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

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

---

**Carrier Information**

<table>
<thead>
<tr>
<th>Company Name</th>
<th>North Central Communications, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Address</td>
<td>P O Box 70 872 Hwy. 52 By-Pass E, Lafayette, TN 37083</td>
</tr>
<tr>
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<td>(615) 666-2151 / (615) 666-6118</td>
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<td>Vendor Number</td>
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</tr>
</tbody>
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**Classification**

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

---

**Monthly Access Line Data**

1. **Total Access Lines in Service**
   
   1,330

2. **Surcharge Per Access Line**
   
   $0.08

3. **Amount of Surcharge Remitted to Kentucky USF**
   
   $106.40

4. **Number of Access Lines Receiving Lifeline Support**
   
   136

5. **Amount of Reimbursement Requested from Kentucky USF**
   
   $476.00

---

**Signature Block**

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

Company Official: Kim Marsh
Title: Accountant
Company Official: Kim Marsh
(Signed)

---

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

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

---

Send a copy of this report to:

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

---

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

COMMONWEALTH OF KENTUCKY  
UNIVERSAL SERVICE FUND

Date: 02/20/14  
Reporting Month: February 2014

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CLEC  
Cellular  
PCS |

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Title: Accountant  
Company Official: Kim Marsh  
(Printed)  
(Signed) |

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

Date 03/10/14
Reporting Month March 2014

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Revised 03-13-2008
Date: 04/23/14

Reportig Month: April 2014

**Carrier Information**

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</tbody>
</table>

**Classification**

Please Circle One

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

**Monthly Access Line Data**

1. Total Access Lines in Service........................... 1,335
2. Surcharge Per Access Line................................... $0.08
3. Amount of Surcharge Remitted to Kentucky USF........... $106.80
4. Number of Access Lines Receiving Lifeline Support...... 131
5. Amount of Reimbursement Requested from Kentucky USF... $458.50

**Signature Block**

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

Company Official: Kim Marsh  Title: Accountant
(Printed)
(Signed)

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

Finance and Administration Cabinet
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Revised 03-13-2008
**COMMONWEALTH OF KENTUCKY**
**UNIVERSAL SERVICE FUND**

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

Date 06/05/14  
Reporting Month May 2014

### Carrier Information

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</table>

### Classification

Please Circle One  
ILEC  
CLEC  
Cellular  
PCS

### Monthly Access Line Data

1. Total Access Lines in Service .......................................... 1,329  
2. Surcharge Per Access Line ................................................ $0.08  
3. Amount of Surcharge Remitted to Kentucky USF ......................... $106.32  
4. Number of Access Lines Receiving Lifeline Support .................... 131  
5. Amount of Reimbursement Requested from Kentucky USF ................. $458.50

### Signature Block

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

Company Official __Kim Marsh___ Title__Accountant________ Company Official __Kim Marsh___  
(Printed)  
(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 07/03/14 Reporting Month June 2014

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<tr>
<td>ILEC CLEC Cellular PCS</td>
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<table>
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<tbody>
<tr>
<td>1. Total Access Lines in Service</td>
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Revised 03-13-2008
## Carrier Information

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</tbody>
</table>

## Classification

Please Circle One

- ILEC
- CLEC
- Cellular
- PCS

## Monthly Access Line Data

1. Total Access Lines in Service ........................................... 1,309
2. Surcharge Per Access Line ............................................... $0.08
3. Amount of Surcharge Remitted to Kentucky USF ....................... $104.72
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 __Kim Marsh__
Title __Accountant__
Company Official __Kim Marsh__
(Printed)
(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**

**Date** 08/27/14  
**Reporting Month** August 2014

### Carrier Information

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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: 1,308
2. Surcharge Per Access Line: $0.08
3. Amount of Surcharge Remitted to Kentucky USF: $104.64
4. Number of Access Lines Receiving Lifeline Support: 120
5. Amount of Reimbursement Requested from Kentucky USF: $420.00

### Signature Block

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

Company Official: Kim Marsh  
Title: Accountant  
Company Official: Kim Marsh  
(Signed)

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

Finance and Administration Cabinet  
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702 Capital Ave.  
Capitol Annex, Room 488A  
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
# Case No. 2016-00059
## Exhibit A
### KUSF Reimbursement Forms

| Date         | 09/22/14 | Reporting Month | September 2014 |

### Carrier Information

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### Classification

- ILEC
- CLEC
- Cellular
- PCS

### Monthly Access Line Data

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<th>Description</th>
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<tr>
<td>1. Total Access Lines in Service</td>
<td>1,308</td>
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<tr>
<td>2. Surcharge Per Access Line</td>
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<tr>
<td>3. Amount of Surcharge Remitted to Kentucky USF</td>
<td>$104.64</td>
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<tr>
<td>4. Number of Access Lines Receiving Lifeline Support</td>
<td>115</td>
</tr>
<tr>
<td>5. Amount of Reimbursement Requested from Kentucky USF</td>
<td>$402.50</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:** Kim Marsh
**Title:** Accountant

**Company Official:** Kim Marsh
**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 10/21/14  Reporting Month October 2014

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Revised 03-13-2008
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**Universal Service Fund**

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

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</table>

---

**Classification**

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

---

**Monthly Access Line Data**

1. Total Access Lines in Service: 1,293
2. Surcharge Per Access Line: $0.08
3. Amount of Surcharge Remitted to Kentucky USF: $103.44
4. Number of Access Lines Receiving Lifeline Support: 115
5. Amount of Reimbursement Requested from Kentucky USF: $402.50

---

**Signature Block**

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

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

Company Official: **Kim Marsh**
(Signed)

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Frankfort, KY 40601

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Send a copy of this report to:

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**ATTN: Jim Stevens**
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Frankfort, KY 40602

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Revised 03-13-2008
<table>
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<th>Cellular</th>
<th>PCS</th>
</tr>
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**Monthly Access Line Data**

| 1. Total Access Lines in Service | 1,301 |
| 2. Surcharge Per Access Line    | $0.08 |
| 3. Amount of Surcharge Remitted to Kentucky USF | $104.08 |
| 4. Number of Access Lines Receiving Lifeline Support | 113 |
| 5. Amount of Reimbursement Requested from Kentucky USF | $395.50 |

**Signature Block**

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

Company Official: Kim Marsh
Title: Accountant
Company Official: Kim Marsh
(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:** 02/03/15  
**Reporting Month:** January 2015

### Carrier Information

<table>
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</table>

### Classification

Please Circle One  
ILEC  CLEC  Cellular  PCS

### Monthly Access Line Data

1. Total Access Lines in Service: 1,313
2. Surcharge Per Access Line: $0.08
3. Amount of Surcharge Remitted to Kentucky USF: $105.04
4. Number of Access Lines Receiving Lifeline Support: 116
5. Amount of Reimbursement Requested from Kentucky USF: $406.00

### Signature Block

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

Company Official: Kim Marsh  
Title: Accountant  
Company Official (Signed)

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

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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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<td>(615) 666-2151 / (615) 666-6118</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 ........................................ 1,317
2. Surcharge Per Access Line .............................................. $0.08
3. Amount of Surcharge Remitted to Kentucky USF ...................... $105.36
4. Number of Access Lines Receiving Lifeline Support ................ 115
5. Amount of Reimbursement Requested from Kentucky USF .............. $402.50

## Signature Block

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

Company Official: Kim Marsh
Title: Accountant
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:

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Revised 03-13-2008
**KUSF Reimbursement Forms**

**Case No. 2016-00059**
**Exhibit A**

### Carrier Information

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

1. Total Access Lines in Service...1,325
2. Surcharge Per Access Line...$0.08
3. Amount of Surcharge Remitted to Kentucky USF..$106.00
4. Number of Access Lines Receiving Lifeline Support...115
5. Amount of Reimbursement Requested from Kentucky USF...$402.50

### Signature Block

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

Company Official ___Kim Marsh___ Title ___Accountant___ Company Official ___Kim Marsh___ (Signed)

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- ILEC
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- Cellular
- PCS

## Monthly Access Line Data

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<td>3. Amount of Surcharge Remitted to Kentucky USF</td>
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<td>4. Number of Access Lines Receiving Lifeline Support</td>
<td>116</td>
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<tr>
<td>5. Amount of Reimbursement Requested from Kentucky USF</td>
<td>$406.00</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: Kim Marsh  Title: Accountant  Company Official: [Signature]

(Printed)

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

Case No. 2016-00059
Exhibit A
KUSF Reimbursement Forms

Date 05/28/15
Reporting Month May 2015

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<td>1. Total Access Lines in Service</td>
<td>1,329</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>$106.32</td>
</tr>
<tr>
<td>4. Number of Access Lines Receiving Lifeline Support</td>
<td>114</td>
</tr>
<tr>
<td>5. Amount of Reimbursement Requested from Kentucky USF</td>
<td>$399.00</td>
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Signature Block

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Company Official __Kim Marsh_____Title __Accountant______Company Official (Signed)
(Printed)

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

COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date 07 01 15

Reporting Month June 2015

Carrier Information

Company Name North Central Communications, Inc.
Company Address P O Box 70 872 Hwy. 52 By-Pass E, Lafayette, TN 37083
Telephone / Fax (615) 666-2151 / (615) 666-6118
Vendor Number

Classification
Please Circle One
ILEC CLEC Cellular PCS

Monthly Access Line Data

1. Total Access Lines in Service ......................................................... 1,326
2. Surcharge Per Access Line .............................................................. $0.08
3. Amount of Surcharge Remitted to Kentucky USF .................. $106.08
4. Number of Access Lines Receiving Lifeline Support ..................... 112
5. Amount of Reimbursement Requested from Kentucky USF .......... $392.00

Signature Block

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

Company Official Kim Marsh Title Accountant Company Official (Signed)
(Printed)

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### Monthly Access Line Data

1. Total Access Lines in Service: 1,326
2. Surcharge Per Access Line: $0.08
3. Amount of Surcharge Remitted to Kentucky USF: $106.08
4. Number of Access Lines Receiving Lifeline Support: 111
5. Amount of Reimbursement Requested from Kentucky USF: $388.50

### Signature Block

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

Company Official: Kim Marsh
Title: Accountant

(Signed)

---

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

Case No. 2016-00059  
Exhibit A  
KUSF Reimbursement Forms

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</table>

### Classification

Please Circle One  
ILEC  
CLEC  
Cellular  
PCS

### Monthly Access Line Data

1. Total Access Lines in Service: 1,321  
2. Surcharge Per Access Line: $0.08  
3. Amount of Surcharge Remitted to Kentucky USF: $105.68  
4. Number of Access Lines Receiving Lifeline Support: 110  
5. Amount of Reimbursement Requested from Kentucky USF: $385.00

### Signature Block

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

Company Official: Kim Marsh  
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.  
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Frankfort, KY 40601

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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**

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**Date:** 10 05 14  
**Reporting Month:** September 2015

### Carrier Information

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### Monthly Access Line Data

1. **Total Access Lines in Service:** 1,319
2. **Surcharge Per Access Line:** $0.08
3. **Amount of Surcharge Remitted to Kentucky USF:** $105.52
4. **Number of Access Lines Receiving Lifeline Support:** 108
5. **Amount of Reimbursement Requested from Kentucky USF:** $378.00

---

### Signature Block

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

- **Company Official:** Kim Marsh  
- **Title:** Accountant  
- **Company Official:** (Signed)

---

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

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- ATTN: KY USF  
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- Frankfort, KY 40601

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

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

**Date:** 11 06 14  
**Reporting Month:** October 2015

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</table>

### Monthly Access Line Data

1. **Total Access Lines in Service:** 1,322
2. **Surcharge Per Access Line:** $0.08
3. **Amount of Surcharge Remitted to Kentucky USF:** $105.76
4. **Number of Access Lines Receiving Lifeline Support:** 108
5. **Amount of Reimbursement Requested from Kentucky USF:** $378.00

### Signature Block

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

Company Official: Kim Marsh  
Title: Accountant

(Signed)

---

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

Date 12-29-15  Reporting Month December 2015

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Classification

Please Circle One
ILEC  CLEC  Cellular  PCS

Monthly Access Line Data

1. Total Access Lines in Service..............................................1,331
2. Surcharge Per Access Line................................................$0.08
3. Amount of Surcharge Remitted to Kentucky USF....................$106.48
4. Number of Access Lines Receiving Lifeline Support................99
5. Amount of Reimbursement Requested from Kentucky USF............$346.50

Signature Block

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

Company Official ___Kim Button___ Title___Accountant___ Company Official ___[Signature]___ (Signed)

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

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### Monthly Access Line Data

1. Total Access Lines in Service... 1,329
2. Surcharge Per Access Line... $0.08
3. Amount of Surcharge Remitted to Kentucky USF... $106.32
4. Number of Access Lines Receiving Lifeline Support... 98
5. Amount of Reimbursement Requested from Kentucky USF... $343.00

### Signature Block

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

Company Official: __Kim Button__
Title: Accountant
Company Official: __Kim Button__
(Signed)

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

Date: 03 01 16 Reporting Month: February 2016

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

Date _____ 04/04/16 ______________ Reporting Month __ March 2016 ____________

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Monthly Access Line Data

1. Total Access Lines in Service ........................................... 1,329
2. Surcharge Per Access Line .................................................. $0.08
3. Amount of Surcharge Remitted to Kentucky USF ........................ $106.32
4. Number of Access Lines Receiving Lifeline Support ................. 92
5. Amount of Reimbursement Requested from Kentucky USF ........... $322.00

Signature Block

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

Company Official __Kim Button__ Title __Accountant__ Company Official ________________
(Printed) (Signed)

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