EXHIBIT 19

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

OMB Approval 3060-0819

(3) Filer 499 ID 801267		(4) Technology T	уре (check one) Wireli	ne 🕖	Wireless	
(5) ETC Designation Type ((Check one): Lifelin	_		Cost/Low Income		111101000	
(6) Organization Information					-		
Company Legal Name:		one Coop. Corp. Inc		Filing Information Submission Date	02/06/2	014	
Contact Name:	TERESA EME		b)	Data Month			
Mailing Address: 2150 NOR				Type of Filing	January 2014		
	210011011111	VII (II (-	(check one)	Original	A	
	JAMESTOWN,	KY 42629	d)		Revision		
Telephone Number:	2703431171	111 42025	/	- man reporting	INENTO	CKT	
Fax Number:	2703432600						
E-mail Address:	TEMERSON@	DUOTEL.COM					
Lifeline			_				
_ireiirie		(a) # Lifeline		(b) Lifeline Sup	port/	(c) Total Life	eline
Non-Tribal Low-Income Su	hecribare	Subscribers		Subscriber Sup	port	(0) 10001 2110	
Receiving federal Lifeline Support		(8) 841		x \$9.2	= \$ 7779	7779	
Tribal Low-Income Subscribers Receiving federal Lifeline Support		(9) 0		x \$ 0.00		= \$ 0	
		. ,	tal E	(not to exce			^
			iai F	ederal Lifeline Sup	port Claim	ed (10) \$ <u>/ / / </u>	9
Toll Limitation Servi	ces (TLS)						
Cost of Providing 7 (the lesser of incremen	ΓLS per Subscriber tal cost or \$3 in 2012 /\$2	(11) 0.00000 in 2013)	0	_			
Number of TLS Sul	bscribers	(12) <u>0</u>					
				Total TLS Supp	ort Claimer	(13) \$ 0	
Fribal Link Up (Availal	ble only to ETCs rece	eiving High Cost su	pon)		(· - / V	
Number of Connec	tions Waived	(14) 0					
Charges Waived per Connection		(15) \$ 0.00		(for multiple rates,	use an avera	age amount)	
		(not to exceed \$100)					
Total Connection C	harges Waived	(16) \$ <u>0.0</u>		_			
Deferred Interest		(17) \$ 0.00		_			
		To	otal T	— 'ribal Link Up Supp	ort Claime	d (18) \$ 0	
TC Payment							
otal Lifeline \$ 7779	Total TLS \$ 0	т	otal '	Tribal Link IIn \$ 0			
			J 641	ai Liik op v			

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.

ACCOUNTANT	TERESA EMERSON					
DATE	OFFICER SIGNATURE					
02/06/2014	TERESA EMERSON					
02/06/2014	TEDECA EMEDOON					

OFFICER TITLE

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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LIFELINE WORKSHEET

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

(1) USAC Service Provider Ide	entification Number	143001566		(2) Stu	dy Area Co	ode_260401	
(3) Filer 499 ID 801267	_	(4) Technology T	уре (check one) Wireli	ne 🔽	Wireless 🔲	
(5) ETC Designation Type (Ch	eck one): Lifelin	e Only	High	Cost/Low Income		_	
(6) Organization Information			(7)	Filing Information			
Company Legal Name:	Duo County Telepho	one Coop. Corp. Inc.		Submission Date	03/06/2	2014	
Contact Name:	eresa emersor	1	b)	Data Month	Februa	ry 2014	
Mailing Address:	oo box 80		c)	Type of Filing (check one)			
					Original Revision	A	
	amestown, KY	42629	d)	State Reporting	KENTL	JCKY	
	2703433131						
Fax Number:	and the state of t						
E-mail Address: t	emerson@duo	tel.com					
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support Tribal Low-Income Subscribers Receiving federal Lifeline Support		(a) # Lifeline <u>Subscribers</u> (8) <u>833</u> (9) <u>0</u>		(b) Lifeline Sup <u>Subscriber Sup</u> × \$ 9.29 × \$ 0.00 (not to exceederal Lifeline Sup	5 ed \$34.25)	(c) Total Lifeline = \$ 7705 = \$ 0	
Foll Limitation Service		(11) 0.00000	0				
Cost of Providing TLS (the lesser of incremental of		(' ' /	0	_			
Number of TLS Subsc	ribers	(12) <u>0</u>		_			
Tribal Link Up (Available	only to ETCs rece	iving High Cost su _l	ppon	Total TLS Support	ort Claime	d (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 aver	age amount)	
Total Connection Cha	rges Waived	(16) \$ 0.0		_			
Deferred Interest		(17) \$ 0.00		_			
		To	otal 1	ribal Link Up Supp	ort Claime	ed (18) \$ <u>0</u>	
ETC Payment							
otal Lifeline \$_7705	Total TLS \$_0	Т	otal	Tribal Link Up \$ 0			
				Total	Dollars (1	9) \$ 7705	

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LIFELINE WORKSHEET

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

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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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03/06/2014	teresa emerson
DATE	OFFICER SIGNATURE
accountant	teresa emerson
OFFICER TITLE	OFFICER NAME

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

(1) USAC Service Provider	Identification Numb	er <u>143001566</u>		(2) Stu	dy Area C	ode 260401
(3) Filer 499 ID 801267 (4) Technology 1				check one) Wireli		Wireless 🔲
(5) ETC Designation Type (Check one): Lifel	_		Cost/Low Income		
(6) Organization Information	n		(7)	Filing Information		
Company Legal Name:	Duo County Telepi	none Coop. Corp. Inc		Submission Date	04/04/2	2014
Contact Name:	TERESA EME	RSON	b)	Data Month	March	
Mailing Address:	P O BOX 80		c)	Type of Filing (check one)		
]		Original	
and the large of t	JAMESTOWN	, KY 42629	d)	State Reporting	Revision KENTU	JCKY
Telephone Number:	2703433131				1.12.11	JOINT
Fax Number:	2703432600		1			
E-mail Address:	TEMERSON@	DUOTEL.COM				
Lifeline			_			
		(a) # Lifeline		(b) Lifeline Sup	port/	(c) Total Lifeline
Non-Tribal Low-Income Sub	scribers	Subscribers		Subscriber Sup	,	
Receiving federal L		(8) 838		x \$ 9.25	5	= \$ 7752
Tribal Low-Income Subscribers Receiving federal Lifeline Support		(9) 0		x \$ <u>0.00</u>		= \$ 0
		То	tal F	not to excee ederal Lifeline Sup		ned (10) \$ 7752
Toll Limitation Service	es (TLS)				port Gram	100 (10) φ <u>1102</u>
Cost of Providing Ti (the lesser of increment	LS per Subscriber al cost or \$3 in 2012 /\$2	(11) 0.00000 in 2013)	0	_		
Number of TLS Sub	(12) <u>0</u>					
Tribal Link Up (Availabl	le only to ETCs rec	eivina Hiah Cost sur	anort	Total TLS Suppo	ort Claime	d (13) \$ <u>0</u>
	01.19 10 27 00 700	ownig riigir cost sup	ροιι	,		
Number of Connecti		(14) 0		_		
Charges Waived per	(15) \$ 0.00 (for multiple rates, us (not to exceed \$100)			use an aver	rage amount)	
		(1101 to 020000 \$100)				
Total Connection Ch	narges Waived	(16) \$ <u>0.0</u>		_		
Deferred Interest		(17) \$ 0.00		_		
		To	tal T	ribal Link Up Supp	ort Claime	ed (18) \$ <u>0</u>
ETC Payment						
Total Lifeline \$_7752	Total TLS \$_0	Т	otal 1	ribal Link Up \$ 0		
						9) \$ 7752

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ACCOUNTANT TERESA EMERSON	
DATE OFFICER SIGNATURE	
04/04/2014 TERESA EMERSON	

OFFICER TITLE

OFFICER NAME

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

(3) Filer 499 ID 801267 (4) Technology Type (check one) Wireline (2) Wireless (3) Filer 499 ID 801267 (4) Technology Type (check one) Wireline (2) Wireless (3) Filer 499 ID 801267 (4) Technology Type (check one) Wireline (2) Wireless (3) Filer 499 ID 801267 (4) Technology Type (check one) Wireline (2) Wireless (3) Filer 499 ID 801267 (4) Technology Type (check one) Wireless (4) Technology Type (check one) Wireless (4) Filer 499 ID 801267 (4) Technology Type (check one) Wireless (4) Submission Date (5) 13/2014 (5) 14/2014 (6) Organization Information (7) Filing Informa
(6) ETC Designation Type (Check one): Lifeline Only High Cost/Low Income (7) Filling Information Company Legal Name: Duo County Telephone Coop. Corp. Inc. a) Submission Date 05/13/2014 Contact Name: TERESA EMERSON b) Data Month April 2014 Mailing Address: 2150 NORTH MAIN c) Type of Filing (check one) Original Revision Revision Part Number: 2703431171 Fax Number: 2703431171 Fax Number: 2703432600 E-mail Address: TEMERSON@DUOTEL.COM Lifeline Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support (8) 828
Company Legal Name: Duo County Telephone Coop. Corp. Inc. a) Submission Date 05/13/2014
Duo County Telephone Coop. Corp. Inc. a) Submission Date 05/13/2014
Mailing Address: 2150 NORTH MAIN 2150 NORTH MAIN C) Type of Filing (check one) JAMESTOWN, KY 42629 d) State Reporting KENTUCKY Telephone Number: 2703431171 Fax Number: 2703432600 E-mail Address: TEMERSON@DUOTEL.COM Lifeline (a) # Lifeline Subscribers Subscribers Subscribers Subscribers Subscriber Support Receiving federal Lifeline Support (a) # Subscriber Support (b) Lifeline Support (c) Total Lifeline Support Fribal Low-Income Subscribers Receiving federal Lifeline Support (a) # Lifeline Support (b) Lifeline Support (c) Total Lifeline Support (d) Total Federal Lifeline Support (e) 0
Address: 2150 NORTH MAIN C Type of Filing (check one) Original Revision C
JAMESTOWN, KY 42629 d) State Reporting KENTUCKY
Telephone Number: 2703431171 Fax Number: 2703432600 E-mail Address: TEMERSON@DUOTEL.COM Lifeline (a) # Lifeline Subscribers Subscribers Receiving federal Lifeline Support (a) # Subscribers Subscribers Subscribers Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support (b) Lifeline Support (c) Total Lifeline Subscriber Subscriber Subscriber Subscriber Subscriber Subscriber Support (a) # Lifeline Subscriber Subscriber Subscriber Subscriber Subscriber Subscriber Support (b) Lifeline Support (c) Total Lifeline Support (c) Total Lifeline Support (d) Total Federal Lifeline Support (not to exceed \$34.25) Total Federal Lifeline Support Claimed (10) \$ 7659 Total Federal Lifeline Support Claimed (10) \$ 7659 Cost of Providing TLS per Subscriber (11) (11) (11) (12) (13) (14) (15) (15) (15) (15) (15) (15) (15) (15
Fax Number: 2703432600 E-mail Address: TEMERSON@DUOTEL.COM Lifeline (a) # Lifeline Support (c) Total Lifeline Support Subscribers Subscribers Subscriber Support (c) Total Lifeline Support (c) Total Lifeline Support Subscriber Support (d) Total Lifeline Support (e) Total Lifeline Support (f) Total Lifeline Support (f) Total Federal Lifeline Support (f) Total Federal Lifeline Support (f) Total Federal Lifeline Support Claimed (f) \$ 7659 Cost of Providing TLS per Subscriber (f)
E-mail Address: TEMERSON@DUOTEL.COM Lifeline (a) # Lifeline Subscribers Receiving federal Lifeline Support (a) # Lifeline Subscribers Subscribers Receiving federal Lifeline Support (a) # Lifeline Subscribers Subscribers Subscribers (b) Lifeline Support (c) Total Lifeline Subscriber Support (a) # Lifeline Subscribers Subscriber Support (b) Lifeline Support (c) Total Lifeline Subscriber Subscriber Support (d) 0
Lifeline (a) # Lifeline Subscribers Subscribers Subscriber Support (b) Lifeline Support/ (c) Total Lifeline Support (a) # Lifeline Support/ (b) Lifeline Support/ (c) Total Lifeline Support (c) Total Lifeline Support (d) 0
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support (a) # Lifeline Subscribers Subscribers (B) 828 (C) Total Lifeline Support (E) Total Lifeline Support (II) O.000000 (III) O.0000000 (III) O.0000000 (III) O.0000000 (III) O.0000000
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support (a) # Lifeline Subscribers Subscribers (B) 828 (B) 828 (C) Total Lifeline Support (E) Total Lifeline Support (E) Total Lifeline Support (E) Lifeline Support (E) Total Lifeline Support (E) Total Lifeline Support (E) Lifeline Support (E) Lifeline Support (E) Total Lifeline Support (E) Total Lifeline Support (II) O.000000 (III) O.000000 (III) O.000000 (III) O.0000000 (III) O.0000000 (III) O.0000000
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support (8) 828
Receiving federal Lifeline Support (8) 828
Total Federal Lifeline Support (not to exceed \$34.25) Total Federal Lifeline Support Claimed (10) \$ 7659 Cost of Providing TLS per Subscriber (11) (the lesser of incremental cost or \$3 in 2012 /\$2 in 2013) Number of TLS Subscribers (12) 0
Total Federal Lifeline Support Claimed (10) \$ 7659 Cost of Providing TLS per Subscriber (11) (the lesser of incremental cost or \$3 in 2012 /\$2 in 2013) Number of TLS Subscribers (12) 0
Cost of Providing TLS per Subscriber (11) (the lesser of incremental cost or \$3 in 2012 /\$2 in 2013) Number of TLS Subscribers (12) 0
Cost of Providing TLS per Subscriber (11) (the lesser of incremental cost or \$3 in 2012 /\$2 in 2013) Number of TLS Subscribers (12) 0
(the lesser of incremental cost or \$3 in 2012 /\$2 in 2013) Number of TLS Subscribers (12)
(/
Total TLS Support Claimed (13) \$ 0
Tribal Link Up (Available only to ETCs receiving High Cost support)
Number of Connections Waived (14)
Charges Waived per Connection (15) \$ 0.00 (for multiple rates, use an average amount)
(not to exceed \$100)
Total Connection Charges Waived (16) \$ 0.0
Deferred Interest (17) \$ 0.00
Total Tribal Link Up Support Claimed (18) \$ 0
ETC Payment
otal Lifeline \$ 7659 Total TLS \$ 0 Total Tribal Link Up \$ 0
Total Dollars (19) \$ 7659

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LIFELINE WORKSHEET

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TERESA EMERSON				
OFFICER SIGNATURE				
TERESA EMERSON				

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(1) USAC Service Provider le	dentification Numbe	r_1430	001566		(2) Stu	dy Area Co	ode 260401
3) Filer 499 ID <u>801267</u> (4) Technology T				/pe (check one) Wireli		Wireless 🔲
(5) ETC Designation Type (C	heck one): Lifelir	e Only		ligh	Cost/Low Income		
(6) Organization Information				(7)	Filing Information		
Company Legal Name:	Duo County Telepho	one Coo	p. Corp. Inc.		Submission Date	06/09/2	2014
Contact Name:	teresa emersor	1		b)	Data Month	May 20	114
Mailing Address:	2150 n main			c)	Type of Filing (check one)		
9						Original	A
A CONTRACTOR OF THE PARTY OF TH	jamestown, KY	42629	9	d)	State Reporting	Revision KENTU	
Telephone Number:	2703431171						
Fax Number:	2703432600						
E-mail Address:	temerson@duo	tel.co	m				
Lifeline							
			Lifeline <u>cribers</u>		(b) Lifeline Sup		(c) Total Lifeline
Non-Tribal Low-Income Subs Receiving federal Lit			326		Subscriber Support		2641
		0					= \$ 7641
Tribal Low-Income Subscribers Receiving federal Lifeline Support		(9) <u>U</u>			x \$ 0.00 = \$ 0		
			To	tal F	al Federal Lifeline Support Claimed (10) \$ 7641		
Toll Limitation Service	es (TLS)						
		(11)	0.00000	2			
Cost of Providing TLS per Subscriber (the lesser of incremental cost or \$3 in 2012 /\$2 i			0.00000)			
Number of TLS Subscribers		(12)	0				
Taile at the common of					Total TLS Suppo	ort Claime	d (13) \$ <u>0</u>
Tribal Link Up (Available	e only to ETCs rece	iving H	igh Cost sup	port)		
Number of Connection	ons Waived	(14)	0		_		
Charges Waived per	Connection	(15) \$ 0.00 (not to exceed \$100)			(for multiple rates,	age amount)	
		(not to	exceed \$100)				
Total Connection Ch	arges Waived	(16) \$	0.0		_		
Deferred Interest		(17) \$	0.00		_		
			То	tal T	ribal Link Up Supp	ort Claime	d (18) \$ <u>0</u>
ETC Payment							
Total Lifeline \$_7641	Total TLS \$ 0		то	otal 1	ribal Link Up \$ 0		
							7641

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.

06/09/2014	teresa emerson				
DATE	OFFICER SIGNATURE				
accountant	teresa emerson				
OFFICER TITLE	OFFICER NAME				

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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FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

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

(1) USAC Service Provider Id	dentification Numbe	r <u>14300</u>	1566		(2) Stu	ıdy Area Co	ode 260401
(3) Filer 499 ID 801267		(4) Tech	hnology Ty	pe (check one) Wirel	ine 🔽	Wireless 🔲
(5) ETC Designation Type (C	heck one): Lifelin	e Only) н	ligh	Cost/Low Income		
(6) Organization Information				(7)	Filing Information		
Company Legal Name:	Duo County Telepho	one Coop.	Corp. Inc.	a)	Submission Date	07/09/2	014
Contact Name:	TERESA EMER	RSON		b)	Data Month	June 20)14
Mailing Address:	2150 NORTH N	AAIN ST	REET	c)	Type of Filing		
					(check one)	Original	A
	JAMESTOWN,	KV 126	20	d)	State Reporting	Revision	
Telephone Number:	2703433131	KT 420	29	ч,	otate Reporting	KENTU	CKY
Fax Number:	2703433131						
E-mail Address:	TEMERSON@	DUOTE	LCOM				
L-man Address,	TEMEKSON@	DOOTE	L.COM				
Lifeline							
		(a) # Life			(b) Lifeline Sup		(c) Total Lifeline
Non-Tribal Low-Income Subs	cribers	Subscri			Subscriber Su	pport	
Receiving federal Life		(8) 808	8		x \$9.2	5	= \$ 7474
Tribal Low-Income Subscribe	ers	(9) <u>0</u>			x \$ 0.00		= \$ 0
Receiving federal Lif	eline Support				(not to exce	eed \$34.25)	
			Tot	al Fe	ederal Lifeline Sur	port Claime	ed (10) \$ <u>7474</u>
Toll Limitation Service	es (TLS)						
Cost of Providing TLS per Subscriber (11) 0.000000							
(the lesser of incrementa	I cost or \$3 in 2012 /\$2 i	n 2013)					
Number of TLS Subscribers		(12) <u>(</u>	0		_		
					Total TLS Supp	ort Claimed	1 (12) 6 ()
Tribal Link Up (Available	e only to ETCs rece	iving High	h Cost sup	port)	ort Glaimed	(13) \$
		-					
Number of Connection		(14))		(for multiple rates)		
Charges Waived per	Connection	(15) \$ _C (not to exc	ceed \$100)		(for multiple rates	, use an avera	age amount)
			,				
Total Connection Cha	arges Waived	(16) \$ <u>0</u>	0.0		_		
Deferred Interest		(17) \$ C	0.00				
					— ribal Link Up Sup _l	nort Claire	d (48) ¢ ()
ETO B			10	idi I	iibai Lilik Up Sup	ort Claime	a (18) \$ <u>U</u>
ETC Payment							
Total Lifeline \$ 7474	Total TLS \$_0_		То	tal 1	ribal 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.

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07/09/2014	TERESA EMERSON				
DATE	OFFICER SIGNATURE				
ACCOUNTANT	TERESA EMERSON				

OFFICER TITLE

OFFICER NAME

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FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

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

(1) USAC Service Provider Id	dentification Numbe	r_1430	001566		(2) Stu	ıdy Area C	ode <u>260401</u>	
(3) Filer 499 ID 801267		(4) T	echnology Ty	/pe (check one) Wirel	ine 🗸	Wireless 🔲	
(5) ETC Designation Type (C	check one): Lifelir	ne Only		ligh	Cost/Low Income		_	
(6) Organization Information				(7)	Filing Information			
Company Legal Name:	Duo County Telepho	one Coo	p. Corp. Inc.	a)	Submission Date	08/05/2	2014	
Contact Name:	TERESA EMEI	RSON		b)	Data Month	July 20	14	
Mailing Address:	2150 N MAIN			c)	Type of Filing (check one)		-	
					(check one)	Original Revision	A	
	JAMESTOWN,	KY 42	2629	d)	State Reporting	KENTL	JCKY	
Telephone Number:	2703433131							
Fax Number:	2703432600							
E-mail Address:	TEMERSON@	DUOT	EL.COM					
Lifeline								
			Lifeline <u>cribers</u>		(b) Lifeline Sup Subscriber Sup		(c) Total Lifeline	
Non-Tribal Low-Income Subs		(8)					0000	
Receiving federal Li				_	x \$9.2	= \$ 6928		
Tribal Low-Income Subscribe Receiving federal Life		(9) <u>(</u>	0		x \$ 0.00 = \$ 0			
	- предоставления		To	tal F	al Federal Lifeline Support Claimed (10) \$ 6928			
Toll Limitation Service	es (TLS)							
			0.00000	0				
Cost of Providing TL (the lesser of incrementa		(11) in 2013)	0.00000	0	_			
Number of TLS Subs	scribers	(12)	0		_			
Tribal Link Up (Available	o only to ETCo roos	di din ni Li	link On at a		Total TLS Supp	ort Claime	d (13) \$ <u>0</u>	
THOU LINK OF (Available	e only to ETCs rece	iving n	igii Cost sup	port)			
Number of Connection		(14)	0		(for multiple rates,			
Charges Waived per	Connection	(15) \$	0.00 exceed \$100)		(for multiple rates,	use an aver	age amount)	
		(1101.10	cxccca \$100)					
Total Connection Ch	arges Waived	(16) \$	0.0		_			
Deferred Interest		(17) \$	0.00		_			
			То	tal T	ribal Link Up Supp	oort Claime	ed (18) \$ <u>0</u>	
ETC Payment								
Total Lifeline \$_6928	Total TLS \$ 0		T	otal 1	Tribal Link IIn \$ 0			
Y 1							6928	
					Total	Dollars (19	9) \$ 6928	

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

OMB Approval 3060-0819

(20) CERTIFICATIONS AND SIGNATURES

Avg. Burden Est. per Respondent: 2.5 Hrs.

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08/05/2014	TERESA EMERSON					
DATE	OFFICER SIGNATURE					
ACCOUNTANT	TERESA EMERSON					

OFFICER TITLE

OFFICER NAME

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LIFELINE WORKSHEET

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(1) USAC Service Provider Id	dentification Number	14300	01566		(2) Stu	dy Area Co	de 260401
(3) Filer 499 ID 801267		(4) Te	chnology Ty	pe (check one) Wireli		Wireless 🔲
(5) ETC Designation Type (C	heck one): Lifeline	e Only		ligh	Cost/Low Income		_
(6) Organization Information	<u> </u>			(7)	Filing Information		
Company Legal Name:	Duo County Telepho	ne Coop	o. Corp. Inc.	a)	Submission Date	08/29/2	014
Contact Name:	TERESA EMER	RSON		b)	Data Month	August	2014
Mailing Address:	2150 NORTH M	1AIN		c)	Type of Filing (check one)		
						Original Revision	
	JAMESTOWN,	KY 42	629	d)	State Reporting	KENTU	CKY
Telephone Number:	2703431171						
Fax Number:	2703432600						
E-mail Address:	TEMERSON@	DUOT	EL.COM				
Lifeline	,						
Lifelific			ifeline		(b) Lifeline Sup		(c) Total Lifeline
Non-Tribal Low-Income Sub	ecribore	Subsc	ribers		Subscriber Sur	port	
Receiving federal Li		(8) <u>7</u>	41		x \$9.2	= \$ 6854	
Tribal Low-Income Subscrib		(9) <u>C</u>)			= \$ 0	
Receiving federal Li	feline Support		То	tal F	(not to exceed \$34.25) I Federal Lifeline Support Claimed (10) \$ 6854		
Toll Limitation Service	es (TIS)				•	• Authorities and Hilliam House	
Ton Emiliation Gervic	(120)						
Cost of Providing TI (the lesser of incremental	LS per Subscriber al cost or \$3 in 2012 /\$2 i	(11) n 2013)	0.00000	0	_		
Number of TLS Sub	scribers	(12)	0				
					Total TLS Supp	ort Claimed	1 (13) \$ <u>0</u>
Tribal Link Up (Available	le only to ETCs rece	iving H	igh Cost su	pon	t)		500 B
Number of Connecti	ions Waived	(14)	0				
Charges Waived per		(15) \$	0.00		(for multiple rates)	, use an avera	age amount)
,		(not to	exceed \$100)		,		,
Total Connection Ch	narges Waived	(16) \$	0.0		_		
Deferred Interest		(17) \$	0.00		_		
			Т	otal 1	Γribal Link Up Sup	port Claime	d (18) \$ 0
ETC Payment							
Total Lifeline \$ 6854	Total TLS \$ 0		т	otal	Tribal Link Up \$ 0		
						l Dollars (19	
					Tota	ווסט ו Dollars (19	9) \$

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

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DATE OFFICER SIGNATURE ACCOUNTANT TERESA EMERSON		
TENEON EMERGORY	ACCOUNTANT	TERESA EMERSON
08/29/2014 TERESA EMERSON	DATE	OFFICER SIGNATURE
	08/29/2014	TERESA EMERSON

OFFICER TITLE

OFFICER NAME

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(3) Filer 499 ID 801267		(4) T	echnology Ty	/pe (check one) Wireli		Wireless 🔲
(5) ETC Designation Type (C	 Check one): Lifelin	e Only	_		Cost/Low Income		
(6) Organization Information	,	,			Filing Information	- Mildell	
Company Legal Name:	Duo County Telepho	one Coo	pp. Corp. Inc.		Submission Date	10/02/2	2014
Contact Name:	TERESA EMER			b)	Data Month	(31 (32) (34)	nber 2014
Mailing Address:	P O BOX 80	10011		c)	Type of Filing	Septen	1001 2014
	2150 N MAIN				(check one)	Original	A
	JAMESTOWN,	KY 4'	2629	d)	State Reporting	Revision KENTU	
Telephone Number:	2703433131	1(1 -72	2023	-/	ounte responding	IKENIC	CKI
Fax Number:	2703432600						
E-mail Address:	TEMERSON@	DUOT	EL.COM				
			3	I			
Lifeline		(2)#	Lifeline		(b) Lifeline Sun		(a) Tabel I ! Salling
			<u>cribers</u>		(b) Lifeline Sup Subscriber Sup		(c) Total Lifeline
Non-Tribal Low-Income Subs Receiving federal Li		(8)	726		x \$ 9.2	5	= \$ 6716
Tribal Low-Income Subscribe	ers	(9)	0		x \$ 0.00 = \$ 0		
Receiving federal Li	feline Support	(-) _	To	to F	(not to exceed \$34.25) I Federal Lifeline Support Claimed (10) \$ 6716		
			10	tair	ederai Lifeline Sup	port Claim	ed (10) \$ <u>67 16</u>
Toll Limitation Servic	es (TLS)						
Coat of Decidios T	C Cb!b	(44)	0.00000	n			
Cost of Providing TL (the lesser of incremental		(11) in 2013)	0.00000		_		
Number of TLS Subs	scribers	(12)	0				
					Total TLS Supp	ort Claime	d (13) \$ ⁰
Tribal Link Up (Available	e only to ETCs rece	iving H	ligh Cost sup	port			, , , ,
Number of Connecti	ons Waived	(14)	0				
Charges Waived per		(15) \$	0.00		(for multiple rates,	use an aver	age amount)
		(not to	exceed \$100)				*
Total Connection Ch	arges Waived	(16) \$	0.0		_		
Deferred Interest		(17) \$	0.00		_		
			То	tal T	ribal Link Up Supp	ort Claime	ed (18) \$ <u>0</u>
ETC Payment					, , ,		
Total Lifeline \$ 6716	Total TIS \$ 0		T	otal '	Triballink IIn ¢ ()		
. Can Enomic y			1	otai			— 6716
					Total	Dollars (19	9) \$ 6716

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Control of the Control of the Control					
ACCOUNTANT	TERESA EMERSON				
DATE	OFFICER SIGNATURE				
10/02/2014	TERESA EMERSON				

OFFICER TITLE

OFFICER NAME

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FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

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

(1) USAC Service Provider Id	dentification Number	14300156	6		(2) Stu	dv Area Co	de_260401
(3) Filer 499 ID 801267				pe (check one) Wireli		Wireless 🔲
(5) ETC Designation Type (C	heck one). Lifelin	e Only			Cost/Low Income	_	
		comy 🖳					
(6) Organization Information Company Legal Name:	Duo County Telepho	ne Coop, Corr	n Inc	(/) a)	Filing Information Submission Date	11/03/20	014
Contact Name:			J. 111C.		Data Month	October	
Mailing Address:	TERESA EMER	KSON		b)	Type of Filing	October	2014
				,	(check one)	Original	ZII.
	2150 N MAIN	100 40000		d)		Revision	
Telephone Number:	JAMESTOWN,	KY 42629	-	d)	State Reporting	KENTU	CKY
Fax Number:	2703431171						
A LOCAL DESIGNATION SERVER	2703432600	· · · · · · · · · · · · · · · · · · ·					
E-mail Address:	temerson@Duc	itel.com					
Lifeline							
2		(a) # Lifeline			(b) Lifeline Sup		(c) Total Lifeline
Non-Tribal Low-Income Sub-		Subscribers	2		Subscriber Sup		. 6475
Receiving federal Li	feline Support	(8) 700			x \$9.2	×	
Tribal Low-Income Subscrib		(9) 0			x \$ <u>0.00</u>		= \$ 0
Receiving federal Li	ieine Support	Tot			not to exce) ederal Lifeline Sup		ed (10) \$ 6475
Toll Limitation Service	es (TI S)						
Ton Emiliation Service	(120)						
Cost of Providing TI (the lesser of incremental	LS per Subscriber al cost or \$3 in 2012 /\$2 i	(''')	0000	0			
Number of TLS Sub-	scribers	(12) <u>0</u>	1 _{/c} 1				
					Total TLS Supp	ort Claimed	ı (13) \$ ⁰
Tribal Link Up (Available	le only to ETCs rece	eiving High Co	ost sup	por	t)		, ,
Number of Connecti	ions Waived	(14) 0					
Charges Waived per		(15) \$ <u>0.0</u>	0		(for multiple rates	, use an avera	age amount)
		(not to exceed	\$100)				
Total Connection Ch	narges Waived	(16) \$ <u>0.0</u>			_		
Deferred Interest		(17) \$ <u>0.0</u>	0		_		
			To	tal 1	ribal Link Up Sup	port Claime	d (18) \$ 0
ETC Payment							
Total Lifeline \$ 6475	Total TI S ¢ ()		_	otal	Triballink IIn t O		
Total Elleline \$ 0470	TOTAL ILS \$. 1	otai			
					Total	Dollars (19	9) \$ 04/5

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.

11/03/2014	TERESA EMERSON
DATE	OFFICER SIGNATURE
accountant	TERESA EMERSON
A second	

OFFICER TITLE

OFFICER NAME

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FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

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

(1) USAC Service Provider	Identification Number	1430	01566		(2) Stud	dy Area Code 260	0401
(3) Filer 499 ID 801267				pe (check one) Wirelin	ne ☑ Wi	ireless 🔲
(5) ETC Designation Type (Check one): Lifelin	e Only	_		Cost/Low Income	_	
(6) Organization Informatio	,	9		(7)	Filing Information	_	
Company Legal Name:	Duo County Telepho	ne Coop	o. Corp. Inc.	a)	Submission Date	12/02/2014	
Contact Name:	teresa emersor	1		b)	Data Month	November 20)14
Mailing Address:	2150 n main			c)	Type of Filing (check one)		
						Original	
	jamestown, KY	42629)	d)	State Reporting	KENTUCKY	
Telephone Number:	2703431171						
Fax Number:	2703432600						
E-mail Address:	temerson@duo	tel.cor	n				
Lifeline							
			ifeline cribers		(b) Lifeline Sup Subscriber Sup		otal Lifeline
Non-Tribal Low-Income Su Receiving federal		(8) <u>676</u>			x \$ 9.25		6253
		,			0.00		
Tribal Low-Income Subscribers Receiving federal Lifeline Support		(9) <u>(</u>	,		x \$ <u>0.00</u> (not to exce	0	
			То	tal F	ederal Lifeline Sup	port Claimed (10)	\$ 6253
Toll Limitation Servi	ces (TLS)						
		440	0.00000	Ω			
	TLS per Subscriber ntal cost or \$3 in 2012 /\$2	(11) in 2013)	0.00000				
Number of TLS Su	bscribers	(12)	0				
						ort Claimed (13) \$	0
Tribal Link Up (Availa	ble only to ETCs rece	eiving H	igh Cost su	opor	t)		
Number of Connec	ctions Waived	(14)	0				
Charges Waived p	er Connection	(15) \$	0.00		(for multiple rates,	use an average amo	ount)
		(not to	exceed \$100)				
Total Connection (Charges Waived	(16) \$	0.0				
Deferred Interest		(17) \$	0.00		_		
			Te	otal '	Tribal Link Up Sup	port Claimed (18)	\$ 0
ETC Payment							
Total Lifeline \$ 6253	Total TLS \$ 0		т	otal	Tribal Link Up \$ 0		
*						Dollars (19) \$ 62	253
					Total	Dollars (19) \$	

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OFFICER TITLE	OFFICER NAME					
accountant	teresa emerson					
DATE	OFFICER SIGNATURE					
12/02/2014	teresa emerson					

OFFICER TITLE

OFFICER NAME

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(1) USAC Service Provider I	dentification Numbe	1430	01566		(2) Stu	dy Area Co	ode_260401
(3) Filer 499 ID 801267		(4) Te	chnology Ty	pe (check one) Wireli	ne 🔽	Wireless 🔲
(5) ETC Designation Type (C	heck one): Lifelin	e Only		ligh	Cost/Low Income	$ \sqrt{} $	_
(6) Organization Information	1			(7)	Filing Information		
Company Legal Name:	Duo County Telepho	ne Coo	p. Corp. Inc.		Submission Date	01/08/2	2015
Contact Name:	TERESA EMER	RSON		b)	Data Month	Decem	ber 2014
Mailing Address:	2150 NORTHA	MAIN		c)	Type of Filing (check one)		
						Original Revision	A
	JAMESTOWN,	KY 42	2629	d)	State Reporting	KENTU	ICKY
Telephone Number:	2703433131						
Fax Number:	2703432600						
E-mail Address:	temerson@duo	tel.cor	n				
Lifeline							
			_ifeline		(b) Lifeline Sup		(c) Total Lifeline
Non-Tribal Low-Income Sub-			cribers		Subscriber Sup	2002	
Receiving federal Li	feline Support	(8) 6			x \$9.2	= \$ 6290	
Tribal Low-Income Subscrib Receiving federal Li		(9) <u>(</u>)	- 1	x = 0.00 = \$ 0.00		
Necesting rederal El	теппе опррот	To		tal F	ederal Lifeline Sup		ed (10) \$ 6290
Toll Limitation Service	es (TLS)						
Cost of Providing TI (the lesser of incrementa	LS per Subscriber al cost or \$3 in 2012 /\$2	(11) in 2013)	0.00000	0	_		
Number of TLS Sub	scribers	(12)	0				
					Total TLS Supp	ort Claime	d (13) \$ <u>0</u>
Tribal Link Up (Availabl	le only to ETCs rece	iving H	igh Cost sup	pon	<i>(</i>)		
Number of Connecti	ons Waived	(14)	0		_		
Charges Waived per	Connection	(15) \$	0.00 exceed \$100)	(for multiple rates, use an average		age amount)	
		(not to	exceed \$100)				
Total Connection Ch	narges Waived	(16) \$	0.0		_		
Deferred Interest		(17) \$	0.00		_		
			Т	tal 1	ribal Link Up Sup	oort Claime	ed (18) \$ <u>0</u>
ETC Payment							
Total Lifeline \$ 6290	Total TLS \$_0		т	otal	Tribal Link Up \$ 0		_
							9) \$ 6290
					Total	Dollars (1	915

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01/08/2015	TERESA EMERSON			
DATE	OFFICER SIGNATURE			
accountant	TERESA EMERSON			

OFFICER TITLE

OFFICER NAME

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						a per respondent 2.0 i	
(1) USAC Service Provider I	dentification Numbe	r_143001566		(2) Stu	dy Area C	ode_260401	
(3) Filer 499 ID 801267		(4) Technology Ty	/pe (check one) Wireli	ne 🔽	Wireless 🔲	
(5) ETC Designation Type (C	Check one): Lifelin	e Only 📮 🔠	High	Cost/Low Income			
(6) Organization Information	1		(7)	Filing Information			
Company Legal Name:	Duo County Telepho	one Coop. Corp. Inc.	a)	Submission Date	02/09/2	2015	
Contact Name:	TERESA EMER	RSON	b)	Data Month	Januar	y 2015	
Mailing Address:	2150 n main		c)	Type of Filing (check one)			
					Original	A	
11 m. san - C. M. A. 1912 - 1 M. 1914 - 1 M.	jamestown, KY	42629	d)	State Reporting	Revision KENTU		
Telephone Number:	270-343-3131			v			
Fax Number:	270-343-2600						
E-mail Address:	temerson@duo	tel.com					
Lifeline							
		(a) # Lifeline		(b) Lifeline Sup	port/	(c) Total Lifeline	
Non-Tribal Low-Income Sub	scribers	Subscribers		Subscriber Sup	port		
Receiving federal Li	ifeline Support	(8) 675		x \$9.25	5	= \$ 6244	
Tribal Low-Income Subscrib		(9) 0		x \$ <u>0.00</u>		= \$ 0	
Receiving federal Li	feline Support	То	(not to exceed \$34.25) tal Federal Lifeline Support Claimed (10) \$ 6244				
Toll Limitation Service	os (TI S)			ouerur Enemie Gup	port Glaiin	ου (10) ψ <u>02-1-1</u>	
Ton Emiliation Servic	es (1L3)						
Cost of Providing TI (the lesser of incremental	LS per Subscriber al cost or \$3 in 2012 /\$2 i	(11) n 2013) 0.00000	0	_			
Number of TLS Subs	scribers	(12) <u>0</u>					
Talk at the common of				Total TLS Suppo	ort Claime	d (13) \$ <u>0</u>	
Tribal Link Up (Availabl	le only to ETCs rece	iving High Cost sup	port)			
Number of Connecti	ons Waived	(14) 0		_			
Charges Waived per	Connection	(15) \$ 0.00 (not to exceed \$100)		(for multiple rates,	use an aver	age amount)	
		(not to exceed \$100)					
Total Connection Ch	narges Waived	(16) \$ <u>0.0</u>		_			
Deferred Interest		(17) \$ 0.00		_			
		То	tal T	ribal Link Up Supp	ort Claime	ed (18) \$ 0	
ETC Payment							
Total Lifeline \$ 6244	Total TLS \$ 0	т	otal "	Tribal Link IIn \$ 0			
	2 (c 20)2 5 T F					6244	
				Total	Dollars (19	9) \$	

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OFFICER TITLE	OFFICER NAME				
accountant	TERESA EMERSON				
DATE	OFFICER SIGNATURE				
02/09/2015	TERESA EMERSON				

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(1) USAC Service Provider Identification Number		143001566			(2) Stu	(2) Study Area Code 260401			
(3) Filer 499 ID 801267		(4) Ted	hnology Ty	pe (d	check one) Wireli	ne 🗾	Wireless		
(5) ETC Designation Type (C	heck one): Lifeline	Only [) H	ligh	Cost/Low Income				
(6) Organization Information				(7) F	iling Information				
Company Legal Name:	Duo County Telephor	ne Coop	. Corp. Inc.	a)	Submission Date	03/12/20			
Contact Name:	TERESA EMER	SON		b)	Data Month	February	2015		
Mailing Address:	2150 N MAIN			c)	Type of Filing (check one)				
	PO BOX 80				(Silvoit Cilo)	Original Revision	2		
	JAMESTOWN,	KY 42	629	d)	State Reporting	KENTUC	KY		
Telephone Number:	2703431171								
Fax Number:	2703432600								
E-mail Address:	TEMERSON@	DUOTE	EL.COM						
Lifeline		(2) # 1	ifeline		(b) Lifeline Su	nnort/	(c) Total Life	aline	
			ribers		Subscriber Su		(c) Total Elic		
Non-Tribal Low-Income Sub- Receiving federal Li		(8) 6	67		x \$9.2	= \$ <u>6170</u>			
Tribal Low-Income Subscribers Receiving federal Lifeline Support		(9) <u>0</u>			= \$0.00 (not to exceed \$34.25) al Federal Lifeline Support Claimed (10) \$ 6170				
Toll Limitation Service	es (TLS)					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	= (10) ¥ <u>5 11</u>		
Cost of Providing To (the lesser of increment	LS per Subscriber al cost or \$3 in 2012 /\$2 i	(11) n 2013)	0.00000	00					
Number of TLS Sub	scribers	(12)	0						
Tribal Link Up (Availab	le only to ETCs rece	iving Hi	igh Cost su	ppor	Total TLS Sup	port Claimed	(13) \$ <u>0</u>		
Number of Connect Charges Waived pe		(14) (15) \$ (not to	0 0.00 exceed \$100)		(for multiple rate	s, use an averaç	ge amount)		
Total Connection C	harges Waived	(16) \$	0.0		_				
Deferred Interest		(17) \$	0.00		_				
		*	Т	otal	Tribal Link Up Տսլ	oport Claimed	i (18) \$ <u>0</u>		
ETC Payment									
Total Lifeline \$ 6170	Total TLS \$_0			Total	Tribal Link Up \$	0	_		
					Tota	al Dollars (19)) \$ <u>6170</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.

03/12/2015	TERESA EMERSON
DATE	OFFICER SIGNATURE
ACCOUNTANT	TERESA EMERSON

OFFICER TITLE

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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FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

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

(1) USAC Service Provider Id	lentification Number	14300156	6		(2) Stu	dy Area Cod	_e 260401
	enuncation Number _			(-			Wireless
(3) Filer 499 ID 801267		_			check one) Wireli		Wileless
(5) ETC Designation Type (C	heck one): Lifeline	Only 📮	Н	ligh	Cost/Low Income		ĸ
(6) Organization Information				(7) F	Filing Information	T	
Company Legal Name:	Duo County Telephor	ne Coop. Cor	p. Inc.	a)	Submission Date	04/10/20	115
Contact Name:	TERESA EMER	SON		b)	Data Month	March 2	015
Mailing Address:	1250 n main			c)	Type of Filing (check one)		
						Original Revision	
	jamestown, KY 4	12629		d)	State Reporting	KENTU	CKY
Telephone Number:	2703431171						
Fax Number:	2703432600						
E-mail Address:	temerson@duot	el.com					
Lifeline Non-Tribal Low-Income Sub	caribare	(a) # Lifelin Subscriber	<u>'s</u>		(b) Lifeline Sup Subscriber Su		(c) Total Lifeline
Receiving federal Li		(8) 665			x \$9.2	25	= \$ 6151
Tribal Low-Income Subscrib	ers	(9) 0			x \$ <u>0.00</u>		= \$ 0
Receiving federal Li	ifeline Support			tal F	(not to exce	ed (10) \$ 6151	
Toll Limitation Service	es (TLS)					,	(15) ¥ <u> (15)</u>
Cost of Providing T (the lesser of increment	LS per Subscriber al cost or \$3 in 2012 /\$2 in	(''')	00000	0	_		
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						
Number of Connect Charges Waived pe		(14) $\frac{0}{0.0}$ (not to exceed			(for multiple rates	s, use an avera	age amount)
Total Connection C	harges Waived	(16) \$ <u>0.0</u>)		_		
Deferred Interest		(17) \$ <u>0.0</u>	00				
			т	otal	Tribal Link Up Sup	port Claime	d (18) \$ <u>0</u>
ETC Payment							
Total Lifeline \$ 6151	T-1-1-7-0 A O			T-4-1	Triballinkline (0	
Total Lifeline \$ 0131	lotal ILS \$_O_		_	ota			
					Tota	al Dollars (1	9) \$ 0131

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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accountant	TERESA EMERSON
DATE	OFFICER SIGNATURE
04/10/2010	TEREOA EMERCON
04/10/2015	TERESA EMERSON

OFFICER TITLE

OFFICER NAME

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FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

OMB Approval 3060-0819

Avg. Burden Est. per Respondent: 2.5 Hrs.

		14300	1566		(2) Stu	dy Area Cod	e 260401	
(1) USAC Service Provider Id								_
(3) Filer 499 ID 801267		(4) Tecl	hnology Ty	pe (d	check one) Wireli	ine 🔟	Wireless	
(5) ETC Designation Type (C	heck one): Lifeline	Only 📮	Э н	_	Cost/Low Income			
(6) Organization Information				(7) F	iling Information			
Company Legal Name:	Duo County Telephon	e Coop.	Corp. Inc.	a)	Submission Date	05/04/20		
Contact Name:	teresa emerson			b)	Data Month	April 201	15	
Mailing Address:	p o box 80			c)	Type of Filing (check one)			
						Original Revision		
	jamestown, KY 4	12629		d)	State Reporting	KENTU	CKY	
Telephone Number:	2703431171							
Fax Number:	2703432600							
E-mail Address:	temerson@duote	el.com	1					
Lifeline Non-Tribal Low-Income Sub	scribers	(a) # Li Subsci	ribers		(b) Lifeline Su Subscriber Su	ipport	(c) Total Life	
Receiving federal L	ifeline Support	(8) <u>66</u>	35		x \$9.5	<u>.25</u> = \$ <u>615</u>		
Tribal Low-Income Subscrib	ers	(9) 0			x \$ <u>0.00</u>		= \$ 0	
Receiving federal L		To		tal F	not to exc ederal Lifeline Su	eed \$34.25) pport Claim	ed (10) \$ 615	1
Toll Limitation Service	ces (TLS)							
Cost of Providing T (the lesser of increment	LS per Subscriber tal cost or \$3 in 2012 /\$2 in	(11) n 2013)	0.00000	00	_			
Number of TLS Sub	scribers	(12) <u>0</u>						
					Total TLS Sup	port Claime	d (13) \$ <u>0</u>	
Tribal Link Up (Availab	le only to ETCs rece							
Number of Connect Charges Waived pe		(14) (15) \$ (not to e	0 0.00 exceed \$100)		(for multiple rate	es, use an aver	rage amount)	
Total Connection C	harges Waived	(16) \$	0.0		_			
Deferred Interest		(17) \$	0.00					
			1	「otal	Tribal Link Up Su	pport Claim	ed (18) \$ <u>0</u>	
ETC Payment								
Total Lifeline \$ 6151	Total TLS \$ 0			Tota	I Tribal Link Up \$	0		
Total Ellellie w							19) \$ 6151	

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

OMB Approval 3060-0819

Avg. Burden Est. per Respondent: 2.5 Hrs.

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05/04/2015	TERESA EMERSON					
DATE	OFFICER SIGNATURE					
ACCOUNTANT	TERESA EMERSON					

OFFICER TITLE

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OFFICER NAME

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FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

OMB Approval 3060-0819

Avg. Burden Est. per Respondent: 2.5 Hrs.

		1/300	1566		(2	o) Stud	v Area Co	ode <u>260401</u>
(1) USAC Service Provider Id	lentification Number_							_
(3) Filer 499 ID 801267		(4) Tecl	hnology Ty	pe (d	heck one) \	Wirelin	e <u> </u>	Wireless 🔲
(5) ETC Designation Type (C	heck one): Lifeline	Only 🗔) H	ligh	Cost/Low Inc	ome	7	
(6) Organization Information				(7) I	iling Informa	ation	~~~~~	
Company Legal Name:	Duo County Telephor	ne Coop.	Corp. Inc.	a)	Submission [Date	06/02/2	
Contact Name:	TERESA EMER	SON		b)	Data Month		May 20	015
Mailing Address:	2150 N MAIN S	Γ		c)	Type of Filing (check one)	g		
							Original Revision	
	JAMESTOWN, F	Y 426	529	d)	State Reporti	ing	KENTU	JCKY
Telephone Number:	2703433131							
Fax Number:	2703432600			1				
E-mail Address:	TEMERSON@D	UOTE	L.COM					
Lifeline		(a) # Li Subsci			(b) Lifelin Subscrib			(c) Total Lifeline
Non-Tribal Low-Income Sub	scribers ifeline Support	(8) 659			x \$	9.2	= \$ 6096	
Receiving federal Lifeline Support Tribal Low-Income Subscribers Receiving federal Lifeline Support		(9) 0		otal F				
Toll Limitation Service	ces (TLS)							
Cost of Providing T (the lesser of increment	LS per Subscriber tal cost or \$3 in 2012 /\$2 i	(11) n 2013)	0.00000	00	_			
Number of TLS Sub	oscribers	(12)	0					
Tribal Link Up (Availab	ole only to ETCs rece	iving Hi	igh Cost sı	ıppo		S Supp	ort Claim	ned (13) \$ <u>0</u>
Number of Connec Charges Waived pe		(14) (15) \$ (not to e	0 0.00 exceed \$100)	(for multip	ole rates	, use an av	verage amount)
Total Connection C	charges Waived		0.0					
Deferred Interest		(17) \$	0.00					0
				Total	Tribal Link L	Jp Sup	port Clair	med (18) \$ <u>0</u>
ETC Payment								
Total Lifeline \$ 6096	Total TLS \$ 0			Tota	l Tribal Link	Up \$ _)	
Total Ellelling w								(19) \$ 6096
						-100		

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LIFELINE WORKSHEET

OMB Approval 3060-0819

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06/02/2015	TERESA EMERSON					
DATE	OFFICER SIGNATURE					
ACCOUNTANT	TERESA EMERSON					

OFFICER TITLE

OFFICER NAME

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FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

OMB Approval 3060-0819

Avg. Burden Est. per Respondent: 2.5 Hrs. (1) USAC Service Provider Identification Number $\underline{143001566}$ (2) Study Area Code 260401 Wireless (4) Technology Type (check one) Wireline (3) Filer 499 ID 801267 High Cost/Low Income (5) ETC Designation Type (Check one): Lifeline Only (7) Filing Information (6) Organization Information **Submission Date** 07/08/2015 Duo County Telephone Coop. Corp. Inc. Company Legal Name: June 2015 **Data Month Contact Name:** teresa emerson Type of Filing Mailing Address: 2150 n main (check one) Original Revision State Reporting KENTUCKY jamestown, KY 42629 Telephone Number: 2703431171 Fax Number: 2703432600 temerson@duotel.com E-mail Address: Lifeline (c) Total Lifeline (b) Lifeline Support/ (a) # Lifeline Subscriber Support Subscribers Non-Tribal Low-Income Subscribers = \$ 5994 648 9.25 Receiving federal Lifeline Support 0.00 =\$ 0 Tribal Low-Income Subscribers (not to exceed \$34.25) Receiving federal Lifeline Support Total Federal Lifeline Support Claimed (10) \$ 5994 Toll Limitation Services (TLS) 0.000000 Cost of Providing TLS per Subscriber (11)(the lesser of incremental cost or \$3 in 2012 /\$2 in 2013) 0 (12)Number of TLS Subscribers Total TLS Support Claimed (13) \$ 0 Tribal Link Up (Available only to ETCs receiving High Cost support) (14)**Number of Connections Waived** (15)\$ 0.00(for multiple rates, use an average amount) Charges Waived per Connection (not to exceed \$100) (16) \$ 0.0 **Total Connection Charges Waived**

Total Dollars (19) \$ $\frac{5994}{1}$

Total TLS \$ 0

Deferred Interest

ETC Payment

Total Lifeline \$ 5994

(17)\$ 0.00

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

Total Tribal Link Up \$ 0

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

OMB Approval 3060-0819

Avg. Burden Est. per Respondent: 2.5 Hrs.

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DATE ACCOUNTANT	TERESA EMERSON	
DATE	OFFICER SIGNATURE	
ACCOUNTANT	TERESA EMERSON	

OFFICER TITLE

OFFICER NAME

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LIFELINE WORKSHEET

OMB Approval 3060-0819

(1) USAC Service Provider Identification Number 143001566					(2) Study Area Code 260401				
(3) Filer 499 ID 801267				pe (c	heck one)	Wirelin	ne 🔽	Wireless	
(5) ETC Designation Type (C	heck one): Lifeline	Only 🖵	h +	ligh	Cost/Low Ir	ncome			
(6) Organization Information				(7) F	iling Inforn	nation			
Company Legal Name:	Duo County Telephon	e Coop.	Corp. Inc.	a)	Submission	n Date	08/05/20)15	
Contact Name:	teresa emerson			b)	Data Month		July 201	5	
Mailing Address:	2150 n main			c)	Type of Fili (check one))			
							Original Revision		
	jamestown, KY 4	12629		d)	State Repo	rting	KENTU	CKY	
Telephone Number:	2703433131								
Fax Number:	2703432600								
E-mail Address:	temerson@duot	el.com							
Lifeline									
Lifelifie		(a) # Lif				line Sup		(c) Total Life	eline
Non-Tribal Low-Income Sub	ecribers	Subscr			Subscr	iber Sur	oport		
Receiving federal L	ifeline Support	(8) <u>63</u>	9		× \$_	9.2	5	= \$ <u>5911</u>	
Tribal Low-Income Subscrib	ers	(9) 0			× \$ _			= \$ 0	
Receiving federal L			T	otal F	nederal Life	ot to exce	ed \$34.25)	ed (10) \$ <u>591</u>	1
/				Jui	ouorar Eno				
Toll Limitation Service	es (TLS)								
Cost of Providing T	1 6 nor Subscriber	(11)	0.00000	00					
(the lesser of increment	tal cost or \$3 in 2012 /\$2 in	n 2013)			_				
Number of TLS Sub	scribers	(12)	0						
					Total TI	LS Supp	ort Claimed	d (13)\$ <u>0</u>	
Tribal Link Up (Availab	ole only to ETCs rece	iving Hig	gh Cost su	ippo	rt)				
Number of Connec	tions Waived	(14)	0						
Charges Waived pe		(14) (15) \$	0.00		(for mul	tiple rates	s, use an aver	age amount)	
•		(not to e	xceed \$100)					
Total Connection C	harges Waived	(16) \$	0.0		_				
Deferred Interest	•		0.00						
Deletted interest		()				Un Sur	nort Claime	ed (18) \$ <u>0</u>	
				iotai	TIDAI LIIK	op out	port oranne		
ETC Payment									
Total Lifeline \$ 5911	Total TLS \$_0_			Tota	l Tribal Lini	k Up \$ _	0		
							al Dollars (1		
)									

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.

accountant	TERESA EMERSON	
DATE	OFFICER SIGNATURE	
08/05/2015	TERESA EMERSON	
00/05/0045	TEDECA EMEDOON	

OFFICER TITLE

OFFICER NAME

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FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

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

(1) USAC Service Provider Identification Number 143001566					(2) Study Area Code 260401			
(3) Filer 499 ID <u>801267</u> (4) Technology					check one) Wirelin	ne 🗸	Wireless 🔲	
(5) ETC Designation Type (C	heck one): Lifeline	Only [⊒ н	ligh	Cost/Low Income			
(6) Organization Information				(7) F	iling Information			
Company Legal Name:	Duo County Telephor	пе Соор	. Corp. Inc.	a)	Submission Date	09/04/20	15	
Contact Name:	TERESA EMER	SON		b)	Data Month	August 2	015	
Mailing Address:	2150 n main			c)	Type of Filing (check one)		_	
						Kevision L		
	JAMESTOWN, I	KY 420	629	d)	State Reporting	KENTUC	KY	
Telephone Number:	2703431171							
Fax Number:	2703432600							
E-mail Address:	temerson@duot	el.com	1					
Lifeline								
Literine		(a) # L	ifeline		(b) Lifeline Sup	port/	(c) Total Lifeline	
		Subsc	ribers		Subscriber Sup	port		
Non-Tribal Low-Income Subs Receiving federal Li		(8) 6	36		x \$9.2	5	= \$ 5883	
Tribal Low-Income Subscrib	ers	(9) <u>0</u>			x \$ <u>0.00</u>	= \$ 0		
Receiving federal Li	feline Support		То	tal F	(not to exceed \$34.25) tal Federal Lifeline Support Claimed (10) \$ 5883			
Tall Limitation Consid	os (TI S)					,		
Toll Limitation Servic	es (TLS)							
Cost of Providing TI (the lesser of incremental	LS per Subscriber al cost or \$3 in 2012 /\$2 in	(11) n 2013)	0.00000	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	iving Hi	gh Cost su	ppor	t)			
Number of Connect	ions Waived	(14)	0					
Charges Waived per		(15) \$	0.00		(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		_			
			T	otal '	Tribal Link Up Sup	port Claimed	i (18) \$ <u>0</u>	
ETC Payment								
Total Lifeline \$_5883	Total TLS \$ 0		1	Γotal	Tribal Link Up \$ 0	j	_	
,						l Dollars (19		

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

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

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09/04/2015	teresa emerson
DATE	OFFICER SIGNATURE
accountant	teresa emerson

OFFICER TITLE

OFFICER NAME

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FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

OMB Approval 3060-0819

	(1) USAC Service Provider Identification Number 143001566					(2) Study Area Code 260401				
	(3) Filer 499 ID <u>801267</u>				pe (c	check one) Wirelin	ne 🗹 W	ireless 🔲		
	(5) ETC Designation Type (C	heck one): Lifeline	Only [<u> </u>	ligh	Cost/Low Income	V			
	(6) Organization Information				(7) F	iling Information				
	Company Legal Name:	Duo County Telephon	ne Coop.	Corp. Inc.	a)	Submission Date	10/05/2015			
r	Contact Name:	TERESA EMER	SON		b)	Data Month	September 2	.015		
r	Mailing Address:	2150 n main			c)	Type of Filing (check one)				
						,	Original			
		jamestown, KY 4	12629		d)	State Reporting	KENTUCKY			
r	Telephone Number:	2703431171				3				
r	Fax Number:	2703432600								
r	E-mail Address:	temerson@duot	el.com	ı						
	Life-lim-									
	Lifeline		(a) # Li			(b) Lifeline Sup		Total Lifeline		
	N. T. W. I. I. San Income Cub.	a a wilh a wa	Subsc	<u>ribers</u>		Subscriber Sup	<u>oport</u>			
	Non-Tribal Low-Income Sub- Receiving federal Li	scribers ifeline Support	(8) 6	25		x \$9.2	= \$	5781		
	Tribal Low-Income Subscrib	ers	(9) <u>0</u>			x \$ <u>0.00</u>	= \$	0		
)	Receiving federal Li		, ,			(not to exceed \$34.25) al Federal Lifeline Support Claimed (10) \$ 5781				
		(TI 0)			, ,		(
	Toll Limitation Service	es (ILS)								
	Cost of Providing T (the lesser of increment	LS per Subscriber al cost or \$3 in 2012 /\$2 in	(11) n 2013)	0.00000	00	_				
	Number of TLS Sub	scribers	(12)	0						
						Total TLS Supp	oort Claimed (13)	<u>\$</u> 0		
	Tribal Link Up (Availab	le only to ETCs rece	iving Hi	igh Cost su	ippoi					
	Number of Connect	tions Waived	(14)	0						
	Charges Waived pe		(15) \$	0.00		(for multiple rates	s, use an average an	nount)		
			(not to	exceed \$100))					
	Total Connection C	harges Waived	(16) \$	0.0						
	Deferred Interest		(17) \$	0.00						
					Γotal	Tribal Link Up Sup	port Claimed (18)\$0		
				,						
	ETC Payment									
	Total Lifeline \$ 5781	Total TLS \$_0_			Tota					
						Tota	al Dollars (19) \$	5781	_	
1										

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

OMB Approval 3060-0819

Avg. Burden Est. per Respondent: 2.5 Hrs.

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10/05/2015	teresa emerson
DATE	OFFICER SIGNATURE
accountant	teresa emerson

OFFICER TITLE

OFFICER NAME

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FCC Form 497 April 2012 Edition

Lifeline

LIFELINE WORKSHEET

OMB Approval

3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs. (1) USAC Service Provider Identification Number 143001566 (2) Study Area Code 260401 (4) Technology Type (check one) Wireline Wireless (3) Filer 499 ID 801267 High Cost/Low Income (5) ETC Designation Type (Check one): Lifeline Only (7) Filing Information (6) Organization Information 11/04/2015 Duo County Telephone Coop. Corp. Inc. **Submission Date** Company Legal Name: October 2015 Data Month TERESA EMERSON **Contact Name:** Type of Filing c) Mailing Address: 2150 N MAIN (check one) Original Revision State Reporting KENTUCKY JAMESTOWN, KY 42629 Telephone Number: 2703433131 Fax Number: 2703432600 temerson@duotel.com E-mail Address: (c) Total Lifeline (a) # Lifeline (b) Lifeline Support/ Subscriber Support Subscribers Non-Tribal Low-Income Subscribers = \$ 5661 (8) 612 9.25 Receiving federal Lifeline Support 0.00 = \$ 0 **Tribal Low-Income Subscribers** (not to exceed \$34.25) Receiving federal Lifeline Support Total Federal Lifeline Support Claimed (10) \$ 5661 Toll Limitation Services (TLS) 0.000000 (11)Cost of Providing TLS per Subscriber (the lesser of incremental cost or \$3 in 2012 /\$2 in 2013) (12)**Number of TLS Subscribers** Total TLS Support Claimed (13) \$ 0 Tribal Link Up (Available only to ETCs receiving High Cost support) 0 (14)**Number of Connections Waived (15)** \$ <u>0.00</u> (for multiple rates, use an average amount) Charges Waived per Connection (not to exceed \$100) (16) \$ <u>0.0</u> **Total Connection Charges Waived** (17)\$ 0.00 **Deferred Interest** Total Tribal Link Up Support Claimed (18) \$ 0

ETC Payment

Total Tribal Link Up \$ 0 Total TLS \$_0 Total Lifeline \$ 5661 Total Dollars (19) \$ 5661

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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11/04/2015	TERESA EMERSON
DATE	OFFICER SIGNATURE
accountant	TERESA EMERSON

OFFICER TITLE

OFFICER NAME

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FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

OMB Approval 3060-0819

(1) USAC Service Provider Identification Number 143001566 (2) Study Area Code 260401								
(3) Filer 499 ID <u>801267</u> (4) Technology			hnology Ty	pe (d	check one)	Wirelin	ne 🗹	Wireless 🔲
(5) ETC Designation Type (C	heck one): Lifeline	Only [□	ligh	Cost/Low In	come		
(6) Organization Information				(7) F	iling Inform	nation		
Company Legal Name:	Duo County Telephor	ne Coop.	. Corp. Inc.	a)	Submission	Date	12/01/2	
Contact Name:	TERESA EMER	SON		b)	Data Month		Novem	ber 2015
Mailing Address:	2150 n main			c)	Type of Filir (check one)			
					(000 00)	1	Original Revision	A
	jamestown, KY 4	12629		d)	State Repor		KENTL	
Telephone Number:	2703431171	12020		<u> </u>			111111	
Fax Number:	2703432600							
F well Address:	TEMERSON@D	LIOTE	I COM					
E-mail Address:	TEWERSON	0011	LL.COIVI					
Lifeline								
211011110		(a) # L			(b) Lifeli			(c) Total Lifeline
Non-Tribal Low-Income Sub	ecribare	Subsc	ribers		Subscri	ber Sup	oport	
Receiving federal Li		(8) 6	05		x \$ = \$ <u>5596</u>			= \$ <u>5596</u>
Tribal Low-Income Subscrib	are	(9) <u>0</u>			x \$ C	0.00		= \$ 0
Receiving federal L	ifeline Support	(0) _			(no	ot to exce	ceed \$34.25) upport Claimed (10) \$ 5596	
)			To	tal F	ederal Lifel	ine Sup	port Clain	ned (10) \$ <u>3390</u>
Toll Limitation Service	es (TLS)							
7011 Ellintation Co	()							
Cost of Providing T	LS per Subscriber	(11)	0.00000	00				
(the lesser of increment	al cost or \$3 in 2012 /\$2 i							
Number of TLS Sub	scribers	(12)	0					
					Total TI	C Cupr	ort Claim	ed (13)\$
Tribal Link Up (Availab	lo only to ETCs roco	ivina H	iah Coet ei	ınnoı		.o oupp	ort Glainie	eu (13) \$
Tribal Lilik Up (Availab	ile offity to ETCs rece	iving i ii	gri Cost su	ppoi	4			
Number of Connect	tions Waived	(14)	0					
Charges Waived pe		(15)\$	0.00		(for multi	iple rates	s, use an ave	erage amount)
		(not to	exceed \$100)					
	1	(40\ C	0.0					
Total Connection C	harges Waived							
Deferred Interest		(17) \$	0.00					
			1	Total	Tribal Link	Up Sup	port Clain	ned (18) \$ <u>0</u>
ETC Payment								
Total Lifeline \$ 5596	Total TLS \$ 0			Tota	l Tribal Link	(Up \$ _)	
Total Ellellile W								
						Tota	al Dollars ((19) \$ 5596

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

OMB Approval 3060-0819

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12/01/2015	TERESA EMERSON				
DATE	OFFICER SIGNATURE				
ACCOUNTANT	TERESA EMERSON				

OFFICER TITLE

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FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

OMB Approval 3060-0819

(1) USAC Service Provider Id	dentification Number	14300	1566		(2) Stud	dy Area Cod	de 260401
(3) Filer 499 ID 801267				pe (d	check one) Wirelin	ne 🗸	Wireless 🔲
(5) ETC Designation Type (C	heck one): Lifeline	Only [⊃ ⊦	ligh	Cost/Low Income	V	
(6) Organization Information	The second secon				Filing Information		
Company Legal Name:	Duo County Telephor	ne Coop.	Corp. Inc.	a)	Submission Date	01/06/20	016
Contact Name:	TERESA EMER	SON		b)	Data Month	Decemb	er 2015
Mailing Address:	2150 NORTH M	AIN		c)	Type of Filing (check one)		
						Original Revision	
	JAMESTOWN,	KY 426	529	d)	State Reporting	KENTU	CKY
Telephone Number:	270 3433131						
Fax Number:							
E-mail Address:	TEMERSON@	DUOTE	EL.COM				
Lifeline		(a) # Li			(b) Lifeline Sup		(c) Total Lifeline
Non-Tribal Low-Income Sub	scribers	Subsci			Subscriber Sup		· 5467
Receiving federal L	ifeline Support	(8) 59			x \$9.2	25	= \$ 5467
Tribal Low-Income Subscrik Receiving federal L		(9) <u>0</u>		tal F	$ \begin{array}{ccc} & \times & \$ & \underline{0.00} & = \$ & \underline{0} \\ & \text{(not to exceed $34.25)} & & = \$ & \underline{0} \\ & & \text{Federal Lifeline Support Claimed (10) $5467} & & & \\ \end{array} $		
Toll Limitation Service	ces (TLS)						
Cost of Providing T (the lesser of incremen	LS per Subscriber tal cost or \$3 in 2012 /\$2 i	(11) in 2013)	0.00000	00			
Number of TLS Sub	oscribers	(12)	0				
			(-t- Ot		Total TLS Supp	oort Claime	d (13)\$ ⁰
Tribal Link Up (Availat	ole only to ETCs rece	eiving Hi	gri Cost su	ppoi	1)		
Number of Connections Waived Charges Waived per Connection		(14) (15) \$	0 0.00 exceed \$100)		(for multiple rates	s, use an aver	age amount)
Total Connection C	harges Waived		0.0				
Deferred Interest			0.00				
Deterred interest		(11) Ψ			 Tribal Link Up Sup	nort Claim	ed (18) \$ ⁰
			'	otal	Tribal Lilik Op Sup	port olaini	
ETC Payment							
Total Lifeline \$_5467	Total TLS \$_0			Tota	l Tribal Link Up \$ <u>(</u>	0	
					Tota	al Dollars (1	9) \$ 5467

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.

OFFICER TITLE	OFFICER NAME
ACCOUNTANT	TERESA EMERSON
DATE	OFFICER SIGNATURE
01/06/2016	TERESA EMERSON
04/00/0040	TEDECA EMEDOON

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 April 2012 Edition

LIFELINE WORKSHEET

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

(1) USAC Service Provider Id	lentification Number _	14300	1566		(2) Stud	dy Area Cod	_{le} 260401
			pe (d	check one) Wirelin	ne 🗸	Wireless 🔲	
(5) ETC Designation Type (C	heck one): Lifeline	Only [⊒ н	ligh	Cost/Low Income	V	
(6) Organization Information				(7) F	Filing Information	,	
Company Legal Name:	Duo County Telephor	e Coop	. Corp. Inc.	a)	Submission Date	02/05/20	016
Contact Name:	TERESA EMER	SON		b)	Data Month	January	2016
Mailing Address:	2150 n main			c)	Type of Filing (check one)		
						Original Revision	
	jamestown, KY 4	12629		d)	State Reporting	KENTU	CKY
Telephone Number:	270 323 3131						
Fax Number:	2703432600						
E-mail Address:	TEMERSON@D	UOTE	EL.COM				
Lifeline		(a) # L Subsc			(b) Lifeline Sup Subscriber Sup		(c) Total Lifeline
Non-Tribal Low-Income Sub Receiving federal L		(8) 592			x \$9.2	:5	= \$ 5476
Tribal Low-Income Subscribers Receiving federal Lifeline Support		(9) <u>0</u>			x \$\frac{0.00}{\text{(not to exceed \$34.25)}} = \$\frac{0}{\text{Colored}}\$ Federal Lifeline Support Claimed (10) \$\frac{5476}{\text{5476}}\$		
Toll Limitation Service	Toll Limitation Services (TLS)						
Cost of Providing TLS per Subscriber (11) (the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)				00			
Number of TLS Subscribers		(12)	0				
Tribal Link Up (Available only to ETCs receiving High Cost				nno	Total TLS Supp	ort Claime	d (13) \$ <u>0</u>
Tribai Link Up (Avallat	ne only to ETCs rece	iving m	igii Cost su	ρρυ	i)		
Number of Connections Waived Charges Waived per Connection		(14) 0 (15) 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				
			Т	otal	Tribal Link Up Sup	port Claime	ed (18) \$ <u>0</u>
ETC Payment							
Total Lifeline \$ 5476	Total TLS \$_0_			Tota	l Tribal Link Up \$ <u>(</u>	<u> </u>	
							9) \$ 5476

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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OFFICER TITLE	OFFICER NAME				
ACCOUNTANT	TERESA EMERSON				
DATE	OFFICER SIGNATURE				
02/05/2016	TERESA EMERSON				
00/05/00/6	TEDECA EMEDICAL				

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FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

OMB Approval 3060-0819

(1) USAC Service Provider Identification Number 143001566				(2) Study Area Code 260401					
(3) Filer 499 ID 801267				pe (d	heck one)	Wirelin	ne 🗸	Wireles	s 🔲
(5) ETC Designation Type (C	heck one): Lifeline	Only [□ ⊢	ligh	Cost/Low In	come	V		
(6) Organization Information				(7) ا	iling Inform	nation			
Company Legal Name:	Duo County Telephor	ne Coop	. Corp. Inc.	a)	Submission	Date	03/04/2	2016	
Contact Name:	teresa emerson			b)	Data Month		Februa	ary 2016	
Mailing Address:	2150 n main			(c)	Type of Filir (check one)				
							Original Revision	\preceq	^
	jamestown, KY	42629		d)	State Repor	rting	KENTU	JCKY	
Telephone Number:	270 343 1171								XXI
Fax Number:	270 343 2600								20
E-mail Address:	temerson@duot	el.com	า						4
Lifeline			ifeline <u>ribers</u>		(b) Lifeli Subscri	ine Sup	port/	(c) Total I	_ifeline
Non-Tribal Low-Income Sub	scribers ifeline Support	(8) 593			x \$	9.2	5	= \$ 548	35
Receiving federal Lifeline Support Tribal Low-Income Subscribers Receiving federal Lifeline Support		(9) 0		otal F	x \$\frac{0.00}{\text{(not to exceed \$34.25)}} = \$\frac{0}{\text{Claimed (10)}}\$			485	
Toll Limitation Service	Toll Limitation Services (TLS)						1		
Cost of Providing TLS per Subscriber (11 (the lesser of incremental cost or \$3 in 2012 /\$2 in 201			0.00000	00_					
Number of TLS Sub	scribers	(12)	0						
					Total TLS Support Claimed (13) \$ 0				
Tribal Link Up (Available only to ETCs receiving High Cost support)									
Number of Connections Waived Charges Waived per Connection		(14) (15) \$ (not to	0 0.00 exceed \$100)	(for mult	tiple rates	s, use an av	verage amount)	
Total Connection Charges Waived		(16) \$	0.0						
Deferred Interest		(17) \$	0.00						
			,	Total	Tribal Link	Up Sup	port Clair	med (18) \$ <u>0</u>	
ETC Payment									
	Total Lifeline \$ 5485 Total TLS \$ 0 Total Tribal Link Up \$ 0								
Total Lifetine 9_0.00						Tota	al Dollars	(19) \$ 5485	

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

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03/04/2016	teresa emerson
DATE	OFFICER SIGNATURE
accountant	teresa emerson

OFFICER TITLE OFFICER NAME

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(1) USAC Service Provider Id	lentification Number	14300	1566		(2) Study Area Code 260401		
			pe (d	(check one) Wireline 🗹 Wireless 🖵			
(5) ETC Designation Type (C	heck one): Lifeline				Cost/Low Income		
(6) Organization Information	and the second s	,	manuscon .	(7)	Filing Information		
Company Legal Name:	Duo County Telephor	ne Coop	. Corp. Inc.	a)	20/24/2040		
Contact Name:	TERESA EMER	SON		b)	Data Month March 2016		
Mailing Address:	2150 n main			c)	Type of Filing (check one)		
					Original Participation Revision		
	jamestown, KY	42629		d)	State Reporting KENTUCKY		
Telephone Number:	270-343-1171						
Fax Number:	270-343-2600						
E-mail Address:	temerson@duot	el.con	n				
Lifeline			ifeline ribers		(b) Lifeline Support/ (c) Total Lifeline Subscriber Support		
Non-Tribal Low-Income Sub Receiving federal L	scribers ifeline Support	(8) 585			x \$9.25 = \$ 5411		
Tribal Low-Income Subscribers Receiving federal Lifeline Support		(9) 0		otal F	x \$ 0.00 = \$ 0 (not to exceed \$34.25) Federal Lifeline Support Claimed (10) \$ 5411		
Toll Limitation Services (TLS)							
Cost of Providing TLS per Subscriber (11) (the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)			0.00000	00			
Number of TLS Subscribers		(12)	0				
Tribal Link Up (Available only to ETCs receiving High Cost			iah Cost su	סממי	Total TLS Support Claimed (13) \$ 0		
THOU LINE OF Product	no only to E roo roo		_		,		
Number of Connections Waived Charges Waived per Connection		(14) $\frac{0}{0.00}$ (not to exceed \$100)			(for multiple rates, use an average amount)		
Total Connection Charges Waived		(16) \$	0.0				
Deferred Interest		(17) \$	0.00				
			Т	otal	ıl Tribal Link Up Support Claimed (18) \$ 0		
ETC Payment							
Total Lifeline \$ 5411	Total TLS \$_0			Tota	al Tribal Link Up \$ <u>0</u>		
					Total Dollars (19) \$ 5411		

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OFFICER TITLE	OFFICER NAME
ACCOUNTANT	TERESA EMERSON
DATE	OFFICER SIGNATURE
03/31/2016	TERESA EMERSON
03/31/2016	TERESA EMERSON

OFFICER TITLE

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