# EXHIBIT 21

LIFELINE WORKSHEET

OMB Approval 3060-0819

Avg. Burden Est. per Respondent: 2.5 Hrs. (1) USAC Service Provider Identification Number 143001570 (2) Study Area Code 260408 (3) Filer 499 ID 802101 (4) Technology Type (check one) Wireline Wireless 🗔 (5) ETC Designation Type (Check one): Lifeline Only High Cost/Low Income 4 (6) Organization Information (7) Filing Information Company Legal Name: **Submission Date** 02/04/2014 Gearheart Communications Incl January 2014 **Contact Name:** DONNA SCAGGS **Data Month** Mailing Address: c) Type of Filing P. O. BOX 542 (check one) Original Revision State Reporting HAROLD, KY 41635 KENTUCKY Telephone Number: 606-479-6206 Fax Number: 606-478-8923 E-mail Address: donnasc@gearheart.com Lifeline (a) # Lifeline (b) Lifeline Support/ (c) Total Lifeline Subscriber Support **Subscribers** Non-Tribal Low-Income Subscribers (8) 1004 x \$ 9.25 = \$ 9287 Receiving federal Lifeline Support x \$ 0.00 **(9)** 0 **Tribal Low-Income Subscribers** Receiving federal Lifeline Support (not to exceed \$34.25) Total Federal Lifeline Support Claimed (10) \$ 9287 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) **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** (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 Lifeline \$ 9287 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 9287

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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02/04/2014	Donna Scaggs				
DATE	OFFICER SIGNATURE				
Regulatory Mgr.	Donna Scaggs				
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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FCC Form 497 April 2012 Edition

# LIFELINE WORKSHEET

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

(1) USAC Service Provider I	dentification Numbe	er <u>143001570</u>		(2) Stu	ıdy Area C	ode 260408
(3) Filer 499 ID 802101		(4) Technology	/ Type (	check one) Wirel	ine 🔽	Wireless 📮
(5) ETC Designation Type (C	Check one): Lifeli	ne Only	High	Cost/Low Income	<b>Z</b>	
(6) Organization Information	<u> </u>		(7)	Filing Information	_	
Company Legal Name:	Gearheart Con	nmunications I	nc a)	Submission Date	02/27/2	2014
Contact Name:	Donna Scaggs	;	b)	Data Month	Februa	ry 2014
Mailing Address:	P. O. BOX 160	)	c)	Type of Filing (check one)	•	
					Original Revision	
	HAROLD, KY	41635	d)	State Reporting	KENTU	
Telephone Number:	606-479-6206					
Fax Number:	606-478-8923		_			
E-mail Address:	donnasc@gea	rheart.com				
Lifeline						
		(a) # Lifeline Subscribers		(b) Lifeline Sup Subscriber Sup		(c) Total Lifeline
Non-Tribal Low-Income Subs Receiving federal Li		(8) 986		x \$ 9.2		= \$ 9121
Tribal Low-Income Subscribe	ers	(9) 0		x \$ 0.00		= \$ 0
Receiving federal Li		(-/	Total F	(not to exce		
Toll Limitation Service	es (TLS)		rotarr	oucial Ellollilo oup	port orani	(10) V <u>0 12 1</u>
Cost of Providing TL (the lesser of incremental		(11) 0.0000 in 2013)	000_	_		
Number of TLS Subs	scribers	(12) <u>0</u>		<del></del>		
<b>-</b>				Total TLS Suppo	ort Claime	d (13) \$ <u>0</u>
Tribal Link Up (Available	e only to ETCs rece	eiving High Cost s	support	)		
Number of Connection	ons Waived	(14) 0		_		
Charges Waived per	Connection	(15) \$ 0.00 (not to exceed \$10)		(for multiple rates,	use an aver	age amount)
		(not to exceed \$10)	<i>3)</i>			
<b>Total Connection Ch</b>	arges Waived	(16) \$ <u>0.0</u>		_		
Deferred Interest		(17) \$ <u>0.00</u>		_		
			Total T	ribal Link Up Supp	ort Claime	d (18) \$ <u>0</u>
ETC Payment						
Total Lifeline \$ 9121	Total TLS \$_0_		Total 1	ribal Link Up \$ 0		<del></del>
				Total	Dollars (19	9121

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02/27/2014	Donna Scaggs				
DATE	OFFICER SIGNATURE				
Regulatory Mgr.	Donna Scaggs				
OFFICER TITLE	OFFICER NAME				

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(3) Filer 499 ID 802101		(4) Technology	Туре	(check one) Wireli	ine 🔼	Wireless 🔲
(5) ETC Designation Type (C	Check one): Lifeli	ne Only 🎑	High	Cost/Low Income		oran)
(6) Organization Information			(7)	Filing Information		
Company Legal Name:	Gearheart Com	nmunications In	nc a)	Submission Date	03/28/2	2014
Contact Name:	DONNA SCAG	GS .	b)	Data Month	March:	2014
Mailing Address:	P. O. BOX 160	)	c)	Type of Filing (check one)		
				,	Original Revision	
	HAROLD, KY 4	41635	d)	State Reporting	KENTU	CKY
Telephone Number:	606-479-6206					
Fax Number:	606-478-8923					
E-mail Address:	donnasc@gear	rheart.com				
Lifeline						
Literine		(a) # Lifeline		(b) Lifeline Sup		(c) Total Lifeline
Non-Tribal Low-Income Subs	scribers	Subscribers		Subscriber Sup	port	
Receiving federal Lit	feline Support	(8) 1002		x \$9.25	5	= \$ <u>9269</u>
Tribal Low-Income Subscribers		(9) <u>O</u>		× \$ <u>0.00</u>		= \$ 0
Receiving federal Lit	feline Support	Т	otal F	(not to exceed \$34.25) Federal Lifeline Support Claimed (10) \$ 9269		
Toll Limitation Service	es (TLS)					
Cost of Providing TL (the lesser of incrementa		(11) 0.0000 in 2013)	00	<del></del>		
Number of TLS Subs	cribers	(12) <u>0</u>				
Tribal Link Up (Available	e only to ETCs rece	eiving High Cost su	upport	Total TLS Suppo	ort Claimed	i (13) \$ <u>0</u>
Number of Connection Charges Waived per		(14) 0 (15) \$ 0.00 (not to exceed \$100)	)	— (for multiple rates,	use an avera	ige amount)
Total Connection Ch	arges Waived	(16) \$ 0.0		<del></del>		
Deferred Interest		(17) \$ <u>0.00</u>		_		
		Т	otal T	ribal Link Up Supp	ort Claime	d (18) \$ <u>0</u>
ETC Payment						
Total Lifeline \$ 9269	_ Total TLS \$ 0		Total 1	ribal Link Up \$ 0		
				Total i	Dollars (19	) \$ <u>9269</u>

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03/28/2014	Donna Scaggs				
DATE	OFFICER SIGNATURE				
Regulatory Mgr.	Donna Scaggs				
OFFICER TITLE	OFFICER NAME				

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(1) USAC Service Provide	er Identification Numb	er 143001570		(2) Stu	dy Area C	ode <u>260408</u>
3) Filer 499 ID <u>802101</u>		(4) Technology T	ype	check one) Wireli	ne 🛂	Wireless 🛄
5) ETC Designation Type	(Check one): Lifel	ine Only 📮	High	Cost/Low Income		
6) Organization Informat	ion		(7)	Filing Information	T	
Company Legal Name:	Gearheart Co	mmunications Ind	(a)	Submission Date	04/28/2	2014
ontact Name:	DONNA SCA	GGS	b)	Data Month	April 20	014
ailing Address:	P. O. BOX 16	60	c)	Type of Filing (check one)	Original	
	1112012	1100=	- 41		Revision	
elephone Number;	HAROLD, KY		(d)	State Reporting	KENTL	JCKY
ax Number:	606-479-6206 606-478-8923		-			
-mail Address:	donnasc@gea					
			1			
ifeline		(a) # Lifeline Subscribers		(b) Lifeline Sup Subscriber Sup		(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support		(8) 990		x \$ 9.25		= \$ 9158
		(9) 0		x \$ 0.00		= \$ 0
ribal Low-Income Subsc Receiving federal		(-/		(not to exce		
		Т	tal F	ederal Lifeline Sup	port Claim	ied (10) \$ <u>9 100</u>
oll Limitation Serv	rices (TLS)					
Cost of Providing (the lesser of increme	TLS per Subscriber ental cost or \$3 in 2012 /\$	(11) 0.00000 2 in 2013)	00	_		
Number of TLS S	ubscribers	(12) <u>0</u>		_		
				Total TLS Supp	ort Claime	d (13) \$ <u>0</u>
<b>ribal Link Up</b> (Availa	able only to ETCs red	ceiving High Cost su	ppor			. ,
Number of Conne	ctions Waived	(14) 0		_		
Charges Waived	per Connection	(15) \$ 0.00		(for multiple rates,	use an aver	age amount)
		(not to exceed \$100)				
Total Connection	Charges Waived	(16) \$ <u>0.0</u>	_	_		
Deferred Interest		(17) \$ <u>0.00</u>				
		T	otal 1	ribal Link Up Supp	ort Claime	ed (18) \$ <u>0</u>
TC Payment						
tal Lifeline \$_9158	Total TI S e ()	7	otal '	Trihal I ink IIn \$ 0		
rtai Ellellile p <u>o 100</u>	IO(d) IEG 9_9		Jul			
				Total	Dollars (19	9) \$ 9158

FCC Form 497 April 2012 Edition

## LIFELINE WORKSHEET

OMB Approval 3060-0819

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04/28/2014	Donna Scaggs				
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Regulatory Mgr.	Donna Scaggs				
OFFICER TITLE	OFFICER NAME				

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(3) Filer 499 ID 802101		(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) I	Filing Information		
Company Legal Name:	Gearheart Comi	munications Inc	a)	Submission Date	05/29/20	014
Contact Name:	DONNA SCAG	GS	b)	Data Month	May 201	14
Mailing Address:	P. O. BOX 160		c)	Type of Filing (check one)		
					Original Revision	
	HAROLD, KY 4	1635	d)	State Reporting	KENTU	CKY
Telephone Number:	606-479-6206					
Fax Number:	606-478-8923					
E-mail Address:	donnasc@gearl	neart.com				
Lifeline						
Lifelific		(a) # Lifeline		(b) Lifeline Supp		(c) Total Lifeline
Non-Tribal Low-Income Subs	cribers	<u>Subscribers</u>		Subscriber Sup	роп	
Receiving federal Lif	feline Support	(8) 984	_	x \$ 9.25	5	=\$ <u>9102</u>
Tribal Low-Income Subscribe		(9) 0			= \$ 0	
Receiving federal Lif	eline Support	Tota	al Fe	not to excee) pderal Lifeline Supp		d (10) \$ 9102
Toll Limitation Service	es (TLS)					
Cost of Providing TL (the lesser of incrementa		(11) <u>0.000000</u> 1 2013)	)	_		
Number of TLS Subs	cribers	(12) <u>0</u>		_		
				Total TLS Suppo	ort Claimed	(13) \$ <u>0</u>
<b>Tribal Link Up</b> (Available	e only to ETCs recei	iving High Cost sup	oort)	)		
Number of Connection	ons Waived	(14) 0		_		
Charges Waived per		(15) \$ <u>0.00</u>		(for multiple rates,	use an averaç	ge amount)
		(not to exceed \$100)				
Total Connection Cha	arges Waived	<b>(16)</b> \$ <u>0.0</u>		_		
Deferred Interest		(17) \$ 0.00		_		
		Tot	al Tr	– ribal Link Up Suppe	ort Claimed	(18) \$ <sup>0</sup>
TTO D			••	= = tr = tr	<b>3</b>	. , , -
ETC Payment						
Total Lifeline \$ 9102	Total TLS \$ <u>0</u>	To	tal T	ribal Link Up \$ <u>0</u>		_
				Total I	Dollare (19)	9102

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05/29/2014	Donna Scaggs	
DATE	OFFICER SIGNATURE	
Regulatory Mgr.	Donna Scaggs	
OFFICER TITLE	OFFICER NAME	

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# LIFELINE WORKSHEET

OMB Approval 3060-0819

Avg. Burden Est. per Respondent: 2.5 Hrs.

(1) USAC Service Provider Ide	entification Numbe	r <u>143</u> 0	001570			(2) Stu	dy Area C	ode 260408	_
(3) Filer 499 ID <u>802101</u>	_	(4) T	echnolog	ју Тур	e (d	check one) Wireli	ne 🛂	Wireless	
(5) ETC Designation Type (Ch	eck one): Lifeliı	ne Only		Hiç	gh	Cost/Low Income			
(6) Organization Information				(	7) l	iling Information			
Company Legal Name:	Gearheart Com	munic	ations	Inc	a)	Submission Date	06/25/2	2014	
Contact Name:	DONNA SCAG	GS			b)	Data Month	June 2	014	
Mailing Address:	P. O. BOX 160				c)	Type of Filing (check one)			
						,	Original Revision	<b>∠</b> ì	
Ī	HAROLD, KY	1635		-	d)	State Reporting	KENTU	ICKY	
	306-479-6206								
ax Number:	606-478-8923		•						
-mail Address:	lonnasc@gear	heart.	com						
ifeline		(2) #	Lifeline			(b) Lifeline Sup	norti	(c) Total Lifel	lina
			cribers			Subscriber Sup		(C) Total Eller	IIIIE
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support		(8)	993			x \$ 9.25	5	= \$ 9185	
-						0.00		= \$ 0	
ribal Low-Income Subscribers Receiving federal Lifel	=	(9) <u>0</u>			_	x \$ 0.00 (not to excee	ed \$34.25)	= \$	
				Total	Fe	deral Lifeline Sup	port Claim	ed (10) \$ <u>9185</u>	· · ·
oll Limitation Services	s (TLS)								
Cost of Providing TLS (the lesser of incremental continuous)		<b>(11)</b> in 2013)	0.000	000		_			
Number of TLS Subsci	ribers	(12)	0			_			
						Total TLS Suppo	rt Claimed	i (13) \$ <u>0</u>	
<b>ribal Link Up</b> (Available d	only to ETCs rece	iving H	igh Cost	suppo	ort)				
Number of Connection	s Waived	(14)	0						
Charges Waived per C	onnection	(15) \$	0.00			– ∟ (for multiple rates, ı	use an avera	ige amount)	
		(not to	exceed \$10	00)					
Total Connection Char	ges Waived	(16) \$	0.0			-			
Deferred Interest		(17) \$	0.00			_			
				Total	Tr	ibal Link Up Suppo	ort Claime	d (18) \$ <u>0</u>	
TC Payment									
otal Lifeline \$ 9185	Total TLS \$ 0			Tota	ı Tı	ribal Link Up \$ 0			
				, • ••	., .				
						Total I	Joliars (19	9185	

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.

06/25/2014	Donna Scaggs				
DATE	OFFICER SIGNATURE				
Regulatory Mgr.	Donna Scaggs				
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 Id	dentification Numbe	r <u>143001570</u>		(2) Stu	dy Area Code <u>260408</u>
(3) Filer 499 ID 802101		(4) Technolog	у Туре (	check one) Wireli	ne 🔃 Wireless 🛄
(5) ETC Designation Type (C	heck one): Lifelir	ne Only 📮	High	Cost/Low Income	
(6) Organization Information			(7)	Filing Information	
Company Legal Name:	Gearheart Com	munications	Inc a)	Submission Date	07/30/2014
Contact Name:	DONNA SCAG	GS	b)	Data Month	July 2014
Mailing Address:	P. O. BOX 160	)	c)	Type of Filing (check one)	
					Original Provided Pro
	HAROLD, KY 4	11635	d)	State Reporting	KENTUCKY
Telephone Number:	606-479-6206				
Fax Number:	606-478-8923				
E-mail Address:	donnasc@gear	heart.com			
Lifeline		(a) # Lifeline		(b) Lifeline Sup	port/ (c) Total Lifeline
		Subscribers		Subscriber Sup	
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support		(8) 938		x \$9.25	= \$ 8677
Tribal Low-Income Subscribe	ers	(9) 0		x \$ 0.00	= \$ 0
Receiving federal Lit	feline Support	, ,		(not to exce	ed \$34.25) port Claimed (10) \$ 8677
Toll Limitation Service	es (TLS)				
Cost of Providing TL (the lesser of incrementa	S per Subscriber d cost or \$3 in 2012 /\$2	(11) 0.000 in 2013)	000_		
Number of TLS Subs	cribers	(12) <u>0</u>			
Tolk at 1 feet the comment				* *	ort Claimed (13) \$ 0
Tribal Link Up (Available	e only to ETCs rece	eiving High Cost	suppor	)	
Number of Connection	ons Waived	(14) 0		_	
Charges Waived per	Connection	(15) \$ <u>0.00</u> (not to exceed \$1		(for multiple rates,	use an average amount)
		(not to exoced or	00,		
Total Connection Cha	arges Waived	(16) \$ <u>0.0</u>		<del></del>	
Deferred Interest		(17) \$ <u>0.00</u>		_	
			Total T	ribal Link Up Supp	ort Claimed (18) \$ 0
ETC Payment					
Total Lifeline \$ 8677	Total TLS \$ 0		Total <sup>*</sup>	Tribal Link Up \$ <u>0</u>	
					Dollars (19) \$ 8677

FCC Form 497 April 2012 Edition

#### LIFELINE WORKSHEET

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

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07/30/2014	Donna Scaggs	Donna Scaggs				
DATE	OFFICER SIGNATURE					
Regulatory Mgr.	Donna Scaggs					
OFFICER TITLE	OFFICER NAME					

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# LIFELINE WORKSHEET

OMB Approval 3060-0819

Avg. Burden Est. per Respondent: 2.5 Hrs.

(1) USAC Service Provider I	dentification Numbe	er <u>143</u> (	001570		(2) Stu	dy Area Co	ode 260408
(3) Filer 499 ID 802101		(4) T	echnology	Туре	(check one) Wireli	ne 🛂	Wireless 📮
(5) ETC Designation Type (C	Check one): Lifeli	ne Only		High	Cost/Low Income		
(6) Organization Information	i,			(7)	Filing Information		
Company Legal Name:	Gearheart Con	nmunic	ations Ir	ic a)	Submission Date	08/29/2	2014
Contact Name:	DONNA SCAG	GS		b)	Data Month	August	2014
Mailing Address:	P. O. BOX 160			c)	Type of Filing (check one)	•	
						Original Revision	A
	HAROLD, KY 4	11635		d)	State Reporting	KENTU	CKY
Telephone Number:	606-479-6206						
Fax Number:	606-478-8923	•					
E-mail Address:	donnasc@gea	heart.	com				
Lifeline							
			Lifeline		(b) Lifeline Sup		(c) Total Lifeline
Non-Tribal Low-Income Subs			cribers		Subscriber Sup		. 9603
Receiving federal Lifeline Support		(8)			x \$9.25	5	= \$ 8603
Tribal Low-Income Subscribers		(9) 0			x \$ <u>0.00</u>	100100	= \$ 0
Receiving federal Lit	feline Support		1	otal F	not to excee) ederal Lifeline Sup		ed (10) \$ 8603
Toll Limitation Servic	es (TLS)						
Cost of Providing TL (the lesser of incrementa		<b>(11)</b> in 2013)	0.0000	00	_		
Number of TLS Subs	cribers	(12)	0				
					Total TLS Suppo	ort Claimed	i (13) \$ <u>0</u>
Tribal Link Up (Available	e only to ETCs rece	eiving H	igh Cost si	ıpport	<sup>*</sup> )		
Number of Connection	ons Waived	(14)	0		<u> </u>		
Charges Waived per	Connection	(15) \$			(for multiple rates,	use an <b>av</b> era	ige amount)
		(not to	exceed \$100	)			
Total Connection Ch	arges Waived	(16) \$	0.0		<del></del>		
Deferred Interest		(17) \$	0.00		_		
			7	otal T	ribal Link Up Supp	ort Claime	d (18) \$ <u>0</u>
TC Payment							
otal Lifeline \$ 8603	Total TLS \$ 0			Total î	Fribat Link Up \$ 0		_
							\$ 8603

FCC Form 497 April 2012 Edition

#### LIFELINE WORKSHEET

OMB Approval 3060-0819

Avg. Burden Est. per Respondent: 2.5 Hrs.

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08/29/2014	Regulatory Manager	_
DATE	OFFICER SIGNATURE	
Donna Scaggs	Regulatory Manager	
OFFICER TITLE	OFFICER NAME	

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# LIFELINE WORKSHEET

OMB Approval 3060-0819

Avg. Burden Est. per Respondent: 2.5 Hrs.

(1) USAC Service Provider I	dentification Numbe	r 143001570		(2) Stu	dy Area C	ode 260408
(3) Filer 499 ID 802101		(4) Technology Ty	pe (	check one) Wireli	ne 🔼	Wireless 🛄
(5) ETC Designation Type (C	Check one): Lifelir	ne Only 📮 💮 F	ligh	Cost/Low Income		
(6) Organization Information	1		(7)	Filing Information		
Company Legal Name:	Gearheart Com	munications Inc	a)	Submission Date	10/01/2	2014
Contact Name:	DONNA SCAG	GS	b)	Data Month	Septen	nber 2014
Mailing Address:	P. O. BOX 160	)	c)	Type of Filing (check one)	<del></del>	
				, i	Original	
	HAROLD, KY 4	1635	d)	State Reporting	Revision KENTU	
Telephone Number:	606-479-6206					
Fax Number:	606-478-8923					
E-mail Address:	donnasc@gear	heart.com				
Lifeline		(a) # Lifeline		(b) Lifeline Sup	port/	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support		Subscribers		Subscriber Sup	<u>port</u>	
		(8) <u>941</u>		x \$ 9.25	<u> </u>	= \$ <u>8704</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support		(9) <u>0</u>		x \$ <u>0.00</u>		= \$ 0
			al F	not to excee) ederal Lifeline Sup		ed (10) \$ <u>8704</u>
Toll Limitation Servic	es (TLS)					
Cost of Providing TL (the lesser of incremental		(11) 0.00000 in 2013)	)			
Number of TLS Subs	cribers	(12) 0		_		
				Total TLS Suppo	ort Claime	d (13) \$ 0
Tribal Link Up (Available	e only to ETCs rece	iving High Cost sup	port			<b>( , (</b>
Number of Connection	ons Waived	(14) $\frac{0}{0.00}$		_		
Charges Waived per	Connection	(15) \$ 0.00 (not to exceed \$100)		(for multiple rates,	use an avera	age amount)
		(11111)				
Total Connection Ch	arges Waived	(16) \$ <u>0.0</u>		<del></del>		
Deferred Interest		(17) \$ 0.00				
				 ribal Link Up Supp	ort Claime	d (18) \$ 0
ETC Payment		101		con outp		- ( · • / •
otal Lifeline \$ 8704	Total Ti s e O	To	tal T	ribal Link Un ¢ O		
our Fliellie à o. o.	IVIAITLO 9_ <u>V</u>	10	tal l	Total I		
				Total I	Dollars (19	n s <del> </del>

FCC Form 497 April 2012 Edition

#### LIFELINE WORKSHEET

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

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10/01/2014	Donna Scaggs				
DATE	OFFICER SIGNATURE				
Regulatory Mgr.	Donna Scaggs				
OFFICER TITLE	OFFICER NAME				

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#### LIFELINE WORKSHEET

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

(1) USAC Service Provider Identification Number 143001570 (2) Study Area Code 260408 (3) Filer 499 ID 802101 (4) Technology Type (check one) Wireline [7] Wireless 📑 (5) ETC Designation Type (Check one): Lifeline Only High Cost/Low Income [2] (6) Organization Information (7) Filing Information Company Legal Name: Gearheart Communications Inc. **Submission Date** 10/29/2014 Contact Name: Data Month October 2014 DONNA SCAGGS Mailing Address: Type of Filing c) P. O. BOX 160 (check one) Original Revision State Reporting HAROLD, KY 41635 KENTUCKY Telephone Number: 606-479-6206 Fax Number: 606-478-8923 E-mail Address: donnasc@gearheart.com Lifeline (a) # Lifeline (b) Lifeline Support/ (c) Total Lifeline **Subscribers** Subscriber Support Non-Tribal Low-Income Subscribers (8) 853 = \$ 7890 Receiving federal Lifeline Support 9.25 x \$ 0.00 (9) <u>0</u> Tribal Low-Income Subscribers Receiving federal Lifeline Support (not to exceed \$34.25) Total Federal Lifeline Support Claimed (10) \$ 7890 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) **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** (15) \$ <u>0.00</u> **Charges Waived per Connection** (for multiple rates, use an average amount) (not to exceed \$100) (16) \$ 0.0 **Total Connection Charges Waived** (17) \$ 0.00 Deferred Interest Total Tribal Link Up Support Claimed (18) \$  $\frac{0}{2}$ ETC Payment Total Lifeline \$ 7890 Total TLS \$ 0 Total Tribal Link Up \$ 0 Total Dollars (19) \$ 7890

FCC Form 497 April 2012 Edition

#### LIFELINE WORKSHEET

OMB Approval 3060-0819

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# (20) CERTIFICATIONS AND SIGNATURES

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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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OFFICER TITLE	OFFICER NAME	
Regulatory Mgr.	Donna Scaggs	
DATE	OFFICER SIGNATURE	
10/29/2014	Donna Scaggs	

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# LIFELINE WORKSHEET

OMB Approval 3060-0819

Avg. Burden Est. per Respondent: 2.5 Hrs.

S) ETC Designation Type (Check one): Lifeline Only  High Cost/Low Income   6) Organization Information	(1) USAC Service Provider Id	dentification Numbe	r <u>14300</u>	1570		(2) Stu	dy Area C	ode 260408
Company Logal Name:   Gearheart Communications   Inc.   a)   Submission Date   12/04/2014     Contact Name:   DONNA SCAGGS   b) Data Month   November 2014     Contact Name:   DONNA SCAGGS   b) Data Month   November 2014     Contact Name:   DONNA SCAGGS   c)   Type of Filing (check one)   Original   Check one)   Ori	(3) Filer 499 ID 802101		(4) Tech	nology T	ype (	check one) Wireli	ne 🚺	Wireless 📮
Company Logal Name: Gearheart Communications Inc. a) Submission Date 12/04/2014  Contact Name: DONNA SCAGGS b) Data Month November 2014  Idailing Address: P. O. BOX 160 c) Type of Filing (check one) Original Electric Revision  HAROLD, KY 41635 d) State Reporting KENTUCKY  Contact Name: P. O. BOX 160 c) Type of Filing (check one) Original Electric Revision  HAROLD, KY 41635 d) State Reporting KENTUCKY  Contact Name: Cond-479-6206  ax Number: 606-479-6206  ax Number: 606-478-8923 donnasc@gearheart.com  Cifeline  Con-Tribal Low-Income Subscribers Receiving federal Lifeline Support (a) # Lifeline Subscribers (a) # Lifeline Support (b) Lifeline Support (c) Total Lifeline Support (c) Total Lifeline Subscriber Subscriber Subscriber Subscriber Subscriber Subscriber Subscriber (a) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(5) ETC Designation Type (C	heck one): Lifelii	ne Only 📮	3	High	Cost/Low Income		
DONNA SCAGGS   b)   Data Month   November 2014	(6) Organization Information				(7)	Filing Information	,	
F. O. BOX 160   C.   Type of Filing (check one)   Original Revision   The Revis	Company Legal Name:	Gearheart Com	nmunicati	ions Inc	a)	Submission Date	12/04/2	2014
HAROLD, KY 41635   d) State Reporting   KENTUCKY	Contact Name:	DONNA SCAG	GS		b)	Data Month	Novem	ber 2014
HAROLD, KY 41635   d) State Reporting   KENTUCKY	Mailing Address:	P. O. BOX 160	)		c)			
elephone Number: 606-479-6206 ax Number: 606-478-8923						,		7
ax Number: 606-478-8923 -mail Address: donnasc@gearheart.com  Lifeline  Lifeline  (a) # Lifeline Subscribers Subscribers Subscribers Subscribers Receiving federal Lifeline Support  (b) Lifeline Support  (c) Total Lifeline Subscribers Subscribers Subscriber Support  (a) # Lifeline Subscribers Subscriber Support  (b) Lifeline Support  (c) Total Lifeline Subscriber Support  (c) Total Lifeline Subscriber Support  (d) 0		HAROLD, KY 4	11635		d)			CKY
donnasc@gearheart.com  Lifeline  Lifeline  On-Tribal Low-Income Subscribers Receiving federal Lifeline Support  Receiving federal Lifeline Support  Receiving federal Lifeline Support  Fibal Low-Income Subscribers Receiving federal Lifeline Support  Receiving federal Lifeline Support  Fibal Low-Income Subscribers Receiving federal Lifeline Support  Total Federal Lifeline Support Claimed (10) \$ 7641   Cost of Providing TLS per Subscriber (11) (the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)  Number of TLS Subscribers  Number of TLS Subscribers  (12)  Total TLS Support Claimed (13) \$ 0   Total Link Up (Available only to ETCs receiving High Cost support)  Number of Connections Waived (14) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0								
Containe	Fax Number:	606-478-8923						
(a) # Lifeline Subscribers Subscribers Subscribers Subscribers Subscribers Subscribers Subscribers Receiving federal Lifeline Support  (a) # Lifeline Subscribers Subscriber Support  (b) Lifeline Support  (c) Total Lifeline Support  (d) Total Lifeline Support  (e) Total Lifeline Support  (a) # Lifeline Subscriber Subscriber Subscriber Subscriber (a) Subscriber Subscriber Subscriber Subscriber Support Subscriber Support Subscriber (b) Support Claimed (c) Support Subscriber Support Supp	E-mail Address:	donnasc@gear	rheart.co	m				
(a) # Lifeline Subscribers Subscribers Subscribers Subscribers Subscribers Subscribers Subscribers Receiving federal Lifeline Support  (a) # Lifeline Subscribers Subscriber Support  (b) Lifeline Support  (c) Total Lifeline Support  (d) Total Lifeline Support  (e) Total Lifeline Support  (a) # Lifeline Subscriber Subscriber Subscriber Subscriber (a) Subscriber Subscriber Subscriber Subscriber Support Subscriber Support Subscriber (b) Support Claimed (c) Support Subscriber Support Supp	l ifeline							
Solution   Connection   Conne	Lifelific							(c) Total Lifeline
ribal Low-Income Subscribers Receiving federal Lifeline Support  Total Federal Lifeline Support Claimed (10) \$ 7641  Cost of Providing TLS per Subscriber (11) (the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)  Number of TLS Subscribers  (12)  Total TLS Support Claimed (13) \$ 0  Fotal TLS Support Claimed (13) \$ 0  In this Up (Available only to ETCs receiving High Cost support)  Number of Connections Waived Charges Waived per Connection  (14) 0 (for multiple rates, use an average amount) (not to exceed \$100)  Total Connection Charges Waived  (16) \$ 0.0	Non-Tribal Low-Income Subs	cribers				Subscriber Sup	port	
Receiving federal Lifeline Support  Total Federal Lifeline Support Claimed (10) \$ 7641  Total TLS Support Claimed (13) \$ 0  Total TLS Support Claimed (13) \$ 0  Number of Connections Waived Charges Waived per Connection (15) \$ 0.00 (not to exceed \$100)  Total Connection Charges Waived (16) \$ 0.0			(8) <u>82</u> 6	3		x \$9.25	5	= \$ <u>7641</u>
Total Federal Lifeline Support Claimed (10) \$ 7641  Cost of Providing TLS per Subscriber (11) (the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)  Number of TLS Subscribers (12)   Total TLS Support Claimed (13) \$ 0  Iribal Link Up (Available only to ETCs receiving High Cost support)  Number of Connections Waived 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	Tribal Low-Income Subscribers Receiving federal Lifeline Support		(9) 0			, 4 <u> </u>		= \$ 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)   Total TLS Support Claimed (13) \$   In the Initial Link Up (Available only to ETCs receiving High Cost support)  Number of Connections Waived (14) 0 (for multiple rates, use an average amount) (not to exceed \$100)  Total Connection Charges Waived (16) \$ 0.0				To	tal Fe			ed (10) \$ 7641
Cost of Providing TLS per Subscriber (11)	Toll Limitation Service	es (TLS)						
(the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)  Number of TLS Subscribers  (12)  Total TLS Support Claimed (13) \$  Iribal Link Up (Available only to ETCs receiving High Cost support)  Number of Connections Waived Charges Waived per Connection  (14)  (15) \$  0  (15) \$  0  (16) \$  0  (17)  (18)  (18)  (19)  (19)  (19)  (19)  (10)  (10)  (10)  (10)  (11)  (11)  (12)  (12)  (13)  (14)  (15)  (15)  (15)  (16)  (17)  (17)  (18)		, ,						
Total TLS Support Claimed (13) \$ 0    Iribal Link Up (Available only to ETCs receiving High Cost support)			1111 —	0.00000	0	_		
Number of Connections Waived Charges Waived per Connection  Total Connection Charges Waived  (14) 0 0.00 (not to exceed \$100)  (15) \$ 0.00 (not to exceed \$100)  (16) \$ 0.0	Number of TLS Subs	cribers	(12) <u>C</u>	)		_		
Number of Connections Waived Charges Waived per Connection  (14) 0 0.00 (not to exceed \$100)  (not to exceed \$100)  (15) \$ 0.00 (not to exceed \$100)						Total TLS Suppo	ort Claimed	I (13) \$ <u>0</u>
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	<b>Tribal Link Up</b> (Available	only to ETCs rece	iving High	Cost sup	port,	)		
Charges Waived per Connection  (15) \$\frac{0.00}{\text{(not to exceed \$100)}}\$ (for multiple rates, use an average amount)  Total Connection Charges Waived  (16) \$\frac{0.0}{0.0}\$	Number of Connectio	ns Waived	1177 —			_		
Total Connection Charges Waived (16) \$ 0.0	Charges Waived per (	Connection	(15) \$ <u>0</u>		,	(for multiple rates,	use an avera	ige amount)
			(not to exc	eed \$100)				
Deferred Interest (17) \$ 0.00	Total Connection Cha	rges Waived	(16) \$ <u>0</u>	.0		_		
	Deferred Interest		(17) \$ <u>0</u>	.00		_		
Total Tribal Link Up Support Claimed (18) \$ 0				То	tal Ti	ribal Link Up Suppe	ort Claime	d (18) \$ <u>0</u>
TC Payment	ETC Payment							
otal Lifeline \$ 7641 Total TLS \$ 0 Total Tribal Link Up \$ 0	otal Lifeline \$ 7641	Total TLS \$ 0		та	otal T	ribal Link Up \$ 0		
Total Dollars (19) \$						Total !	Dollars (19	s 7641

FCC Form 497 April 2012 Edition

#### LIFELINE WORKSHEET

OMB Approval 3060-0819

Avg. Burden Est. per Respondent: 2.5 Hrs.

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12/04/2014	Donna Scaggs	
DATE	OFFICER SIGNATURE	
Regulatory Mgr.	Donna Scaggs	
OFFICER TITLE	OFFICER NAME	

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FCC Form 497 April 2012 Edition

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

(1) USAC Service Provider I	dentification Numbe	r_143001570		(2) Stu	dy Area C	ode <u>260408</u>
(3) Filer 499 ID 802101		(4) Technology T	ype (	check one) Wireli	ne 🗸	Wireless
(5) ETC Designation Type (0	Check one): Lifelir	ne Only	High	Cost/Low Income		
(6) Organization Information	1		(7)	Filing Information		
Company Legal Name:	Gearheart Com	munications Inc	(a)	Submission Date	12/31/2	2014
Contact Name:	DONNA SCAG	GS	b)	Data Month	Decem	ber 2014
Mailing Address:	P. O. BOX 160	)	c)	Type of Filing (check one)		
			]	,	Original	4
	HAROLD, KY 4	1635	d)	State Reporting	Revision KENTU	JCKY
Telephone Number:	606-479-6206		<u> </u>			
Fax Number:	606-478-8923		1			
E-maîl Address:	donnasc@gear	heart.com				
Lifeline		(a) # Lifeline Subscribers		(b) Lifeline Sup Subscriber Sup		(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support		<del></del>		•		2 7621
		(8) 825		x \$ 9.29	5	= \$ <u>7631</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support		(9) 0		x \$ <u>0.00</u>	od \$34.25)	= \$ 0
Necelving lederar Li	ienne Support	То	tal F	ederal Lifeline Sup		red (10) \$ <u>7631</u>
Toll Limitation Servic	es (TLS)					
Cost of Providing TI (the lesser of incremental		(11) 0.00000 in 2013)	0	_		
Number of TLS Subs	scribers	(12) <u>0</u>		_		
				Total TLS Suppo	ort Claime	d (13) \$ 0
<b>Tribal Link Up</b> (Availabl	e 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	arges Waived	(16) \$ <u>0.0</u>		<del>-</del>		
Deferred Interest		(17) \$ 0.00				
		То	tai T	ribal Link Up Supp	ort Claime	ed (18) \$ <u>0</u>
ETC Payment						
Total Lifeline \$_7631	Total TI S \$ 0	т,	ntal T	ribal Link Un \$ 0		
otal Elicilie o	10ta11L3		∠text			
				Total	Dollars (19	3) S

FCC Form 497 April 2012 Edition

#### LIFELINE WORKSHEET

OMB Approval 3060-0819

Avg. Burden Est. per Respondent; 2.5 Hrs.

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12/31/2014	Donna Scaggs	
DATE	OFFICER SIGNATURE	
Regulatory Mgr.	Donna Scaggs	
OFFICER TITLE	OFFICER NAME	

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# LIFELINE WORKSHEET

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

(1) USAC Service Provider Id	dentification Numbe	er <u>143</u> 0	001570	. =	(2) Stu	udy Area C	ode <u>260408</u>
(3) Filer 499 ID <u>802101</u>		(4) T	echnology T	уре (	(check one) Wirel	ine 🗸	Wireless 🔲
(5) ETC Designation Type (C	heck one): Lifeli	ne Only		High	Cost/Low Income	<b>[</b> ]	
(6) Organization Information	<del></del>			(7)	Filing Information	-,	·
Company Legal Name:	Gearheart Con	nmunic	cations Inc	a)	Submission Date	02/04/2	2015
Contact Name:	DONNA SCAC	GS		b)	Data Month	Januar	y 2015
Mailing Address:	P. O. BOX 160	)		c)	Type of Filing (check one)		
						Original Revision	A
	HAROLD, KY	41635		d)	State Reporting	KENTL	JCKY
Telephone Number:	606-479-6206						
Fax Number:	606-478-8923						
E-mail Address:	donnasc@mis.	net					
Lifeline							
Literite			Lifeline		(b) Lifeline Sur		(c) Total Lifeline
Non-Tribal Low-Income Subs	cribers		cribers		Subscriber Su	pport	
Receiving federal Lifeline Support		(8)	802		x \$9.2	5	= \$ <u>7419</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support		(9) <u> </u>	0		x		= \$ 0
			To	tal F	not to exce) ederal Lifeline Sup		ned (10) \$ 7419
T-Ultimited O	(TI 0)						, ou (10) 4 <u>- 110</u>
Toll Limitation Service	es (TLS)						
Cost of Providing TL: (the lesser of incremental		<b>(11)</b> in 2013)	0.00000	0	_		
Number of TLS Subs	cribers	(12)	0		_		
					Total TLS Supp	ort Claime	d (13) \$ <u>0</u>
Tribal Link Up (Available	only to ETCs rece	eiving H	ligh Cost sup	port	)		
Number of Connection	ns Waived	(14)	0		_		
Charges Waived per	Connection	(15) \$	<u>U.UU</u> exceed \$100)		(for multiple rates,	use an avera	age amount)
		(1101.10	CACCCO W 100)				
Total Connection Cha	rges Waived	(16) \$	0.0		_		
Deferred Interest		(17) \$	0.00		_		
			То	tal Tı	ribal Link Up Supp	ort Claime	d (18) \$ <u>O</u>
ETC Payment							
Total Lifeline \$ 7419	_ Total TLS \$_O_		та	tal T	ribal Link Up \$ 0		
							7419

FCC Form 497 April 2012 Edition

## LIFELINE WORKSHEET

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02/04/2015	Donna Scaggs	_
DATE	OFFICER SIGNATURE	
Regulatory Mgr.	Donna Scaggs	
OFFICER TITLE	OFFICER NAME	

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

(1) USAC Service Provider Id	(2) Study Area Code <u>260408</u>					
(3) Filer 499 ID 802101		(4) Technology Ty	pe (	check one) Wire	eline 🔼	Wireless 📮
(5) ETC Designation Type (C	heck one): Lifelir	ne Only 📮 🗀 F	ligh	Cost/Low Income	<b>₽</b> 🔼	
(6) Organization Information			(7)	Filing Information	1	
Company Legal Name:	Gearheart Com	munications Inc	a)	Submission Date	03/03/2	2015
Contact Name:	DONNA SCAG	GS	b)	Data Month	Februa	ry 2015
Mailing Address:	P. O. BOX 160		c)	Type of Filing (check one)		
				,	Original Revision	
	HAROLD, KY 4	11635	d)	State Reporting	KENTU	CKY
Telephone Number:	606-479-6206					
Fax Number:	606-478-8923					
E-mail Address:	donnasc@gear	heart.com				
Lifeline						
		(a) # Lifeline Subscribers		(b) Lifeline Su Subscriber Su		(c) Total Lifeline
Non-Tribal Low-Income Subs Receiving federal Life		(8) <u>816</u>		•	25	= \$ 7548
Receiving lederal En	enne Support		_		23	
Tribal Low-Income Subscribe Receiving federal Lif		(9) 0		x \$ <u>0.00</u> (not to exceed \$34.25		= \$ 0
Mecelving rederal Lil	eime Support	Tot	al Fe	ederal Lifeline Su		ed (10) \$ <u>7548</u>
Toll Limitation Service	es (TLS)					
Cost of Providing TL (the lesser of incremental		(11) 0.000000 in 2013)	)	_		
Number of TLS Subs	cribers	(12) <u>(</u>		_		
T. 36 . 6 5 7 8 5 5 7 4 7 6 7 6 7 6 7 6 7 6 7 6 7 6 7 6 7 6				Total TLS Sup	oort Claimed	i (13) \$ <u>0</u>
Tribal Link Up (Available	only to ETCs rece	eiving High Cost sup <sub>i</sub>	port)			
Number of Connection	ons Waived	(14) 0		_		
Charges Waived per	Connection	(15) \$ <u>0.00</u>		_ (for multiple rates	, use an avera	ge amount)
		(not to exceed \$100)				
Total Connection Cha	arges Waived	(16) \$ <u>0.0</u>		_		
Deferred Interest		(17) \$ <u>0.00</u>		-		
		Tot	al Tr	ibal Link Up Sup	port Claime	d (18) \$ <u>0</u>
ETC Payment						
Total Lifeline \$ 7548 Total TLS \$ 0 Total				ribal Link Up \$ <u>0</u>		<del></del>
				Tota	l Dollars (19	) \$ <u>7548</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.

03/03/2015	Donna Scaggs			
DATE	OFFICER SIGNATURE			
Regulatory Mgr.	Donna Scaggs			
OFFICER TITLE	OFFICED 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 I	(2) Study Area Code <u>260408</u>					
(3) Filer 499 ID 802101 (4) Technology Ty				(check one) Wireli	ne 🔀	Wireless 📮
(5) ETC Designation Type (C	check one): Lifeli	ne Only	High	Cost/Low Income		
(6) Organization Information	1		(7)	Filing Information		
Company Legal Name;	Gearheart Con	nmunications Inc	(a)	Submission Date	03/31/2	015
Contact Name:	DONNA SCAG	GS .	b)	Data Month	March 2	2015
Mailing Address:	P. O. BOX 16	0	c)	Type of Filing (check one)		
				Ì	Original Revision	
	HAROLD, KY	41635	d)	State Reporting	KENTU	CKY
Telephone Number:	606-479-6206					
Fax Number:	606-478-8923					
E-mail Address:	donnasc@gearheart.com					
Lifeline						
		(a) # Lifeline Subscribers		(b) Lifeline Sup		(c) Total Lifeline
Non-Tribal Low-Income Subs		(8) <u>814</u>		Subscriber Sup		= \$ 7530
Receiving federal Li	reline Support			x \$ 9.25	?	
Tribal Low-Income Subscribe Receiving federal Lit		(9) 0		x \$ 0.00		= \$ 0
Receiving lederal Li	eine Support	Tot		(not to exceed \$34.25) al Federal Lifeline Support Claimed (10) \$ 7530		
Toll Limitation Service	es (TLS)					
		0.0000	_			
Cost of Providing TL (the lesser of incrementa		(11) 0.00000 in 2013)	0			
Number of TLS Subs	cribers	(12) <u>0</u>		_		
Tribal Link Up (Available only to ETCs rece		ahiling High Cast sur		Total TLS Suppo	ort Claimed	(13) \$ <u>0</u>
TIDAI LITA OP (Available	e only to ETCs rece	eivilig migit Cost sup	ρυπ	,		
Number of Connection	ons Waived	(14) $\frac{0}{0.00}$		_		
Charges Waived per	Connection	(15) \$ <u>0.00</u> (not to exceed \$100)		(for multiple rates,	use an avera	ge amount)
		(1101 to exceed \$100)				
Total Connection Ch	arges Waived	(16) \$ <u>0.0</u>		_		
Deferred Interest		(17) \$ <u>0.00</u>		-		
		То	tal T	ribal Link Up Supp	ort Claimed	1 (18) \$ 0
ETC Payment						
Total Lifeline \$ 7530	_ Total TLS \$_0	то	otal 1	Γribal Link Up \$ <u>0</u>		_
				Total I	Dollars (19)	\$ <u>7530</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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03/31/2015	Donna Scaggs			
DATE	OFFICER SIGNATURE			
Regulatory Mgr.	Donna Scaggs			
OFFICER TITLE	OFFICER NAME			

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LIFELINE WORKSHEET

OMB Approval 3060-0819

Avg. Burden Est. per Respondent: 2.5 Hrs. (1) USAC Service Provider Identification Number 143001570 (2) Study Area Code 260408 (3) Filer 499 ID 802101 (4) Technology Type (check one) Wireline Wireless 🔲 (5) ETC Designation Type (Check one): Lifeline Only High Cost/Low Income 🛂 (6) Organization Information (7) Filing Information Company Legal Name: Gearheart Communications Inc. **Submission Date** 04/28/2015 April 2015 Contact Name: DONNA SCAGGS Data Month Mailing Address: Type of Filing c) P. O. BOX 160 (check one) Original Revision HAROLD, KY 41635 State Reporting KENTUCKY Telephone Number: 606-479-6206 Fax Number: 606-478-8923 E-mail Address: donnasc@gearheart.com Lifeline (a) # Lifeline (b) Lifeline Support/ (c) Total Lifeline Subscribers Subscriber Support Non-Tribal Low-Income Subscribers (8) 815 = \$ 7539 Receiving federal Lifeline Support 9.25 x \$ 0.00 (9) O **Tribal Low-Income Subscribers** Receiving federal Lifeline Support (not to exceed \$34.25) Total Federal Lifeline Support Claimed (10) \$ 7539 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) **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** (15) \$ <u>0.00</u> **Charges Waived per Connection** \_ (for multiple rates, use an average amount) (not to exceed \$100) (16)\$ 0.0**Total Connection Charges Waived** (17) \$ 0.00 **Deferred Interest** Total Tribal Link Up Support Claimed (18) \$  $\frac{0}{2}$ ETC Payment Total Lifeline \$ 7539 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 7539

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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04/28/2015	Donna Scaggs			
DATE	OFFICER SIGNATURE			
Regulatory Mgr.	Donna Scaggs			
OFFICER TITLE	OFFICER NAME			

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# LIFELINE WORKSHEET

OMB Approval 3060-0819

Avg. Burden Est. per Respondent: 2.5 Hrs.

(1) USAC Service Provider Identifi	ication Number _	143001570		(2) Stu	ıdy Area C	ode 260408
(3) Filer 499 ID 802101		(4) Technology	/ Type (	check one) Wireli	ne 🗾	Wireless 📮
(5) ETC Designation Type (Check	one): Lifeline	Only 📮	High	Cost/Low Income		
(6) Organization Information			(7)	Filing Information		
Company Legal Name: Gea	arheart Comm	unications I	nc a)	Submission Date	05/29/2	2015
Contact Name: DOI	NNA SCAGG	S	b)	Data Month	May 20	15
Mailing Address: P. C	D. BOX 166		c)	Type of Filing (check one)		
				•	Original Revision	
HAF	ROLD, KY 410	335	d)	State Reporting	KENTU	CKY
	-479-6206				,	
Fax Number: 606	-478-8923					
E-mail Address: doni	donnasc@gearheart.com					
Lifeline		(a) # Lifeline Subscribers		(b) Lifeline Sup Subscriber Sup		(c) Total Lifeline
Non-Tribal Low-Income Subscribe	rs -	820				= \$ 7585
Receiving federal Lifeline		^		x \$ 9.25	<u> </u>	
Fribal Low-Income Subscribers Receiving federal Lifeline		9) 0		x \$ <u>0.00</u> (not to exce		= \$ 0
Toll Limitation Services (7	rLS)		rotarri	ederal Lifeline Sup	port Giann	eu (10) \$ <u>7 303</u>
Cost of Providing TLS per (the lesser of incremental cost of		0.0000 013)	000	<del></del>		
Number of TLS Subscriber	rs (	12) <u>0</u>		_		
				Total TLS Suppo	ort Claimed	i (13) \$ <u>0</u>
<b>Fribal Link Up</b> (Available only	to ETCs receivi	ng High Cost s	support	)		
Number of Connections W	aived (	14) 0		_		
Charges Waived per Connection		15) \$ 0.00 not to exceed \$100	(for multiple rates, use an average amount)			age amount)
Total Connection Charges	Waived (1	16) \$ 0.0		_		
Deferred Interest	(1	17) \$ <u>0.00</u>		_		
			Total T	ribal Link Up Supp	ort Claime	d (18) \$ <u>0</u>
TC Payment						
otal Lifeline \$ 7585 To	otal TLS \$ 0		Total 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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Regulatory Mgr. Donna Scaggs					
DATE OFFICER SIGNATURE					
05/29/2015 Donna Scaggs	Donna Scaggs				

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## LIFELINE WORKSHEET

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

(1) USAC Service Provider Identification Number 143001570 (2) Study Area Code 260408 (3) Filer 499 ID 802101 (4) Technology Type (check one) Wireline 🔝 Wireless 🗔 (5) ETC Designation Type (Check one): Lifeline Only High Cost/Low Income (6) Organization Information (7) Filing Information Company Legal Name: Gearheart Communications Inc. **Submission Date** 07/01/2015 **Contact Name:** June 2015 Donna Scaggs **Data Month** Mailing Address: Type of Filing c) P. O. BOX 160 (check one) Original Revision HAROLD, KY 41635 State Reporting KENTUCKY Telephone Number: 606-479-6206 Fax Number: 606-478-8923 E-mail Address: donnasc@gearheart.com Lifeline (a) # Lifeline (b) Lifeline Support/ (c) Total Lifeline Subscribers Subscriber Support Non-Tribal Low-Income Subscribers (8) 813 = \$ 7520 x \$ 9.25 Receiving federal Lifeline Support \$ 0.00 (9) ( **Tribal Low-Income Subscribers** Receiving federal Lifeline Support (not to exceed \$34.25) Total Federal Lifeline Support Claimed (10) \$ 7520 Toll Limitation Services (TLS) 0.000000 Cost of Providing TLS per Subscriber (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** (15) \$ <u>0.00</u> **Charges Waived per Connection** (for multiple rates, use an average amount) (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 Lifeline \$ 7520 Total TLS \$ 0 Total Tribal Link Up \$ 0 Total Dollars (19) \$ 7520

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 OFFICER SIGNATURE  Regulatory Mgr. Donna Scaggs
= VIIII
07/01/2015 Donna Scaggs

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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 I	dentification Numbe	r 143001570		(2) Stu	dy Area C	ode 260408
(3) Filer 499 ID 802101	<u> </u>	(4) Technology T	ype (	check one) Wireli	ne 🕢	Wireless 🛄
(5) ETC Designation Type (C	Check one): Lifelir	ne Only 📮	High	Cost/Low Income	[Z]	
(6) Organization Information	1		(7)	Filing Information		
Company Legal Name:	Gearheart Com	munications Inc	(a)	Submission Date	07/22/2	2015
Contact Name:	DONNA SCAG	GS	b)	Data Month	July 20	15
Mailing Address:	P. O. BOX 160		c)	Type of Filing (check опе)	1	
				· •	Original Revision	P <sub>4</sub>
	HAROLD, KY 4	1635	d)	State Reporting	KENTU	ICKY
Telephone Number:	606-479-6206					
Fax Number:	606-478-8923		1			
E-mail Address:	donnasc@gear	heart.com				
Lifeline		(a) # Lifeline Subscribers	_	(b) Lifeline Sup Subscriber Sup		(c) Total Lifeline
Non-Tribal Low-Income Subs		(8) 803				= \$ 7428
Receiving federal Lit				x \$ 9.25	<u> </u>	
Tribal Low-Income Subscribe Receiving federal Life		(9) <u>(</u>		x = 0.00 = \$ 0 (not to exceed \$34.25)		= \$ <u>U</u>
<b>3</b>		То	tal F	ederal Lifeline Sup		ed (10) \$ <u>7428</u>
Toll Limitation Service	es (TLS)					
Cost of Providing TL (the lesser of incrementa		(11) 0.00000 n 2013)	0	_		
Number of TLS Subs	cribers	(12) <u>0</u>		_		
				Total TLS Suppo	ort Claimed	1 (13) \$ <u>0</u>
Tribal Link Up (Available	e only to ETCs rece	iving High Cost sup	port,	)		
Number of Connection	ons 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 Cha	arges Waived	(16) \$ <u>0.0</u>		_		
Deferred Interest		<b>(17)</b> \$ <u>0.00</u>		_		
		To	tal Ti	ribal Link Up Supp	ort Claime	d (18) \$ 0
ETC Boymant						
ETC Payment	•			•		
Total Lifeline \$ 7428	Total TLS \$ <u>U</u>	Te	otal T			
				Total I	Dollars (19	15 7428

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.

l 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.

07/22/2015	Donna Scaggs				
DATE	OFFICER SIGNATURE				
Regulatory Mgr.	Donna Scaggs				
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 le	dentification Numbe	r_143001570_		(2) Stu	dy Area Co	de 260408
(3) Filer 499 ID 802101		(4) Technology	Гуре (	check one) Wireli	ne 🛂	Wireless 🛄
(5) ETC Designation Type (C	heck one): Lifelin	ne Only 📮	High	Cost/Low Income		
(6) Organization Information			(7)	Filing Information		
Company Legal Name:	Gearheart Com	munications In	C a)	Submission Date	08/26/20	)15
Contact Name:	DONNA SCAG	GS	b)	Data Month	August 2	2015
Mailing Address:	P. O. BOX 160		c)	Type of Filing (check one)		
					Original Revision	
	HAROLD, KY 4	1635	d)	State Reporting	KENTU	CKY
Telephone Number:	606-479-6206		_			
Fax Number:	606-478-8923					
E-mail Address:	donnasc@gear	heart.com	]			
Lifeline		(a) # Lifeline Subs <u>cribers</u>		(b) Lifeline Sup Subscriber Sup		(c) Total Lifeline
Non-Tribal Low-Income Subs Receiving federal Lit		(8) 790		x \$ 9.25		= \$ 7308
Tribal Low-Income Subscribe	=	(9) 0		x \$ 0.00 =\$ 0		= \$ 0
Receiving federal Lif	eline Support	To	otal Fe	not to excee)  deral Lifeline Sup		d (10) \$ 7308
Toll Limitation Service	es (TLS)					
Cost of Providing TL (the lesser of incremental		(11) 0.00000 n 2013)	00	_		
Number of TLS Subs	cribers	(12) <u>0</u>		_		
				Total TLS Suppo	ort Claimed	(13) \$ 0
Tribal Link Up (Available	e only to ETCs rece	iving High Cost su	pport,	)		
Number of Connection		(14) $\frac{0}{0.00}$		_		
Charges Waived per	Connection	(15) \$ <u>U.UU</u> (not to exceed \$100)		(for multiple rates,	use an averag	e amount)
Total Companion Ch	anna 18/airead	(16) \$ <u>0.0</u>				
Total Connection Ch	arges warved			<del>-</del>		
Deferred Interest		(17) \$ <u>0.00</u>		_		
		T	otal T	ribal Link Up Supp	ort Claimed	(18) \$ <u>O</u>
ETC Payment						
Total Lifeline \$ 7308	Total TLS \$_0	T	otal 1	ribal Link Up \$ 0		_
				Total	Dollars (19)	s 7308

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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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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08/26/2015	Donna Scaggs					
DATE	OFFICER SIGNATURE					
Regulatory Manager	Donna Scaggs					
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 143001570					(2) Study Area Code <u>260408</u>			
(3) Filer 499 ID 802101 (4) Technology Type (check one) Wirelin						ne 🔃	Wireless 🛄	
(5) ETC Designation Type (C	heck one): Lifelii	ne Only		High	Cost/Low Income			
(6) Organization Information				(7)	Filing Information			
Company Legal Name:	Gearheart Com	ımunic	ations Ind	a)	Submission Date	09/28/2	015	
Contact Name:	DONNA SCAG	GS		b)	Data Month	Septem	ber 2015	
Mailing Address:	P. O. BOX 160			c)	Type of Filing (check one)			
					,	Original		
	HAROLD, KY 4	11501		(d)	State Reporting	Revision   KENTU	CKY	
Telephone Number:	606-479-6206			<del>                                     </del>		11121110		
Fax Number:	606-478-8923	<del></del>		1				
E-mail Address:	donnasc@gear	heart.	com	1				
Lifeline				_				
Literitie		(a) # I	Lifeline		(b) Lifeline Sup	port/	(c) Total Lifeline	
		<u>Subs</u>	<u>cribers</u>		Subscriber Sup	<u>port</u>	• ,	
Non-Tribal Low-Income Subs Receiving federal Life		<sub>(8)</sub> 759			x \$ 9.25	5	= \$ 7021	
Tribal Low-Income Subscribe	ers	(9) 0			× \$ 0.00		= \$ 0	
Receiving federal Lif	eline Support			tal E	(not to exceed \$34.25)  Federal Lifeline Support Claimed (10) \$			
			10	riai F	ederar Enemie Sup	port Gianne	10/ \$ 1021	
Toll Limitation Service	es (TLS)							
Cost of Providing TL (the lesser of incremental	S per Subscriber cost or \$3 in 2012 /\$2	<b>(11)</b> in 2013)	0.00000	0	_			
Number of TLS Subs	cribers	(12)	0					
					Total TLS Suppo	rt Claimed	(13) \$ 0	
Tribal Link Up (Available	only to ETCs rece	iving H	igh Cost su	pport	)			
Number of Connection	ons Waived	(14)	0					
Charges Waived per		(15) \$	0.00		— <sub>—  </sub> (for multiple rates, ı	use an avera	ge amount)	
		(not to	exceed \$100)					
Total Connection Cha	arges Waived	(16) \$	0.0		_			
Deferred Interest		(17) \$	0.00		<del>_</del>			
			To	tal T	ribal Link Up Suppo	ort Claimed	I (18) \$ <u>0</u>	
ETC Payment								
Total Lifeline \$ 7021	_ Total TLS \$_0		т	otal T	ribal Link Up \$ 0		_	
-	· <del></del>					Dollars (19)	s 7021	
					i Viai L	-211013 (10)	¥	

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.

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09/28/2015	Donna Scaggs					
DATE	OFFICER SIGNATURE					
Regulatory Mgr.	Donna Scaggs					
OFFICER TITLE	OFFICER NAME					

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#### LIFELINE WORKSHEET

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

(2) Study Area Code 260408 (1) USAC Service Provider Identification Number 143001570 (3) Filer 499 ID 802101 (4) Technology Type (check one) Wireline 🔀 Wireless 🔲 (5) ETC Designation Type (Check one): Lifeline Only High Cost/Low Income 📮 (6) Organization Information (7) Filing Information Company Legal Name: Gearheart Communications Inc. **Submission Date** 10/29/2015 October 2015 Contact Name: DONNA SCAGGS **Data Month** Mailing Address: c) Type of Filing P. O. BOX 160 (check one) Original Revision HAROLD, KY 41635 State Reporting KENTUCKY Telephone Number: 606-479-6206 Fax Number: 606-478-8923 E-mail Address: donnasc@gearheart.com Lifeline (b) Lifeline Support/ (c) Total Lifeline (a) # Lifeline **Subscribers** Subscriber Support Non-Tribal Low-Income Subscribers (8) 755 = \$ 6984 9.25 Receiving federal Lifeline Support x \$ 0.00 (9) 0 **Tribal Low-Income Subscribers** Receiving federal Lifeline Support (not to exceed \$34.25) Total Federal Lifeline Support Claimed (10) \$ 6984 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) **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** (15) \$ 0.00 **Charges Waived per Connection**  (for multiple rates, use an average amount) (not to exceed \$100) (16) \$ 0.0**Total Connection Charges Waived** (17)\$ 0.00 Deferred Interest Total Tribal Link Up Support Claimed (18) \$ 0ETC Payment Total Lifeline \$ 6984 Total TLS \$ 0 Total Tribal Link Up \$ 0 Total Dollars (19) \$ 6984

FCC Form 497 April 2012 Edition

#### LIFELINE WORKSHEET

OMB Approval 3060-0819

Avg. Burden Est. per Respondent: 2.5 Hrs.

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10/29/2015	Regulatory Mgr.				
DATE	OFFICER SIGNATURE				
Donna Scaggs	Regulatory Mgr.				
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.

(2) Study Area Code 260408 (1) USAC Service Provider Identification Number 143001570 (3) Filer 499 ID 802101 (4) Technology Type (check one) Wireline Wireless (5) ETC Designation Type (Check one): Lifeline Only High Cost/Low Income (6) Organization Information (7) Filing Information 12/03/2015 Gearheart Communications Inc. **Submission Date** Company Legal Name: November 2015 Contact Name: **Data Month** Donna Scaggs c) Type of Filing Mailing Address: P. O. BOX 542 (check one) Original Revision State Reporting HAROLD, KY 41635 KENTUCKY Telephone Number: 606-479-6206 Fax Number: 606-478-8923 E-mail Address: donnasc@gearheart.com Lifeline (a) # Lifeline (b) Lifeline Support/ (c) Total Lifeline Subscriber Support Subscribers Non-Tribal Low-Income Subscribers (8) 728 x \$\_\_\_\_ 9.25 = \$ 6734 Receiving federal Lifeline Support x \$ 0.00 **Tribal Low-Income Subscribers** Receiving federal Lifeline Support (not to exceed \$34.25) Total Federal Lifeline Support Claimed (10) \$ 6734 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) (12)Number of TLS Subscribers Total TLS Support Claimed (13) \$ 0 Tribal Link Up (Available only to ETCs receiving High Cost support) **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) \$  $\frac{0.0}{}$ **Total Connection Charges Waived** (17) \$ 0.00 **Deferred Interest** Total Tribal Link Up Support Claimed (18) \$  $\underline{0}$ ETC Payment Total Lifeline \$ 6734 Total TLS \$ 0 Total Tribal Link Up \$ 0 Total Dollars (19) \$ 6734

FCC Form 497 April 2012 Edition

## LIFELINE WORKSHEET

OMB Approval 3060-0819

Avg. Burden Est. per Respondent: 2.5 Hrs.

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OFFICER TITLE	OFFICER NAME					
Regulatory Mgr.	Donna Scaggs					
DATE	OFFICER SIGNATURE					
12/03/2015	Donna Scaggs					
12/03/2015	Donna Scaggs					

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LIFELINE WORKSHEET

OMB Approval 3060-0819

Avg. Burden Est. per Respondent: 2.5 Hrs. (1) USAC Service Provider Identification Number 143001570 (2) Study Area Code 260408 (3) Filer 499 ID 802101 (4) Technology Type (check one) Wireline 🛂 Wireless 🔲 (5) ETC Designation Type (Check one): Lifeline Only High Cost/Low Income (6) Organization Information (7) Filing Information Company Legal Name: Gearheart Communications Inc. **Submission Date** 12/24/2015 December 2015 **Contact Name: DONNA SCAGGS Data Month** Type of Filing Mailing Address: c) 20 Laynesville Rd. (check one) Original P. O. BOX 160 Revision State Reporting HAROLD, KY 41635 KENTUCKY Telephone Number: 606-479-6206 Fax Number: 606-478-8923 E-mail Address: donnasc@gearheart.com Lifeline (a) # Lifeline (b) Lifeline Support/ (c) Total Lifeline Subscribers Subscriber Support Non-Tribal Low-Income Subscribers (8) 728 = \$ 6734 x \$ 9.25 Receiving federal Lifeline Support \$ 0.00 (e) O **Tribal Low-Income Subscribers** Receiving federal Lifeline Support (not to exceed \$34.25) Total Federal Lifeline Support Claimed (10) \$ 6734 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) Number of TLS Subscribers Total TLS Support Claimed (13) \$ 0 Tribal Link Up (Available only to ETCs receiving High Cost support) **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) \$ 0.0**Total Connection Charges Waived** (17) \$ 0.00 **Deferred Interest** Total Tribal Link Up Support Claimed (18) \$ 0\_ ETC Payment

Total Dollars (19) \$ 6734

Total Lifeline \$ 6734 Total TLS \$ 0 Total Tribal Link Up \$ 0

FCC Form 497 April 2012 Edition

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OMB Approval 3060-0819

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## (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.

12/24/2015	Donna Scaggs				
DATE	OFFICER SIGNATURE				
Regulatory Mgr.	Donna Scaggs				
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.

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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(1) USAC Service Provider Identification Number 143001570				(2) Study Area Code <u>260408</u>			
(3) Filer 499 ID 802101		(4) Technology T	ype (	check one) Wirel	ine 🔼	Wireless 🛄	
(5) ETC Designation Type (C	heck one): Lifelir	ne Only 📮 💮 i	High	Cost/Low Income			
(6) Organization Information			(7)	Filing Information			
Company Legal Name:	Gearheart Com	munications Inc	a)	Submission Date	02/01/2	2016	
Contact Name:	Donna Scaggs		b)	Data Month	Januar	y 2016	
Mailing Address:	20 Laynesville	Rd.	c)	Type of Filing (check one)			
	P. O. Box 160			(Gilden Gild)	Original Revision		
	Harold, KY 416	35	d)	State Reporting	KENTU	ICKY	
Telephone Number:	606-479-6206	<del></del>					
Fax Number:	606-478-8923		]				
E-mail Address:	donnasc@gear	heart.com					
Lifeline							
		(a) # Lifeline <u>Subscribers</u>		(b) Lifeline Sup Subscriber Su		(c) Total Lifeline	
Non-Tribal Low-Income Subs Receiving federal Life		(8) <u>729</u>		x \$ 9.2		= \$ 6743	
-	•••				<u> </u>	= \$ 0	
Tribal Low-Income Subscribe Receiving federal Life		(9) 0		(not to exceed \$34.25)		· · · · · · · · · · · · · · · · · · ·	
		To	tal F	ederal Lifeline Sup	port Claim	ed (10) \$ <u>6743</u>	
Toll Limitation Service	es (TLS)						
			_				
Cost of Providing TL (the lesser of incrementa		(11) 0.00000 in 2013)	0	_			
Number of TLS Subs	cribers	(12) <u>0</u>					
				Total TLS Supp	ort Claimed	d (13) \$ <u>0</u>	
Tribal Link Up (Available	e only to ETCs rece	eiving High Cost sup	port,	)			
Number of Connection	ons Waived	(14) 0		_			
Charges Waived per	Connection	(15) \$ 0.00 (not to exceed \$100)		(for multiple rates,	use an avera	age amount)	
		(not to exceed \$100)					
Total Connection Cha	arges Waived	(16) \$ <u>0.0</u>		_			
Deferred Interest		<b>(17)</b> \$ <u>0.00</u>		_			
		То	tal T	ribal Link Up Supp	ort Claime	d (18) \$ <u>0</u>	
ETC Payment							
Total Lifeline \$ 6743	Total TLS \$ 0	То	otal 1	ribal Link Up \$ <u>0</u>		_	
						) \$ <u>6743</u>	

FCC Form 497 April 2012 Edition

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02/01/2016	Donna Scaggs				
DATE	OFFICER SIGNATURE				
Regulatory Mgr.	Donna Scaggs				
OFFICER TITLE	OFFICER NAME				

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(1) USAC Service Provider lo	dentification Numbe	r <u>1430</u>	001570		(2)	Study Area	Code 260408	
(3) Filer 499 ID 802101		(4) T	echnology	Туре	check one) W	ireline 🔼	Wireless 🔲	
(5) ETC Designation Type (C	heck one): Lifelin	e Only		High	Cost/Low Inco	me 🖾		
(6) Organization Information				(7)	Filing Informat	ion		
Company Legal Name:	Gearheart Com	munic	ations Ir	iC a)	Submission Da	ite 03/02	2/2016	
Contact Name:	DONNA SCAG	GS		b)	Data Month	Febru	uary 2016	
Mailing Address:	Address: 20 Laynesville			c)	c) Type of Filing (check one)			
	P. O. BOX 160					Original Revision		
	HAROLD, KY 4	1635		d)	State Reporting		TUCKY	
Telephone Number:	606-479-6206					<u> </u>		
Fax Number:	606-478-8923							
E-mail Address:	donnasc@gear	heart.	com					
Lifeline								
Litoliiio			Lifeline cribers		(b) Lifeline Subscriber		(c) Total Lifeline	
Non-Tribal Low-Income Subs		(8)					= \$ 6420	
Receiving federal Lif	reline Support					9.25		
Tribal Low-Income Subscribe Receiving federal Life		(9) <u>(</u>	)		x = 0.00 = \$ 0			
Necelving lederal Lis	einie Support	Tot			il Federal Lifeline Support Claimed (10) \$ 6420			
Toll Limitation Service	es (TLS)							
O and of Dura della a Ti	O a a a O a la a a alla a a	(4.4)	0.0000	በበ				
Cost of Providing TL (the lesser of incrementa		( <b>11)</b> n 2013)	0.000		_			
Number of TLS Subs	cribers	(12)	0		_			
					Total TLS Su	upport Clain	ned (13) \$ 0	
Tribal Link Up (Available	e only to ETCs rece	iving H	igh Cost s	uppon	")			
Number of Connection	ons Waived	(14)	0					
Charges Waived per		(15) \$			— (for multiple ra	ates, use an av	verage amount)	
		(not to	exceed \$100	)				
Total Connection Ch	arges Waived	(16) \$	0.0		_			
Deferred Interest		(17) \$	0.00		_			
			-	Γotal Τ	ribal Link Up S	upport Claii	med (18) \$ <u>0</u>	
ETC Payment								
Total Lifeline \$ 6420	Total TLS \$ 0			Total :	Гribal Link Սո <sup>Ձ</sup>	0		
Total Ellelille # E -				. Juli				
					To	otal Dollars	(19) \$ 6420	

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03/02/2016	Donna Scaggs				
DATE	OFFICER SIGNATURE				
Regulatory Manager	Donna Scaggs				
OFFICER TITLE	OFFICER NAME				

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(3) Filer 499 ID 802101		(4) Te	chnology 1	уре (	check one) Wirel	ine 🛂	Wireless 📮
(5) ETC Designation Type (C	check one): Lifelir	e Only		High	Cost/Low Income		
(6) Organization Information	1			(7)	Filing Information		
Company Legal Name:	Gearheart Com	munica	ations In	c a)	Submission Date	03/29/2	016
Contact Name:	Donna Scaggs			b)	Data Month	March 2	2016
Mailing Address:	20 Laynesville Rd.			c)	Type of Filing (check one)		
	P. O. Box 159				(concent circ)	Original Revision	
·	Harold , KY 416	35		d)	State Reporting	KENTU	CKY
Telephone Number:	606-479-6206						
Fax Number:	606-478-8923						
E-mail Address:	donnasc@gear	heart.c	om				
Lifeline  Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support  Tribal Low-Income Subscribers		(a) # Lifeline <u>Subscribers</u> (8) 699 (9) 0			(b) Lifeline Sup Subscriber Sup x \$9.2 x \$ 0.00	oport .	(c) Total Lifeline  = \$ 6466 = \$ 0
Receiving federal Lif		, ,	To	otal F	(not to exce ederal Lifeline Sup		ed (10)\$ <u>6466</u>
Cost of Providing TL (the lesser of incrementa		<b>(11)</b> n 2013)	0.00000	00	_		
Number of TLS Subs	scribers	(12)	0		_		
<b>Tribal Link Up</b> (Available	e only to ETCs rece	iving Hig	gh Cost su	pport	Total TLS Supp )	ort Claimed	ı (13) \$ <u>0</u>
Number of Connection Charges Waived per			0 0.00 xceed \$100)		— (for multiple rates,	use an avera	ige amount)
Total Connection Cha	arges Waived	(16)\$.	0.0	-	_		
Deferred Interest		(17) \$	0.00		_		
			T	otal T	ribal Link Up Supp	ort Claime	d (18) \$ <u>0</u>
ETC Payment							
otal Lifeline \$ 6466	Total TLS \$ 0		т	otal 1	ribal Link Up \$ 0		_
¥						Dollars (19	

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Regulatory Manager	Donna Scaggs				
OFFICER TITLE	OFFICER NAME				

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