EXHIBIT 15



Date02/13/14				Reporting MonthJanua	ary 2014
		Carrie	er Information		
Company Name	North Central	Communicati	ons, Inc.		
Company Address	P O Box 70	872 Hwy. 5	52 By-Pass E	Lafayette, TN	37083
Telephone / Fax	(615) 666-215	1 / (615) 66	66-6118		
Vendor Number					
				Y	
Classification Please Circle One	ILEC	CLEC	Cellular	PCS	
		Monthly A	Access Line Data	a	
Total Access L	ines in Service			1,330	
2. Surcharge Per	Access Line		•••••		
3. Amount of Sur	charge Remitted to k	Centucky USF		\$106.40	
4. Number of Acc	cess Lines Receiving	Lifeline Support.		136	
5. Amount of Rei	mbursement Request	ed from Kentuck	y USF	\$476.00	
			ature Block		
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.					
Company OfficialK	im Marsh(Printed)	TitleAccou	ntant	Company Official Hin	n 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:



Date02/20/14_	Reporting MonthFebruary 2014
	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
2. Surcharge Per	Access Line
3. Amount of Su	archarge Remitted to Kentucky USF
4. Number of Ac	ccess Lines Receiving Lifeline Support135
5. Amount of Re	eimbursement Requested from Kentucky USF\$472.50
/	
	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)
Make check payable State Treasurer" and	

report to:

ATTN: KY USF

702 Capital Ave.

Finance and Administration Cabinet

Capitol Annex, Room 488A Frankfort, KY 40601

Revised 03-13-2008

ATTN: Jim Stevens

Frankfort, KY 40602

211 Sower Blvd.

P.O. Box 615

Kentucky Public Service Commission



Date03/10	/14	Reporting MonthMarch 2014			
		Carrier Information			
Company Na	ıme North Cent	ral Communications, Inc.			
Company Add	P O Box 70	872 Hwy. 52 By-Pass E,	Lafayette, TN 37083		
Telephone /	(615) 666-2	2151 / (615) 666-6118			
Vendor Nun	ber				
Classification Please Circle One	ILEC	(CLEC Cellular	PCS		
	,	Monthly Access Line Data			
1. Total Ac	cess Lines in Service.		1,328		
2. Surcharg	e Per Access Line		\$0.08_		
3. Amount	of Surcharge Remitted	l to Kentucky USF	\$106.24		
4. Number	of Access Lines Recei	ving Lifeline Support	131		
5. Amount	of Reimbursement Red	quested from Kentucky USF	\$458.50		
I haraby attact the	sh = :- f	Signature Block			
Company Official		rted herein is true and accurate to the bes	_Company Official <u>Hun Mush</u> (Signed)		
	ble to: "Kentucky		Send a copy of this report to:		

report to:

ATTN: KY USF

702 Capital Ave.

Finance and Administration Cabinet

Capitol Annex, Room 488A Frankfort, KY 40601

Revised 03-13-2008

ATTN: Jim Stevens

Frankfort, KY 40602

211 Sower Blvd.

P.O. Box 615

Kentucky Public Service Commission



Date04/23/14	Reporting MonthApril 2014
Γ	
	Carrier Information
Company Name	North Central Communications, Inc.
Company Address	POBox 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
Total Access	Lines in Service
2. Surcharge Pe	er Access Line <u>\$0.08</u>
3. Amount of S	surcharge Remitted to Kentucky USF\$106.80
4. Number of A	Access Lines Receiving Lifeline Support131
5. Amount of F	Reimbursement Requested from Kentucky USF\$458.50
	Signature Block
I hereby attest that the	e information reported herein is true and accurate to the best of my knowledge.
Company Official	Kim Marsh TitleAccountant Company Official
Make check payable	to: "Kentucky
	Send a conv of this report to:

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:



Date06/05/14	Reporting MonthMay 2014				
	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				
Total Access I	Lines in Service				
	Access Line				
3. Amount of Sur					
4. Number of Ac	cess Lines Receiving Lifeline Support131				
5. Amount of Re	imbursement Requested from Kentucky USF\$458.50				
	Signature Block				
I hereby attest that the i	nformation reported herein is true and accurate to the best of my knowledge.				
Company OfficialK	Cim Marsh TitleAccountant Company Official Run N tush (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:



Date07/03/14		Rep	porting MonthJune 2014_		
		Carrier Information			
Company Name	Company Name North Central Communications, Inc.				
Company Address	P O Box 70 8	72 Hwy. 52 By-Pass E,	Lafayette, TN 370)83	
Telephone / Fax	(615) 666-2151 /	(615) 666-6118			
Vendor Number					
Classification Please Circle One	ILEC (CLE	EC Cellular F	PCS		
		Monthly Access Line Data			
,					
1. Total Access I	ines in Service		1,321		
2. Surcharge Per	Access Line		\$0.08_		
3. Amount of Sur	charge Remitted to Kenti	ucky USF	\$105.68		
4. Number of Ace	cess Lines Receiving Life	eline 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 OfficialK	im MarshT (Printed)	itleAccountant	Company Official (Sig	mask ned)	

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

Finance and Administration Cabinet

ATTN: KY USF 702 Capital Ave.

Capitol Annex, Room 488A Frankfort, KY 40601 Send a copy of this report to:



Date07/21/14	Reporting MonthJuly 2014				
	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 I					
3. Amount of Sur	charge Remitted to Kentucky USF\$104.72				
4. Number of Ac	cess Lines Receiving Lifeline Support130				
5. Amount of Re	imbursement Requested from Kentucky USF\$455.00				
	Signature Block				
I hereby attest that the i	nformation reported herein is true and accurate to the best of my knowledge.				
Company OfficialK	Cim Marsh TitleAccountant Company Official Kim \ \ \ (\text{Signed}) \ \ (\text{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:



Date08/27/14	Reporting MonthAugust 2014				
	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				
Total Access I					
2. Surcharge Per	2. Surcharge Per Access Line				
3. Amount of Sur	rcharge Remitted to Kentucky USF\$104.64				
4. Number of Ac	cess Lines Receiving Lifeline Support120				
5. Amount of Re	imbursement Requested from Kentucky USF\$420.00				
	Signature Block				
I hereby attest that the i	nformation reported herein is true and accurate to the best of my knowledge.				
Company Officialk	Cim Marsh TitleAccountant 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:



Date09/22/14	Reporting MonthSeptember 2014				
	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				
	Lines in Service				
2. Surcharge Per Access Line					
3. Amount of Surcharge Remitted to Kentucky USF\$104.64					
4. Number of Ac	ccess Lines Receiving Lifeline Support1151				
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 MarshTitleAccountantCompany Official_KimMarsh(Printed) (Signed)				

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

Finance and Administration Cabinet ATTN: KY USF

702 Capital Ave. Capitol Annex, Room 488A Frankfort, KY 40601 Send a copy of this report to:



Date10/21/14	Reporting MonthOctober 2014				
	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					
2. Surcharge Per	Access Line				
3. Amount of Su	rcharge Remitted to Kentucky USF\$104.48				
4. Number of Ac	cess Lines Receiving Lifeline Support116				
5. Amount of Re	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.					
	Kim Marsh Title Accountant Company Official Kim Marsh (Printed) (Signed)				

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

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



Date12/16/14_		Reporting MonthNovember 2014			
	Carrier Information	-			
Company Name	North Central Communications, Inc.	North Central Communications, Inc.			
Company Address	P O Box 70 872 Hwy. 52 By-Pass I	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 Da	ta			
Total Access	Lines in Service	1,293			
	er Access Line	35.7 55.7 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5			
3. Amount of S	urcharge Remitted to Kentucky USF	\$103.44			
4. Number of A	ccess Lines Receiving Lifeline Support	115			
5. Amount of R	eimbursement 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 MarshTitleAccountant (Printed)	Company Official Kim Maish (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:



Date12/16/14_				Reporti	ng MonthDecember 2014_	
		Са	arrier Information			
Company Name	North Central	Communic	ations, Inc.			
Company Address	P O Box 70	872 Hw	/. 52 By-Pass	E.	Lafayette, TN 37083	
Telephone / Fax	(615) 666-215	51 / (615) 666-6118				
Vendor Number	(****)	(/				
	L.	34				
Classification						
Classification Please Circle One	ILEC	CLEC	Cellular	PCS		
		Month	nly Access Line D	nto.		
			my Access Line D			
Total Access I	Lines in Service				1,301	
2. Surcharge Per Access Line						
3. Amount of Su	rcharge Remitted to	Kentucky USF			\$104.08	
4. Number of Ac	cess Lines Receivin	g Lifeline Supp	oort		113	
5. Amount of Re	imbursement Reque	sted from Kent	ucky USF		\$395.50	
	•		•			
	~~~					
		S	Signature Block			
I hereby attest that the	information reported	l herein is true a	and accurate to the	e best of n	ny knowledge.	a )
Company OfficialI	Kim Marsh(Printed)	TitleA	ccountant	Com	pany Official Kun M (Signed)	ash
	500 SS 500 S				, , ,	-

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:



Date02/03/15_		Reporting MonthJanuary 2015			
	Carrier Information				
Company Name	Company Name North Central Communications, Inc.				
Company Address	P O Box 70 872 Hwy. 52 By-Pass E	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	a			
Total Access L	Lines in Service	. 1,313			
	Access Line				
	rcharge Remitted to Kentucky USF				
	cess Lines Receiving Lifeline Support				
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 OfficialKim Marsh TitleAccountant Company Official Kum Marsh (Printed) (Signed)					

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

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



Date02193/15_	Reporting Month February 2015				
	Carrier Information				
Company Name	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				
Total Access I	Lines in Service				
2. Surcharge Per	Access Line				
3. Amount of Sur	archarge Remitted to Kentucky USF\$105.36				
4. Number of Ac	ccess Lines Receiving Lifeline Support115				
5. Amount of Re	eimbursement 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 Mm 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:



Date03/13/15	Reporting MonthMarch 2015				
	Carrier Information				
Committee of the contract of t	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				
Total Access	Lines in Service				
	r Access Line				
	urcharge Remitted to Kentucky USF				
	ccess Lines Receiving Lifeline Support115				
	eimbursement Requested from Kentucky USF				
	\$402.30				
	Signature Block				
	I hereby attest that the information reported herein is true and accurate to the best of my knowledge.				
Company Official	Kim Marsh TitleAccountant Company Official from Tricush (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:



Date04 29 15		Reporting MonthApri	1 2015		
	Carrier I	nformation			
Company Name	Company Name North Central Communications, Inc.				
Company Address	P O Box 70 872 Hwy. 52	By-Pass E, Lafayette, TN	1 37083		
Telephone / Fax	(615) 666-2151 / (615) 666				
Vendor Number					
Classification Please Circle One	ILEC CLEC C	ellular PCS			
	Monthly Acc	eess Line Data			
1. Total Access I	ines in Service	1,334			
2. Surcharge Per	Access Line	\$0.08			
3. Amount of Sur	charge Remitted to Kentucky USF	\$106.72			
4. Number of Acc	cess Lines Receiving Lifeline Support	116			
5. Amount of Rei	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 OfficialKim MarshTitleAccountantCompany OfficialKim Marsh(Printed) (Signed)					
		:			

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

Finance and Administration Cabinet

ATTN: KY USF 702 Capital Ave.

Capitol Annex, Room 488A Frankfort, KY 40601 Send a copy of this report to:



Date	05/28/15	Reporting MonthMay 2015		
		Carrier	Information	
	Company Name	North Central Communication	ns, Inc.	
Сс	ompany Address	P O Box 70 872 Hwy. 52	By-Pass E	Lafayette, TN 37083
	Telephone / Fax	(615) 666-2151 / (615) 666		, , , , , , , , , , , , , , , , , , , ,
	Vendor Number			
	ification e Circle One	ILEC CLEC	Cellular	PCS
		Monthly Ad	ccess Line Data	
1.	Total Access I	ines in Service		1,329
2.	Surcharge Per	Access Line		\$0.08_
3.	Amount of Su	charge Remitted to Kentucky USF		\$106.32
4.	Number of Ac	ess Lines Receiving Lifeline Support		114
5.	Amount of Re	mbursement Requested from Kentucky	USF	\$399.00
		Signal	ture Block	
I here	by attest that the i	nformation reported herein is true and a	ccurate to the be	est of my knowledge.
Comp	oany OfficialF	.im MarshTitleAccour (Printed)	itant	Company Official 16m 1 Cough (Signed)
Maka	check payable	o: "Vantualar		
ivianc	check payable	J. Kelliucky		C 1 C 1

Send a copy of this report to:

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

ATTN: KY USF 702 Capital Ave. Capitol Annex, Room 488A

State Treasurer" and send with this

Finance and Administration Cabinet

Frankfort, KY 40601

report to:



Date	07 01 15	Reporting MonthJune 2015_				
		Carrier Information				
C	Company Name	North Central Communications, Inc.				
Cor	mpany Address	P O Box 70 872 Hwy. 52 By-Pass E, Lafayette, TN 37083				
Т	Telephone / Fax	(615) 666-2151 / (615) 666-6118				
V	Vendor Number					
	fication Circle One	ILEC CLEC Cellular PCS				
		Monthly Access Line Data				
1.	Total Access I	ines in Carries				
2.						
3.		Access Line				
4.		rcharge Remitted to Kentucky USF\$106.08				
1.00000		cess Lines Receiving Lifeline Support112112				
5.	5. Amount of Reimbursement Requested from Kentucky USF\$392.00					
		Signature Block				
I hereb	I hereby attest that the information reported herein is true and accurate to the best of my knowledge.					
Compa	any Officialk	Cim Marsh TitleAccountant Company Official (Signed) (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:



Date07 21/14	Reporting MonthJuly 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				
Total Access I	Lines in Service				
2. Surcharge Per	Access Line				
3. Amount of Su	rcharge Remitted to Kentucky USF\$106.08				
4. Number of Ac	cess Lines Receiving Lifeline Support111				
5. Amount of Re	imbursement 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 OfficialF	(Printed)  Title Accountant Company Official Firm Mersh (Signed)				

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

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



Date08/13/14_	Reporting MonthAugust 2015			
	Carrier Information			
Company Name	Morth 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			
2. Surcharge Pe	r Access Line			
3. Amount of St	archarge Remitted to Kentucky USF\$105.68			
4. Number of A	ccess Lines Receiving Lifeline Support110			
5. Amount of Ro	eimbursement Requested from Kentucky USF\$385.00			
	Signature Block			
I hereby attest that the Company Official	information reported herein is true and accurate to the best of my knowledge.  Kim Marsh TitleAccountant Company Official Him.   Caush (Signed)			
Make check navable				

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

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



Date	10 05 14	4			Reporting MonthSeptember 2015
			C	arrier Information	
51.	20.000				
	Company Name	North Central	Communic	cations, Inc.	
Con	mpany Address	P O Box 70	872 Hw	y. 52 By-Pass I	E, Lafayette, TN 37083
T	Telephone / Fax	(615) 666-215	51 / (615	) 666-6118	
7	Vendor Number				
	fication Circle One	ILEC	CLEC	Cellular	PCS
			Mont	hly Access Line Da	ta
1.	Total Access I	lines in Service			1,319
2.	Surcharge Per	Access Line			\$0.08
3.	Amount of Sur	charge Remitted to	Kentucky USI	ī	\$105.52
4.	Number of Ac	cess Lines Receiving	g Lifeline Sup	port	108
5.	Amount of Re	imbursement Reques	sted from Ken	tucky USF	\$378.00
Signature Block					
I herel	I hereby attest that the information reported herein is true and accurate to the best of my knowledge.				
Comp	any Officialk	Cim Marsh(Printed)	TitleA	ccountant	Company Official Kim Button (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:



Date11'06'14			F	Reporting MonthOctober 2015		
	Carrier Information					
Company Name	Company Name North Central Communications, Inc.					
Company Address	P O Box 70	872 Hwy. 52	By-Pass E,	Lafayette, TN 37083		
Telephone / Fax	(615) 666-215	1 / (615) 666	6-6118			
Vendor Number	·					
Classification Please Circle One	ILEC	CLEC (	Cellular	PCS		
		Monthly Ac	ccess Line Data			
Total Access L	ines in Service			1,322		
2. Surcharge Per	Access Line		· ······_	\$0.08_		
3. Amount of Sur	charge Remitted to K	entucky USF		\$105.76		
4. Number of Acc	cess Lines Receiving	Lifeline Support		108		
5. Amount of Rei	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 Company Offic						

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:



Date11/30/15_	Reporting MonthNovember 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			
Total Access L	ines in Service			
	Access Line			
	charge Remitted to Kentucky USF\$105.84			
4. Number of Acc	cess Lines Receiving Lifeline Support106			
5. Amount of Reimbursement Requested from Kentucky USF\$371,00				
	Signature Block			
I hereby attest that the ir	nformation reported herein is true and accurate to the best of my knowledge.			
Company OfficialK	im Button TitleAccountant Company Official \( \frac{\frac{1}{2} \text{Company}}{\text{Signed}} \) (Signed)			
Maka chaok novahla to				

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:



Date12/29/15		Reporting MonthDecember 2015				
	Carrier Information					
Company Name	North Central Communications, Inc.	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 L	1. Total Access Lines in Service					
	rcharge Remitted to Kentucky USF	-				
	cess Lines Receiving Lifeline Support					
	imbursement Requested from Kentucky USF	4. Sec. 2-009993 (2000) A 1-2-0-0-0				
-	Signatura Plante					
Signature Block  I hereby attest that the information reported herein is true and accurate to the best of my knowledge.						
Company OfficialK		Company Official fin Button (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:



Date01 27/16_	Reporting MonthJanuary 2016						
Carrier Information							
Company Name	North Central Communications, Inc.						
Company Address	Company Address P O Box 70 872 Hwy. 52 By-Pass E, Lafayette, TN 3						
Telephone / Fax	(615) 666-2151 / (615) 666-6118						
Vendor Number							
Classification Please Circle One	ILEC CLEC Cellular	PCS					
Monthly Access Line Data							
Total Access L	ines in Service	1 329					
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.							
	im ButtonTitleAccountant(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:



Date03 01 16	Reporting MonthFebruary 2016							
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								
						ı		
Classification Please Circle One	ILEC	CLEC	Cellular	PCS				
Monthly Access Line Data								
1. Total Access I	ines in Service				1,323			
2. Surcharge Per Access Line								
3. Amount of Surcharge Remitted to Kentucky USF								
4. Number of Ac	cess Lines Receivi	ng Lifeline Sup	oport		95			
5. Amount of Reimbursement Requested from Kentucky USF\$332.50								
Signature Block								
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.								
Company Officialk	Cim Button(Printed)	TitleA	ecountant	Compa	any Official Tim Rutton (Signed)	-7		
s. (co-m.)	·							

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:



Date04/04/16_	Reporting MonthMarch 2016						
		(	Carrier Information	1			
Company Name	North Central Communications, Inc.						
Company Address	P O Box 70	872 Hw	vy. 52 By-Pass	s E,	Lafayette, TN 37083		
Telephone / Fax	(615) 666-2151 / (615) 666-6118						
Vendor Number							
Classification Please Circle One	ILEC	CLEC	Cellular	PCS			
		3					
ă	Monthly Access Line Data						
1. Total Access Lines in Service							
2. Surcharge Per							
3. Amount of Surcharge Remitted to Kentucky USF\$106.32							
4. Number of Acc	4. Number of Access Lines Receiving Lifeline Support9292						
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 OfficialKim Button TitleAccountant Company Official Button (Printed) (Signed)							
Make check payable to State Treasurer" and so report to:					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

Revised 03-13-2008

ATTN: Jim Stevens

Frankfort, KY 40602

211 Sower Blvd.

P.O. Box 615