EXHIBIT 17

Case No. 2016-00059

FCC Form 497					Exhibit FCC Fc		
April 2012 Edition		LIFELINE WORK	SHE	ET			1B Approval
				Ανα	Burden Est	per Responde	3060-0819
(1) USAC Service Provider I	dentification Numbo	- 143001564					int. 2.5 mis.
	dentification Numbe				dy Area Cod	le <u>200390</u>	
(3) Filer 499 ID <u>809648</u>			ype (check one) Wirelin	ne 🔽	Wireless	
(5) ETC Designation Type (C	Check one): Lifelin	e Only	High	Cost/Low Income			
(6) Organization Information				Filing Information			
Company Legal Name:	Ballard Rural Telephone	e Cooperative Corp. Inc.	a)	Submission Date	02/14/20	14	
Contact Name:	Randy Grogan		b)	Data Month	January	2014	
Mailing Address:	159 West Seco	nd Street	(c)	Type of Filing (check one)			
	P.O. Box 209				Original Revision	∠	
Telephone Number:	La Center, KY	42056	d)	State Reporting	KENTUC	KY	
Fax Number:	2706655186						
E-mail Address:	2706659186 rgrogan@brtc.r	oet					
	-grogan@brto.r		J				
Lifeline		(a) # 1 ifalina					
Non Tribal Law Jacob O. J.		(a) # Lifeline Subscribers		(b) Lifeline Sup Subscriber Sup		(c) Total Life	line
Non-Tribal Low-Income Sub Receiving federal Li		(8) 240		x \$ 9.25	5	=\$ 2220	
Tribal Low-Income Subscrib	ers	(9) 0		x \$ 0.00		= \$ 0	
Receiving federal Li	feline Support		tal F	(not to excee ederal Lifeline Sup			0
Toll Limitation Service	(T, C)	10		ederal Liteline Sup	port claimed	1 (10) \$ <u>222</u>	0
Toll Limitation Servic	es (123)						
Cost of Providing TI (the lesser of incrementation)	_S per Subscriber al cost or \$3 in 2012 /\$2 i	(11) 0.00000 in 2013)	0				
Number of TLS Sub	scribers	(12) 0					
				Total TLS Suppo	ort Claimed	(13) \$ 0	
Tribal Link Up (Availabl	e only to ETCs rece	eiving High Cost sup	opon	t)		(10) \$	
Number of Connecti	ons Waived	(14) 0					
Charges Waived per	Connection	(15) \$ 0.00 (not to exceed \$100)		(for multiple rates,	use an averag	e amount)	
		(101 10 exceed \$100)					
Total Connection Ch	arges Waived	(16) \$ 0.0		_			
Deferred Interest		(17) \$ 0.00					
		То	otal 1	ribal Link Up Supp	ort Claimed	(18) \$ 0	
ETC Payment			0759.4571 - 4 5			(·•/ •	
Total Lifeline \$ 2220	Total TIS CO	т	-+				
			otal			-	
				Total	Dollars (19)	<u>\$ 2220</u>	

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

OMB Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs.

(20) CERTIFICATIONS AND SIGNATURES

I certify that my company will pass through the full amount of all Non-Tribal and Tribal federal Lifeline support for which it seeks reimbursement, as well as all applicable intrastate Lifeline support, to all qualifying low-income subscribers by an equivalent reduction in the subscriber's monthly bill for voice telephony service, or by offering a pre-paid wireless plan that includes a set number of minutes of use per month.

I certify that my company is in compliance with all of the Lifeline program rules, and, to the extent required, have obtained valid certifications for each subscriber for whom my company seeks reimbursement.

Based on the information known to me or provided to me by employees responsible for the preparation of the data being submitted, I certify under penalty of perjury that the data contained in this form has been examined and reviewed and is true, accurate, and complete.

I acknowledge the Fund Administrator's authority to request additional supporting information as may be necessary.

Persons willfully making false statements on this form can be punished by fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. §1001.

02/14/2014

Harlon E. Parker

DATE

CEO/General Manager

Harlon E. Parker

OFFICER NAME

OFFICER SIGNATURE

OFFICER TITLE

NOTICE: To implement section 254 of the Communications Act of 1934, as amended, the Federal Communications Commission has adopted changes to the federal low-income programs.

The following worksheet provides the means by which eligible telecommunications carriers will be reimbursed by the Universal Service Administrative Company (USAC) for their participation in these programs. Failing to collect the information, or collecting it less frequently, would prevent the Commission from implementing sections 214 and 254 of the Act, would thwart Congress' goals of providing affordable service and access to advanced services throughout the nation, and would result in eligible telecommunications carriers not receiving universal service support reimbursements in a timely fashion.

We have estimated that each response to this collection of information will take, on average, three hours for each respondent. Our estimate includes the time to read this data request, review existing records, gather and maintain required data, and complete and review the response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, AMD-PERM, Washington, D.C. 20554, Paperwork Reduction Project (3060-0819). We will also accept your comments on the burden estimate via the Internet if you send them to PRA@fcc.gov. Please DO NOT SEND the data requested to this e-mail address.

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Case No. 2016-00059 Exhibit B

					FCC Fc		
FCC Form 497 April 2012 Edition		LIFELINE WORK	ene	ET	FUU FU		
			3 П Е	E1		ON	1B Approval 3060-0819
				Avg.	Burden Est.	per Responde	ent: 2.5 Hrs.
(1) USAC Service Provider I	dentification Number	r 143001564		(2) Stu	dy Area Cod	le <u>260396</u>	
(3) Filer 499 ID 809648		(4) Technology Ty	/pe (check one) Wireli	ne 🗸	Wireless	
(5) ETC Designation Type (C	heck one): Lifelin	e Only 📮 🛛 I	ligh	Cost/Low Income			
(6) Organization Information	1		(7)	Filing Information			
Company Legal Name:	Ballard Rural Telephone	e Cooperative Corp. Inc.	a)	Submission Date	03/13/20	14	
Contact Name:	Randy Grogan		b)	Data Month	February	/ 2014	
Mailing Address:	159 West Seco	nd Street	c)	Type of Filing (check one)			
	P.O. Box 209			· · · · ·		∠ I	
	La Center, KY	42056	d)	State Reporting	Revision KENTUC	CKY	
Telephone Number:	2706655186						
Fax Number:	2706659186						
E-mail Address:	rgrogan@brtc.r	let					
Lifeline							
		(a) # Lifeline		(b) Lifeline Sup		(c) Total Life	eline
Non-Tribal Low-Income Sub	scribers	Subscribers		Subscriber Sup	port		
Receiving federal Li	feline Support	(8) 249		x \$9.25	5	= \$ 2303	
Tribal Low-Income Subscrib		(9) 0		x <u>\$</u> 0.00		= \$ 0	
Receiving federal Li	feline Support	То	(not to exceed \$34.25) otal Federal Lifeline Support Claimed (10) \$ 2303				2
Toll Limitation Convia	$a = \langle T 0 \rangle$	10			port Glaimer	u (10) \$ <u>230</u>	5
Toll Limitation Servic	es (1L3)						
Cost of Providing TL (the lesser of incrementa	S per Subscriber	(11) <u>0.00000</u>	0	_			
Number of TLS Subs		(12) <u>0</u>					
	Senders	(12)				•	
Tribal Link Up (Availabl	e only to ETCs rece	iving High Cost sup	port	Total TLS Suppo	ort Claimed	(13) \$ <u>0</u>	
Number of Connecti	one Waived	(14) 0					
Charges Waived per		(14) 0.00		(for multiple rates,	use an averao	le amount)	
		(not to exceed \$100)		(io amounty	
Total Connection Ch	arges Waived	(16) \$ 0.0		_			
Deferred Interest		(17) \$ 0.00		_			
		То	otal T	ribal Link Up Supp	ort Claimed	(18) \$ <u>0</u>	
ETC Payment							
Total Lifeline \$ <u>2303</u>	Total TLS \$_0	Т	otal ⁻	Tribal Link Up \$ 0		_	
					Dollars (19)		

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

OMB Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs.

(20) CERTIFICATIONS AND SIGNATURES

I certify that my company will pass through the full amount of all Non-Tribal and Tribal federal Lifeline support for which it seeks reimbursement, as well as all applicable intrastate Lifeline support, to all qualifying low-income subscribers by an equivalent reduction in the subscriber's monthly bill for voice telephony service, or by offering a pre-paid wireless plan that includes a set number of minutes of use per month.

I certify that my company is in compliance with all of the Lifeline program rules, and, to the extent required, have obtained valid certifications for each subscriber for whom my company seeks reimbursement.

Based on the information known to me or provided to me by employees responsible for the preparation of the data being submitted, I certify under penalty of perjury that the data contained in this form has been examined and reviewed and is true, accurate, and complete.

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03/13/2014

Harlon E. Parker

OFFICER SIGNATURE

Harlon E. Parker

DATE

CEO/General Manager

OFFICER TITLE

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					FCC F	orm 497	
FCC Form 497 April 2012 Edition	LIFELINE WORKS			ET			Approval
			0112			30	060-0819
				Avg.	Burden Est.	per Respondent	2.5 Hrs.
(1) USAC Service Provider Id	lentification Number	143001564		(2) Stud	dy Area Co	de <u>260396</u>	-
(3) Filer 499 ID 809648		(4) Technology Ty	pe (check one) Wirelii	ne 🔽	Wireless [1
(5) ETC Designation Type (C	heck one): Lifeline	Only 🛄 🛛 H	ligh	Cost/Low Income			
(6) Organization Information			(7)	Filing Information	T		
Company Legal Name:	Ballard Rural Telephone	Cooperative Corp. Inc.	a)	Submission Date	04/14/2	014	
Contact Name:	Randy Grogan		b)	Data Month	March 2	2014	
Mailing Address:	159 West Secor	nd Street	c)	Type of Filing (check one)			
	P.O. Box 209			A (A)	Original Revision		
	La Center, KY 4	2056	d)	State Reporting	KENTU	CKY	
Telephone Number:	2706655186						
Fax Number:	2706659186						
E-mail Address:	rgrogan@brtc.ne	et					
Lifeline							
		(a) # Lifeline		(b) Lifeline Sup		(c) Total Lifeli	ne
Non-Tribal Low-Income Sub	scribers	Subscribers		Subscriber Sup	oport		
Receiving federal Li		(8) 250		x \$9.2	5	=\$ 2313	
Tribal Low-Income Subscrib	ers	(9) 0		x <u>\$</u> 0.00		= \$ 0	
Receiving federal Li	feline Support	То	(not to exceed \$34.25) (not to exceed \$34.25) (not a Federal Lifeline Support Claimed (10) \$ 231			ed (10) \$ 2313	
Toll Limitation Servic	es (TLS)						
Cost of Providing TI (the lesser of incrementa	LS per Subscriber al cost or \$3 in 2012 /\$2 ir	(11) 0.00000	0	_			
Number of TLS Sub		(12) 0					
				Total TLS Supp	ort Claime	d (13) \$ 0	
Tribal Link Up (Availabl	le only to ETCs recei	iving High Cost su	ppor			- () +	
Number of Connect	ions Waived	(14) 0					
Charges Waived per	Connection	(15) \$ 0.00 (not to exceed \$100)		(for multiple rates	, use an aver	age amount)	
		(100 10 60060 \$100)					
Total Connection Cl	narges Waived	(16) \$ 0.0					

Deferred Interest

Total Tribal Link Up Support Claimed (18) \$ 0_____

ETC Payment

•

Total Lifeline \$ <u>2313</u>	Total TLS \$ <u>0</u>	Total Tribal Link Up \$ 0	_
			2313

(17) \$ 0.00

Total Dollars (19) \$ 2313

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

OMB Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs.

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04/14/2014

OFFICER TITLE

Harlon E. Parker

DATE

OFFICER SIGNATURE

CEO/General Manager

OFFICER NAME

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Case No. 2016-00059 Exhibit B

FCC Form 497				FCC F	orm 497	
April 2012 Edition LIFELINE WORKS			SHEET			VB Approval 3060-0819
			Avg	. Burden Est.	per Respond	ent: 2.5 Hrs.
(1) USAC Service Provider Id	lentification Number <u>143001564</u>		(2) Stu	idy Area Co	de <u>260396</u>	
(3) Filer 499 ID 809648	(4) Technology Ty	pe (o	check one) Wirel	ine 🗹	Wireless	
(5) ETC Designation Type (C	heck one): Lifeline Only 🖵 H	ligh	Cost/Low Income			
(6) Organization Information		(7)	Filing Information			
Company Legal Name:	Ballard Rural Telephone Cooperative Corp. Inc.	a)	Submission Date	05/12/2	014	
Contact Name:	Randy Grogan	b)	Data Month	April 20	14	
Mailing Address:	159 West Second Street	c)	Type of Filing (check one)			
	P.O. Box 209		(check one)	Original Revision		
	La Center, KY 42056	d)	State Reporting	KENTU	CKY	
Telephone Number:	2706655186					ann a sao an béa
Fax Number:	2706659186					
E-mail Address:	rgrogan@brtc.net					

Lifeline

		(a) # Lifeline <u>Subscribers</u>	(b) Lifeline Support/ <u>Subscriber Support</u>	(c) Total Lifeline
	bal Low-Income Subscribers Receiving federal Lifeline Support	(8) 252	x \$ <u>9.25</u>	= \$ 2331
	ow-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u> Total Fee	x \$ 0.00 (not to exceed \$34.25) leral Lifeline Support Claime	= \$ <u>0</u> d (10) \$ <u>2331</u>
Toll Li	imitation Services (TLS)			
	Cost of Providing TLS per Subscriber (the lesser of incremental cost or \$3 in 2012 /\$2 in	(11) 0.000000 n 2013)	_	
	Number of TLS Subscribers	(12) 0	-	
Tribal	Link Up (Available only to ETCs recei	iving High Cost support)	Total TLS Support Claimed	(13) \$ <u>0</u>
	Number of Connections Waived Charges Waived per Connection	(14) 0 (15) \$ 0.00 (not to exceed \$100)	- (for multiple rates, use an avera	ge amount)
	Total Connection Charges Waived	(16) \$ 0.0		
	Deferred Interest	(17) \$ 0.00	-	
		Total Tr	ibal Link Up Support Claimed	d (18) \$ <u>0</u>
ETC P	Payment			
Total Lif	feline \$_2331 Total TLS \$_0	Total T	ribal Link Up \$ <u>0</u>	_
			Total Dollars (19) \$_2331

OMB Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs.

(20) CERTIFICATIONS AND SIGNATURES

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05/12/2014

Harlon E. Parker

OFFICER SIGNATURE

Harlon E. Parker

DATE

CEO/General Manager

OFFICER NAME

OFFICER TITLE

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500 Farm 407				FCC Form 497
FCC Form 497 April 2012 Edition		LIFELINE WORK	SHE	ET OMB Approval
				3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs.
				Avg. buiden Est. per Respondent. 2.5 His.
(1) USAC Service Provider Id	dentification Number	143001564		(2) Study Area Code <u>260396</u>
(3) Filer 499 ID 809648		(4) Technology Ty	/pe ((check one) Wireline 🔽 Wireless 🔲
(5) ETC Designation Type (C	heck one): Lifeline	Only 🛄 🛛 I	ligh	Cost/Low Income
(6) Organization Information	[(7)	Filing Information
Company Legal Name:	Ballard Rural Telephone	Cooperative Corp. Inc.	a)	Submission Date 06/20/2014
Contact Name:	Karen Tilford		b)	Data Month May 2014
Mailing Address:	159 West Secor	nd Street	c)	Type of Filing (check one)
	PO Box 209]	Original Z Revision
	La Center, KY 4	2056	d)	
Telephone Number:	2706655186			1
Fax Number:	2706659186			
E-mail Address:	ktilford@brtc.ne	t		
Lifeline				
		(a) # Lifeline Subscribers		(b) Lifeline Support/ (c) Total Lifeline
Non-Tribal Low-Income Sub				Subscriber Support
Receiving federal L	ifeline Support	(8) 248		x \$ <u>9.25</u> = \$ <u>2294</u>
Tribal Low-Income Subscrib		(9) 0		x \$ 0.00 = \$ 0
Receiving federal L	ifeline Support	Тс	otal F	(not to exceed \$34.25) Federal Lifeline Support Claimed (10) \$ 2294
Toll Limitation Servio	es (TLS)			
Cost of Providing T (the lesser of increment	LS per Subscriber al cost or \$3 in 2012 /\$2 i	(11) <u>0.00000</u> n 2013)	00	
Number of TLS Sub	scribers	(12) 0		
				Total TLS Support Claimed (13) \$ <u>0</u>
Tribal Link Up (Availab	le only to ETCs rece	iving High Cost su	рро	
		<i>(</i> 10) 0		
Number of Connect Charges Waived pe		(14) <u>0</u> (15) \$ <u>0.00</u>		(for multiple rates, use an average amount)
		(not to exceed \$100)		
Total Connection C	harges Waived	(16) \$ 0.0		
Deferred Interest		(17) \$ 0.00		
			otal	Tribal Link Up Support Claimed (18) \$ 0
ETC Payment	-			
Total Lifeline <u>\$</u> 2294	Total TLS \$_0	ר ו	Γota	l Tribal Link Up \$_0
				Total Dollars (19) \$ <u>2294</u>

Exhibit B FCC Form 497 OMB Approval

Avg. Burden Est. per Respondent: 2.5 Hrs.

3060-0819

Case No. 2016-00059

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06/20/2014

Randy C. Grogan

DATE

Randy C. Grogan

CEO/General Manager

OFFICER TITLE

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The foregoing Notice is required by the Privacy Act of 1974, Pub. L. No. 93-579, December 31, 1974, 5 U.S.C. Section 552, and the Paperwork Reduction Act of 1995, Pub. L. No. 104-13, 44 U.S.C. Section 3501, et seq.

OFFICER NAME

OFFICER SIGNATURE

500 Fame 407							Exhibi	No. 2016-000 t B Form 497	59
FCC Form 497 April 2012 Edition		LIFEL	INE WORK	SHE	ET			ON	1B Approva
 Operation of the second se second second sec						Avg.	Burden Est	. per Responde	3060-0819 ent: 2.5 Hrs
(1) USAC Service Provider Id	entification Number	14300)1564			(2) Stu	dy Area Co	de <u>260396</u>	
(3) Filer 499 ID 809648		(4) Teo	chnology Ty	pe (check	one) Wirelii	ne 🗹	Wireless	
(5) ETC Designation Type (C	heck one): Lifeline	Only [ligh	Cost/L	ow Income			
(6) Organization Information				(7)	Filing I	nformation			
Company Legal Name:	Ballard Rural Telephone	Cooperat	ive Corp. Inc.	a)	Subm	ission Date	07/08/2	2014	
Contact Name:	Karen Tilford			b)	Data M	Vonth	June 20	014	
Mailing Address:	159 West Secor	nd Stre	eet	c)		of Filing k one)			
	PO Box 209						Original Revision		
	La Center, KY 4	2056		d)	State	Reporting	KENTU	JCKY	
Telephone Number:	2706655186								
Fax Number:	2706655186								
E-mail Address:	ktilford@brtc.net	t							
Lifeline									
		(a) # L Subsc	ifeline ribers			Lifeline Sup bscriber Sup		(c) Total Lif	eline
Non-Tribal Low-Income Subs Receiving federal Li		(8) 2	35		х	\$ 9.2	5	=\$ 2174	
Tribal Low-Income Subscrib	ers	(9) 0			х	\$ 0.00		= \$ 0	
Receiving federal Li		(-)	Тс	otal F		(not to exce		ned (10) \$ <u>217</u>	74
Toll Limitation Servic	es (TLS)								
Cost of Providing TI (the lesser of incrementa	_S per Subscriber al cost or \$3 in 2012 /\$2 in	(11) n 2013)	0.00000	0					
Number of TLS Sub	scribers	(12)	0						
					Tot	al TLS Supp	ort Claime	ed (13) \$ <u>0</u>	
Tribal Link Up (Availab	le only to ETCs rece	iving Hi	igh Cost su	рроі	t)				
Number of Connect		(14)	0						
Charges Waived per	Connection	(15) \$ (not to e	0.00 exceed \$100)		(fo	r multiple rates	, use an ave	rage amount)	

Total Connection Charges Waived

Deferred Interest

(16) \$ 0.0 (17) \$ 0.00

Total Tribal Link Up Support Claimed (18) \$ 0

ETC Payment

Total Lifeline \$2174	Total TLS \$ <u>0</u>	Total Tribal Link Up \$ <u>0</u>	-
			2171

Total Dollars (19) \$ 21/4

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

OMB Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs.

(20) CERTIFICATIONS AND SIGNATURES

I certify that my company will pass through the full amount of all Non-Tribal and Tribal federal Lifeline support for which it seeks reimbursement, as well as all applicable intrastate Lifeline support, to all qualifying low-income subscribers by an equivalent reduction in the subscriber's monthly bill for voice telephony service, or by offering a pre-paid wireless plan that includes a set number of minutes of use per month.

I certify that my company is in compliance with all of the Lifeline program rules, and, to the extent required, have obtained valid certifications for each subscriber for whom my company seeks reimbursement.

Based on the information known to me or provided to me by employees responsible for the preparation of the data being submitted, I certify under penalty of perjury that the data contained in this form has been examined and reviewed and is true, accurate, and complete.

I acknowledge the Fund Administrator's authority to request additional supporting information as may be necessary.

Persons willfully making false statements on this form can be punished by fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. §1001.

07/08/2014

OFFICER TITLE

Randy C. Grogan

OFFICER SIGNATURE

Randy C. Grogan

DATE

CEO/General Manager

OFFICER NAME

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Case No. 2016-00059
Exhibit B
FCC Form 497

					Exhibit	B orm 497
FCC Form 497 April 2012 Edition		LIFELINE WORK	CHE	ET	10010	
			SHL		Burden Est.	OMB Approva 3060-0819 per Respondent: 2.5 Hrs
(1) USAC Service Provider I	dentification Number	143001564		(2) Stu	dy Area Coo	de <u>260396</u>
(3) Filer 499 ID 809648		(4) Technology Ty	/pe (check one) Wireli	ne 🗸	Wireless
(5) ETC Designation Type (0	Check one): Lifelin	e Only 📮 🛛 I	ligh	Cost/Low Income		
(6) Organization Information	η		(7)	Filing Information		
Company Legal Name:	Ballard Rural Telephone	e Cooperative Corp. Inc.	a)	Submission Date	08/08/20)14
Contact Name:	Karen Tilford		b)	Data Month	July 201	4
Mailing Address:	159 W 2nd Stre	et	c)	Type of Filing (check one)		
					Original Revision	
Telephone Number:	La Center, KY 4	12056	d)	State Reporting	KENTU	CKY
Fax Number:	270-665-5186		-			
E-mail Address:	270-665-9186 ktilford@brtc.ne	st.	-			
	Kullord@brtc.ile]			
Lifeline						
		(a) # Lifeline Subscribers		(b) Lifeline Sup Subscriber Su		(c) Total Lifeline
Non-Tribal Low-Income Sub Receiving federal L		(8) 238		x \$ 9.2		= \$ 2202
Tribal Low-Income Subscrib				x \$ 0.00		= \$ 0
Receiving federal L	ifeline Support	(9) <u>U</u>	otal F	(not to exce ederal Lifeline Sup		
Toll Limitation Servio	ces (TLS)					(10) \$ <u>2202</u>
	(120)					
Cost of Providing T (the lesser of increment	LS per Subscriber tal cost or \$3 in 2012 /\$2	(11) <u>0.00000</u> in 2013)	0			
Number of TLS Sub	scribers	(12) 0				
				Total TLS Supp	ort Claimed	(13) \$ <u>0</u>
Tribal Link Up (Availab	le only to ETCs rece	eiving High Cost su	ppor	t)		
Number of Connect	ions Waived	(14) 0				
Charges Waived pe	r Connection	(15) \$ 0.00 (not to exceed \$100)		(for multiple rates	, use an avera	ige amount)
		(10110 exceed \$100)				
Total Connection C	harges Waived	(16) \$ 0.0				
Deferred Interest		(17) \$ 0.00				
		Т	otal	Tribal Link Up Sup	port Claime	d (18) \$ <u>0</u>
ETC Payment						
Total Lifeline <u>\$2202</u>	Total TLS \$_0	1	otal	Tribal Link Up \$		
	erved shootbee lated "3655" 2 •			đ	l Dollars (19	2202
				iota	i Dollars (19	J @

OMB Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs.

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08/08/2014

Randy C. Grogan

OFFICER SIGNATURE

DATE

CEO/General Manager

Randy C. Grogan

OFFICER TITLE

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Case No. 2016-00059
Exhibit B
FCC Form 497

FCC Form 497				FCC Form 497
April 2012 Edition		LIFELINE WORK	SHE	EET OMB Approv
				3060-08 Avg. Burden Est. per Respondent: 2.5 H
		4 4000 4 50 4		
(1) USAC Service Provider lo	dentification Number	143001564		(2) Study Area Code <u>260396</u>
(3) Filer 499 ID 809648	×	(4) Technology Ty	/pe ((check one) Wireline
(5) ETC Designation Type (C	heck one): Lifeline	e Only 📮 🛛 I	High	h Cost/Low Income
(6) Organization Information			(7)) Filing Information
Company Legal Name:	Ballard Rural Telephone	e Cooperative Corp. Inc.	a)	Submission Date 09/10/2014
Contact Name:	Karen Tilford		b)	Data Month August 2014
Mailing Address:	159 W 2nd Stre	et	c)	Type of Filing (check one)
				Original Revision □
	La Center, KY 4	42056	d)	
Telephone Number:	2706655186			
Fax Number:	2706659186			
E-mail Address:	ktilford@brtc.net			
Lifeline				
Litenne	¥0.	(a) # Lifeline		(b) Lifeline Support/ (c) Total Lifeline
Non-Tribal Low-Income Sub	scribers	Subscribers		Subscriber Support
Receiving federal Li		(8) 228		_ x \$ <u>9.25</u> = \$ <u>2109</u>
Tribal Low-Income Subscrib	ers	(9) 0		x <u>\$</u> _0.00 = <u>\$</u> _0
Receiving federal Li	feline Support	Тс	otal F	(not to exceed \$34.25) Federal Lifeline Support Claimed (10) \$ 2109
			/ 11/	
Toll Limitation Servic	es (ILS)			
Cost of Providing T (the lesser of increment	L S per Subscriber al cost or \$3 in 2012 /\$2 i	(11) <u>0.00000</u>	00	
Number of TLS Sub		(12) 0		
Number of TES Sub	Scribers	(12)		
Tribal Link Up (Availab	le only to ETCs rece	eiving High Cost su	рроі	Total TLS Support Claimed (13) \$ <u>0</u> ort)
Number of Connect	ions Waived	(14) 0		
Charges Waived per		(15) \$ 0.00 (not to exceed \$100)		(for multiple rates, use an average amount)

Total Dollars (19) \$ 2109

_____ Total Tribal Link Up \$ 0

Total Tribal Link Up Support Claimed (18) \$ 0_____

If you have any questions, please call USAC at (866) 873-4727 Toll Free

(16) \$ 0.0

(17) \$ 0.00

Total Connection Charges Waived

_____ Total TLS \$_0

Deferred Interest

ETC Payment

Total Lifeline \$2109

OMB Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs.

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09/10/2014

OFFICER TITLE

Randy C. Grogan

OFFICER SIGNATURE

Randy C. Grogan

DATE

CEO/General Manager

OFFICER NAME

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Case No. 2016-00059

					Exhibit		
FCC Form 497					FCC F	orm 497	
April 2012 Edition		LIFELINE WORK	SHE	ET		OM	IB Approval
				Avg.	Burden Est.	per Responde	3060-0819 ent: 2.5 Hrs.
(1) USAC Service Provider I	dentification Number	r 143001564		(2) Stu	dy Area Coo	le 260396	
(3) Filer 499 ID 809648		(4) Technology Ty	/pe (check one) Wirelin	ne 🗹	Wireless	
(5) ETC Designation Type (C	Check one): Lifelin	e Only 🔲 🛛 🛛	ligh	Cost/Low Income			
(6) Organization Information	1		(7)	Filing Information			
Company Legal Name:	Ballard Rural Telephone	e Cooperative Corp. Inc.	a)	Submission Date	10/03/20)14	
Contact Name:	Karen Tilford		b)	Data Month	Septemb	per 2014	
Mailing Address:	PO Box 209		c)	Type of Filing (check one)			
					Original Revision		
	La Center, KY	42056	d)	State Reporting	KENTU		
Telephone Number:	270-665-5186						
Fax Number:	270-665-9186						
E-mail Address:	ktilford@brtc.ne	et					
Lifeline							
		(a) # Lifeline		(b) Lifeline Sup	port/	(c) Total Life	line
Non-Tribal Low-Income Sub	scribers	Subscribers		Subscriber Sup	port		
Receiving federal Li	feline Support	(8) 231		x \$9.25	5	=\$ 2137	
Tribal Low-Income Subscrib		(9) 0		x <u>\$</u> 0.00		= \$ 0	
Receiving federal Lifeline Support		То	tal E	(not to excee			7
Tell Limitation Consis		10		ederal Lifeline Sup	port Claime	a (10)\$ <u>213</u>	/
Toll Limitation Servic	es (ILS)						
Cost of Providing TI (the lesser of incrementation)	_S per Subscriber al cost or \$3 in 2012 /\$2 i	(11) 0.00000 in 2013)	0	_			
Number of TLS Subs	scribers	(12) 0		_			
Tribollink Im (Australi				Total TLS Suppo	ort Claimed	(13) \$ <u>0</u>	
Tribal Link Up (Availabl	e only to EICs rece	eiving High Cost sup	port	()			
Number of Connecti		(14) 0					
Charges Waived per	Connection	(15) \$ 0.00 (not to exceed \$100)		(for multiple rates,	use an averag	ge amount)	
		(not to exceed \$100)					
Total Connection Ch	arges Waived	(16) \$ 0.0			2		
Deferred Interest		(17) \$ 0.00					
		Тс	tal T	ribal Link Up Supp	ort Claimed	(18) \$ <u>0</u>	
ETC Payment							
Total Lifeline \$_2137	Total TISE 0	Т	oác!				
· · · · · · · · · · · · · · · · · · ·	10tal 120 p		otal			- 0407	
				Total	Dollars (19)	\$ 213/	
11	you have any quest	ions, please call US.	AC a	t (866) 873-4727 To	ll Free		

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

OMB Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs.

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10/03/2014

Randy C. Grogan

DATE

CEO/General Manager

Randy C. Grogan

OFFICER NAME

OFFICER SIGNATURE

OFFICER TITLE

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FCC Form 497

						в orm 497	
FCC Form 497							
April 2012 Edition		LIFELINE WORK	SHE	ET		OMB Approv 3060-08	
				Avg.	Burden Est.	per Respondent: 2.5 Hr	
(1) USAC Service Provider Id	dentification Number	143001564		(2) Stu	dy Area Coo	de <u>260396</u>	
(3) Filer 499 ID 809648		(4) Technology T	ype (check one) Wireli	ne 🗹	Wireless 🔲	
(5) ETC Designation Type (C	heck one): Lifeline	e Only 📮	High	Cost/Low Income	\checkmark		
(6) Organization Information			(7)	Filing Information			
Company Legal Name:	Ballard Rural Telephone	Cooperative Corp. Inc	. a)	Submission Date	11/03/20	014	
Contact Name:	Karen Tilford		b)	Data Month	October	2014	
Mailing Address:	PO Box 209		c)	Type of Filing (check one)			
	159 W 2nd Stre	et			Original Revision		
	La Center, KY 4	12056	d)	State Reporting	KENTU	CKY	
Telephone Number:	270-665-5186						
Fax Number:	270-665-9186						
E-mail Address:	ktilford@brtc.ne	et					
Lifeline							
		(a) # Lifeline		(b) Lifeline Sup		(c) Total Lifeline	
Non-Tribal Low-Income Sub	scribers	Subscribers (8) 231		Subscriber Sup	oport		
Receiving federal Li	Receiving federal Lifeline Support			x \$ 9.2	5	=\$ 2137	
Tribal Low-Income Subscribers		(9) 0		x <u>\$0.00</u>		= \$ 0	
Receiving federal Li	Receiving federal Lifeline Support		(not to exceed \$34.25) otal Federal Lifeline Support Claimed (10) \$			d (10) \$ 2137	
Toll Lingitation Comis				ederal Enernie oup		(10) \$ <u>2107</u>	
Toll Limitation Servic	es (ILS)						
Cost of Providing T	LS per Subscriber	(11) 0.00000	00				
(the lesser of increment	al cost or \$3 in 2012 /\$2 i	in 2013)					
Number of TLS Sub	scribers	(12) <u>0</u>					
				Total TLS Supp	ort Claimed	(13) \$ <u>0</u>	
Tribal Link Up (Availab	le only to ETCs rece	eiving High Cost su	ppol	<i>t)</i>			
Number of Connect	ions Waived	(14) 0					
Charges Waived per	Connection	(15) \$ 0.00		(for multiple rates	, use an avera	ige amount)	
		(not to exceed \$100)					
Total Connection Cl	narges Waived	(16) \$ 0.0		_			
Deferred Interest		(17) \$ 0.00					
		T	otal	Tribal Link Up Sup	port Claime	d (18) \$ <u>0</u>	

ETC Payment

Total Lifeline \$ <u>2137</u>	Total TLS \$_0	Total Tribal Link Up \$ <u>0</u>	
			0407

Total Dollars (19) \$ _2137

OMB Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs.

(20) CERTIFICATIONS AND SIGNATURES

I certify that my company will pass through the full amount of all Non-Tribal and Tribal federal Lifeline support for which it seeks reimbursement, as well as all applicable intrastate Lifeline support, to all qualifying low-income subscribers by an equivalent reduction in the subscriber's monthly bill for voice telephony service, or by offering a pre-paid wireless plan that includes a set number of minutes of use per month.

I certify that my company is in compliance with all of the Lifeline program rules, and, to the extent required, have obtained valid certifications for each subscriber for whom my company seeks reimbursement.

Based on the information known to me or provided to me by employees responsible for the preparation of the data being submitted, I certify under penalty of perjury that the data contained in this form has been examined and reviewed and is true, accurate, and complete.

I acknowledge the Fund Administrator's authority to request additional supporting information as may be necessary.

Persons willfully making false statements on this form can be punished by fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. §1001.

11/03/2014

Randy C. Grogan

OFFICER SIGNATURE

Randy C. Grogan

DATE

CEO/General Manager

OFFICER NAME

OFFICER TITLE

NOTICE: To implement section 254 of the Communications Act of 1934, as amended, the Federal Communications Commission has adopted changes to the federal low-income programs.

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				FCC Form 497
FCC Form 497 April 2012 Edition		LIFELINE WORK	SHE	
				3060-0819
				Avg. Burden Est. per Respondent: 2.5 Hrs.
(1) USAC Service Provider I	dentification Number	143001564		(2) Study Area Code <u>260396</u>
(3) Filer 499 ID 809648		(4) Technology Ty	pe ((check one) Wireline 🗹 🦳 Wireless 🔲
(5) ETC Designation Type (C	theck one): Lifeline	e Only 🖵 🛛 H	ligh	Cost/Low Income
(6) Organization Information	1		(7)	Filing Information
Company Legal Name:	Ballard Rural Telephone	Cooperative Corp. Inc.	a)	Submission Date 12/10/2014
Contact Name:	Karen Tilford		b)	Data Month November 2014
Mailing Address:	PO Box 209		c)	Type of Filing (check one)
	159 W 2nd Stre	et		Original Z Revision
	La Center, KY 4	2056	d)	
Telephone Number:	270-665-5186			
Fax Number:	270-665-9186			
E-mail Address:	ktilford@brtc.ne	t		
Lifeline				
		(a) # Lifeline Subscribers		(b) Lifeline Support/ (c) Total Lifeline
Non-Tribal Low-Income Sub				Subscriber Support
Receiving federal Li	ifeline Support	(8) 239		x \$ <u>9.25</u> = \$ <u>2211</u>
Tribal Low-Income Subscrib Receiving federal Li		(9) 0		$x \$ \frac{0.00}{(at to avoid $24.25)} = \$ 0$
Accelering rederar E	itenne Support	То	tal F	(not to exceed \$34.25) Federal Lifeline Support Claimed (10) \$ 2211
Toll Limitation Servic	es (TLS)			
	, ,			
Cost of Providing T (the lesser of increment	L S per Subscriber al cost or \$3 in 2012 /\$2 i	(11) <u>0.00000</u> n 2013)	0	
Number of TLS Sub	scribers	(12) 0		
				Total TLS Support Claimed (13) \$
Tribal Link Up (Availab)	le only to ETCs rece	iving High Cost sup	opoi	rt)
Number of Connect	ions Waived	(14) 0		
Charges Waived per Connection		(15) \$ 0.00 (not to exceed \$100)		(for multiple rates, use an average amount)
		(not to exceed \$100)		
Total Connection Cl	narges Waived	(16) \$ <u>0.0</u>		
Deferred Interest		(17) \$ 0.00		
		Тс	otal	Tribal Link Up Support Claimed (18) \$ 0
ETC Payment				
	Total TLS \$ 0	т	otal	Tribal Link Up \$ 0
	· · ·			
				Total Dollars (19) \$ <u>2211</u>

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

OMB Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs.

(20) CERTIFICATIONS AND SIGNATURES

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12/10/2014

Randy C. Grogan

OFFICER SIGNATURE

Randy C. Grogan

DATE

CEO/General Manager

OFFICER NAME

OFFICER TITLE

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Case No. 2016-00059

					Exhibit I FCC Fo		
FCC Form 497 April 2012 Edition		LIFELINE WORK	СНЕ	FT	10010		
			SHE				1B Approval 3060-0819
				Avg.	Burden Est.	per Responde	nt: 2.5 Hrs.
(1) USAC Service Provider Io	dentification Number	143001564		(2) Stu	dy Area Cod	e <u>260396</u>	
(3) Filer 499 ID 809648		(4) Technology Ty	/pe (check one) Wirelin	ne 🗸	Wireless	
(5) ETC Designation Type (C	heck one): Lifelin	e Only 🛄 🛛 I	ligh	Cost/Low Income			
(6) Organization Information	1		(7)	Filing Information			
Company Legal Name:	Ballard Rural Telephone	Cooperative Corp. Inc.	a)	Submission Date	01/05/20	15	
Contact Name:	Karen Tilford		b)	Data Month	Decembe	er 2014	
Mailing Address:	PO Box 209		c)	Type of Filing (check one)			
	159 W 2nd Stre	et			Original [Revision]	✓	
T 1 1 1	La Center, KY 4	12056	d)	State Reporting	KENTUC	ЖҮ	
Telephone Number: Fax Number:	270-665-5186						
rax number:	270-665-9186						
E-mail Address:	ktilford@brtc.ne	et					
Lifeline							
		(a) # Lifeline		(b) Lifeline Sup	port/	(c) Total Life	eline
Non-Tribal Low-Income Sub	scribers	Subscribers		Subscriber Sup	port		
Receiving federal Li	feline Support	(8) 242		x \$ 9.2	5	= \$ 2239	
Tribal Low-Income Subscribers		(9) 0		x \$ <u>0.00</u>		= \$ 0	
Receiving federal Li	feline Support	То	tal F	not to excee) ederal Lifeline Sup		d (10) \$ 223	q
Tall Limitation Sancia	a a (T S)					α (10) φ <u>220</u>	<u> </u>
Toll Limitation Servic	es (1L3)						
Cost of Providing TI (the lesser of incrementa	-S per Subscriber al cost or \$3 in 2012 /\$2 i	(11) <u>0.00000</u> n 2013)	0				
Number of TLS Subs		(12) 0					
				Total TLS Suppo	ort Claimad	(12) 0	
Tribal Link Up (Availabl	e only to ETCs rece	iving High Cost sup	pon	t)	on channed	(13) \$	
Number of Connecti	ons Waived	(14) 0					
Charges Waived per		(15) \$ 0.00		 (for multiple rates, 	use an averag	le amount)	
		(not to exceed \$100)			· · · · ·	, , , , , , , , , , , , , .	
Total Connection Ch	arges Waived	(16) \$ 0.0					
Deferred Interest		(17) \$ 0.00					
		Тс	otal 1	 Fribal Link Up Supp	ort Claimed	(18) \$ 0	
ETC Payment	2					(/+	
and the second sec	0			0			
Total Lifeline \$ <u>2239</u>	Total TLS \$_0	Т	otal			_	
				Total	Dollars (19)	<u>\$ 2239</u>	
11	you have any quest	ions, please call US	AC a	nt (866) 873-4727 To	ll Free		

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

OMB Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs.

(20) CERTIFICATIONS AND SIGNATURES

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01/05/2015

OFFICER TITLE

Randy C. Grogan

OFFICER SIGNATURE

Randy C. Grogan

DATE

CEO/General Manager

OFFICER NAME

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Case No. 2016-00059 Exhibit B

					Exhibit		
FCC Form 497					FCC Fo	orm 497	
April 2012 Edition		LIFELINE WORK	SHE	ET		OM	IB Approval
				Ava.	Burden Est	per Responde	3060-0819
(1) USAC Service Provider I	dentification Number	143001564				de 260396	110 2.0 1113.
(3) Filer 499 ID 809648		(4) Teebrelews T					_
			/pe (check one) Wireli	ne 🗹	Wireless	
(5) ETC Designation Type (0		e Only 🛄 🛛 I	ligh	Cost/Low Income			
(6) Organization Information	1		(7)	Filing Information	1		
Company Legal Name:	Ballard Rural Telephone	Cooperative Corp. Inc.	a)	Submission Date	02/09/20	015	
Contact Name:	KAREN TILFOI	RD	b)	Data Month	January	2015	
Mailing Address:	159 W 2ND ST	REET	c)	Type of Filing (check one)			
	PO BOX 209		1		Original	√	
	LA CENTER, K	Y 42056	d)	State Reporting	Revision KENTU		
Telephone Number:	270-665-5186					51(1	
Fax Number:	270-665-9186		1				
E-mail Address:	KTILFORD@BI	RTC.NET					
			I				
Lifeline							
		(a) # Lifeline Subscribers		(b) Lifeline Sup Subscriber Sup		(c) Total Life	line
Non-Tribal Low-Income Sub Receiving federal L		(8) 249					
				x \$ <u>9.2</u>	5	=\$ 2303	
Tribal Low-Income Subscrib Receiving federal Li		(9) 0		x \$ <u>0.00</u>		= \$ _0	
Receiving federal Lifeline Support		То	tal F	not to exce) ederal Lifeline Sup		d (10) \$ 2303	3
Toll Limitation Services (TLS)							
ion Linnation Servic	.es (123)						
Cost of Providing TLS per Subscriber (11) 0.000000							
	al cost or \$3 in 2012 /\$2 i	()					
Number of TLS Sub	scribers	(12) 0					
						0	
Tribal Link Up (Availabl	le onlv to ETCs rece	ivina Hiah Cost sur	non	Total TLS Suppo	ort Claimed	(13) \$ <u> </u>	
	,		pon	/			
Number of Connect		(14) 0					
Charges Waived per	Connection	(15) \$ 0.00 (not to exceed \$100)		(for multiple rates,	use an averaç	ge amount)	
		(
Total Connection Cl	narges Waived	(16) \$ 0.0		_			
Deferred Interest		(17) \$ 0.00					
		Та		— 'ribal Link Up Supp	(0) -		
		10	nai i	noar Link Op Supp	ort claimed	1 (18) \$ <u>0</u>	
ETC Payment							
Total Lifeline <u>\$</u> 2303	Total TLS \$_0	т	otal	Tribal Link Up \$_0			
					Dollars (19)	2303	
						\$	
h	f you have any quest	ions, please call US/	AC a	t (866) 873-4727 To	II Free		

OMB Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs.

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02/09/2015

Randy C. Grogan

DATE

CEO/General Manager

OFFICER SIGNATURE Randy C. Grogan

OFFICER NAME

OFFICER TITLE

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(c) Total Lifeline

=\$ 2331

= \$ 0

(b) Lifeline Support/

Subscriber Support

0.00

x \$

х

9.25

(not to exceed \$34.25) Total Federal Lifeline Support Claimed (10) \$ 2331

Total TLS Support Claimed (13) \$0

FCC Form 497		LIFELINE WORKSHEET			FCC F0111 497		
April 2012 Edition	LIFELINE WORKS				OMB Appro 3060-08		
			Avg.	Burden Est.	per Respondent: 2.5 ⊢	Irs.	
(1) USAC Service Provider le	dentification Number <u>143001564</u>		(2) Stu	dy Area Cod	le <u>260396</u>		
(3) Filer 499 ID <u>809648</u>	(4) Technology Ty	pe (o	check one) Wireli	ne 🔽	Wireless		
(5) ETC Designation Type (C	Check one): Lifeline Only 🖵 H	ligh	Cost/Low Income				
(6) Organization Information		(7) F	-iling Information				
Company Legal Name:	Ballard Rural Telephone Cooperative Corp. Inc.	a)	Submission Date	03/06/20)15		
Contact Name:	Karen Tilford		Data Month	February	y 2015		
Mailing Address:	159 W 2nd Street	c)	Type of Filing (check one)				
	PO Box 209		,	Original Revision			
	La Center, KY 42056	d)	State Reporting	KENTU	CKY		

(a) # Lifeline

Subscribers

(8) 252

(9) 0

(11)

(12)

Tribal Link Up (Available only to ETCs receiving High Cost support)

270-665-5186

270-665-9186

ktilford@brtc.net

Telephone Number:

Non-Tribal Low-Income Subscribers

Toll Limitation Services (TLS)

Number of TLS Subscribers

Tribal Low-Income Subscribers

Receiving federal Lifeline Support

Receiving federal Lifeline Support

Cost of Providing TLS per Subscriber

(the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)

Fax Number:

Lifeline

E-mail Address:

Number of Connections Waived Charges Waived per Connection	(14) $0 \\ 0.00 \\ (not to exceed $100)$ (for multiple rates, use an average amount)
Total Connection Charges Waived	(16) \$ 0.0
Deferred Interest	(17) \$ 0.00
	Total Tribal Link Up Support Claimed (18) \$
ETC Payment	
Total Lifeline \$ 2331 Total TLS \$ 0	Total Tribal Link Up \$ <u>0</u>
	Total Dollars (19) \$ _2331
If you have any questi	ions. please call USAC at (866) 873-4727 Toll Free

0.000000

0

Case No. 2016-00059 Exhibit B FCC Form 497

Avg. Burden Est. per Respondent: 2.5 Hrs.

OMB Approval

3060-0819

(20) CERTIFICATIONS AND SIGNATURES

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03/06/2015

Randy C. Grogan

DATE

OFFICER SIGNATURE Randy C. Grogan

OFFICER NAME

CEO/General Manager

OFFICER TITLE

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Remember -- An agency may not conduct or sponsor, and a person is not required to respond to a collection of information sponsored by the Federal government unless it displays a currently valid OMB control number. This information collection has been assigned OMB Control Number: 3060-0819.

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If you do not provide the information we request on the form, the FCC may delay processing of your worksheet or may return your worksheet without action.

FCC Form 497					FCC Fc	orm 497	
April 2012 Edition			KSHE	ET		OM	1B Approval 3060-0819
				Avg.	Burden Est.	per Responde	
(1) USAC Service Provider I	dentification Number	143001564		(2) Stu	dy Area Cod	le 260396	
(3) Filer 499 ID 809648		(4) Technology 1	уре (check one) Wireli	ne 🗸	Wireless	
(5) ETC Designation Type (C	theck one): Lifeling	e Only 🛄	High	Cost/Low Income			
(6) Organization Information	1		(7)	Filing Information			
Company Legal Name:	Ballard Rural Telephone	Cooperative Corp. In	c. a)	Submission Date	04/09/20	15	
Contact Name:	Karen Tilford		b)	Data Month	March 20	015	
Mailing Address:	159 W 2nd Stre	et	c)	Type of Filing (check one)			
	PO Box 209			27	Original [Revision		
	La Center, KY 4	2056	d)	State Reporting	KENTUC	CKY	
Telephone Number:	270-665-5186						
Fax Number:	270-665-9186						
E-mail Address:	ktilford@brtc.ne	t					
Lifeline							
		(a) # Lifeline Subscribers		(b) Lifeline Sup		(c) Total Life	eline
Non-Tribal Low-Income Subscribers		10120000 N		Subscriber Sup	port		
Receiving federal L	feline Support	(8) 251		x \$9.2	5	= \$ 2322	
Tribal Low-Income Subscribers		(9) 0		x \$ <u>0.00</u>		= \$ _0	
Receiving federal Li	feline Support	т	otal F	not to exce) ederal Lifeline Sup		d (10) \$ 232	2
Toll Limitation Servic	es (TLS)						
Cost of Providing T (the lesser of increment	L S per Subscriber al cost or \$3 in 2012 /\$2 i	(11) 0.0000 n 2013)	00				
Number of TLS Sub	scribers	(12) 0					
-	an a the state-state			Total TLS Supp	ort Claimed	(13) \$ <u>0</u>	
Tribal Link Up (Availab	le only to ETCs rece	iving High Cost su	ippor	<i>t)</i>			
Number of Connect		(14) 0					
Charges Waived per Connection		(15) \$ 0.00 (not to exceed \$100)		(for multiple rates,	use an averag	ge amount)	
		(not to exceed \$100)					
Total Connection Cl	narges Waived	(16) \$ 0.0					
Deferred Interest		(17) \$ 0.00					
		1	otal '	Tribal Link Up Supp	oort Claimed	(18) \$ <u>0</u>	
ETC Payment							
Total Lifeline \$ 2322	Total TLS \$_0		Total	Tribal Link Up \$ 0			
	v		. Juai				

Total Dollars (19) \$ 2322

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

OMB Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs.

(20) CERTIFICATIONS AND SIGNATURES

I certify that my company will pass through the full amount of all Non-Tribal and Tribal federal Lifeline support for which it seeks reimbursement, as well as all applicable intrastate Lifeline support, to all qualifying low-income subscribers by an equivalent reduction in the subscriber's monthly bill for voice telephony service, or by offering a pre-paid wireless plan that includes a set number of minutes of use per month.

I certify that my company is in compliance with all of the Lifeline program rules, and, to the extent required, have obtained valid certifications for each subscriber for whom my company seeks reimbursement.

Based on the information known to me or provided to me by employees responsible for the preparation of the data being submitted, I certify under penalty of perjury that the data contained in this form has been examined and reviewed and is true, accurate, and complete.

I acknowledge the Fund Administrator's authority to request additional supporting information as may be necessary.

Persons willfully making false statements on this form can be punished by fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. §1001.

04/09/2015

OFFICER TITLE

Randy C. Grogan

OFFICER SIGNATURE

Randy C. Grogan

DATE

CEO/General Manager

OFFICER NAME

NOTICE: To implement section 254 of the Communications Act of 1934, as amended, the Federal Communications Commission has adopted changes to the federal low-income programs.

The following worksheet provides the means by which eligible telecommunications carriers will be reimbursed by the Universal Service Administrative Company (USAC) for their participation in these programs. Failing to collect the information, or collecting it less frequently, would prevent the Commission from implementing sections 214 and 254 of the Act, would thwart Congress' goals of providing affordable service and access to advanced services throughout the nation, and would result in eligible telecommunications carriers not receiving universal service support reimbursements in a timely fashion.

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If you do not provide the information we request on the form, the FCC may delay processing of your worksheet or may return your worksheet without action.

Case No. 2016-00059
Exhibit B
FCC Form 497

FCC Form 497	Exhibit B FCC Form 497						
April 2012 Edition	LIFELINE WORKSHEET OMB Appro				B Approval		
				Ava	Burden Est	. per Responde	3060-0819
(1) USAC Service Provider I	dentification Numbe	r_143001564				de <u>260396</u>	11. 2.0 113.
(3) Filer 499 ID 809648		(4) Technology T	уре ((check one) Wirel	ine 🔽	Wireless	
(5) ETC Designation Type (C	heck one): Lifelir	ne Only	High	Cost/Low Income			
(6) Organization Information	1		(7)	Filing Information			
Company Legal Name:	Ballard Rural Telephon	e Cooperative Corp. Inc	. a)	Submission Date	05/05/20	015	
Contact Name:	KAREN TILFO	RD	b)	Data Month	April 20	15	
Mailing Address:	159 W 2ND ST	REET	c)	Type of Filing (check one)	•		
	PO BOX 209			• 360 - 2000 Productioner (Sector 1920 Aug 11	Original Revision	\leq	
Televise Mart	LA CENTER, K	(Y 42056	d)	State Reporting	KENTU		
Telephone Number: Fax Number:	2706655186						
	2706659186						
E-mail Address:	karen.tilford@b	otc.coop					
Lifeline							
		(a) # Lifeline Subscribers		(b) Lifeline Sup Subscriber Sup		(c) Total Life	line
Non-Tribal Low-Income Sub Receiving federal Li		(8) 252				. 0001	
Tribal Low-Income Subscrib		0		x \$ <u>9.2</u>	5	= \$ 2331	
Receiving federal Li		(9)		x \$ 0.00 (not to exce	ed \$34,25)	= \$ _0	
		Тс	tal F	ederal Lifeline Sup	port Claime	d (10) \$ <u>233</u>	1
Toll Limitation Servic	es (TLS)						
Cost of Providing TL (the lesser of incrementation)	S per Subscriber al cost or \$3 in 2012 /\$2	(11) 0.00000 in 2013)	0				
Number of TLS Subs	scribers	(12) 0					
Total TLS Support Claimed (13) \$							
Tribal Link Up (Availabl	e only to ETCs rece	eiving High Cost su	oport)		(, +	
Number of Connecti		(14) 0					
Charges Waived per	Connection	(15) \$ 0.00 (not to exceed \$100)		(for multiple rates,	use an averag	ge amount)	
		(not to exceed \$100)					
Total Connection Ch	arges Waived	(16) \$ 0.0					
Deferred Interest		(17) \$ 0.00	_				
		Тс	otal T	ribal Link Up Supp	ort Claimed	(18) \$ 0	
ETC Payment							
Total Lifeline <u>\$</u> 2331	Total TLS \$ 0	T	ofal 1	Frihal ink line ()			
N						- 2331	
					Dollars (19)	\$_2001	
lf	you have any quest	ions, please call US	AC a	t (866) 873-4727 To	II Free		

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

OMB Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs.

(20) CERTIFICATIONS AND SIGNATURES

I certify that my company will pass through the full amount of all Non-Tribal and Tribal federal Lifeline support for which it seeks reimbursement, as well as all applicable intrastate Lifeline support, to all qualifying low-income subscribers by an equivalent reduction in the subscriber's monthly bill for voice telephony service, or by offering a pre-paid wireless plan that includes a set number of minutes of use per month.

I certify that my company is in compliance with all of the Lifeline program rules, and, to the extent required, have obtained valid certifications for each subscriber for whom my company seeks reimbursement.

Based on the information known to me or provided to me by employees responsible for the preparation of the data being submitted, I certify under penalty of perjury that the data contained in this form has been examined and reviewed and is true, accurate, and complete.

I acknowledge the Fund Administrator's authority to request additional supporting information as may be necessary.

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05/05/2015

Randy C. Grogan

OFFICER SIGNATURE

Randy C. Grogan

DATE

CEO/General Manager

OFFICER NAME

OFFICER TITLE

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FCC Form 497					FCC For	rm 497	
April 2012 Edition	LIFELINE WORKS			SHEET OMB Approv			
	5			Ava.	Burden Est. p	3060-0819 er Respondent: 2.5 Hrs.	
		142004504			un - Alexandra (Balender - Barner et alexanter de la c		
(1) USAC Service Provider Id	dentification Number	143001504		(2) Stud	dy Area Code	260396	
(3) Filer 499 ID <u>809648</u>		(4) Technology T	/pe (check one) Wirelir	ne 🗸	Wireless 🔲	
(5) ETC Designation Type (C	heck one): Lifeline	e Only 🔲 🛛 I	ligh	Cost/Low Income			
(6) Organization Information	1		(7)	Filing Information			
Company Legal Name:	Ballard Rural Telephone	Cooperative Corp. Inc.	a)	Submission Date	06/05/201	15	
Contact Name:	Karen Tilford		b)	Data Month	May 2015	5	
Mailing Address:	159 W 2nd Stre	et	c)	Type of Filing (check one)			
	PO Box 209				Original 🗸 Revision		
	La Center, KY 4	2056	d)	State Reporting	KENTUC	walk and a second se	
Telephone Number:	2706655186						
Fax Number:	2706659186						
E-mail Address:	karen.tilford@bl	tc.coop					
Lifeline							
		(a) # Lifeline		(b) Lifeline Sup		(c) Total Lifeline	
Non-Tribal Low-Income Sub	scribers	Subscribers		Subscriber Sup	port		
Receiving federal Li	feline Support	(8) 254		x \$9.25	5	= \$ 2350	
Tribal Low-Income Subscrib		(9) 0		x \$ <u>0.00</u>	Via strate-contractions	= \$ 0	
Receiving federal Lifeline Support		Тс	tal F	not to excee) ederal Lifeline Sup		(10) \$ 2350	
Toll Limitation Servic	ac (TI S)			• • • • • • • • • • • • • • • • • • •			
	es (125)						
Cost of Providing TLS per Subscriber (11) 0.000000							
(the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)							
Number of TLS Sub	scribers	(12) 0					
Total TLS Support Claimed (13) \$ <u>0</u>					(13) \$ <u>0</u>		
Tribal Link Up (Availabl	le only to ETCs rece	iving High Cost su	opor	<i>t)</i>			
Number of Connecti	ons Waived	(14) 0					
Charges Waived per	Connection	(15) \$ 0.00 (not to exceed \$100)		(for multiple rates,	use an average	e amount)	
		(10110 000000 \$100)					
Total Connection Ch	narges Waived	(16) \$ 0.0					
Deferred Interest		(17) \$ 0.00					
		т	otal	— Tribal Link Up Supp	ort Claimed	(18) \$ 0	
					or oranned	(10) ¥	
ETC Payment	-			2			
Total Lifeline \$ <u>2350</u>	Total TLS \$_0		otal	Tribal Link Up \$ 0		-	
				Total	Dollars (19)	\$ 2350	

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

OMB Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs.

(20) CERTIFICATIONS AND SIGNATURES

I certify that my company will pass through the full amount of all Non-Tribal and Tribal federal Lifeline support for which it seeks reimbursement, as well as all applicable intrastate Lifeline support, to all qualifying low-income subscribers by an equivalent reduction in the subscriber's monthly bill for voice telephony service, or by offering a pre-paid wireless plan that includes a set number of minutes of use per month.

I certify that my company is in compliance with all of the Lifeline program rules, and, to the extent required, have obtained valid certifications for each subscriber for whom my company seeks reimbursement.

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06/05/2015

OFFICER TITLE

Randy C. Grogan

OFFICER SIGNATURE

Randy C. Grogan

DATE

CEO/General Manager

OFFICER NAME

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Case No. 2016-00059

				Exhibit B FCC Form 497	
FCC Form 497 April 2012 Edition					
				3060-081	
				Avg. Burden Est. per Respondent: 2.5 Hrs	
(1) USAC Service Provider I	dentification Number	143001564		(2) Study Area Code <u>260396</u>	
(3) Filer 499 ID <u>809648</u>		(4) Technology Ty	/pe ((check one) Wireline 🗹 Wireless 🗖	
(5) ETC Designation Type (Check one): Lifeline Only 🛄 High Cost/Low Income 🗹					
(6) Organization Information	1		(7)	Filing Information	
Company Legal Name:	Ballard Rural Telephone	Cooperative Corp. Inc.	a)	Submission Date 07/07/2015	
Contact Name:	Karen Tilford		b)	Data Month June 2015	
Mailing Address:	159 W 2nd Stre	et	c)	Type of Filing (check one)	
a	Po Box 209			Original Revision	
	La Center, KY 4	12056	d)		
Telephone Number:	2706655186				
Fax Number:	2706659186				
E-mail Address:	karen.tilford@b	tc.coop			
Lifeline					
		(a) # Lifeline		(b) Lifeline Support/ (c) Total Lifeline	
Non-Tribal Low-Income Sub	scribers	Subscribers		Subscriber Support	
Receiving federal Li	ifeline Support	(8) 254		x \$ <u>9.25</u> = \$ <u>2350</u>	
Tribal Low-Income Subscrib		(9) 0		_ x \$ <u>0.00</u> = \$ <u>0</u>	
Receiving federal Li	ifeline Support	То	tal F	(not to exceed \$34.25) Federal Lifeline Support Claimed (10) \$ 2350	
Toll Limitation Convis					
Toll Limitation Servic	es (1LS)				
Cost of Providing TLS per Subscriber (11) 0.000000					
(the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)					
Number of TLS Subscribers (12) 0					
Total TLS Support Claimed (13) \$ <u>0</u>					
Tribal Link Up (Available only to ETCs receiving High Cost support)					
Number of Connect	ions Waived	(14) 0			
Charges Waived per		(15) \$ <u>0.00</u>		(for multiple rates, use an average amount)	
		(not to exceed \$100)			
Total Connection Cl	narges Waived	(16) \$ 0.0			
Deferred Interest		(17) \$ 0.00			
			otal .	Tribal Link Up Support Claimed (18) \$ 0	
ETC Dourmont					
ETC Payment					
Total Lifeline <u>\$</u> 2350	Total TLS \$ <u>0</u>	т	otal	Tribal Link Up \$	
				Total Dollars (19) \$ <u>2350</u>	
I	f vou have anv quest	ions, please call US	AC	at (866) 873-4727 Toll Free	

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

OMB Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs.

(20) CERTIFICATIONS AND SIGNATURES

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07/07/2015

Randy C. Grogan

OFFICER SIGNATURE

Randy C. Grogan

DATE

CEO/General Manager

OFFICER NAME

OFFICER TITLE

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FCC Form 497				FCC Form 497
April 2012 Edition		LIFELINE WORK	SHE	ET OMB Approval
	×			3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs.
(1) USAC Service Provider I	dentification Numbe	r <u>143001564</u>		(2) Study Area Code <u>260396</u>
(3) Filer 499 ID 809648		(4) Technology Ty	pe ((check one) Wireline 🗹 🛛 Wireless 🔲
(5) ETC Designation Type (C	heck one): Lifelin	e Only 📮 🛛 H	ligh	Cost/Low Income
(6) Organization Information	1		(7)	Filing Information
Company Legal Name:	Ballard Rural Telephone	e Cooperative Corp. Inc.		Submission Date 08/10/2015
Contact Name:	KAREN TILFO	RD	b)	Data Month July 2015
Mailing Address:	159 W 2ND ST	REET	c)	Type of Filing (check one)
	PO BOX 209			Original
T .1 1 11 1	LA CENTER, K	Y 42056	d)	Revision State Reporting KENTUCKY
Telephone Number: Fax Number:	2706655186			
	2706659186			
E-mail Address:	karen.tilford@b	tc.coop		
Lifeline				
		(a) # Lifeline <u>Subscribers</u>		(b) Lifeline Support/ (c) Total Lifeline Subscriber Support
Non-Tribal Low-Income Sub Receiving federal Li		(8) 255		
				x \$ <u>9.25</u> = \$ <u>2359</u>
Tribal Low-Income Subscrib Receiving federal Li		(9) 0		$x \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$
		Tot	tal F	ederal Lifeline Support Claimed (10) \$ 2359
Toll Limitation Servic	es (TLS)			
Cost of Providing TL (the lesser of incrementa	-S per Subscriber al cost or \$3 in 2012 /\$2	(11) <u>0.00000</u> in 2013)	0	
Number of TLS Subs	scribers	(12) 0		
				Total TLS Support Claimed (13) \$ <u>0</u>
Tribal Link Up (Availabl	e only to ETCs rece	eiving High Cost sup	por	t)
Number of Connecti Charges Waived per		(14) 0 (15) \$ 0.00 (not to exceed \$100)		(for multiple rates, use an average amount)
Total Connection Ol				
Total Connection Ch	larges walved	(16) \$ 0.0		
Deferred Interest		(17) \$ 0.00		
		То	tal 1	Fribal Link Up Support Claimed (18) \$ 0
ETC Payment				
Total Lifeline <u>\$</u> 2359		т	otal	Tribal Link Up \$ _0
				Total Dollars (19) \$ 2359
				10 miles (13) 4

Case No. 2016-00059 Exhibit B FCC Form 497

OMB Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs.

(20) CERTIFICATIONS AND SIGNATURES

I certify that my company will pass through the full amount of all Non-Tribal and Tribal federal Lifeline support for which it seeks reimbursement, as well as all applicable intrastate Lifeline support, to all qualifying low-income subscribers by an equivalent reduction in the subscriber's monthly bill for voice telephony service, or by offering a pre-paid wireless plan that includes a set number of minutes of use per month.

I certify that my company is in compliance with all of the Lifeline program rules, and, to the extent required, have obtained valid certifications for each subscriber for whom my company seeks reimbursement.

Based on the information known to me or provided to me by employees responsible for the preparation of the data being submitted, I certify under penalty of perjury that the data contained in this form has been examined and reviewed and is true, accurate, and complete.

I acknowledge the Fund Administrator's authority to request additional supporting information as may be necessary.

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08/10/2015

OFFICER TITLE

Randy C. Grogan

DATE

OFFICER SIGNATURE Randy C. Grogan

CEO/General Manager

OFFICER NAME

NOTICE: To implement section 254 of the Communications Act of 1934, as amended, the Federal Communications Commission has adopted changes to the federal low-income programs.

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Case No. 2016-00059 Exhibit B

	FCC Form 497						
FCC Form 497 April 2012 Edition					FCC F	0111 497	
April 2012 Edition		LIFELINE WORK	SHE	ET		ON	1B Approval 3060-0819
				Avg.	Burden Est	t. per Responde	ent: 2.5 Hrs.
(1) USAC Service Provider I	dentification Number	143001564		(2) Stu	dy Area Co	ode <u>260396</u>	
(3) Filer 499 ID 809648		(4) Technology Ty	/pe (check one) Wireli	ne 🗾	Wireless	
(5) ETC Designation Type (C	Check one): Lifelin	e Only 📮 🛛 I	High	Cost/Low Income			
(6) Organization Information	1		(7)	Filing Information			
Company Legal Name:	Ballard Rural Telephone	e Cooperative Corp. Inc.		Submission Date	09/11/2	015	
Contact Name:	Karen Tilford		b)	Data Month	August	2015	
Mailing Address:	159 W 2nd Stre	et	C)	Type of Filing (check one)			
	PO Box 209		1		Original		
	La Center, KY	42056	d)	State Reporting	Revision KENTU	CKY	
Telephone Number:	270-665-5186					UNI	1000
Fax Number:	270-665-9186]				
E-mail Address:	karen.tilford@b	tc.coop					
Lifeline			-				
		(a) # Lifeline		(b) Lifeline Sup		(c) Total Life	eline
Non-Tribal Low-Income Sub	scribers	Subscribers		Subscriber Sup	port		
Receiving federal Li		(8) 260		x \$9.2	5	= \$ 2405	
Tribal Low-Income Subscrib		(9) 0		x \$ <u>0.00</u>		= \$ _0	
Receiving federal Li	Tenne Support	То	tal F	not to excee) ederal Lifeline Sup		ed (10) \$ 240	5
Toll Limitation Servic	es (TIS)			•			
Cost of Providing TI (the lesser of increment	LS per Subscriber al cost or \$3 in 2012 /\$2 i	(11) <u>0.00000</u>	0				
Number of TLS Sub		(12) 0					
		(12)				0	
Tribal Link Up (Availabl	le only to ETCs rece	iving High Cost su	opor	Total TLS Suppo	ort Claimed	d (13) \$ <u>U</u>	
Number of Connecti	ons Waived	(14) 0					
Charges Waived per		(15) \$ 0.00		(for multiple rates,	use an avera	age amount)	
		(not to exceed \$100)					
Total Connection Ch	arges Waived	(16) \$ 0.0					
Deferred Interest		(17) \$ 0.00					
		Тс	otal 1	ribal Link Up Supp	ort Claime	d (18) \$ 0	
ETC Payment	8						
-	0			0			
Total Lifeline \$ <u>2405</u>	Iotal TLS \$_U	Т	otal				
				Total	Dollars (19) <u>\$</u> 2405	
-							

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

OMB Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs.

(20) CERTIFICATIONS AND SIGNATURES

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09/11/2015

Randy C. Grogan

OFFICER SIGNATURE

Randy C. Grogan

DATE

CEO/General Manager

OFFICER NAME

OFFICER TITLE

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FCC Form 497					FCC Fo	orm 497
April 2012 Edition		LIFELINE WORK	SHE	ET		OMB Approva
				Ava	Burden Est v	3060-0819 per Respondent: 2.5 Hrs
(1) 1104.0.0		110001501				
(1) USAC Service Provider I	dentification Numbe	r 143001564		(2) Stu	dy Area Code	e <u>260396</u>
(3) Filer 499 ID 809648		(4) Technology Ty	pe (check one) Wireli	ne 🗸	Wireless 🔲
(5) ETC Designation Type (C	heck one): Lifelin	e Only 🔲 🛛 I	ligh	Cost/Low Income		
(6) Organization Information	1		(7)	Filing Information		
Company Legal Name:	Ballard Rural Telephone	e Cooperative Corp. Inc.	a)	Submission Date	10/09/20	15
Contact Name:	Karen Tilford		b)	Data Month	Septemb	er 2015
Mailing Address:	159 W 2nd Stre	et	c)	Type of Filing		
	PO Box 209				Original	
	La Center, KY	42056	d)	State Reporting	Revision L	KY
Telephone Number:	270-665-5186					
Fax Number:	270-665-9186					
E-mail Address:	karen.tilford@b	tc.coop				
Lifeline			I			
Lifeline		(a) # Lifeline		(b) Lifeline Sup	norti	
Non Tribel Low Income Out		Subscribers		Subscriber Sup	port	(c) Total Lifeline
Non-Tribal Low-Income Sub Receiving federal Li		(8) 261		x \$9.25	5	= \$ 2414
Tribal Low-Income Subscribers		(9) 0		x \$ 0.00		= \$ 0
Receiving federal Li	feline Support	То	tal E	(not to excee	ed \$34.25)	
-		10		ederal Lifeline Sup	port Claimed	1 (10) \$ 2414
Toll Limitation Servic	es (TLS)					
Cost of Providing TL	_S per Subscriber	(11) 0.00000	0			
(the lesser of incrementa	al cost or \$3 in 2012 /\$2 i	n 2013)				
Number of TLS Subs	scribers	(12) 0				
27-16 114021 935-16 EVE 10 90-0105				Total TLS Suppo	ort Claimed	(13) \$ 0
Tribal Link Up (Availabl	e only to ETCs rece	iving High Cost sup	por	t)	19 19	
Number of Connecti	ons Waived	(14) 0				
Charges Waived per	Connection	(15) \$ 0.00		(for multiple rates,	use an average	e amount)
		(not to exceed \$100)				
Total Connection Ch	arges Waived	(16) \$ 0.0				
Deferred Interest		(17) \$ 0.00				
		То	tal 1	ribal Link Up Supp	ort Claimed	(18) \$ 0
ETC Payment						
Total Lifeline \$ <u>2414</u>	Total TLS \$_0	T	otal	Tribal Link Un \$ 0		
					Dollars (19) \$	- s 2414
				iviai	_ 01101 0 (10) 0	¥

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

OMB Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs.

(20) CERTIFICATIONS AND SIGNATURES

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10/09/2015

OFFICER TITLE

Randy C. Grogan

OFFICER SIGNATURE

Randy C. Grogan

DATE

CEO/General Manager

OFFICER NAME

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Case No. 2016-00059
Exhibit B
FCC Form 497

FCC Form 497					FCC F	orm 497
April 2012 Edition		ET		OMB Approva		
	· *			Δνα	Burden Est	3060-0819 per Respondent: 2.5 Hrs
		440004504				
(1) USAC Service Provider I	dentification Numbe	r_143001564		(2) Stu	dy Area Coo	te <u>260396</u>
(3) Filer 499 ID <u>809648</u>		(4) Technology Ty	/pe (check one) Wireli	ne 🗹	Wireless 🔲
(5) ETC Designation Type (C	Check one): Lifelin	e Only 🛄 🛛 I	ligh	Cost/Low Income		
(6) Organization Information	1		(7)	Filing Information		
Company Legal Name:	Ballard Rural Telephon	e Cooperative Corp. Inc.	a)	Submission Date	11/10/20)15
Contact Name:	Karen Tilford		b)	Data Month	October	2015
Mailing Address:	159 W 2nd Stre	eet	c)	Type of Filing (check one)		
	PO Box 209		1	• • • • • • • • • • • •	Original	
	La Center, KY	42056	d)		Revision KENTU	- Million - Mill
Telephone Number:	270-665-5186					
Fax Number:	270-665-9186					
E-mail Address:	karen.tilford@b	tc.coop				
Lifeline						
		(a) # Lifeline		(b) Lifeline Sup		(c) Total Lifeline
Non-Tribal Low-Income Sub		Subscribers		Subscriber Sup	oport	
Receiving federal Li	feline Support	(8) 265		x \$9.2	5	= \$ 2451
Tribal Low-Income Subscrib Receiving federal Li		(9) 0		x \$ <u>0.00</u>	and the second se	= \$ _0
Receiving lederal Li	Tenne Support	То	tal F	not to exce) ederal Lifeline Sup		d (10) \$ 2451
Toll Limitation Servic	es (TLS)					
Cost of Providing TI (the lesser of incrementa	_S per Subscriber al cost or \$3 in 2012 /\$2	(11) <u>0.00000</u> in 2013)	0			
Number of TLS Subs	scribers	(12) 0				
				Total TLS Supp	ort Claimed	(13) \$ 0
Tribal Link Up (Availabl	e only to ETCs rece	eiving High Cost sup	pon	t)		(· / ·
Number of Connecti	ons Waived	(14) 0				
Charges Waived per		(15) \$ 0.00		(for multiple rates,	use an averag	ge amount)
		(not to exceed \$100)				
Total Connection Ch	arges Waived	(16) \$ 0.0				
Deferred Interest		(17) \$ 0.00				
		To	tal T	 ribal Link Up Supp	ort Claimad	(40) ¢ ()
FTC Paumont			ooti I	Enik op Supp		(10) p <u>-</u>
ETC Payment	6					
Total Lifeline <u>\$</u> 2451	Total TLS \$_0	т	otal	Tribal Link Up \$ <u>0</u>		-
				Total	Dollars (19)	<u>\$ 2451</u>

Case No. 2016-00059 Exhibit B FCC Form 497

OMB Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs.

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11/10/2015

Randy C. Grogan

OFFICER SIGNATURE

Randy C. Grogan

DATE

CEO/General Manager

OFFICER NAME

OFFICER TITLE

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FCC Form 497	FCC Form 497					orm 497
April 2012 Edition	LIFELINE WORKSHEET OMB Appr					OMB Approval
				Ava	Burden Est	3060-0819 per Respondent: 2.5 Hrs.
(4) 110 4 0 0	1	142001564				
(1) USAC Service Provider Id	dentification Number	143001364		(2) Stu	dy Area Coo	de <u>260396</u>
(3) Filer 499 ID <u>809648</u>		(4) Technology Ty	/pe	(check one) Wireli	ne 🔽	Wireless
(5) ETC Designation Type (C	heck one): Lifelin	e Only 🛄 🛛 H	ligh	Cost/Low Income		
(6) Organization Information			(7)	Filing Information		
Company Legal Name:	Ballard Rural Telephone	Cooperative Corp. Inc.	a)	Submission Date	12/08/20	015
Contact Name:	Karen Tilford		b)	Data Month	Novemb	er 2015
Mailing Address:	159 W 2nd Stre	et	c)	Type of Filing (check one)		
	PO Box 209				Original	
	La Center, KY 4	2056	d)		Revision KENTU	
Telephone Number:	270-665-5186					
Fax Number:	270-665-9186	_				
E-mail Address:	karen.tilford@b	tc.coop				
Lifeline						
		(a) # Lifeline		(b) Lifeline Sup		(c) Total Lifeline
Non-Tribal Low-Income Subs	scribers	Subscribers		Subscriber Sup	oport	
Receiving federal Li	feline Support	(8) 272		x \$9.2	5	= \$ 2516
Tribal Low-Income Subscrib		(9) <u>0</u> Tot		x <u>\$</u> 0.00		= \$ 0
Receiving federal Li	feline Support			not to exce) Federal Lifeline Sup		d (10) \$ 2516
Toll Limitation Servic	ac (TI S)					
I OII LIIIIILAUOII SEIVIC	es (1L3)					
Cost of Providing TL	S per Subscriber	(11) 0.00000	0			
(the lesser of incrementa	al cost or \$3 in 2012 /\$2 i	n 2013)				
Number of TLS Subs	scribers	(12) <u>0</u>				
				Total TLS Supp	ort Claimed	(13) \$ 0
Tribal Link Up (Availabl	e only to ETCs rece	iving High Cost sup	opor	rt)		
Number of Connecti	ons Waived	(14) 0				
Charges Waived per		(15) \$ 0.00		(for multiple rates,	use an avera	ge amount)
		(not to exceed \$100)				
Total Connection Ch	arges Waived	(16) \$ 0.0				
Deferred Interest		(17) \$ 0.00				
			tal '	 Tribal Link Up Supp		
		10	rdl	THDAT LITIK UP SUPP	ort claimed	1 (18) \$ <u> </u>
ETC Payment						
Total Lifeline \$ <u>2516</u>	Total TLS \$_0	T	otal	Tribal Link Up \$ <u>0</u>		_
				Total	Dollars (19)	\$ 2516

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

OMB Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs.

(20) CERTIFICATIONS AND SIGNATURES

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12/08/2015

Randy C. Grogan

OFFICER SIGNATURE

Randy C. Grogan

DATE

CEO/General Manager

OFFICER NAME

OFFICER TITLE

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Case No. 2016-00059 Exhibit B

FCC Form 497	FCC Form 497					0111 497	
April 2012 Edition		LIFELINE WORK	SHE	ET		OM	B Approval
				Avg.	Burden Est.	per Responde	3060-0819 nt: 2.5 Hrs.
(1) USAC Service Provider Io	dentification Number	143001564		(2) Stu	dy Area Coo	le <u>260396</u>	
(3) Filer 499 ID 809648		(4) Technology Ty	pe (check one) Wirelin	ne 🗹	Wireless	
(5) ETC Designation Type (Check one): Lifeline Only 🛄				Cost/Low Income			
(6) Organization Information			(7)	Filing Information			
Company Legal Name:	Ballard Rural Telephone Cooperative Corp. Inc.		a)	Submission Date	01/05/20	016	
Contact Name:	Karen Tilford		b)	Data Month	Decemb	er 2015	
Mailing Address:	159 W 2nd Stre	et	c)	Type of Filing			
	PO Box 209				Original Revision		
	La Center, KY 4	2056	d)	State Reporting	KENTU	CKY	
Telephone Number:	270-665-5186						
Fax Number:	270-665-9186						
E-mail Address:	karen.tilford@bt	c.coop					
Lifeline							
		(a) # Lifeline		(b) Lifeline Sup		(c) Total Life	eline
Non-Tribal Low-Income Sub	scribers	Subscribers		Subscriber Sup	port		
Receiving federal Li		(8) 229		x \$9.2	5	=\$ 2118	
Tribal Low-Income Subscrib		(9) 0		x \$ <u>0.00</u>		= \$ 0	
Receiving federal Li	feline Support	То	(not to exceed \$34.25) otal Federal Lifeline Support Claimed (10) \$ 2118				
Toll Limitation Servic	es (TLS)			10 - 19 - 19 - 19 - 19 - 19 - 19 - 19 -			
Cost of Providing TI (the lesser of incrementation)	_S per Subscriber al cost or \$3 in 2012 /\$2 i	(11) <u>0.00000</u> n 2013)	0				
Number of TLS Sub	scribers	(12) 0					
				Total TLS Supp	ort Claimed	(13) \$ 0	
Tribal Link Up (Availabl	e only to ETCs rece	iving High Cost sup	opor	t)		(
Number of Connecti	ons Waived	(14) 0					
Charges Waived per		(14) <u>0</u> (15) \$ <u>0.00</u>		(for multiple rates,	use an avera	ge amount)	
		(not to exceed \$100)					
Total Connection Ch	narges Waived	(16) \$ 0.0					
Deferred Interest		(17) \$ 0.00					
		Тс	otal 1	Fribal Link Up Supp	ort Claimed	d (18) \$ <u>0</u>	
ETC Payment							
Total Lifeline <u>\$</u> 2118	Total TLS \$_0	т	otal	Tribal Link Up \$ 0			
					Dollars (19)		

OMB Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs.

(20) CERTIFICATIONS AND SIGNATURES

I certify that my company will pass through the full amount of all Non-Tribal and Tribal federal Lifeline support for which it seeks reimbursement, as well as all applicable intrastate Lifeline support, to all qualifying low-income subscribers by an equivalent reduction in the subscriber's monthly bill for voice telephony service, or by offering a pre-paid wireless plan that includes a set number of minutes of use per month.

I certify that my company is in compliance with all of the Lifeline program rules, and, to the extent required, have obtained valid certifications for each subscriber for whom my company seeks reimbursement.

Based on the information known to me or provided to me by employees responsible for the preparation of the data being submitted, I certify under penalty of perjury that the data contained in this form has been examined and reviewed and is true, accurate, and complete.

I acknowledge the Fund Administrator's authority to request additional supporting information as may be necessary.

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01/05/2016

Randy C. Grogan

DATE

CEO/General Manager

OFFICER SIGNATURE Randy C. Grogan

OFFICER NAME

OFFICER TITLE

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FCC Form 497					FCC Fo	orm 497
April 2012 Edition		LIFELINE WORK	SHE	ET		OMB Approva
	20. 20.			Ava	Rurdon Est	3060-0819
				Avg	. Duiuen Est.	per Respondent: 2.5 Hrs.
(1) USAC Service Provider I	dentification Numbe	er <u>143001564</u>		(2) Stu	udy Area Coo	de <u>260396</u>
(3) Filer 499 ID 809648		(4) Technology T	ype (check one) Wirel	ine 🔽	Wireless 🔲
(5) ETC Designation Type (0	Check one): Lifeli	ne Only	High	Cost/Low Income		
(6) Organization Information	1		(7)	Filing Information		
Company Legal Name:	Ballard Rural Telephor	ne Cooperative Corp. Inc	. a)	Submission Date	02/03/20	016
Contact Name:	Karen Tilford		b)	Data Month	January	2016
Mailing Address:	159 W 2nd Str	eet	c)	Type of Filing		
	PO Box 209		1	(check one)	Original	A I
	La Center, KY	42056	d)	State Reporting	Revision KENTU	
Telephone Number:	270-665-5186				1	
Fax Number:	270-665-9186]			
E-mail Address:	karen.tilford@t	otc.coop	1			
Lifeline						
Litellite		(a) # Lifeline		(b) Lifeline Su	oport/	(c) Total Lifeline
Non-Tribal Low-Income Sub	scribers	Subscribers		Subscriber Su		(-) =
Receiving federal Li		(8) 238		x \$9.2	25	= \$ 2202
Tribal Low-Income Subscrib		(9) 0		x \$ 0.00		= \$ 0
Receiving federal Li	feline Support		tal E	(not to exco ederal Lifeline Sup	eed \$34.25)	
Tell Limitation Consis			lai i	ederal Literine Sup	sport claime	a (10) \$ <u>2202</u>
Toll Limitation Servic	es (ILS)					
Cost of Providing TI	S per Subscriber	(11) 0.00000	0			
(the lesser of incrementa	al cost or \$3 in 2012 /\$2					
Number of TLS Sub	scribers	(12) 0				
				Total TLS Supp	ort Claimed	(13) \$ 0
Tribal Link Up (Availabl	e only to ETCs rec	eiving High Cost su	opor	t)		(10) \$
Number of Connecti	ons Waived	(14) 0				
Charges Waived per		(15) \$ 0.00		(for multiple rates	, use an averag	ge amount)
		(not to exceed \$100)				- Benefate (Sectowalder) 5
Total Connection Ch	arges Waived	(16) \$ 0.0				
Deferred Interest		(17) \$ 0.00				
			otol 7			
			Jidi I	ribal Link Up Sup	port Claimed	(18) \$ <u>-</u>
ETC Payment						
Total Lifeline <u>\$</u> 2202	Total TLS \$_0	т	otal	Tribal Link Up \$ <u>0</u>		_
					Dollars (19)	
				1014	5011013 (13)	Ψ

Case No. 2016-00059 Exhibit B FCC Form 497

OMB Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs.

(20) CERTIFICATIONS AND SIGNATURES

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02/03/2016

OFFICER TITLE

Randy C. Grogan

OFFICER SIGNATURE

Randy C. Grogan

DATE

CEO/General Manager

OFFICER NAME

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FCC Form 497					FCC Fo	rm 497	
April 2012 Edition	LIFELINE WORK			RKSHEET			B Approval
	6 a			Avg.	Burden Est. p		3060-0819
(1) USAC Service Provider I	dentification Number	143001564		(2) Stu	dy Area Code	260396	
(3) Filer 499 ID 809648		(4) Technology T	ype (check one) Wireli	ne 🗹	Wireless	
(5) ETC Designation Type (C	heck one): Lifelin	e Only 📮	High	Cost/Low Income			
(6) Organization Information	l		(7)	Filing Information			
Company Legal Name:	Ballard Rural Telephone	Cooperative Corp. Inc.	a)	Submission Date	03/08/201	16	
Contact Name:	KAREN TILFOR	RD	b)	Data Month	February	2016	
Mailing Address:	159 W 2ND ST	REET	C)	Type of Filing (check one)			
	PO BOX 209				Original 🗸 Revision		
	LA CENTER, K	Y 42056	d)	State Reporting	KENTUCI	KY	
Telephone Number:	270-665-5186						
Fax Number:	270-665-9186						
E-mail Address:	KAREN.TILFOR	D@BTC.COOP					
Lifeline			-				
		(a) # Lifeline		(b) Lifeline Sup		(c) Total Life	line
Non-Tribal Low-Income Sub		Subscribers		Subscriber Sup			
Receiving federal Li	feline Support	(8) 233		x \$9.28	5	=\$ 2155	
Tribal Low-Income Subscrib Receiving federal Li		(9) <u>0</u> Tot		x \$ <u>0.00</u>		= \$ 0	
	tenne oupport			not to excee) ederal Lifeline Sup		(10) \$ 215	5
Toll Limitation Servic	es (TLS)					2	
Cost of Providing TI (the lesser of incrementa	-S per Subscriber al cost or \$3 in 2012 /\$2 i	(11) 0.00000 n 2013)	0	_			
Number of TLS Sub	scribers	(12) 0	_				
				Total TLS Suppo	ort Claimed (13) \$ 0	
Tribal Link Up (Availabl	e only to ETCs rece	iving High Cost su	opon)		10) <u> </u>	
Number of Connecti	ons Waived	(14) 0					
Charges Waived per	Connection	(15) \$ 0.00 (not to exceed \$100)		(for multiple rates,	use an average	amount)	
Total Connection Ch	arges Waived	(16) \$ 0.0					
Deferred Interest		(17) \$ 0.00					
			otal T	— ˈribal Link Up Supp	ort Claimed (18) \$ 0	
ETC Payment					, in the second s		
Total Lifeline \$_2155	Total TLS \$ 0	т	otal '	Tribal Link Line ()			
						2155	
				Total	Dollars (19) \$	2100	

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

OMB Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs.

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03/08/2016

OFFICER TITLE

Randy C. Grogan

OFFICER SIGNATURE

Randy C. Grogan

DATE

CEO/General Manager

OFFICER NAME

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FCC Form 497	2			FCC Form 497
April 2012 Edition		LIFELINE WORK	SHE	EET OMB Approval
		8		3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs.
				Avg. Buiden Est. per Respondent. 2.5 Hrs.
(1) USAC Service Provider I	dentification Numbe	r <u>143001564</u>		(2) Study Area Code <u>260396</u>
(3) Filer 499 ID 809648		(4) Technology T	ype	(check one) Wireline 🔽 Wireless 🔲
(5) ETC Designation Type (C	Check one): Lifelin	e Only	High	n Cost/Low Income
(6) Organization Information	1		(7)	Filing Information
Company Legal Name:	Ballard Rural Telephone	e Cooperative Corp. Inc.	a)	Submission Date 04/11/2016
Contact Name:	Karen Tilford		b)	Data Month March 2016
Mailing Address:	159 W 2nd Stre	eet	c)	Type of Filing (check one)
	PO Box 209			Original 🔽
-	La Center, KY	42056	d)	Revision L State Reporting KENTUCKY
Telephone Number:	270-665-5186			
Fax Number:	270-665-9186			
E-mail Address:	ktilford@brtc.ne	et]	
Lifeline			-	
Luenne	-10	(a) # Lifeline		(b) Lifeline Support/ (c) Total Lifeline
Non-Tribal Low-Income Sub	ooriboro	Subscribers		Subscriber Support
Receiving federal Li		(8) 241		× \$9.25 = \$ 2229
Tribal Low-Income Subscrib	ers	(9) 0		x \$ <u>0.00</u> = \$ <u>0</u>
Receiving federal Li	feline Support		4-1 5	(not to exceed \$34.25)
		10	nal r	Federal Lifeline Support Claimed (10) \$ 2229
Toll Limitation Servic	es (TLS)			
Coot of Drouiding T	0	(11) 0.00000	0	
Cost of Providing TI (the lesser of incrementation)	al cost or \$3 in 2012 /\$2		0	
Number of TLS Sub	scribers	(12) 0		
				Total TLS Support Claimed (13) \$ <u>0</u>
Tribal Link Up (Availabl	e only to ETCs rece	eiving High Cost su	opor	<i>t)</i>
Number of Connecti	ons Waived	(14) 0		
Charges Waived per		(15) \$ 0.00		(for multiple rates, use an average amount)
		(not to exceed \$100)		
Total Connection Ch	arges Waived	(16) \$ 0.0		
Deferred Interest		(17) \$ 0.00		
			4-17	
0-08-8823 BC		10	otal	Tribal Link Up Support Claimed (18) \$ <u>0</u>
ETC Payment				
Total Lifeline \$ 2229	Total TLS \$_0	т	otal	Tribal Link Up \$_0
				Total Dollars (19) \$ 2229
	5			10tai D0lld15 (13) \$

Avg. Burden Est. per Respondent: 2.5 Hrs.

OMB Approval 3060-0819

LIFELINE WORKSHEET

FCC Form 497 April 2012 Edition

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04/11/2016

Randy C Grogan

DATE

CEO/General Manager

OFFICER SIGNATURE Randy C Grogan

OFFICER NAME

OFFICER TITLE

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