EXHIBIT 16



Date	February	6.2	1014	
	C DI OWY		<u> </u>	

Reporting Month January 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		
Vendor Number			
Classification Please Circle One	ILEC CLEC Cellular	PCS	
	Monthly Access Line Data		
1. Total Access 1	Lines in Service	4,704.00	
2. Surcharge Per	Access Line	\$0.08_	
3. Amount of Sur	Amount of Surcharge Remitted to Kentucky USF		
4. Number of Ac	cess Lines Receiving Lifeline Support	489	
	mbursement Requested from Kentucky USF	\$1,708.18	
onrata	1,71(.50 + (3.32) = 1,708.18	•	

Signature Block

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

Company Official <u>CHRIS LAWRENCE</u> Title <u>BUSINESS DIRECTOR</u> Company Official (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 March 5, 2014

Reporting Month_	February	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	
Vendor Number		
		
Classification Please Circle One	ILEC CLEC Cellular	PCS
	Monthly Access Line Da	ta
1. Total Access 1	Lines in Service	4,685.00
2. Surcharge Per	Access Line	\$0.08
3. Amount of Sur	rcharge Remitted to Kentucky USF	\$,374.80
4. Number of Ac	cess Lines Receiving Lifeline Support	482
5. Amount of Re	imbursement Requested from Kentucky USF	\$ _{1,657} .18
prorata	1,687.00 + (29.82) = 1,657.18	
	Signature Block	
I hereby attest that the in	nformation reported herein is true and accurate to the b	pest of my knowledge.
Company Official <u>CHR</u>	RIS LAWRENCE Title BUSINESS DIRECTOR Company (Printed)	ni d

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_ A	oril 2, 2014	
Date	JIII W. AVII	

Please Circle One

ILEC

CLEC)

Reporting Month March 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	
Vendor Number		

Cellular

PCS

	Monthly Access Line Data		
1.	Total Access Lines in Service.	4,697.00	
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	\$ 1,699.15	
	prorata 1,687.00+ (9.85)=1,477.15		

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)

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



Date May 6, 201	4	Reporting Month April 2014
	Carrier Informati	ion
Company Name	SOUTH CENTRAL TELCOM 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
Total Access I	Lines in Service	4,662.00
2. Surcharge Per	Access Line	\$0.08
3. Amount of Sur	charge Remitted to Kentucky USF	\$ 372,96
4. Number of Acc	cess Lines Receiving Lifeline Support	478
5. Amount of Rei	mbursement Requested from Kentucky USF	\$ 1,669.52
prorata	1,673.00 + (3.48) = 1,669.52	
	Signature Block	
hereby attest that the ir	nformation reported herein is true and accurate to	the best of my knowledge.

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

(Printed)

Company Official CHRIS LAWRENCE Title BUSINESS DIRECTOR Company Official

Finance and Administration Cabinet

ATTN: KY USF 702 Capital Ave.

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

COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

Date June 4, 20	114	_		Reporting Month May	1014
		C	arrier Information		
Company Name	SOUTH CE	ENTRAL TELCOM	LLC		
Company Address	PO BOX 1	59 GLASGOW, KY	42142-0159		
Telephone / Fax	(270) 678-8	8230 / (270) 678-21	164		
Vendor Number					
Classification Please Circle One	ILEC	(CLEC)	Cellular	PCS	
1. Total Access L	Lines in Servic		hly Access Line D	4,672.00	
3. Amount of Sur	rcharge Remitt	ted to Kentucky USF.		<u>\$ 373</u> . 76	
4. Number of Acc	cess Lines Rec	ceiving Lifeline Supp	ort	489	
5. Amount of Rei		Requested from Kenti	-	\$ 1,715.11	
		S	Signature Block		
I hereby attest that the in	nformation rep	orted herein is true a	and accurate to the	best of my knowledge.	
Company Official <u>CHR</u> (RIS LAWRENCE (Printed)	_Title_ <u>BUSINESS DI</u>	RECTOR_Compar	ny Official <u>Christagneres</u> (Signed)	4)

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 July 3, 20	14	Reporting Month June 2014
	Carrier Information	on
Company Name	SOUTH CENTRAL TELCOM 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
Total Access L	lines in Service	4,656.00
2. Surcharge Per	Access Line	
 Amount of Sur 	charge Remitted to Kentucky USF	* <i>372 -</i> 48
4. Number of Acc	cess Lines Receiving Lifeline Support	11015
	mbursement Requested from Kentucky USF	\$1,687.73
	Signature Block	
I hereby attest that the ir	aformation reported herein is true and accurate to the	ne best of my knowledge.

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

(Printed)

Company Official _CHRIS LAWRENCE_Title _BUSINESS DIRECTOR_Company Official_

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 August (6,2014		Reporting Month	July 2014	
		Carrier Information			
Company Name	SOUTH CENTRAL TELC	OM LLC			
Company Address	PO BOX 159 GLASGOW	, KY 42142-0159			
Telephone / Fax	(270) 678-8230 / (270) 67	'8-2164			
Vendor Number					
Classification Please Circle One	ILEC (CLEC)	Cellular	PCS		
	λ	Monthly Access Line Da	la		
1. Total Access 1	Lines in Service		4, 635.	06	
Surcharge Per	Access Line		\$0.08		
3. Amount of Su	rcharge Remitted to Kentucky	USF	\$370.80		
	ccess Lines Receiving Lifeline		71		
5. Amount of Re	imbursement Requested from I	Kentucky USF	. \$1,613.21		
prorata 1,624.00	+ (10.79) = 1,613.21			·	
		Signature Block			
Company Official _CHF	information reported herein is t RIS LAWRENCE_Title_BUSINES (Printed)		11.	auler 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:

COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

Date_September 5, 2014

Reporting Month August 2014

•		Š	
	Carrier Informat	ion	
Company Name	SOUTH CENTRAL TELCOM 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	e Data	
Total Access I	Lines in Service	4,583.00	
2. Surcharge Per	Access Line	\$0.08	
3. Amount of Sur	rcharge Remitted to Kentucky USF	\$366.64	
4. Number of Acc	cess Lines Receiving Lifeline Support	457	
5. Amount of Rei	imbursement Requested from Kentucky USF	\$ 1,607.12	
protects 1,599.50	0 + 7.62 = 1,607.12		
	Signature Block	ς	
I hereby attest that the in	nformation reported herein is true and accurate to	the best of my knowledge.	· · · ·

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

(Printed)

Company Official CHRIS LAWRENCE Title BUSINESS DIRECTOR Company Official

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

Frankfort, KY 40601

Send a copy of this report to:

(Signed)



Date October 8, 2014

Reporting Month September 2014

	Carrier Information	חי			
Company Name	SOUTH CENTRAL TELCOM 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			
Total Access I	Lines in Service	4,568.00			
2. Surcharge Per	Access Line	\$0.08_			
3. Amount of Su	rcharge Remitted to Kentucky USF	<u>*365.44</u>			
4. Number of Ac	cess Lines Receiving Lifeline Support	435			
5. Amount of Re	imbursement Requested from Kentucky USF	\$1,499.58			
porata 1,522.50	7+ (22,92) = 1,499.58	··			

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

(Printed)

Company Official CHRIS LAWRENCE Title BUSINESS DIRECTOR Company Official

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



Date	Novem	berlo	2014	
	71/1744			

Reporting Month October 2014

	Carrier Info	rmation	
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 Monthly Access Line Data 1. Total Access Lines in Service			
1	ILEC (CLEC) Ceile	ılar PCS	
	Monthly Acces	Line Data	
1. Total Access I	ines in Service	4,588.00	
2. Surcharge Per	Access Line	\$0.08	
3. Amount of Sur	charge Remitted to Kentucky USF	\$367.04	
4. Number of Acc	cess Lines Receiving Lifeline Support	444	
		\$ 1,561.78	
prorota 1,554.00	0+ 7.78 = 1,561.78		
	Signature I	Block	
I hereby attest that the in	nformation reported herein is true and accura		
Company Official CHR	IS LAWRENCE Title BUSINESS DIRECTOR	Company Official Chi facture	

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

(Printed)

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

Frankfort, KY 40601

Send a copy of this report to:

(Ligned)



Date Decomber 3. dUT	Date	December	3.	201	14
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Movember 2014 Reporting Month

	Carrier Inf	Formation	
Company Name	SOUTH CENTRAL TELCOM LLC		
Company Address	PO BOX 159 GLASGOW, KY 42142	-0159	
Telephone / Fax	(270) 678-8230 / (270) 678-2164		
Vendor Number			
lassification lease Circle One	ILEC CLEC Cel	lular PCS	
	Monthly Acces	ss Line Data	
Total Access L	Monthly Acces		
		4,555.∞	
Surcharge Per	Lines in Service		
Surcharge Per Amount of Sur	Lines in Service	4,555.∞ \$0.08 \$364.40	
Surcharge Per Amount of Sur Number of Acc	Lines in Service Access Line rcharge Remitted to Kentucky USF	4,555.∞ <u>\$0.08</u> ^{\$} 364.40 431	

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:

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



Date	January	8.	201	5	
			•		

Reporting Month December 2014

,		
	Сагтіег	Information
Company Name	SOUTH CENTRAL TELCOM LLC	
Company Address	PO BOX 159 GLASGOW, KY 421	42-0159
Telephone / Fax	(270) 678-8230 / (270) 678-2164	
Vendor Number		
·		
Classification Please Circle One	ILEC CLEC	Cellular PCS
	Monthly A	ccess Line Data
1. Total Access L	ines in Service	4,554.00
2. Surcharge Per	Access Line	\$0.08_
3. Amount of Sur	charge Remitted to Kentucky USF	\$ 364.32
4. Number of Acc	cess Lines Receiving Lifeline Support	438
5. Amount of Rei	mbursement Requested from Kentucky I	USF
promata = 1,533:	00 + 20.13 = 1,553.13	
		<u> </u>

Signature Block

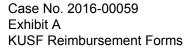
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.

Company Official <u>CHRIS LAWRENCE</u> Title <u>BUSINESS DIRECTOR</u> Company Official (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:





2009

COMMONWEALTH OF KENTUCKY TELECOMMUNICATIONS RELAY SERVICE FUND TELECOMMUNICATIONS ACCESS PROGRAM FUND

Date February	<u>5, 2015</u>	F	Reporting Month	January 2015
	Ca	urrier Information		
Сотралу Name	SOUTH CENTRAL TELCOM	LLC		
Company Address	PO BOX 159 GLASGOW, KY	42142-0159		1-11-11-11-11-11-11-11-11-11-11-11-11-1
Telephone / Fax	(270) 678-8230 / (270) 678-21	64		
Vendor Number				
Classification Please Circle One	ILEC (CLEC)	Wireless		
	Month	lly Access Line Data		
6. Total Access I	Lines in Service	····	4,561.00	
7. TRS Surcharge	e Per Access Line		\$0.08	
8. Amount of TR	S Surcharge Remitted to Fund		\$ 364.88	_
9. TAP Surcharge	e Per Access Line	······	443	
5. Amount of TA	P Surcharge Remitted to Fund	·····	1,546.35	
	.50 + (4.15) = 1,546.35			
	S	ignature Block		_ -
I hereby attest that the in	nformation reported herein is true as	nd accurate to the best	t of my knowledge.	
Company Official <u>CHF</u>	RIS LAWRENCE Title BUSINESS DII (Printed)	RECTOR_Company O	fficial Official	(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:



Date	March	6,2015	
Date	IVICITED	$\mathbf{Q}_{1}\mathbf{A}\mathbf{U}\mathbf{I}\mathbf{U}$	

Reporting Month February 2015

	Carrier Information
Company Name	SOUTH CENTRAL TELCOM LLC
Company Address	POBOX 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	4,565.00	
2.	Surcharge Per Access Line	\$0.08_	
3.	Amount of Surcharge Remitted to Kentucky USF	\$365. 20	
4.	Number of Access Lines Receiving Lifeline Support	446	
5.	Amount of Reimbursement Requested from Kentucky USF	\$ _{1,543} .03	
- pm	orata 1,561.00 + (17.97) = 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 (Printed)

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

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

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

(Signed)



Date April 7, 2015

Reporting Month March 2015

	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	
Vendor Number		

Classification					
Please Circle One	ILEC	(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	\$364.56	
4.	Number of Access Lines Receiving Lifeline Support	448	
5.	Amount of Reimbursement Requested from Kentucky USF	\$ 1,567.29	
aro	rata 1,568.00 + <.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 Official (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 May 7, 2015	
------------------	--

Reporting Month April 2015

	Carrier Informati	ion
Company Name Company Address Telephone / Fax Vendor Number	SOUTH CENTRAL TELCOM LLC PO BOX 159 GLASGOW KY (270) 678-8230 / (270) 678-21	42142-0159
Classification Please Circle One	ILEC CLEC Cellular	PCS
	Monthly Access Lin	e Data
Total Access I	ines in Service	<u>4,585.00</u>
2. Surcharge Per	Access Line	\$0.08
3. Amount of Su	charge Remitted to Kentucky USF	\$366.80
4. Number of Ac	cess Lines Receiving Lifeline Support	449
	imbursement Requested from Kentucky USF 0 + 3.47 = 1,574.97	\$1,5η4.97
	Signature Block	k
I hereby attest that the i	nformation reported herein is true and accurate to	the best of my knowledge.

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

(Printed)

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

(Signed)





Date June 8, 2015)ate	Jone	8.,	2015			
-------------------	------	------	-----	------	--	--	--

Reporting Month May 2015

	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	
Vendor Number		
Classification Please Circle One	ILEC (CLEC) Cellular PCS	

	Monthly Access Line Data			
1.	Total Access Lines in Service.	1009.00		
2.	Surcharge Per Access Line	\$0.08		
3.	Amount of Surcharge Remitted to Kentucky USF\$	368.72		
4.	Number of Access Lines Receiving Lifeline Support	453		
5. O ror	Amount of Reimbursement Requested from Kentucky USF	589.14		

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 Company Official (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 July 7, 2015		Reporting Month June 2015
	Carrier Information	
Company Name Company Address Telephone / Fax Vendor Number	SOUTH CENTRAL TELCOM LLC PO BOX 159 GLASGOW KY 4 (270) 678-8230 / (270) 678-216	•
Classification Please Circle One	ILEC CLEC Cellular	PCS
	Monthly Access Line I	Data
1. Total Access L	ines in Service	4,608-00
2. Surcharge Per	Access Line	\$0.08
3. Amount of Sur	charge Remitted to Kentucky USF	\$ 348.64
4. Number of Acc	ess Lines Receiving Lifeline Support	448
	mbursement Requested from Kentucky USF	<u>\$1,546.25</u>
prorata 1,568.00 +	<u>⟨21.75⟩ = 1,546.25</u>	· ·
	Signature Block	·
I hereby attest that the ir	formation reported herein is true and accurate to the	e best of my knowledge.
Company Official CHP	RIS LAWRENCE Title BUSINESS DIRECTO	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:



Date August 6	2015
---------------	------

Reporting Month July 2015

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

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. Oma	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 CHRIS LAWRENCE Title BUSINESS DIRECTOR Company Official (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	Septe	mber L	1.2015	•

Reporting Month August 2015

	Carrier Information		
Company Name SOUTH CENTRAL TELCOM LLC Company Address Po Box 159 GLASGOW KY 43143-0159 Telephone / Fax Vendor Number Vendor Number			
Classification Please Circle One	ILEC CLEC Cellular	PCS	
	Monthly Access Line I	oata	
	Lines in Service		
_	rcharge Remitted to Kentucky USF		
4. Number of Access Lines Receiving Lifeline Support			
5. Amount of Reimbursement Requested from Kentucky USF $$1,434.27$ Prorata $1,491.00+(54.73)=1,434.27$			
	. Signature Block		
I hereby attest that the i	nformation reported herein is true and accurate to the	2 01	

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

(Printed)

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

(Signed)



Date October 7, 2015

Reporting Month September 2015

	Carrier Information				
Company Name	SOUTH CENTRAL TELCOM LLC				
Company Address	POBOX 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	W(************************************	
1.	Total Access Lines in Service	4,578.63	
2.	Surcharge Per Access Line	\$0.08_	
3.	Amount of Surcharge Remitted to Kentucky USF	\$ 366.29	
4.	Number of Access Lines Receiving Lifeline Support	431	
5.	Amount of Reimbursement Requested from Kentucky USF	\$1,471.10	
Oro	rata 1508.50 + < 37.40> = 1,471.10		

	Signature Block
I hereby attest that the information reported h	erein is true and accurate to the best of my knowledge.
Company Official CHRIS LAWRENCE (Printed)	Title BUSINESS DIRECTOR Company Official Chickstones (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 Minternet C. Still,	Date 1	Vovember	5.2019	5
--------------------------	--------	----------	--------	---

Reporting Month October 2015

Carrier Information				
Company Name SOUTH CENTRAL TELCOM ILC PO BOX 159 GLASGOW KY 42142-0159 Telephone / Fax Vendor Number Company Name SOUTH CENTRAL TELCOM ILC PO BOX 159 GLASGOW KY 42142-0159 (270) 678-8230 / (270) 678-2164				
Classification Please Circle One ILEC CLEC Cellular PCS				
Monthly Access Line Data				
1. Total Access Lines in Service				
Amount of Surcharge Remitted to Kentucky USF				
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.				

Title Business Director Company Official

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

Company Official CHRIS LAWRENCE

(Printed)

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



ate <u>December 4, a</u>	<u> 2015 </u>	Reporting Month	November 2015	
	Carrier Info	ormation		
Company Name	SOUTH CENTRAL TELCOM	NC.		
Company Address		KY 42142-0159		
Telephone / Fax	(270) 678-8230 / (270) 678			
Vendor Number				
Classification Please Circle One	ILEC (CLEC) Cel	lular PCS		
	Monthly Acce	ss Line Data	-	
1. Total Access l	Lines in Service	4,6 <i>36</i> .	00	
2. Surcharge Per	Access Line	\$0.08	_	
3. Amount of Su	archarge Remitted to Kentucky USF	\$370.88		
4. Number of Ac	ccess Lines Receiving Lifeline Support	<u>372</u>		
5. Amount of Reimbursement Requested from Kentucky USF				
prorata 1,300	2.00 + (7.47) = 1,294.53			
	Signature	e Block		
I hereby attest that the	information reported herein is true and accu	trate to the best of my knowledge	:	
Company Official CH	Title BUSINESS (Printed)	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:



Date January 5,2016

Reporting Month December 2015

J					
	Carrier Information				
Company Name	SOUTH CENTRAL TELCOM LLC				
Company Address	Company Address PO BOX 159 GLASGOW, KY 42142-0159				
Telephone / Fax	·				
Vendor Number					
Classification Please Circle One	ILEC CLEC Cellular	PCS			
	Monthly Access Line I	Data			
i. Total Access I	Lines in Service	#4709.00			
2. Surcharge Per	Access Line	\$0.08			
3. Amount of Su	rcharge Remitted to Kentucky USF	*376.72			
4. Number of Access Lines Receiving Lifeline Support					
5. Amount of Reimbursement Requested from Kentucky USF					
provata 139	58.00 + 36.71 = 1394.71				
	Signature Block				
I hereby attest that the i	nformation reported herein is true and accurate to th	T - A //			
Company Official CHF	RIS LAWRENCE Title BUSINESS DIRECTOR Compa	any Official Charles			

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

(Printed)

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

(Signed)

COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

Date February 2,2016

Reporting Month January 2016

Carrier Information					
Сотрапу Name	SOUTH CENTRAL TELCOM LLC				
Company Address	Company Address PO BOX 159 GLASGOW, KY 42142-0159				
Telephone / Fax					
Vendor Number					
1					
Classification Please Circle One	ILEC CLEC Cellular	PCS			
	Monthly Access Line Da	ata			
1. Total Access Lines in Service. 4742.60					
2. Surcharge Per	Access Line	\$0.08			
3. Amount of Su	ercharge Remitted to Kentucky USF	379.36			
4. Number of Ac	ccess Lines Receiving Lifeline Support	393			
	eimbursement Requested from Kentucky USF	1317. 83			
provata 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 Company Official (Signed)					
Make check payable t	-	Send a copy of this report to:			

Finance and Administration Cabinet ATTN: KY USF

702 Capital Ave.

report to:

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



Date March 3, 2016

Reporting Month February 2016

		<i></i>				
	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					
Vendor Number						
Classification Please Circle One	ILEC CLEC Cellular PCS					
	Monthly Access Line Data					
1. Total Access I	Lines in Service	9.00				
2. Surcharge Per	er Access Line					
3. Amount of Su	urcharge Remitted to Kentucky USF	. 92				
4. Number of Ac	ccess Lines Receiving Lifeline Support39	7				
5. Amount of Re	eimbursement Requested from Kentucky USF	21				
provata 138	89.50+ < 8.29> = 1381.21					
· · · · · · · · · · · · · · · · · · ·						
Signature Block						
Company Official CHRIS LAWRENCE Title BUSINESS DIRECTOR Company Official (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 April 5, 2016

Reporting Month March 2016

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
Vendor Number	
Classification Please Circle One	ILEC (CLEC) Cellular PCS
Monthly Access Line Data	
1. Total Access I	ines in Service
2. Surcharge Per Access Line	
3. Amount of Surcharge Remitted to Kentucky USF	
4. Number of Access Lines Receiving Lifeline Support. 396	
5. Amount of Reimbursement Requested from Kentucky USF	
provata 1386.00 f < 13.60> = 1312.40	
1	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 Chambers (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: