EXHIBIT 22

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

(1) USAC Service Provider Id	1) USAC Service Provider Identification Number <u>143001630</u> (2) Study Area Code <u>290565</u>						
(3) Filer 499 ID <u>815162</u>		(4) Technology Ty	ype (check one) Wirelir	ne 🔽 Wireless 🔲		
(5) ETC Designation Type (C	heck one): Lifeline	e Only 🔎 💮 l	High	Cost/Low Income			
(6) Organization Information	<u> </u>		(7) Filing Information				
Company Legal Name:	Highland Telephone Coop	erative, Inc.	a)	Submission Date	2/06/2014		
Contact Name:	David Crawford		b)	Data Month	January 2014		
Mailing Address:	7840 Morgan	County Hwy	c)	Type of Filing (check one)			
	P.O. Box 119)		` ′ (Original K Revision		
	Sunbright, T	N 37872	d)	State Reporting	TENNESSEE		
Telephone Number:	423 628-2121						
Fax Number:	423 628-5356						
E-mail Address:	dave@highlandte	el.net					
Lifeline (a) # Lifeline Subscribers				(b) Lifeline Sup Subscriber Sup			
Non-Tribal Low-Income Sub Receiving federal Li		(8) <u>1,835</u>		x \$9.25	=\$ <u>16,974</u>		
Tribal Low-Income Subscrib Receiving federal Li		(9)		(not to excee	= \$ ed \$34.25) port Claimed (10) \$ 16,974		
Toll Limitation Service	es (TLS)						
Cost of Providing To	LS per Subscriber al cost or \$3 in 2012 /\$2 i	(11) n 2013)					
Number of TLS Sub	scribers	(12)					
Tribal Link Up (Availab	le only to ETCs rece	iving High Cost su	ppor	• •	ort Claimed (13) \$		
Number of Connect Charges Waived pe		(14) (15) \$ (not to exceed \$100)			use an average amount)		
Total Connection Cl	harges Waived	(16) \$		<u> </u>			
Deferred Interest		(17) \$		<u></u>			
		Т	otal '	Tribal Link Up Supp	oort Claimed (18) \$		
ETC Payment							
Total Lifeline \$ 16,974	Total TLS \$_		Γotal	Tribal Link Up \$			
· 		_			Dollars (19) \$		

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

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

(20) CERTIFICATIONS AND SIGNATURES

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

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

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

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.

February 7, 2014

DATE

General Manager/CEO

OFFICER SIGNATURE

G. Mark Patterson

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

(1) USAC Service Provider Id	dentification Number	143001630		(2) Stud	dy Area Co	_{de} 290565
(3) Filer 499 ID <u>815162</u>		(4) Technology Ty	ype (check one) Wirelir	ne 🔼	Wireless 🔲
(5) ETC Designation Type (C	heck one): Lifeline	e Only 🔎 I	High	Cost/Low Income		
(6) Organization Information			(7)	Filing Information	,	
Company Legal Name:	Highland Telephone Coop	erative, Inc.	a)	Submission Date	3/11/20)14
Contact Name:	David Crawford		b)	Data Month	February	/ 2014
Mailing Address:	7840 Morgan	County Hwy	c)	Type of Filing (check one)		
	P.O. Box 119)			Original Revision	
	Sunbright, T	N 37872	d)	State Reporting	TENNES	SSEE
Telephone Number:	423 628-2121					_
Fax Number:	423 628-5356					
E-mail Address:	dave@highlandte	el.net				
Lifeline (a) # Lifeline Subscribers Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support (8) 1,858				(b) Lifeline Sup Subscriber Sup	port	(c) Total Lifeline
Receiving federal Lifeline Support (8) 1,858				x \$ <u>9.25</u>		
Tribal Low-Income Subscribers (9) Receiving federal Lifeline Support		(9)		x \$ (not to exceeded and Lifeline Sup	ed \$34.25)	
Toll Limitation Service	es (TLS)					
Cost of Providing TI (the lesser of incremental	LS per Subscriber al cost or \$3 in 2012 /\$2 i	(11) n 2013)		<u>—</u>		
Number of TLS Sub	scribers	(12)				
Tribal Link Up (Availab	le only to ETCs rece	iving High Cost su	ppor	Total TLS Support)	ort Claimed	d (13) \$
Number of Connecti Charges Waived per		(14) (15) \$ (not to exceed \$100)		(for multiple rates,	use an avera	age amount)
Total Connection Cl	harges Waived	(16) \$		_		
Deferred Interest		(17) \$		<u> </u>		
		Т	otal	Tribal Link Up Supp	oort Claime	ed (18) \$
ETC Payment						
Total Lifeline \$ 17,187	Total TLS \$		Γotal	Tribal Link Up \$		
				Total	Dollars (1	9) \$17,187

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.

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.

March 11, 2014

DATE

General Manager/CEO

OFFICER SIGNATURE

G. Mark Patterson

OFFICER TITLE

OFFICER NAME

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FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

(1) USAC Service Provider Id	dentification Number	143001630		(2) Stud	ly Area Cod	le 290565
(3) Filer 499 ID 815162		(4) Technology T	ype (check one) Wirelin	ne 🔼	Wireless
(5) ETC Designation Type (C	heck one): Lifeline	e Only	High	Cost/Low Income		
(6) Organization Information			(7)	Filing Information		
Company Legal Name:	Highland Telephone Coop	erative, Inc.	а)	Submission Date	4/08/20	14
Contact Name:	David Crawford		b)	Data Month	March 20)14
Mailing Address:	7840 Morgan	County Hwy	c)	Type of Filing (check one)		
	P.O. Box 119	9			Original Revision	
	Sunbright, T	N 37872	d)	State Reporting	TENNES	SEE
Telephone Number:	423 628-2121	-				
Fax Number:	423 628-5356					
E-mail Address:	dave@highlandte	el.net				
Lifeline Non-Tribal Low-Income Sub	(a) # Lifeline Subscribers		(b) Lifeline Sup Subscriber Sup		(c) Total Lifeline	
		(8) <u>1,853</u>		x \$ 9.25	5	= \$ <u>17,140</u>
Tribal Low-Income Subscribers (9)		(9)		x \$ (not to excee ederal Lifeline Sup	ed \$34.25)	
Toll Limitation Service	es (TLS)					
Cost of Providing TI (the lesser of incremental	LS per Subscriber al cost or \$3 in 2012 /\$2 i	(11)				
Number of TLS Sub	scribers	(12)				
Tribal Link Up (Availab	le only to ETCs rece	iving High Cost su	ıppoı	Total TLS Support)	ort Claimed	(13) \$
Number of Connecti Charges Waived per		(14) (15) \$ (not to exceed \$100)		(for multiple rates,	use an avera	ge amount)
Total Connection Cl	harges Waived	(16) \$		<u> </u>		
Deferred Interest		(17) \$		<u></u>		
		т	otal	Tribal Link Up Supp	oort Claime	d (18) \$
ETC Payment						
Total Lifeline \$ 17,140	Total TLS \$		Total	Tribal Link Up \$		_
				-) \$ <u>17,140</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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April 9, 2014

DATE

General Manager/CEO

OFFICER SIGNATURE

G. Mark Patterson

OFFICER TITLE

OFFICER NAME

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FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

(1) USAC Service Provider Id	lentification Number	143001630		(2) Stud	ly Area Co	de_290565
(3) Filer 499 ID 815162		(4) Technology T	ype (check one) Wirelin	ne 🔼	Wireless 🔲
(5) ETC Designation Type (C	heck one): Lifeline	e Only 🔎 📗	High	Cost/Low Income		
(6) Organization Information			(7)	Filing Information		
Company Legal Name:	Highland Telephone Coop	erative, Inc.	a)	Submission Date	5/09/20)14
Contact Name:	David Crawford		b)	Data Month	April 201	14
Mailing Address:	7840 Morgan	County Hwy	c)	Type of Filing (check one)		
	P.O. Box 119	9			Original Revision	
	Sunbright, T	'N 37872	d)	State Reporting	TENNES	SSEE
Telephone Number:	423 628-2121	-				
Fax Number:	423 628-5356)				
E-mail Address:	dave@highlandte	el.net				
Lifeline (a) # Lifeline Subscribers Non-Tribal Low-Income Subscribers				(b) Lifeline Sup Subscriber Sup		(c) Total Lifeline
		(8) <u>1,859</u>		x \$ 9.25		=\$ <u>17,196</u>
Tribal Low-Income Subscribers (9)		(9)		x \$ (not to excee	ed \$34.25)	
Toll Limitation Service	es (TLS)					
Cost of Providing TI (the lesser of incremental	LS per Subscriber al cost or \$3 in 2012 /\$2 i	(11)		_		
Number of TLS Sub	scribers	(12)				
Tribal Link Up (Availab	le only to ETCs rece	iving High Cost su	ıppor	Total TLS Support)	ort Claimed	i (13) \$
Number of Connecti Charges Waived per		(14) (15) \$ (not to exceed \$100)		(for multiple rates,	use an avera	age amount)
Total Connection Cl	narges Waived	(16) \$		_		
Deferred Interest		(17) \$		<u></u>		
		т	otal	Tribal Link Up Supp	oort Claime	ed (18) \$
ETC Payment						
Total Lifeline \$ 17,196	Total TLS \$		Total	Tribal Link Up \$		
				Total	Dollars (19	9) \$ <u>17,196</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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May 9, 2014

DATE

General Manager/CEO

OFFICER SIGNATURE

G. Mark Patterson

OFFICER TITLE

OFFICER NAME

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FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

(1) USAC Service Provider Id	lentification Number	143001630		(2) Stud	dy Area Cod	le 290565
(3) Filer 499 ID <u>815162</u>		(4) Technology T	ype (check one) Wirelin	ne 🔽	Wireless 🔲
(5) ETC Designation Type (C	heck one): Lifeline	e Only	High	Cost/Low Income		
(6) Organization Information			(7)	Filing Information		
Company Legal Name:	Highland Telephone Coop	erative, Inc.	a)	Submission Date	6/05/20	14
Contact Name:	David Crawford		b)	Data Month	May 201	4
Mailing Address:	7840 Morgan	County Hwy	c)	Type of Filing (check one)		
	P.O. Box 119	9			Original Revision	
	Sunbright, T	N 37872	d)	State Reporting	TENNES	SEE
Telephone Number:	423 628-2121	•				_
Fax Number:	423 628-5356					
E-mail Address:	dave@highlandte	el.net				
Lifeline Non-Tribal Low-Income Sub		(b) Lifeline Sup Subscriber Sup		(c) Total Lifeline		
Receiving federal Li		(8) <u>1,754</u>		x \$ 9.25	=\$ <u>16,225</u>	
Tribal Low-Income Subscribers (9) Receiving federal Lifeline Support		(9)		x \$ (not to excee	ed \$34.25)	
Toll Limitation Service	es (TLS)					
Cost of Providing TI (the lesser of incremental	LS per Subscriber al cost or \$3 in 2012 /\$2 i	(11)		_		
Number of TLS Sub	scribers	(12)		<u> </u>		
Tribal Link Up (Availab	le only to ETCs rece	iving High Cost su	ıppor	Total TLS Support)	ort Claimed	(13) \$
Number of Connecti Charges Waived per		(14)(15) \$(not to exceed \$100)		(for multiple rates,	use an avera	ge amount)
Total Connection Cl	narges Waived	(16) \$		_		
Deferred Interest		(17) \$		<u></u>		
		т	otal	Tribal Link Up Supp	oort Claime	d (18) \$
ETC Payment						
Total Lifeline \$ 16,225	Total TLS \$		Total	Tribal Link Up \$		
				Total	Dollars (19) \$ <u>16,225</u>

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

OMB Approval 3060-0819

Avg. Burden Est. per Respondent: 2.5 Hrs.

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June 5, 2014

DATE

General Manager/CEO

OFFICER SIGNATURE

G. Mark Patterson

OFFICER TITLE

OFFICER NAME

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FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

(1) USAC Service Provider Id	lentification Number	143001630		(2) Stud	ly Area Cod	_{de_} 290565
(3) Filer 499 ID 815162		(4) Technology T	ype (check one) Wirelin	ne 🔼	Wireless 🔲
(5) ETC Designation Type (C	heck one): Lifeline	e Only	High	Cost/Low Income		
(6) Organization Information			(7)	Filing Information		
Company Legal Name:	Highland Telephone Coop	erative, Inc.	a)	Submission Date	7/09/20	14
Contact Name:	David Crawford		b)	Data Month	June 201	4
Mailing Address:	7840 Morgan	County Hwy	c)	Type of Filing (check one)		
	P.O. Box 119	9			Original Revision	
	Sunbright, T	N 37872	d)	State Reporting	TENNES	SSEE
Telephone Number:	423 628-2121	-				
Fax Number:	423 628-5356					
E-mail Address:	dave@highlandte	el.net				
Lifeline Non-Tribal Low-Income Sub	(a) # Lifeline Subscribers		(b) Lifeline Sup Subscriber Sup		(c) Total Lifeline	
Receiving federal Li		(8) <u>1,710</u>		x \$ 9.25	=\$ <u>15,818</u>	
Tribal Low-Income Subscribers (9) Receiving federal Lifeline Support		(9)		x \$ (not to excee	ed \$34.25)	
Toll Limitation Service	es (TLS)					
Cost of Providing TI (the lesser of incremental	LS per Subscriber al cost or \$3 in 2012 /\$2 i	(11) n 2013)				
Number of TLS Sub	scribers	(12)				
Tribal Link Up (Availab	le only to ETCs rece	iving High Cost su	ıppor	Total TLS Support)	ort Claimed	l (13) \$
Number of Connecti Charges Waived per		(14) (15) \$ (not to exceed \$100)		(for multiple rates, use an average amount)		age amount)
Total Connection Cl	narges Waived	(16) \$		_		
Deferred Interest		(17) \$				
		т	otal	Tribal Link Up Supp	oort Claime	d (18) \$
ETC Payment						
Total Lifeline \$ 15,818	Total TLS \$		Total	Tribal Link Up \$		
				Total	Dollars (19	9) \$ <u>15,818</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.

July 9, 2014

DATE

General Manager / CEO

OFFICER SIGNATURE

G Mark Patterson

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

(1) USAC Service Provider Id	1) USAC Service Provider Identification Number <u>143001630</u> (2) Study Area Code <u>290565</u>						
(3) Filer 499 ID <u>815162</u>		(4) Technology Ty	/pe (check one) Wirelin	ne 🔼 V	Vireless 🔲	
(5) ETC Designation Type (C	heck one): Lifeline	Only 🔎 I	ligh	Cost/Low Income			
(6) Organization Information			(7)	Filing Information			
Company Legal Name:	Highland Telephone Coop	erative, Inc.	a)	Submission Date	8/11/2014		
Contact Name:	David Crawford		b)	Data Month	July 2014		
Mailing Address:	7840 Morgan	County Hwy	c)	Type of Filing (check one)			
	P.O. Box 119)		` ′ (Original X		
	Sunbright, T	N 37872	d)	State Reporting	TENNESSEE]	
Telephone Number:	423 628-2121						
Fax Number:	423 628-5356						
E-mail Address:	dave@highlandte	el.net					
Lifeline (a) # Lifeline Subscribers				(b) Lifeline Sup Subscriber Sup		Total Lifeline	
Non-Tribal Low-Income Sub Receiving federal Li		(8) <u>1,692</u>		x \$ 9.25 =		15,651	
Tribal Low-Income Subscribers Receiving federal Lifeline Support		(9)		x \$ (not to exceed \$34.25) Il Federal Lifeline Support Claim		o) \$ 15,651	
Toll Limitation Service	es (TLS)						
Cost of Providing Ti (the lesser of increment	LS per Subscriber al cost or \$3 in 2012 /\$2 in	(11) n 2013)					
Number of TLS Sub	scribers	(12)					
Tribal Link Up (Availab	le only to ETCs rece	iving High Cost su	ppor	Total TLS Suppo	ort Claimed (13)) \$	
Number of Connect Charges Waived pe		(14) (15) \$ (not to exceed \$100)			use an average an	nount)	
Total Connection Cl	harges Waived	(16) \$		<u> </u>			
Deferred Interest		(17) \$		<u></u>			
		Т	otal	Tribal Link Up Supp	oort Claimed (18)\$	
ETC Payment							
Total Lifeline \$ 15,651	Total TLS \$		Γotal	Tribal Link Up \$			
					Dollars (19) \$	15,651	

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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August 11, 2014

DATE

General Manager / CEO

OFFICER SIGNATURE

G Mark Patterson

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

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

(1) USAC Service Provider Id) USAC Service Provider Identification Number <u>143001630</u> (2) Study Area Code <u>290565</u>						
(3) Filer 499 ID <u>815162</u>		(4) Technology Ty	ype (check one) Wirelir	ne 🔽	Wireless 🔲	
(5) ETC Designation Type (C	heck one): Lifeline	Only 🔎 l	High	Cost/Low Income			
(6) Organization Information			(7)	(7) Filing Information			
Company Legal Name:	Highland Telephone Coope	erative, Inc.	a)	Submission Date	9/2/2014		
Contact Name:	David Crawford		b)	Data Month	August 20	14	
Mailing Address:	7840 Morgan	County Hwy	c)	Type of Filing (check one)			
	P.O. Box 119)		` ′ (Original X	1	
	Sunbright, T	N 37872	d)	State Reporting	TENNESS	EE	
Telephone Number:	423 628-2121						
Fax Number:	423 628-5356						
E-mail Address:	dave@highlandte	el.net					
Lifeline							
		(a) # Lifeline Subscribers		(b) Lifeline Sup Subscriber Sup		(c) Total Lifeline	
Non-Tribal Low-Income Sub- Receiving federal Li		(8) <u>1,536</u>	x \$9			=\$ <u>14,208</u>	
Tribal Low-Income Subscrib	ers	(9)		x \$		= \$	
Receiving federal Li	feline Support		otal F	(not to excee	ed \$34.25) port Claimed	(10) \$ 14,208	
Tall Limitation Comin) (TI S)			ouorur Emonino Gup	port Gramiou	(10) ¢ <u>1 1,= 1 1</u>	
Toll Limitation Service	es (ILS)						
Cost of Providing TI (the lesser of incremental	LS per Subscriber al cost or \$3 in 2012 /\$2 in	(11) n 2013)					
Number of TLS Sub	scribers	(12)					
				Total TLS Suppo	ort Claimed (13) \$	
Tribal Link Up (Availab	le only to ETCs rece	iving High Cost su	ppor	t)			
Number of Connect		(14)					
Charges Waived per	r Connection	(15) \$ (not to exceed \$100)		(for multiple rates,	use an average	e amount)	
Total Connection Cl	harges Waived	(16) \$					
Deferred Interest		(17) \$		<u> </u>			
		Т	otal	Tribal Link Up Supp	oort Claimed	(18) \$	
ETC Payment							
Total Lifeline \$ 14,208	Total TLS \$		Γotal	Tribal Link Up \$		_	
				Total	Dollars (19)	14,208	

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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September 2, 2014

DATE

General Manager / CEO

OFFICER SIGNATURE

G Mark Patterson

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

(1) USAC Service Provider Id	dentification Number	143001630		(2) Stud	ly Area Co	de_290565
(3) Filer 499 ID 815162		(4) Technology Ty	ype (check one) Wirelir	ne 🔼	Wireless 🔲
(5) ETC Designation Type (C	heck one): Lifeline	Only 🔎 I	High	Cost/Low Income		
(6) Organization Information			(7)	Filing Information		
Company Legal Name:	Highland Telephone Coop	erative, Inc.	a)	Submission Date	9/30/20	014
Contact Name:	David Crawford		b)	Data Month	Septemb	per 2014
Mailing Address:	7840 Morgan	County Hwy	c)	Type of Filing (check one)		
	P.O. Box 119)			Original Revision	
	Sunbright, T	N 37872	d)	State Reporting	TENNES	SSEE
Telephone Number:	423 628-2121	•				
Fax Number:	423 628-5356					
E-mail Address:	dave@highlandte	el.net				
Lifeline Non-Tribal Low-Income Sub		(b) Lifeline Sup Subscriber Sup	<u>port</u>	(c) Total Lifeline		
Receiving federal Lifeline Support (8) 1,429				x \$ 9.25	=\$ <u>13,218</u>	
Tribal Low-Income Subscribers (9) Receiving federal Lifeline Support		(9)		x \$ (not to exceed ederal Lifeline Sup	ed \$34.25)	
Toll Limitation Service	es (TLS)					
Cost of Providing To (the lesser of incremental)	LS per Subscriber al cost or \$3 in 2012 /\$2 i	(11) n 2013)				
Number of TLS Sub	scribers	(12)		<u> </u>		
Tribal Link Up (Availab	le only to ETCs rece	iving High Cost su	ppor	Total TLS Support)	ort Claimed	i (13) \$
Number of Connect Charges Waived per		(14) (15) \$ (not to exceed \$100)		(for multiple rates,	use an avera	age amount)
Total Connection Cl	harges Waived	(16) \$		_		
Deferred Interest		(17) \$		<u></u>		
		т	otal	Tribal Link Up Supp	oort Claime	d (18) \$
ETC Payment						
Total Lifeline \$ 13,218	Total TLS \$		Total	Tribal Link Up \$		<u></u>
				Total	Dollars (19	9) \$ <u>13,218</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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September 30, 2014

DATE

General Manager / CEO

OFFICER SIGNATURE

G Mark Patterson

OFFICER TITLE

OFFICER NAME

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FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

(1) USAC Service Provider Id	1) USAC Service Provider Identification Number <u>143001630</u> (2) Study Area Code <u>290565</u>						
(3) Filer 499 ID <u>815162</u>		(4) Technology Ty	ype (check one) Wirelir	ne 🖾 Wireless 🔲		
(5) ETC Designation Type (C	heck one): Lifeline	e Only 🔎 💮 l	High	Cost/Low Income			
(6) Organization Information			(7)	(7) Filing Information			
Company Legal Name:	Highland Telephone Coop	erative, Inc.	a)	Submission Date	11/5/2014		
Contact Name:	David Crawford		b)	Data Month	October 2014		
Mailing Address:	7840 Morgan	County Hwy	c)	Type of Filing (check one)			
	P.O. Box 119)		` ′ (Original K Revision		
	Sunbright, T	N 37872	d)	State Reporting	TENNESSEE		
Telephone Number:	423 628-2121						
Fax Number:	423 628-5356						
E-mail Address:	dave@highlandte	el.net					
Lifeline		(a) # Lifeline Subscribers		(b) Lifeline Sup Subscriber Sup			
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support		(8) <u>1,416</u>		x \$ 9.25			
Tribal Low-Income Subscribers Receiving federal Lifeline Support		(9)Tot		(not to excee	= \$ ed \$34.25) port Claimed (10) \$ 13,098		
Toll Limitation Service	es (TLS)						
Cost of Providing To	LS per Subscriber al cost or \$3 in 2012 /\$2 i	(11) n 2013)					
Number of TLS Sub	scribers	(12)					
Tribal Link Up (Availab	le only to ETCs rece	iving High Cost su	ppor	• •	ort Claimed (13) \$		
Number of Connections Waived Charges Waived per Connection		(14)			use an average amount)		
Total Connection Cl	harges Waived	(16) \$					
Deferred Interest		(17) \$		<u> </u>			
		т	otal	Tribal Link Up Supp	oort Claimed (18) \$		
ETC Payment							
Total Lifeline \$ 13,098	Total TLS \$		Γotal	Tribal Link Up \$			
				-	Dollars (19) \$		

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

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

(20) CERTIFICATIONS AND SIGNATURES

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November 5, 2014

DATE

General Manager / CEO

OFFICER SIGNATURE

G Mark Patterson

OFFICER TITLE

OFFICER NAME

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FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

(1) USAC Service Provider Id	1) USAC Service Provider Identification Number <u>143001630</u> (2) Study Area Code <u>290565</u>						
(3) Filer 499 ID <u>815162</u>		(4) Technology Ty	/pe (check one) Wirelir	ne 🖾 Wireless 🔲		
(5) ETC Designation Type (C	heck one): Lifeline	Only 🔎 I	ligh	Cost/Low Income			
(6) Organization Information			(7)	Filing Information			
Company Legal Name:	Highland Telephone Coop	erative, Inc.	a)	Submission Date	12/11/2014		
Contact Name:	David Crawford		b)	Data Month	November 2014		
Mailing Address:	7840 Morgan	County Hwy	c)	Type of Filing (check one)			
	P.O. Box 119)		` ′ (Original K Revision		
	Sunbright, T	N 37872	d)	State Reporting	TENNESSEE		
Telephone Number:	423 628-2121						
Fax Number:	423 628-5356						
E-mail Address:	dave@highlandte	el.net					
Lifeline		(a) # Lifeline Subscribers	_	(b) Lifeline Sup Subscriber Sup			
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support		(8) <u>1,408</u>		x \$ 9.25			
Tribal Low-Income Subscribers Receiving federal Lifeline Support		(9)		(not to excee	= \$ ed \$34.25) port Claimed (10) \$ 13,024		
Toll Limitation Service	es (TLS)						
Cost of Providing To	LS per Subscriber al cost or \$3 in 2012 /\$2 in	(11) n 2013)					
Number of TLS Sub	scribers	(12)					
Tribal Link Up (Availab	le only to ETCs rece	iving High Cost su	ppor	• •	ort Claimed (13) \$		
Number of Connections Waived Charges Waived per Connection		(14) (15) \$ (not to exceed \$100)			use an average amount)		
Total Connection Cl	harges Waived	(16) \$					
Deferred Interest		(17) \$		<u>—</u> .			
		т	otal	Tribal Link Up Supp	oort Claimed (18) \$		
ETC Payment							
Total Lifeline \$ 13,024	Total TLS \$_		Γotal	Tribal Link Up \$			
· 		_		-	Dollars (19) \$		

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

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

(20) CERTIFICATIONS AND SIGNATURES

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

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

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

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.

December 11, 2014

OFFICER SIGNATURE

General Manager / CEO

G Mark Patterson

OFFICER TITLE

DATE

OFFICER NAME

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

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

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

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

(1) USAC Service Provider Identification Number <u>143001630</u>				(2) Stud	dy Area Cod	_{le} 290565
(3) Filer 499 ID <u>815162</u>		(4) Technology Ty	ype (d	check one) Wirelir	ne 🔼	Wireless 🔲
(5) ETC Designation Type (C	heck one): Lifeline	Only 🔎 I	High	Cost/Low Income		
(6) Organization Information			(7) I	Filing Information		
Company Legal Name:	Highland Telephone Coop	erative, Inc.	a)	Submission Date	1/7/201	5
Contact Name:	David Crawford		b)	Data Month	Decembe	er 2014
Mailing Address:	7840 Morgan	County Hwy	c)	Type of Filing (check one)		
	P.O. Box 119)			Original Revision	
	Sunbright, T	N 37872	d)		TENNES	SEE
Telephone Number:	423 628-2121					
Fax Number:	423 628-5356					
E-mail Address:	dave@highlandte	el.net				
Lifeline						
Literine		(a) # Lifeline		(b) Lifeline Sup		(c) Total Lifeline
Non-Tribal Low-Income Sub	scribers	<u>Subscribers</u>		Subscriber Sup	port	
Receiving federal Li	feline Support	(8) <u>1,367</u>		x \$9.25	5	= \$ <u>12,645</u>
Tribal Low-Income Subscrib		(9)		x \$	100105	= \$
Receiving federal Li	reline Support	To	tal F	not to exceed ederal Lifeline Sup		d (10) \$ 12,645
Toll Limitation Service	PAS (TI S)					
Ton Linnation Service	es (TLS)					
Cost of Providing TI (the lesser of incremental	LS per Subscriber al cost or \$3 in 2012 /\$2 in	(11) n 2013)				
Number of TLS Sub	scribers	(12)		<u></u>		
				Total TLS Supp	ort Claimed	(13) \$
Tribal Link Up (Availab	le only to ETCs rece	iving High Cost su	ppor	t)		
Number of Connect	ions Waived	(14)				
Charges Waived per	r Connection	(15) \$ (not to exceed \$100)		(for multiple rates,	use an avera	ge amount)
		(;				
Total Connection Cl	harges Waived	(16) \$				
Deferred Interest		(17) \$		<u>—</u>		
		т	otal -	Tribal Link Up Supp	oort Claimed	d (18) \$
ETC Payment						
Total Lifeline \$ 12,645	Total TI S ¢	٦	[otal	Tribal Link Up \$		
· οιαι Εποιπίο ψ <u>·</u> /- · -	ισιαι ι Εσ ψ		. otal	-		
				Total	Dollars (19) \$ <u>12,645</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.

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January 7, 2015

DATE

General Manager / CEO

OFFICER SIGNATURE

G. Mark Patterson

OFFICER TITLE

OFFICER NAME

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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

(1) USAC Service Provider Identification Number 143001630 (2) Study Area Code 290565							
(3) Filer 499 ID 815162 (4) Technology Type (check one) Wireline Wireless Wireless							
(5) ETC Designation Type (C	heck one): Lifeline	e Only 🔎 💮 l	High	Cost/Low Income			
(6) Organization Information (7) Filing Information							
Company Legal Name:	Highland Telephone Coop	erative, Inc.	a)	Submission Date	2/3/2015		
Contact Name:	David Crawford		b)	Data Month	January 2015		
Mailing Address:	7840 Morgan	County Hwy	c)	Type of Filing (check one)			
	P.O. Box 119)		` ′ (Original 🔀 Revision 🔲		
	Sunbright, T	N 37872	d)	State Reporting	TENNESSEE		
Telephone Number:	423 628-2121					_	
Fax Number:	423 628-5356	;					
E-mail Address:	dave@highlandte	el.net					
Lifeline		(a) # Lifeline Subscribers	_	(b) Lifeline Sup Subscriber Sup		е	
Non-Tribal Low-Income Sub Receiving federal Li		(8) <u>1,241</u>		x \$ 9.25			
Tribal Low-Income Subscrib Receiving federal Li		(9) x \$ = \$ (not to exceed \$34.25) Total Federal Lifeline Support Claimed (1			ed \$34.25)		
Toll Limitation Service	es (TLS)						
Cost of Providing To	LS per Subscriber al cost or \$3 in 2012 /\$2 i	(11) n 2013)					
Number of TLS Sub	scribers	(12)					
Tribal Link Up (Availab	le only to ETCs rece	ppor	• •	ort Claimed (13) \$			
Number of Connections Waived Charges Waived per Connection		(14) (15) \$ (not to exceed \$100)			use an average amount)		
Total Connection Cl	harges Waived	(16) \$		_			
Deferred Interest		(17) \$					
		т	otal '	Tribal Link Up Supp	oort Claimed (18) \$		
ETC Payment							
Total Lifeline \$ 11,479	Total TLS \$	7	Γotal	Tribal Link Up \$			
**************************************			 -	-	Dollars (19) \$11,479		

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.

February 3, 2015

DATE

General Manager / CEO

OFFICER SIGNATURE

G. Mark Patterson

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

(1) USAC Service Provider Id	lentification Number	143001630		(2) Stud	ly Area Co	de_290565
(3) Filer 499 ID 815162		(4) Technology Ty	ype (check one) Wirelin	ne 🔼	Wireless 🔲
(5) ETC Designation Type (C	heck one): Lifeline	e Only 🔎 I	High	Cost/Low Income		
(6) Organization Information			(7)	Filing Information		
Company Legal Name:	Highland Telephone Coop	erative, Inc.	a)	Submission Date	3/3/201	5
Contact Name:	David Crawford		b)	Data Month	February	/ 2015
Mailing Address:	7840 Morgan	County Hwy	c)	Type of Filing (check one)		
	P.O. Box 119	9		` ´ (Original Revision	
	Sunbright, T	N 37872	d)	State Reporting	TENNES	SSEE
Telephone Number:	423 628-2121	-				
Fax Number:	423 628-5356					
E-mail Address:	dave@highlandte	el.net				
Lifeline Non-Tribal Low-Income Sub	scribers	(a) # Lifeline Subscribers		(b) Lifeline Sup Subscriber Sup		(c) Total Lifeline
Receiving federal Li	feline Support	(8) <u>1,318</u>		x \$ <u>9.25</u>	5	=\$ <u>12,192</u>
Tribal Low-Income Subscribers (9) - Receiving federal Lifeline Support		(9)		x \$ (not to exceed dederal Lifeline Sup	ed \$34.25)	
Toll Limitation Service	es (TLS)					
Cost of Providing TI (the lesser of incremental	LS per Subscriber al cost or \$3 in 2012 /\$2 i	(11)		<u> </u>		
Number of TLS Sub	scribers	(12)				
Tribal Link Up (Availab	le only to ETCs rece	iving High Cost su	ıppor	Total TLS Support)	ort Claimed	i (13) \$
Charges Waived per Connection (15		(14)(15) \$(not to exceed \$100)		(for multiple rates,	use an avera	age amount)
Total Connection Cl	narges Waived	(16) \$		<u> </u>		
Deferred Interest		(17) \$		<u></u>		
		Т	otal	Tribal Link Up Supp	oort Claime	ed (18) \$
ETC Payment						
Total Lifeline \$ 12,192	Total TLS \$		Total	Tribal Link Up \$		
				Total	Dollars (19	9) \$ <u>12,192</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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March 3, 2015

DATE

General Manager / CEO

OFFICER SIGNATURE

G. Mark Patterson

OFFICER TITLE

OFFICER NAME

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FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

(1) USAC Service Provider Id	lentification Number	143001630		(2) Stud	ly Area Cod	le 290565
(3) Filer 499 ID 815162		(4) Technology T	ype (check one) Wirelin	ne 🔼	Wireless
(5) ETC Designation Type (C	heck one): Lifeline	e Only	High	Cost/Low Income		
(6) Organization Information			(7)	Filing Information		
Company Legal Name:	Highland Telephone Coop	erative, Inc.	a)	Submission Date	4/6/201	5
Contact Name:	David Crawford		b)	Data Month	March 20)15
Mailing Address:	7840 Morgan	County Hwy	c)	Type of Filing (check one)		
	P.O. Box 119	9		` ´ (Original Revision	X
	Sunbright, T	N 37872	d)	State Reporting	TENNES	SEE
Telephone Number:	423 628-2121					
Fax Number:	423 628-5356	,				
E-mail Address:	dave@highlandte	el.net				
Lifeline Non-Tribal Low-Income Subs	scribers	(a) # Lifeline Subscribers		(b) Lifeline Supp Subscriber Sup	port	(c) Total Lifeline
Receiving federal Li	feline Support	(8) <u>1,366</u>		x \$ 9.25	5	=\$ <u>12,636</u>
Tribal Low-Income Subscribers (9) Receiving federal Lifeline Support		(9)		x \$ (not to exceed ederal Lifeline Sup	ed \$34.25)	
Toll Limitation Service	es (TLS)					
Cost of Providing TI (the lesser of incremental	L S per Subscriber al cost or \$3 in 2012 /\$2 i	(11) n 2013)				
Number of TLS Sub	scribers	(12)		<u> </u>		
Total TLS Support Claimed (13) \$ Tribal Link Up (Available only to ETCs receiving High Cost support)						
Charges Waived per Connection (15		(14)(15) \$(not to exceed \$100)		(for multiple rates,	use an avera	ge amount)
Total Connection Cl	narges Waived	(16) \$		<u> </u>		
Deferred Interest		(17) \$		<u></u>		
		т	otal	Tribal Link Up Supp	oort Claime	d (18) \$
ETC Payment						
Total Lifeline \$ 12,636	Total TLS \$		Total	Tribal Link Up \$		_
				-) \$ <u>12,636</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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April 6, 2015

DATE

General Manager / CEO

OFFICER SIGNATURE

G. Mark Patterson

OFFICER TITLE

OFFICER NAME

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FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

(1) USAC Service Provider Id	dentification Number	143001630		(2) Stud	dy Area Cod	_{le} 290565
(3) Filer 499 ID 815162		(4) Technology T	ype (check one) Wirelii	ne 🔽	Wireless 🔲
(5) ETC Designation Type (C	heck one): Lifeline	e Only	High	Cost/Low Income		
(6) Organization Information			(7)	Filing Information	_	
Company Legal Name:	Highland Telephone Coop	erative, Inc.	a)	Submission Date	4/29/20	15
Contact Name:	David Crawford		b)	Data Month	April 201	5
Mailing Address:	7840 Morgan	County Hwy	c)	Type of Filing (check one)		
	P.O. Box 119				Original Revision	
	Sunbright, T	'N 37872	d)	State Reporting	TENNES	SEE
Telephone Number:	423 628-2121	-				
Fax Number:	423 628-5356)				
E-mail Address:	dave@highlandte	el.net				
Lifeline Non-Tribal Low-Income Sub	(a) # Lifeline Subscribers		(b) Lifeline Sup Subscriber Sup	<u>oport</u>	(c) Total Lifeline	
Receiving federal Li	feline Support	(8) <u>1,383</u>		x \$9.2	5	=\$ <u>12,793</u>
Tribal Low-Income Subscribers (9) Receiving federal Lifeline Support			x \$ = \$ (not to exceed \$34.25) otal Federal Lifeline Support Claimed (10) \$ 12,793			
Toll Limitation Service	es (TLS)					
Cost of Providing TI (the lesser of increment	LS per Subscriber al cost or \$3 in 2012 /\$2 i	(11) n 2013)		<u>—</u>		
Number of TLS Sub	scribers	(12)				
Tribal Link Up (Availab	le only to ETCs rece	iving High Cost su	ıppor	Total TLS Supp	ort Claimed	(13) \$
		(14) (15) \$ (not to exceed \$100)		(for multiple rates	, use an avera	ge amount)
Total Connection Cl	harges Waived	(16) \$		<u> </u>		
Deferred Interest		(17) \$				
		1	Total '	Tribal Link Up Sup	port Claime	d (18) \$
ETC Payment						
Total Lifeline \$ 12,793	Total TLS \$		Total	Tribal Link Up \$		<u> </u>
				Tota	l Dollars (19) \$

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

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

(20) CERTIFICATIONS AND SIGNATURES

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

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

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

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.

April 29, 2015

DATE

General Manager/CEO

OFFICER SIGNATURE

G. Mark Patterson

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

(1) USAC Service Provider Id	dentification Number	143001630		(2) Stud	ly Area Cod	le 290565
(3) Filer 499 ID 815162		(4) Technology T	ype (check one) Wirelin	ne 🔼	Wireless
(5) ETC Designation Type (C	heck one): Lifeline	e Only	High	Cost/Low Income		
(6) Organization Information	,		(7)	Filing Information		
Company Legal Name:	Highland Telephone Coop	erative, Inc.	a)	Submission Date	6/4/201	5
Contact Name:	David Crawford		b)	Data Month	May 201	5
Mailing Address:	7840 Morgan	County Hwy	c)	Type of Filing (check one)		
	P.O. Box 119	9			Original Revision	
	Sunbright, T	N 37872	d)	State Reporting	TENNES	SEE
Telephone Number:	423 628-2121	-				
Fax Number:	423 628-5356					
E-mail Address:	dave@highlandte	el.net				
Lifeline Non-Tribal Low-Income Sub	scribers	(a) # Lifeline Subscribers		(b) Lifeline Sup Subscriber Sup		(c) Total Lifeline
Receiving federal Li		(8) <u>1,382</u>		x \$ 9.25	5	= \$ <u>12,784</u>
Tribal Low-Income Subscribers (9) _ Receiving federal Lifeline Support		(9)		x \$ (not to excee	ed \$34.25)	
Toll Limitation Service	es (TLS)					
Cost of Providing TI (the lesser of incremental	LS per Subscriber al cost or \$3 in 2012 /\$2 i	(11)		_		
Number of TLS Sub	scribers	(12)		<u> </u>		
Tribal Link Up (Availab	le only to ETCs rece	iving High Cost su	ıppor	Total TLS Support)	ort Claimed	(13) \$
Charges Waived per Connection (15)		(14) (15) \$ (not to exceed \$100)		(for multiple rates,	use an avera	ge amount)
Total Connection Cl	harges Waived	(16) \$		<u> </u>		
Deferred Interest		(17) \$		<u></u>		
		т	otal	Tribal Link Up Supp	oort Claime	d (18) \$
ETC Payment						
Total Lifeline \$_12,784	Total TLS \$		Total	Tribal Link Up \$		_
				Total	Dollars (19) \$ <u>12,784</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.

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June 4, 2015

DATE

General Manager/CEO

OFFICER SIGNATURE

G. Mark Patterson

OFFICER TITLE

OFFICER NAME

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FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

(1) USAC Service Provider Id	dentification Number	143001630		(2) Stud	dy Area Co	de_290565	
(3) Filer 499 ID <u>815162</u>		(4) Technology Ty	ype (check one) Wirelii	ne 🔼	Wireless 🔲	
(5) ETC Designation Type (C	heck one): Lifeline	Only 🔎 I	High	Cost/Low Income			
(6) Organization Information			(7)	Filing Information	T		
Company Legal Name:	Highland Telephone Coop	erative, Inc.	a)	Submission Date	6/30/20)15	
Contact Name:	David Crawford		b)	Data Month	June 20	15	
Mailing Address:	7840 Morgan	County Hwy	c)	Type of Filing (check one)			
	P.O. Box 119)		· · · · · ·	Original Revision		
	Sunbright, T	N 37872	d)	State Reporting	TENNES	SSEE	
Telephone Number:	423 628-2121						
Fax Number:	423 628-5356						
E-mail Address:	dave@highlandte	el.net					
Lifeline							
Lifelific		(a) # Lifeline		(b) Lifeline Sup		(c) Total Lifeline	
Non-Tribal Low-Income Sub	scribers	<u>Subscribers</u>		Subscriber Sup			
Receiving federal Li	feline Support	(8) <u>1,359</u>		x \$ 9.25 =\$ <u>12,571</u>			
Tribal Low-Income Subscrib		(9)		x \$	- 1 (0.4.05)	= \$	
Receiving federal Li	Teline Support	To	otal F	not to exce ederal Lifeline Sup		ed (10)\$ 12,571	
Toll Limitation Service	es (TLS)						
Ton Emmadon Gol Vio	(120)						
Cost of Providing To (the lesser of incremental)	LS per Subscriber al cost or \$3 in 2012 /\$2 i	(11) n 2013)					
Number of TLS Sub	scribers	(12)					
				Total TLS Supp	ort Claimed	d (13) \$	
Tribal Link Up (Availab	le only to ETCs rece	iving High Cost su	ippor	t)			
Number of Connect		(14)					
Charges Waived per	r Connection	(15) \$ (not to exceed \$100)		(for multiple rates	, use an aver	age amount)	
Total Connection Cl	harges Waived	(16) \$					
Deferred Interest		(17) \$		<u></u>			
		т	otal	Tribal Link Up Sup _l	port Claime	ed (18) \$	
ETC Payment							
Total Lifeline \$ 12,571	Total TLS \$		Total	Tribal Link Up \$			
· · · · · · · · · · · · · · · · · · ·							
				Tota	ווסט ו Dollars (1	9) \$ <u>12,571</u>	

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

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

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June 30, 2015

DATE

General Manager/CEO

OFFICER SIGNATURE

G. Mark Patterson

OFFICER TITLE

OFFICER NAME

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FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

(1) USAC Service Provider Id	dentification Number	143001630		(2) Stud	dy Area Code	290565	
(3) Filer 499 ID <u>815162</u>		(4) Technology Ty	/pe (check one) Wirelir	ne 🔼	Wireless 🔲	
(5) ETC Designation Type (C	heck one): Lifeline	Only 🔎 I	ligh	Cost/Low Income			
(6) Organization Information	,		(7)	Filing Information			•
Company Legal Name:	Highland Telephone Coope	erative, Inc.	a)	Submission Date	8/4/2015		
Contact Name:	David Crawford		b)	Data Month	July 2015		
Mailing Address:	7840 Morgan	County Hwy	c)	Type of Filing (check one)			
	P.O. Box 119)			Original Revision	9	
	Sunbright, T	N 37872	d)	State Reporting	TENNESS	SEE	
Telephone Number:	423 628-2121						
Fax Number:	423 628-5356						
E-mail Address:	dave@highlandte	el.net					
Lifeline							
		(a) # Lifeline Subscribers		(b) Lifeline Sup Subscriber Sup	port/ port	(c) Total Lifeline	
Non-Tribal Low-Income Subs Receiving federal Li		(8) <u>1,318</u>		x \$ 9.25		=\$ <u>12,192</u>	
Tribal Low-Income Subscribe	ers	(9)		x \$ =		= \$	
Receiving federal Li			tal E	(not to exceed \$34.25) Federal Lifeline Support Claimed (10) \$ 12,192			
		10	itai F	ederai Lifeline Sup	port Claimed	(10) \$ 12,192	
Toll Limitation Service	es (TLS)						
Cost of Providing TI (the lesser of incrementa	LS per Subscriber al cost or \$3 in 2012 /\$2 in	(11) n 2013)					
Number of TLS Sub	scribers	(12)					
				Total TLS Supp	ort Claimed	(13) \$	
Tribal Link Up (Available	le only to ETCs rece	iving High Cost su	ppor	t)			
Number of Connecti	ions Waived	(14)					
Charges Waived per	r Connection	(15) \$ (not to exceed \$100)		(for multiple rates,	use an average	e amount)	
		(
Total Connection Ch	harges Waived	(16) \$		<u> </u>			
Deferred Interest		(17) \$					
		Т	otal	Tribal Link Up Supp	oort Claimed	(18) \$	
ETC Payment							
Total Lifeline \$ 12,192	Total TLS \$		Γotal	Tribal Link Up \$		_	
						<u>\$ 12,192</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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August 4, 2015

General Manager/CEO

OFFICER SIGNATURE

G. Mark Patterson

OFFICER TITLE

DATE

OFFICER NAME

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FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

(1) USAC Service Provider Id	dentification Number	143001630		(2) Stud	dy Area Code	290565
(3) Filer 499 ID <u>815162</u>		(4) Technology Ty	ype (check one) Wirelir	ne 🔽	Wireless 🔲
(5) ETC Designation Type (C	heck one): Lifeline	Only 🔎 I	High	Cost/Low Income		
(6) Organization Information			(7)	Filing Information		
Company Legal Name:	Highland Telephone Coop	erative, Inc.	a)	Submission Date	9/4/2015	
Contact Name:	David Crawford		b)	Data Month	August 20	15
Mailing Address:	7840 Morgan	County Hwy	c)	Type of Filing (check one)		
	P.O. Box 119)		` ′ (Original X	9
	Sunbright, T	N 37872	d)	State Reporting	TENNESS	EE
Telephone Number:	423 628-2121					
Fax Number:	423 628-5356					
E-mail Address:	dave@highlandte	el.net				
Lifeline						
		(a) # Lifeline Subscribers		(b) Lifeline Sup Subscriber Sup		(c) Total Lifeline
Non-Tribal Low-Income Sub- Receiving federal Li		(8) <u>1,309</u>		x \$ 9.25		=\$ <u>12,108</u>
Tribal Low-Income Subscrib	ers	(9)		x \$ = 5		= \$
Receiving federal Li		(not to exceed \$34.25) Total Federal Lifeline Support Claimed (10) \$ 12				
		10	otai r	ederai Lifeline Sup	port Ciaimed	(10) \$ 12,100
Toll Limitation Service	es (TLS)					
Cost of Providing To	LS per Subscriber al cost or \$3 in 2012 /\$2 in	(11) n 2013)				
Number of TLS Sub	scribers	(12)				
				Total TLS Supp	ort Claimed ((13) \$
Tribal Link Up (Availab	le only to ETCs rece	iving High Cost su	ppor	t)		
Number of Connect	ions Waived	(14)				
Charges Waived per	r Connection	(15) \$ (not to exceed \$100)		(for multiple rates,	use an average	e amount)
		,				
Total Connection Cl	harges Waived	(16) \$				
Deferred Interest		(17) \$		<u>—</u>		
		Т	otal '	Tribal Link Up Supp	oort Claimed	(18) \$
ETC Payment						
Total Lifeline \$ 12,108	Total TLS \$_		Total	Tribal Link Up \$		_
,						
				ı otal	יסוומרא (19) אווסט (19)	<u>\$ 12,108</u>

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

OMB Approval 3060-0819

Avg. Burden Est. per Respondent: 2.5 Hrs.

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September 4, 2015

DATE

General Manager/CEO

OFFICER SIGNATURE

G. Mark Patterson

OFFICER TITLE

OFFICER NAME

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FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

(1) USAC Service Provider Id	dentification Number	143001630		(2) Stud	dy Area Code 290565
(3) Filer 499 ID <u>815162</u>		(4) Technology Ty	ype (check one) Wirelir	ne 🖾 Wireless 🔲
(5) ETC Designation Type (C	heck one): Lifeline	e Only 🔎 💮 l	High	Cost/Low Income	
(6) Organization Information			(7)	Filing Information	
Company Legal Name:	Highland Telephone Coop	erative, Inc.	a)	Submission Date	10/8/2015
Contact Name:	David Crawford		b)	Data Month	September 2015
Mailing Address:	7840 Morgan	County Hwy	c)	Type of Filing (check one)	
	P.O. Box 119)		` ′ (Original K Revision
	Sunbright, T	N 37872	d)	State Reporting	TENNESSEE
Telephone Number:	423 628-2121				
Fax Number:	423 628-5356				
E-mail Address:	dave@highlandte	el.net			
Lifeline		(a) # Lifeline Subscribers		(b) Lifeline Sup Subscriber Sup	
Non-Tribal Low-Income Sub Receiving federal Li		(8) 1,311		x \$ 9.25	
Tribal Low-Income Subscrib Receiving federal Li		(9)		(not to exce	= \$ ed \$34.25) port Claimed (10) \$ 12,127
Toll Limitation Service	es (TLS)				
Cost of Providing To	LS per Subscriber al cost or \$3 in 2012 /\$2 i	(11) n 2013)			
Number of TLS Sub	scribers	(12)			
Tribal Link Up (Availab	le only to ETCs rece	iving High Cost su	ppor	• •	ort Claimed (13) \$
Number of Connections Waived Charges Waived per Connection		(14) (15) \$ (not to exceed \$100)			use an average amount)
Total Connection Cl	harges Waived	(16) \$			
Deferred Interest		(17) \$		<u> </u>	
		т	otal	Tribal Link Up Supp	oort Claimed (18) \$
ETC Payment					
Total Lifeline \$ 12,127	Total TLS \$_		Γotal	Tribal Link Up \$	
· 		_		-	Dollars (19) \$

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

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

(20) CERTIFICATIONS AND SIGNATURES

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

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

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

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.

October 9, 2015

DATE

General Manager/CEO

OFFICER SIGNATURE

G. Mark Patterson

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

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

(1) USAC Service Provider Id	dentification Number	143001630		(2) Stud	dy Area Code 290565
(3) Filer 499 ID <u>815162</u>		(4) Technology Ty	ype (check one) Wirelir	ne 🖾 Wireless 🔲
(5) ETC Designation Type (C	heck one): Lifeline	Only 🔎 I	High	Cost/Low Income	
(6) Organization Information			(7)	Filing Information	
Company Legal Name:	Highland Telephone Coop	erative, Inc.	a)	Submission Date	11/2/2015
Contact Name:	David Crawford		b)	Data Month	October 2015
Mailing Address:	7840 Morgan	County Hwy	c)	Type of Filing (check one)	
	P.O. Box 119)		` ′ (Original K Revision
	Sunbright, T	N 37872	d)	State Reporting	TENNESSEE
Telephone Number:	423 628-2121				
Fax Number:	423 628-5356				
E-mail Address:	dave@highlandte	el.net			
Lifeline		(a) # Lifeline Subscribers		(b) Lifeline Sup Subscriber Sup	
Non-Tribal Low-Income Sub Receiving federal Li		(8) 1,322		x \$ 9.25	= \$ <u>12,229</u>
Tribal Low-Income Subscrib Receiving federal Li		(9)		(not to excee	= \$ ed \$34.25) port Claimed (10) \$ 12,229
Toll Limitation Service	es (TLS)				
Cost of Providing To	LS per Subscriber al cost or \$3 in 2012 /\$2 i	(11) n 2013)			
Number of TLS Sub	scribers	(12)			
Tribal Link Up (Availab	le only to ETCs rece	iving High Cost su	ppor	• •	ort Claimed (13) \$
Number of Connections Waived Charges Waived per Connection		(14) (15) \$ (not to exceed \$100)			use an average amount)
Total Connection Cl	harges Waived	(16) \$		_	
Deferred Interest		(17) \$		<u> </u>	
		Т	otal '	Tribal Link Up Supp	oort Claimed (18) \$
ETC Payment					
Total Lifeline \$ 12,229	Total TLS \$	1	Γotal	Tribal Link Up \$	
				-	Dollars (19) \$

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

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

(20) CERTIFICATIONS AND SIGNATURES

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

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

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

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.

November 2, 2015

DATE OFFICER SIGNATURE

General Manager/CEO G. Mark Patterson

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

(1) USAC Service Provider Id	dentification Number	143001630		(2) Stud	dy Area Code 290565
(3) Filer 499 ID <u>815162</u>		(4) Technology Ty	ype (check one) Wirelir	ne 🖾 Wireless 🔲
(5) ETC Designation Type (C	heck one): Lifeline	e Only 🔎 💮 l	High	Cost/Low Income	
(6) Organization Information			(7)	Filing Information	
Company Legal Name:	Highland Telephone Coop	erative, Inc.	a)	Submission Date	12/4/2015
Contact Name:	David Crawford		b)	Data Month	November 2015
Mailing Address:	7840 Morgan	County Hwy	c)	Type of Filing (check one)	
	P.O. Box 119)		` ′ (Original K Revision
	Sunbright, T	N 37872	d)	State Reporting	TENNESSEE
Telephone Number:	423 628-2121				
Fax Number:	423 628-5356				
E-mail Address:	dave@highlandte	el.net			
Lifeline		(a) # Lifeline Subscribers		(b) Lifeline Sup Subscriber Sup	
Non-Tribal Low-Income Sub Receiving federal Li		(8) <u>1,328</u>		x \$ 9.25	
Tribal Low-Income Subscrib Receiving federal Li		(9)		(not to excee	= \$ ed \$34.25) port Claimed (10) \$ 12,284
Toll Limitation Service	es (TLS)				
Cost of Providing To	LS per Subscriber al cost or \$3 in 2012 /\$2 i	(11) n 2013)			
Number of TLS Sub	scribers	(12)			
Tribal Link Up (Availab	le only to ETCs rece	iving High Cost su	ppor	• •	ort Claimed (13) \$
Number of Connections Waived Charges Waived per Connection		(14) (15) \$ (not to exceed \$100)			use an average amount)
Total Connection Cl	harges Waived	(16) \$		_	
Deferred Interest		(17) \$		<u> </u>	
		т	otal	Tribal Link Up Supp	oort Claimed (18) \$
ETC Payment					
Total Lifeline \$ 12,284	Total TLS \$		Γotal	Tribal Link Up \$	
· 		_		-	Dollars (19) \$

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

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

(20) CERTIFICATIONS AND SIGNATURES

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

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

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

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.

December 4, 2015

DATE

General Manager/CEO

OFFICER SIGNATURE

G. Mark Patterson

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

(1) USAC Service Provider Id	dentification Number	143001630		(2) Stud	dy Area Co	_{de} 290565
(3) Filer 499 ID <u>815162</u>		(4) Technology Ty	/pe (check one) Wirelir	ne 🔼	Wireless 🔲
(5) ETC Designation Type (C	heck one): Lifeline	Only 🔎 I	ligh	Cost/Low Income		
(6) Organization Information			(7)	Filing Information		
Company Legal Name:	Highland Telephone Coop	erative, Inc.	a)	Submission Date	1/8/201	6
Contact Name:	David Crawford		b)	Data Month	Decemb	er 2015
Mailing Address:	7840 Morgan	County Hwy	c)	Type of Filing (check one)		
	P.O. Box 119)			Original Revision	
	Sunbright, T	N 37872	d)	State Reporting	TENNES	SSEE
Telephone Number:	423 628-2121					_
Fax Number:	423 628-5356					
E-mail Address:	dave@highlandte	el.net				
Lifeline Non-Tribal Low-Income Subs		(a) # Lifeline Subscribers (8)1,223		(b) Lifeline Sup Subscriber Sup x \$ 9.29	port	(c) Total Lifeline = \$ 11,313
Receiving federal Lifeline Support (8) 1,223					<u> </u>	
Tribal Low-Income Subscribe Receiving federal Li		(9)		x \$ (not to exceederal Lifeline Sup	ed \$34.25)	
Toll Limitation Service	. ,					
Cost of Providing TI (the lesser of incrementa	LS per Subscriber al cost or \$3 in 2012 /\$2 in	(11) n 2013)				
Number of TLS Sub	scribers	(12)		<u> </u>		
Tribal Link Up (Availab	le only to ETCs rece	iving High Cost su	ppor	Total TLS Support)	ort Claimed	d (13) \$
Charges Waived per Connection (15) \$		(14) (15) \$ (not to exceed \$100)		(for multiple rates,	use an avera	age amount)
Total Connection Ch	harges Waived	(16) \$		_		
Deferred Interest		(17) \$				
		Т	otal	Гribal Link Up Supր	oort Claime	ed (18) \$
ETC Payment						
Total Lifeline \$ 11,313	Total TLS \$		Γotal	Tribal Link Up \$		
				Total	Dollars (1	9) \$11,313

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

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

(20) CERTIFICATIONS AND SIGNATURES

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

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

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

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January 8, 2016

OFFICER SIGNATURE

Im Pott

G. Mark Patterson

DATE

General Manager/CEO

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

(1) USAC Service Provider Identification Number <u>143001630</u>				(2) Study Area Code_290565			
(3) Filer 499 ID <u>815162</u>		(4) Technology Ty	ype (check one) Wirelir	ne 🔽	Wireless 🔲	
(5) ETC Designation Type (C	heck one): Lifeline	Only 🔎 I	High	Cost/Low Income			
(6) Organization Information			(7) Filing Information				
Company Legal Name:	Highland Telephone Coop	erative, Inc.	a)	Submission Date	2/5/2016	5	
Contact Name:	David Crawford		b)	Data Month	January 2	2016	
Mailing Address:	7840 Morgan	County Hwy	c)	Type of Filing (check one)			
	P.O. Box 119)			Original Revision	X	
	Sunbright, T	N 37872	d)		TENNES	SEE	
Telephone Number:	423 628-2121						
Fax Number:	423 628-5356						
E-mail Address:	dave@highlandte	el.net					
Lifeline							
		(a) # Lifeline Subscribers		(b) Lifeline Sup Subscriber Sup		(c) Total Lifeline	
Non-Tribal Low-Income Sub		(8) 1,249				¢ 11 FF2	
Receiving federal Li	neime Support	(6) 1,249		x \$ 9.25	<u> </u>	= \$ <u>11,553</u>	
Tribal Low-Income Subscrib Receiving federal Li		(9)		x \$	ed \$34.25)	= \$	
		To	otal F	ederal Lifeline Sup		d (10) \$ 11,553	
Toll Limitation Service	es (TLS)						
	(1=3)						
Cost of Providing To (the lesser of incrementation)	LS per Subscriber al cost or \$3 in 2012 /\$2 i	(11) n 2013)					
Number of TLS Sub	scribers	(12)					
				Total TLS Supp	ort Claimed	(13) \$	
Tribal Link Up (Availab	le only to ETCs rece	iving High Cost su	ppor	t)			
Number of Connect	ions Waived	(14)		<u></u>			
Charges Waived per	r Connection	(15) \$		(for multiple rates, use an aver		ge amount)	
		(not to exceed \$100)					
Total Connection Cl	harges Waived	(16) \$		<u>—</u> .			
Deferred Interest		(17) \$		<u> </u>			
		Т	otal	Tribal Link Up Supp	oort Claimed	i (18) \$	
ETC Payment							
Total Lifeline \$ 11,553	Total TLS \$	-	Total	Tribal Link Up \$			
· · · · · · · · · · · · · · · · · · ·				-		_	
				Total	Dollars (19)	\$ <u>11,553</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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February 5, 2016

DATE

General Manager/CEO

OFFICER SIGNATURE

G. Mark Patterson

OFFICER TITLE

OFFICER NAME

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FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

(1) USAC Service Provider Id	dentification Number	143001630		(2) Stud	ly Area Co	de_290565
(3) Filer 499 ID 815162		(4) Technology T	ype (check one) Wirelin	ne 🔼	Wireless 🔲
(5) ETC Designation Type (C	heck one): Lifeline	Only 🔎	High	Cost/Low Income		
(6) Organization Information			(7)	Filing Information		
Company Legal Name:	Highland Telephone Coop	erative, Inc.	a)	Submission Date	3/7/201	6
Contact Name:	David Crawford		b)	Data Month	February	/ 2016
Mailing Address:	7840 Morgan Co	unty Hwy	c)	Type of Filing (check one)		
	P.O. Box 119)		` ´ (Original Revision	P
	Sunbright, T	N 37872	d)	State Reporting	TENNES	SSEE
Telephone Number:	423 628-2121					
Fax Number:	423 628-5356					
E-mail Address:	dave@highlandte	el.net				
Lifeline Non-Tribal Low-Income Sub	scribers	(a) # Lifeline Subscribers		(b) Lifeline Sup Subscriber Sup		(c) Total Lifeline
Receiving federal Li	feline Support	(8) <u>1,290</u>		x \$9.25	5	= \$ <u>11,933</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support		(9)		x \$ (not to excee	ed \$34.25)	
Toll Limitation Service	es (TLS)					
Cost of Providing TI (the lesser of increment	LS per Subscriber al cost or \$3 in 2012 /\$2 i	(11) n 2013)		<u>—</u>		
Number of TLS Sub	scribers	(12)				
Tribal Link Up (Availab	le only to ETCs rece	iving High Cost sເ	ıppoı	Total TLS Support)	ort Claimed	i (13) \$
Number of Connect Charges Waived per		(14) (15) \$ (not to exceed \$100)		(for multiple rates,	use an avera	age amount)
Total Connection Cl	harges Waived	(16) \$		<u> </u>		
Deferred Interest		(17) \$		<u></u>		
		1	Γotal '	Tribal Link Up Supp	oort Claime	d (18) \$
ETC Payment						
Total Lifeline \$ 11,933	Total TLS \$		Total	Tribal Link Up \$		
				Total	Dollars (19	9) \$11,933

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

Case No. 2016-00059 Exhibit B FCC Form 497

> OMB Approval 3060-0819

Avg. Burden Est. per Respondent: 2.5 Hrs.

(20) CERTIFICATIONS AND SIGNATURES

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

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

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

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

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.

March 7, 2016

DATE

General Manager/CEO

OFFICER SIGNATURE

G. Mark Patterson

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.

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

The FCC is authorized under the Communications Act of 1934, as amended, to collect the information we request in this form. If we believe there may be a violation or a potential violation of a FCC statute, regulation, rule or order, your worksheet may be referred to the Federal, state or local agency responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation or order. In certain cases, the information in your worksheets may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC; or (c) the United States Government is a party of a proceeding before the body or has an interest in the proceeding.

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

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

(1) USAC Service Provider Id	dentification Number	143001630		(2) Stud	dy Area Cod	_{le} 290565
(3) Filer 499 ID <u>815162</u>		(4) Technology T	ype (check one) Wirelir	ne 🔽	Wireless 🔲
(5) ETC Designation Type (C	heck one): Lifeline	Only 🔎	High	Cost/Low Income		
(6) Organization Information			(7)	Filing Information		
Company Legal Name:	Highland Telephone Coop	erative, Inc.	a)	Submission Date	4/11/20	16
Contact Name:	David Crawford		b)	Data Month	March 20	016
Mailing Address:	7840 Morgan Co	unty Hwy	c)	Type of Filing (check one)		
	P.O. Box 119)			Original Revision	
	Sunbright, T	N 37872	d)	State Reporting	TENNES	SEE
Telephone Number:	423 628-2121					
Fax Number:	423 628-5356					
E-mail Address:	dave@highlandte	el.net				
Lifeline Non-Tribal Low-Income Sub- Receiving federal Li		(a) # Lifeline Subscribers (8)1,307		(b) Lifeline Sup Subscriber Sup x \$ 9.25	port	(c) Total Lifeline = \$ 12,090
		(9)				·
Tribal Low-Income Subscrib Receiving federal Li				χ φ (not to exce ederal Lifeline Sup		
Toll Limitation Service	es (TLS)					
Cost of Providing TI (the lesser of incremental	LS per Subscriber al cost or \$3 in 2012 /\$2 i	(11) n 2013)		<u></u>		
Number of TLS Sub	scribers	(12)				
Tribal Link Up (Availab	le only to ETCs rece	iving High Cost sı	ıppor	Total TLS Support)	ort Claimed	(13) \$
Number of Connecti Charges Waived per		(14) (15) \$ (not to exceed \$100)		(for multiple rates,	use an avera	ige amount)
Total Connection Cl	harges Waived	(16) \$		<u> </u>		
Deferred Interest		(17) \$		<u></u>		
		٦	Total '	Tribal Link Up Supp	oort Claime	d (18) \$
ETC Payment						
Total Lifeline \$_12,090	Total TLS \$		Total	Tribal Link Up \$		<u> </u>
				Total	Dollars (19) \$ 12,090

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 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.

April 11, 2016

DATE

General Manager/CEO

OFFICER SIGNATURE

G. Mark Patterson

OFFICER TITLE

OFFICER NAME

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