Vendor Number	269005

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	с
I hereby attest that	the information reported h	nerein is true and accurate to	the best of my knowledge.
Company Official	Teresa Emerson (Printed)	Title Accountant	Company Official(Signed)

Make check payable to: "Kentucky State Treasurer" and send with this report to: 363

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

\bigcirc	UNIVERSAL SERVICE FUND
9/4/15	Reporting Month Aug, 2015
	Carrier Information
Company Name	Cumberland Cellular
Company Address	P.O. Box 80
Telephone / Fax	Jamestown, KY 42629 270-343-3131 270-343-2600 fax
Vendor Number	269005

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 hereby	rein is true and accurate to the best of my knowledge.
Company Official <u>Teresa Emerson</u> (Printed)	Title Accountant Company Official Signed)
Make check payable to: "Kentucky State Treasurer" and send with this report to: 363	Send a copy of this report to: Kentucky Public Service Commission

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

Frankfort, KY 40602

Revised 03-13-2008

ATTN: Jim Stevens

211 Sower Blvd.

P.O. Box 615



COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

Date_ 15) 2

Reporting Month

	Carrier Information
Company Name	Cumberland Cellular
Company Address	Compertand Certurar
company radios	P.O. Box 80
Telephone / Fax	
	Jamestown, KY 42629 270-343-3131 270-343-2600 fax
Vendor Number	269005

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

	Monthly Access Line Data	
1.	Total Access Lines in Service	745
2.	Surcharge Per Access Line	\$0.08_
3.	Amount of Surcharge Remitted to Kentucky USF	59.28
4.	Number of Access Lines Receiving Lifeline Support	11
5.	Amount of Reimbursement Requested from Kentucky USF	38.25

I hereby attest that the information reported herein is true and accurate to t	the best of my knowledge.
Company Official Teresa Emerson Title Accountant (Printed)	Company Official (Signed)

Make check payable to: "Kentucky State Treasurer" and send with this report to: 363

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

5 2015 Date Reporting Month Carrier Information Company Name Cumberland Cellular **Company Address** P.O. Box 80 Telephone / Fax 270-343-3131 270-343-2600 fax Jamestown, KY 42629 Vendor Number 269005

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 Company Official <u>Teresa Emerson</u> Title Accountant (Printed)	e best of my knowledge. Company Official

Make check payable to: "Kentucky State Treasurer" and send with this report to: **363**

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

12 15 Date

Reporting Month

2015

	Carrier Information
Company Name	Cumberland Cellular
Company Address	P.O. Box 80
Telephone / Fax	Jamestown, KY 42629 270-343-3131 270-343-2600 fax
Vendor Number	269005

Classification Please Circle One	ILEC	CLEC	Cellular	PCS	

29.80

Monthly Access Line Data		
Total Access Lines in Service	745	
Surcharge Per Access Line	\$0.08	
Amount of Surcharge Remitted to Kentucky USF	60.32	
Number of Access Lines Receiving Lifeline Support	9	
Amount of Reimbursement Requested from Kentucky USF	28.04	
	Total Access Lines in Service	Total Access Lines in Service

	Signature Block	
I hereby attest that the information reported h Company Official Teresa Emerson	erein is true and accurate to t Title Accountant	he best of my knowledge.
(Printed)		(Signed)

Make check payable to: "Kentucky State Treasurer" and send with this report to: 363

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

6 Date

Reporting Month

	Carrier Information
Company Name Company Address	Cumberland Cellular
Telephone / Fax	P.O. Box 80
Vendor Number	Jamestown, KY 42629 270-343-3131 270-343-2600 fax 269005

Classification Please Circle One	ILEC	CLEC	Cellular	PCS		
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	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 h Company Official <u>Teresa Emerson</u> (Printed)		npany Official (Signed)

Make check payable to: "Kentucky State Treasurer" and send with this report to: 363

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

Dat 705,2016

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2016 an. Reporting Month

Carrier Information					
Company Name	Cumberland Cellular				
Company Address	P.O. Box 80				
Telephone / Fax	Jamestown, KY 42629 270-343-3131 270-343-2600 fax				
Vendor Number	269005				

Classification					
Please Circle One	ILEC	CLEC)	Cellular	PCS	

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1.	Total Access Lines in Service
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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 <u>Teresa Emerson</u> Title <u>Accountant</u> (Printed)	Company Official (Signed)
Make check payable to: "Kentucky	Send a copy of this report to:

State Treasurer" and send with this report to: 363

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

21	UNIVERSAL SERVICE FUND
74/16	Reporting Month Feb, 2016
	Carrier Information
Company Name	Cumberland Cellular
Company Address	P.O. Box 80
Telephone / Fax	Jamestown, KY 42629 270-343-3131 270-343-2600 fax
	269005

Classification Please Circle One	ILEC	CLEC	Cellular	PCS	
THE CALL ON CALL	1000	CLLC	Centular	FCS	

	Monthly Access Line Data	
1.	Total Access Lines in Service	823
2.	Surcharge Per Access Line	\$0.08
3.	Amount of Surcharge Remitted to Kentucky USF	60,48
4.	Number of Access Lines Receiving Lifeline Support	7
5.	Amount of Reimbursement Requested from Kentucky USF	20 provating

Signature Block				
I hereby attest that the information reported herein is true	and accurate to the best of my knowledge.			
Company Official Teresa Emerson Title Acco (Printed)	Company Official $\frac{1}{\sqrt{222}}$ (Signed)			
Make check payable to: "Kentucky State Treasurer" and send with this report to: 363	Send a copy of this report to: Kentucky Public Service Commission			

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

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COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

Date March 31

Reporting Month

	Carrier Information
Company Name Company Address	Cumberland Cellular
Telephone / Fax	P.O. Box 80
Vendor Number	Jamestown, KY 42629 270-343-3131 270-343-2600 fax
vendor Number	269005

Classification Please Circle One	ILEC	CLEC	Cellular	PCS	
			the same is not a set of the same is the s		

	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
1	

		Signature Block	
I hereby attest that	the information reported h	erein is true and accurate to t	the best of my knowledge.
Company Official	Teresa Emerson (Printed)	Title Accountant	Company Official(Signed)

Make check payable to: "Kentucky State Treasurer" and send with this report to: 363

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