EXHIBIT 16
COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date: February 6, 2014
Reporting Month: January 2014

Carrier Information

<table>
<thead>
<tr>
<th>Company Name</th>
<th>SOUTH CENTRAL TELCOM LLC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Address</td>
<td>PO BOX 159 GLASGOW, KY 42142-0159</td>
</tr>
<tr>
<td>Telephone / Fax</td>
<td>(270) 678-8230 / (270) 678-2164</td>
</tr>
</tbody>
</table>

Classification

Please Circle One: ILEC  CLEC  Cellular  PCS

Monthly Access Line Data

1. Total Access Lines in Service: 4,704.00
2. Surcharge Per Access Line: $0.08
3. Amount of Surcharge Remitted to Kentucky USF: $376.32
4. Number of Access Lines Receiving Lifeline Support: 489
5. Amount of Reimbursement Requested from Kentucky USF: $1,708.18

\[ \text{pro rata} = \frac{1,708.18}{489} = 3.32 \]

Signature Block

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

Company Official: CHRIS LAWRENCE  Title: BUSINESS DIRECTOR
(Printed)  (Signed)

Make check payable: “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
Date March 5, 2014

Carrier Information

Company Name: SOUTH CENTRAL TELCOM LLC
Company Address: PO BOX 159 GLASGOW, KY 42142-0159
Telephone / Fax: (270) 678-8230 / (270) 678-2164

Classification
Please Circle One
ILEC  CLEC  Cellular  PCS

Monthly Access Line Data

1. Total Access Lines in Service
   $4,685.00
2. Surcharge Per Access Line
   $0.08
3. Amount of Surcharge Remitted to Kentucky USF
   $294.80
4. Number of Access Lines Receiving Lifeline Support
   482
5. Amount of Reimbursement Requested from Kentucky USF
   $1,657.18

para 11.685.00 + (29.82) = 1,657.18

Signature Block

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

Company Official: CHRIS LAWRENCE  Title: BUSINESS DIRECTOR  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.
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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
Date: April 3, 2014
Reporting Month: March 2014

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Classification
Please Circle One
ILEC  CLEC
Cellular  PCS

Monthly Access Line Data

1. Total Access Lines in Service .................................................. 4,671.00
2. Surcharge Per Access Line ....................................................... $0.08
3. Amount of Surcharge Remitted to Kentucky USF ............................ $374.16
4. Number of Access Lines Receiving Lifeline Support ....................... 482
5. Amount of Reimbursement Requested from Kentucky USF .................. $1,517.15

Summation: $374.16 + ($9.85) = $1,517.15

Signature Block

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

Company Official: CHRI$ LAWRENCE  Title: BUSINESS DIRECTOR  Company Official

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Revised 03-13-2008
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<table>
<thead>
<tr>
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<tbody>
<tr>
<td>1. Total Access Lines in Service</td>
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<tr>
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<tr>
<td>3. Amount of Surcharge Remitted to Kentucky USF</td>
</tr>
<tr>
<td>4. Number of Access Lines Receiving Lifeline Support</td>
</tr>
<tr>
<td>5. Amount of Reimbursement Requested from Kentucky USF</td>
</tr>
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</table>

\[
\text{Amount} = 1,673.00 + (3.48) = 1,669.52
\]

**Signature Block**

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

Company Official: **CHRIS LAWRENCE** Title: **BUSINESS DIRECTOR**

*(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:

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:** June 4, 2014  
**Reporting Month:** May 2014

### Carrier Information

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### Classification

- ILEC
- CLEC
- Cellular
- PCS

### Monthly Access Line Data

<table>
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<tr>
<th>Item</th>
<th>Value</th>
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<tbody>
<tr>
<td>1. Total Access Lines in Service</td>
<td>4,672.00</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>$373.76</td>
</tr>
<tr>
<td>4. Number of Access Lines Receiving Lifeline Support</td>
<td>489</td>
</tr>
<tr>
<td>5. Amount of Reimbursement Requested from Kentucky USF</td>
<td>$1,115.11</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: **CHRIS LAWRENCE**  
Title: **BUSINESS DIRECTOR**

**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  
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Revised 03-13-2008
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### Classification

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<th>CLEC</th>
<th>Cellular</th>
<th>PCS</th>
</tr>
</thead>
</table>

### Monthly Access Line Data

1. Total Access Lines in Service ............................................... 4,145.00
2. Surcharge Per Access Line .................................................. $0.08
3. Amount of Surcharge Remitted to Kentucky USF ....................... $372.48
4. Number of Access Lines Receiving Lifeline Support ................ 487
5. Amount of Reimbursement Requested from Kentucky USF ............ $1,487.73

\[ \text{Amount} = 1,704.50 + (16,017) = 1,487.73 \]

### Signature Block

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

Company Official: **CHRIS LAWRENCE**
Title: **BUSINESS DIRECTOR**
(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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Revised 03-13-2008
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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**: 4,635.00
2. **Surcharge Per Access Line**: $0.08
3. **Amount of Surcharge Remitted to Kentucky USF**: $390.88
4. **Number of Access Lines Receiving Lifeline Support**: 4104
5. **Amount of Reimbursement Requested from Kentucky USF**: $1,613.21

\[
\text{Prorata} \quad 1,624.00 \div (10.79) = 1,613.21
\]

### Signature Block

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

Company Official: **CHRIS LAWRENCE**, Title: **BUSINESS DIRECTOR**

(Printed) [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 483A
Frankfort, KY 40601

Send a copy of this report to:

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

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

**Carriier Information**

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

**Monthly Access Line Data**

1. Total Access Lines in Service........................................... 4,583.00
2. Surcharge Per Access Line............................................... 59.08
3. Amount of Surcharge Remitted to Kentucky USF...................... $366,641
4. Number of Access Lines Receiving Lifeline Support............... 457
5. Amount of Reimbursement Requested from Kentucky USF............ $1,607.12

\[1,599.56 + 7.62 = 1,607.18\]

**Signature Block**

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

Company Official **CHRIS LAWRENCE** Title **BUSINESS DIRECTOR**
(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:
Kentucky Public Service Commission  
ATTN: Jim Stevens  
211 Sower Blvd.  
P.O. Box 615  
Frankfort, KY 40602

Revised 03-13-2008
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</tr>
</tbody>
</table>

## Classification

Please Circle One
- ILEC
- CLEC
- Cellular
- PCS

## Monthly Access Line Data

1. Total Access Lines in Service ........................................... 4,548.00
2. Surcharge Per Access Line .............................................. $0.08
3. Amount of Surcharge Remitted to Kentucky USF ..................... $365.44
4. Number of Access Lines Receiving Lifeline Support ................ 435
5. Amount of Reimbursement Requested from Kentucky USF ............ $1,499.58

\[
\text{Amount} = 1,522.50 + (22.22) = 1,499.58
\]

## Signature Block

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

Company Official: **CHRIS LAWRENCE**  Title: **BUSINESS DIRECTOR**

(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
702 Capital Ave.
P.O. Box 615
Frankfort, KY 40602

Revised 03-13-2008
### Carrier Information

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<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: 4,588.00
2. Surcharge Per Access Line: $0.08
3. Amount of Surcharge Remitted to Kentucky USF: $367.04
4. Number of Access Lines Receiving Lifeline Support: 444
5. Amount of Reimbursement Requested from Kentucky USF: $1,541.78

\[ \text{Amount} = 1,554.00 \times 7.78 = 1,541.78 \]

### Signature Block

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

**Company Official**: CHRIS LAWRENCE  
**Title**: BUSINESS DIRECTOR  
**Company Official**: (Printed)

**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 438A**  
**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** December 3, 2014  
**Reporting Month** November 2014

### Carrier Information

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### Classification

- ILEC  
- CLEC  
- Cellular  
- 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>
<td>4,555.00</td>
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<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>$364.40</td>
</tr>
<tr>
<td>4. Number of Access Lines Receiving Lifeline Support</td>
<td>431</td>
</tr>
<tr>
<td>5. Amount of Reimbursement Requested from Kentucky USF</td>
<td>$1,513.14</td>
</tr>
</tbody>
</table>

\[
\text{prorata: 1,508.50 + 4.64 = 1,513.14}
\]

### Signature Block

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

Company Official: **CHRIS LAWRENCE**  
Title: **BUSINESS DIRECTOR**

(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  
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Revised 03-13-2008
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# Monthly Access Line Data

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
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</thead>
<tbody>
<tr>
<td>Total Access Lines in Service</td>
<td>4,554.6m</td>
</tr>
<tr>
<td>Surcharge Per Access Line</td>
<td>$0.08</td>
</tr>
<tr>
<td>Amount of Surcharge Remitted to Kentucky USF</td>
<td>$344.32</td>
</tr>
<tr>
<td>Number of Access Lines Receiving Lifeline Support</td>
<td>438</td>
</tr>
<tr>
<td>Amount of Reimbursement Requested from Kentucky USF</td>
<td>$1,553.13</td>
</tr>
</tbody>
</table>

\[
\text{Total Access Lines} = 4,554.6m + 438 = 4,598.6m
\]

# Signature Block

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

Company Official: **CHRIS LAWRENCE**, Title: **BUSINESS DIRECTOR**

(Please print and sign)
### COMMONWEALTH OF KENTUCKY
TELECOMMUNICATIONS RELAY SERVICE FUND
TELECOMMUNICATIONS ACCESS PROGRAM FUND

<table>
<thead>
<tr>
<th>Date</th>
<th>February 5, 2015</th>
<th>Reporting Month</th>
<th>January 2015</th>
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#### Carrier Information

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<th>Please Circle One</th>
<th>ILEC</th>
<th>CLEC</th>
<th>Wireless</th>
</tr>
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#### Monthly Access Line Data

<table>
<thead>
<tr>
<th>Access Line Data Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. Total Access Lines in Service</td>
<td>4,561.00</td>
</tr>
<tr>
<td>7. TRS Surcharge Per Access Line</td>
<td>$0.08</td>
</tr>
<tr>
<td>8. Amount of TRS Surcharge Remitted to Fund</td>
<td>$364.88</td>
</tr>
<tr>
<td>9. TAP Surcharge Per Access Line</td>
<td>44.3</td>
</tr>
<tr>
<td>5. Amount of TAP Surcharge Remitted to Fund</td>
<td>1,546.35</td>
</tr>
</tbody>
</table>

\[
\text{Amount of TAP Surcharge Remitted to Fund} = 1,550.50 + (4.15) = 1,546.35
\]

#### Signature Block

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

**Company Official:** **CHRIS LAWRENCE**  
**Title:** **BUSINESS DIRECTOR**  
**Company Official:** **(Printed)**  
**(Signed)**

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

JPMorgan Chase GP# 204519 / 204690  
ATTN: Joseph A. Morales AVP.  
Escrow Admin. 15th Floor  
4 New York Plaza  
New York, NY 10004

Send a copy of this report to:

Kentucky Public Service Commission  
ATTN: Jim Stevens  
211 Sower Blvd.  
P.O. Box 615  
Frankfort, KY 40602
### Date: March 4, 2015
### Reporting Month: February 2015

#### Carrier Information

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<td>2. Surcharge Per Access Line</td>
<td>$0.08</td>
</tr>
<tr>
<td>3. Amount of Surcharge Remitted to Kentucky USF</td>
<td>$365.20</td>
</tr>
<tr>
<td>4. Number of Access Lines Receiving Lifeline Support</td>
<td>4444</td>
</tr>
<tr>
<td>5. Amount of Reimbursement Requested from Kentucky USF</td>
<td>$1,543.03</td>
</tr>
</tbody>
</table>

\[
\text{Total} = 1,543.00 + \left(17.97 \times 100\right) = 1,543.03
\]

#### Signature Block

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

Company Official: **CHRIS LAWRENCE**  
Title: **BUSINESS DIRECTOR**  
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:

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** April 7, 2015  
**Reporting Month** March 2015

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### Carrier Information

<table>
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<tr>
<th>Company Name</th>
<th>SOUTH CENTRAL TELECOM LLC</th>
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<tr>
<td>Company Address</td>
<td>PO Box 159, GLASGOW, KY 42142-0159</td>
</tr>
<tr>
<td>Telephone/Fax</td>
<td>(370) 678-8230 / (370) 678-2164</td>
</tr>
</tbody>
</table>

---

### Classification

Please Circle One  
- [ ] ILEC  
- [x] CLEC  
- [ ] Cellular  
- [ ] PCS

---

### Monthly Access Line Data

1. Total Access Lines in Service: 4,557.00
2. Surcharge Per Access Line: $0.08
3. Amount of Surcharge Remitted to Kentucky USF: $3,645.60
4. Number of Access Lines Receiving Lifeline Support: 448
5. Amount of Reimbursement Requested from Kentucky USF: $1,567.29

**Prorata:** 1,568.00 \* 0.71 = 1,567.29

---

### Signature Block

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

**Company Official:** CHRIS LAWRENCE  
**Title:** BUSINESS DIRECTOR  
**Company:** SOUTH CENTRAL TELECOM LLC

(Signed)

---

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

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

---

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P.O. Box 615  
Frankfort, KY 40602

Revised 03-13-2008
Date: May 7, 2015
Reporting Month: April 2015

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<tr>
<td>4. Number of Access Lines Receiving Lifeline Support</td>
</tr>
<tr>
<td>5. Amount of Reimbursement Requested from Kentucky USF</td>
</tr>
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\[\text{Formula: } 1,571.50 + 3.47 = 1,574.97\]

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<tr>
<td>I hereby attest that the information reported herein is true and accurate to the best of my knowledge.</td>
</tr>
<tr>
<td>Company Official: \text{CHRIS LAWRENCE} Title: \text{BUSINESS DIRECTOR} Company Official (Printed) (Signed)</td>
</tr>
</tbody>
</table>

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

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P.O. Box 615
Frankfort, KY 40602

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

Date: June 8, 2015

Reporting Month: May 2015

Carrier Information

Company Name: SOUTH CENTRAL TELECOM LLC
Company Address: PO Box 159, GLASGOW, KY 42142-0159
Telephone/Fax: (270) 678-8230 / (270) 678-2164
Vendor Number

Classification
Please Circle One
ILEC  CLEC  Cellular  PCS

Monthly Access Line Data

1. Total Access Lines in Service: 4,609.00
2. Surcharge Per Access Line: $0.08
3. Amount of Surcharge Remitted to Kentucky USF: $348.72
4. Number of Access Lines Receiving Lifeline Support: 453
5. Amount of Reimbursement Requested from Kentucky USF: $1,587.14

Total: $1,587.14

Signature Block

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

Company Official: CHRIS LAWRENCE  Title: BUSINESS DIRECTOR

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

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211 Sower Blvd.
P.O. Box 615
Frankfort, KY 40602

Revised 03-13-2008
# COMMONWEALTH OF KENTUCKY

## UNIVERSAL SERVICE FUND

### Date: **July 7, 2015**
**Reporting Month:** **June 2015**

### Carrier Information

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<tr>
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<th>PCS</th>
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</table>

### Monthly Access Line Data

1. **Total Access Lines in Service:** 44,608.00
2. **Surcharge Per Access Line:** $0.08
3. **Amount of Surcharge Remitted to Kentucky USF:** $348.64
4. **Number of Access Lines Receiving Lifeline Support:** 448
5. **Amount of Reimbursement Requested from Kentucky USF:** $1,546.25

Projected: $1,568.00 + (21.75) = $1,546.25

### Signature Block

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

**Company Official:** **CHRIS LAWRENCE**  **Title:** **BUSINESS DIRECTOR**

(Printed) **(Signed)**

---

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

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P.O. Box 615
Frankfort, KY 40602

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

**Date:** August 6, 2015  
**Reporting Month:** July 2015

---

### Carrier Information

<table>
<thead>
<tr>
<th>Company Name</th>
<th>SOUTH CENTRAL TELCOM LLC</th>
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</tbody>
</table>

---

### Classification

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

---

### Monthly Access Line Data

1. **Total Access Lines in Service**
   - \( \text{Total} = 4,595.00 \)
2. **Surcharge Per Access Line**
   - \( \text{Surcharge} = 0.08 \)
3. **Amount of Surcharge Remitted to Kentucky USF**
   - \( \text{Remitted} = 3,677.60 \)
4. **Number of Access Lines Receiving Lifeline Support**
   - \( \text{Number} = 445 \)
5. **Amount of Reimbursement Requested from Kentucky USF**
   - \( \text{Requested} = 1,547.37 \)

\[
\text{Formula: } 1,557.50 + \left(10.13\right) = 1,547.37
\]

---

### Signature Block

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

**Company Official:** CHRI$$L$$ WA$$R$$CE  
**Title:** BUSINESS DIRECTOR

---

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

Finance and Administration Cabinet  
ATTN: KY USF  
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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
## COMMONWEALTH OF KENTUCKY
### UNIVERSAL SERVICE FUND

**Date:** September 4, 2015  
**Reporting Month:** August 2015

### Carrier Information

| Company Name          | South Central Telecom LLC  
| Company Address       | PO Box 159, Glasgow, KY 42142-0159  
| Telephone / Fax       | (270) 618-8230 / (270) 618-2164

### Classification

| Please Circle One | ILEC | CLEC | Cellular | PCS |

### Monthly Access Line Data

1. **Total Access Lines in Service:** 4,574
2. **Surcharge Per Access Line:** $0.08
3. **Amount of Surcharge Remitted to Kentucky USF:** $33,600
4. **Number of Access Lines Receiving Lifeline Support:** 142
5. **Amount of Reimbursement Requested from Kentucky USF:** $1,434.27

\[
\text{Approx.} \quad 1,491 \times 0.08 + \langle 54 \times 13 \rangle = 1,434.27
\]

### Signature Block

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

Company Official: **CHRIS LAWRENCE**  
Title: **BUSINESS DIRECTOR**

(Published)  
(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  
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:** October 7, 2015  
**Reporting Month:** September 2015

### Carrier Information

<table>
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<tr>
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<tr>
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<td>(270) 678-8230, (270) 678-2164</td>
</tr>
<tr>
<td>Vendor Number</td>
<td></td>
</tr>
</tbody>
</table>

### Classification

| Please Circle One | ILEC | CLEC | Cellular | PCS |

### Monthly Access Line Data

1. Total Access Lines in Service: 41,578.63
2. Surcharge Per Access Line: $0.08
3. Amount of Surcharge Remitted to Kentucky USF: $3,159.29
4. Number of Access Lines Receiving Lifeline Support: 421
5. Amount of Reimbursement Requested from Kentucky USF: $1,471.10

\[
\text{Propto. } 1,508.50 < 27.40 = 1,471.10
\]

### Signature Block

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

**Company Official:** CHRIS LAWRENCE  
**Title:** BUSINESS DIRECTOR  
**Company Official:** (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  
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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<th>Company Name</th>
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</tr>
<tr>
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<td>(270) 618-8230 / (270) 618-2164</td>
</tr>
</tbody>
</table>

### Classification

Please Circle One

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

### Monthly Access Line Data

1. Total Access Lines in Service: 4,348,000
2. Surcharge Per Access Line: $0.08
3. Amount of Surcharge Remitted to Kentucky USF: $2,727.37
4. Number of Access Lines Receiving Lifeline Support: 3,214
5. Amount of Reimbursement Requested from Kentucky USF: $1,321.38

### Signature Block

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

Company Official: **CHRIS LAWRENCE**  Title: **BUSINESS DIRECTOR**

(Partner) (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

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211 Sower Blvd.
P.O. Box 615
Frankfort, KY 40602

Revised: 03-13-2008
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<tr>
<td></td>
<td>Cellular</td>
</tr>
<tr>
<td></td>
<td>PCS</td>
</tr>
</tbody>
</table>

### Monthly Access Line Data

1. Total Access Lines in Service
   
   \[14,636.00\]

2. Surcharge Per Access Line
   
   \[\$0.08\]

3. Amount of Surcharge Remitted to Kentucky USF
   
   \[\$370.88\]

4. Number of Access Lines Receiving Lifeline Support
   
   \[372\]

5. Amount of Reimbursement Requested from Kentucky USF
   
   \[\$1,294.53\]

\[\text{Proven: } 14,636.00 + \langle 7.49 \rangle = 1,294.53\]

### Signature Block

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

Company Official: **CHRIS LAWRENCE**
Title: **BUSINESS DIRECTOR**

(Signed)  

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

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211 Sower Blvd.
P.O. Box 615
Frankfort, KY 40602

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

## Carrier Information

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## Classification

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

## Monthly Access Line Data

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<tr>
<td>Surcharge Per Access Line</td>
<td>$0.98</td>
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<tr>
<td>Amount of Surcharge Remitted to Kentucky USF</td>
<td>$376.72</td>
</tr>
<tr>
<td>Number of Access Lines Receiving Lifeline Support</td>
<td>388</td>
</tr>
<tr>
<td>Amount of Reimbursement Requested from Kentucky USF</td>
<td>$1394.71</td>
</tr>
</tbody>
</table>

\[
\text{Pract 1358.00 + 36.71 = } 1394.71
\]

## Signature Block

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

Company Official: **CHRIS LAWRENCE**
Title: **BUSINESS DIRECTOR**

(Signed)

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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
Date: February 2, 2016

Commonwealth of Kentucky
Universal Service Fund

Carrier Information

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<td>Telephone / Fax</td>
<td>(270) 678-8230 / (270) 678-2164</td>
</tr>
</tbody>
</table>

Classification

- CLEC

Monthly Access Line Data

1. Total Access Lines in Service.......................... 4742.60
2. Surcharge Per Access Line.............................. $0.08
3. Amount of Surcharge Remitted to Kentucky USF........... 379.36
4. Number of Access Lines Receiving Lifeline Support..... 393
5. Amount of ReimbursementRequested from Kentucky USF.... 1377.83

\[
\text{Total Remittance} = 1375.50 + 2.33 = 1377.83
\]

Signature Block

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

Company Official: CHRIS LAWRENCE
Title: BUSINESS DIRECTOR

(Printed)
(Signed)

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702 Capital Ave.
Capitol Annex, Room 488A
Frankfort, KY 40601

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P.O. Box 615
Frankfort, KY 40602

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

**Date:** March 3, 2016  
**Reporting Month:** February 2016

### Carrier Information

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<th>PCS</th>
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</table>

### Monthly Access Line Data

1. **Total Access Lines in Service:** 4749.00
2. **Surcharge Per Access Line:** $0.08
3. **Amount of Surcharge Remitted to Kentucky USF:** 379.92
4. **Number of Access Lines Receiving Lifeline Support:** 397
5. **Amount of Reimbursement Requested from Kentucky USF:** 1381.21

\[\text{Total Access Lines in Service} = 4749.00\]
\[\text{Amount of Surcharge Remitted to Kentucky USF} = 379.92\]
\[\text{Number of Access Lines Receiving Lifeline Support} = 397\]
\[\text{Amount of Reimbursement Requested from Kentucky USF} = 1381.21\]

**Signature Block**

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

Company Official **CHRIS LAWRENCE**  
Title **BUSINESS DIRECTOR**  
Company Official **(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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211 Sower Blvd.  
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Frankfort, KY 40602

Revised 03-13-2008
Date: April 5, 2016  
Reporting Month: March 2016

### 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: 2,871.42

2. Surcharge Per Access Line: \$0.0814

3. Amount of Surcharge Remitted to Kentucky USF: \$402.00

4. Number of Access Lines Receiving Lifeline Support: 396

5. Amount of Reimbursement Requested from Kentucky USF: \$1,372.40

**Providing** \$1,386.00 + \$1,360 = \$1,312.40

### Signature Block

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

Company Official: **CHRIS LAWRENCE**  
Title: **BUSINESS DIRECTOR**  
Company Official: **(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