EXHIBIT 23

LIFELINE WORKSHEET

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

				-		per respondent. 2.0 ms	
(1) USAC Service Provider Id	lentification Number	143001574		(2) Stu	dy Area Co	de <u>260413</u>	
(3) Filer 499 ID <u>806934</u>		(4) Technology	Гуре (check one) Wireli	ne 🗾	Wireless 🔲	
(5) ETC Designation Type (C	heck one): Lifeline	Only 📮	High	Cost/Low Income			
(6) Organization Information			(7)	Filing Information	1		
Company Legal Name:	Logan Telephone	Cooperative Ind	c. a)	Submission Date	01/02/2	014	
Contact Name:	Brian Stanley		b)	Data Month	January	2014	
Mailing Address:	10725 Bowling (Green Rd	c)	Type of Filing (check one)			
				,	Original Revision		
	Auburn, KY 422	06	d)	State Reporting	KENTU	CKY	
Telephone Number:	270-542-4121		_				
Fax Number:			_				
E-mail Address:							
Lifeline							
Lifeline		(a) # Lifeline		(b) Lifeline Sur		(c) Total Lifeline	
Non-Tribal Low-Income Sub	scribers	Subscribers		Subscriber Su	pport		
Receiving federal Lifeline Support		(8) 343		x \$9.2	25	= \$ 3173	
Tribal Low-Income Subscrib		(9) 0		x \$ <u>0.00</u>		= \$ 0	
Receiving federal Li	feline Support	-	Fotal F	(not to exceed \$34.25) tal Federal Lifeline Support Claimed (10) \$ 3173			
77 - 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(TI O)					(10) 4	
Toll Limitation Service	es (ILS)						
Cost of Providing T	LS per Subscriber al cost or \$3 in 2012 /\$2 in	(11) 0.0000	000				
·		•					
Number of TLS Sub	scribers	(12) <u>U</u>				. 0	
Tribal Link Up (Availab	lo only to ETCs race	ivina Hiah Coet s	cunna	Total TLS Supp	oort Claime	d (13) \$ <u>U</u>	
Tribai Ellik Op (Avallab.	ie omy to E1031ece	iving riigir oost s	ырро	4			
Number of Connect		(14) $\frac{0}{0.00}$					
Charges Waived pe	r Connection	(15) \$ <u>0.00</u> (not to exceed \$10	 0)	(for multiple rates	s, use an aver	age amount)	
		(-,				
Total Connection C	harges Waived	(16) \$ <u>0.0</u>					
Deferred Interest		(17) \$ <u>0.00</u>		···-			
			Total	 Tribal Link Up Sup	nort Claim	od (18) \$ 0	
			iviai	Tribai Ellik Op Sup	sport Giailli	Ja (10) #	
ETC Payment							
Total Lifeline \$ 3173	Total TLS \$ 0		Tota	l Tribal Link Up \$ <u>(</u>)		
				Tota	al Dollars (1	9) \$ 3173	

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

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

(20) CERTIFICATIONS AND SIGNATURES

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

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

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

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

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

OFFICER SIGNATURE Gregory A Hale				
Gregory A Hale				
	OFFICER SIGNATURE			

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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FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

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

				Avg.	Burden Est. p	er Responde	3060-0819 nt: 2.5 Hrs.
(1) USAC Service Provider Id	lentification Number	143001574		(2) Stud	dy Area Code	260413	
(3) Filer 499 ID 806934		(4) Technology T	ype (check one) Wirelii	ne 🛂	Wireless	
(5) ETC Designation Type (C	heck one): Lifeline	Only 🔲	High	Cost/Low Income			
(6) Organization Information			(7)	Filing Information			
Company Legal Name:	Logan Telephone	Cooperative Inc	. a)	Submission Date	02/06/201	14	
Contact Name:	Brian Stanley		b)	Data Month	February	2014	
Mailing Address:	10725 Bowling (Green Rd	c)	Type of Filing (check one)			
				•	Original [7		***************************************
	Auburn, KY 422	06	d)	State Reporting	KENTUC	KY	
Telephone Number:	270-542-4121					·	
Fax Number:	270-542-6600						
E-mail Address:	bstanley@logan	phone.com					
Lifeline Non-Tribal Low-Income Sub		(a) # Lifeline Subscribers (8) 335		(b) Lifeline Sup Subscriber Sup	port	(c) Total Life = \$ 3099	
Receiving federal Li	feline Support	` '		× \$9.2	5	,	
Tribal Low-Income Subscrib		(9) 0		x \$ <u>0.00</u>	and 624 05)	= \$ 0	
Receiving federal Li	neime Support	т	otal F	not to exce ederal Lifeline Sup		1 (10) \$ 309	9
Toll Limitation Service	es (TLS)						
Cost of Providing T		(11) 0.0000	00				
	al cost or \$3 in 2012 /\$2 in						
Number of TLS Sub	scribers	(12) <u>O</u>					
				Total TLS Supp	ort Claimed	(13) \$ <u>0</u>	
Tribal Link Up (Availab	le only to ETCs rece	iving High Cost s	uppo	rt)			
Number of Connect	ions Waived	(14) 0					
Charges Waived pe	r Connection	(15) \$ 0.00 (not to exceed \$100		(for multiple rates	, use an averag	je amount)	
		(Hot to exceed \$100	,				
Total Connection C	harges Waived	(16) \$ <u>0.0</u>					
Deferred Interest		(17) \$ 0.00					
			Total	Tribal Link Up Sup	port Claimed	(18) \$ <u>0</u>	
ETC Payment				•			
•	0		_		1		
Total Lifeline \$ 3099	Total TLS \$_0_		Tota	l Tribal Link Up \$ <u>{</u>		_	
				Tota	ıl Dollars (19)	\$ <u>3099</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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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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02/06/2014	Gregory A Hale				
DATE	OFFICER SIGNATURE				
Executive Vice President	Gregory A Hale				
OFFICER TITLE	OFFICER NAME				

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LIFELINE WORKSHEET

OMB Approval

April 2012 Edition		LIPELINE WORK	SHELI	Avg.	Burden Est. p	;	3060-081 nt: 2.5 Hrs
(1) USAC Service Provider lo	dentification Number	143001574		(2) Stud	dy Area Code	260413	_
(3) Filer 499 ID 806934		(4) Technology Ty	vpe (che	eck one) Wirelin	ne ☑i	Wireless	
(5) ETC Designation Type (C	heck one): Lifeline			st/Low Income			
(6) Organization Information	ı		(7) Fili	ing Information			
Company Legal Name:	Logan Telephone	Cooperative Inc.	a) S	ubmission Date	03/03/20	14	
Contact Name:	Brian Stanley		b) D	ata Month	March 20)14	
Mailing Address:	10725 Bowling	Green Rd		ype of Filing check one)			
	PO Box 97] "	,	Original Revision	4	
	Auburn, KY 422	.06	d) S	tate Reporting	KENTUC	KY	
Telephone Number:	270-542-4121						
Fax Number:	270-542-6600						
E-mail Address:	bstanley@logar	nphone.com					
Lifeline		(a) # Lifeline Subscribers		(b) Lifeline Sup Subscriber Sup		(c) Total Life	line
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support		(8) 345		x \$ 9.2		= \$ <u>3191</u>	
Tribal Low-Income Subscrib		(9) 0		x \$ <u>0.00</u>		= \$ 0	
Receiving federal L	ifeline Support	T	otal Fed	not to exce) Ieral Lifeline Sup		d (10)\$3 <u>19</u>	1
Toll Limitation Service	ces (TLS)						
Cost of Providing T (the lesser of increment	LS per Subscriber tal cost or \$3 in 2012 /\$2	(11) <u>0.0000</u> (in 2013)	00	_			
Number of TLS Sub	scribers	(12) <u>0</u>		_			
Tribal Link Up (Availat	ole only to ETCs rece	eiving High Cost st	upport)	Total TLS Supp	oort Claimed	(13) \$ <u>0</u>	
Number of Connec Charges Waived pe		(14) 0 (15) \$ 0.00 (not to exceed \$100)	- _ (for multiple rates	s, use an averaç	ge amount)	
Total Connection C	harges Waived	(16) \$ <u>0.0</u>		-			
Deferred Interest		(17) \$ 0.00		_			
		•	Total Tr	- ibal Link Up Sup	port Claimed	d (18) \$ <u>0</u>	
ETC Payment							

Total Dollars (19) \$ 3191

Total Lifeline \$ 3191 Total TLS \$ 0 Total Tribal Link Up \$ 0

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

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

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OFFICER TITLE	OFFICER NAME					
Executive Vice President	Gregory A Hale					
DATE	OFFICER SIGNATURE					
03/03/2014	Gregory A Hale					

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(1) USAC Service Provider Identification Number 143001574				(2) \$4	dy Aron Co	de <u>260413</u>
	aenuncation Number_					
(3) Filer 499 ID 806934		(4) Technology Ty	/pe (check one) Wireli	ne 🛂	Wireless 🛄
(5) ETC Designation Type (C	heck one): Lifeline	Only 🛄 I	ligh	Cost/Low Income		
(6) Organization Information	T		(7) T	Filing Information		
Company Legal Name:	Logan Telephone	Cooperative Inc.	a)	Submission Date	04/04/20	014
Contact Name:	Brian Stanley		b)	Data Month	April 20	14
Mailing Address:	10725 Bowling (Green Rd	_ c)	Type of Filing (check one)		
					Original Revision	
	Auburn, KY 422	06	d)	State Reporting	KENTU	CKY
Telephone Number:	270-542-4121					
Fax Number:	270-542-6600					
E-mail Address:	bstanley@logan	phone.com				
Lifeline		(a) # Lifeline		(b) Lifeline Su	pport/	(c) Total Lifeline
Non-Talkell and become Orde		Subscribers		Subscriber Su		
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support		(8) 343		x \$ 9.2	25	=\$ 3173
Tribal Low-Income Subscrib	ers	(9) 0		x \$ 0.00		= \$ 0
Receiving federal L			ntal i	not to exc Federal Lifeline Su	eed \$34.25)	ed (10) \$ 3173
The H. I. Secretal Africa. On mater	/T/ O)	•	Juli	Caciai Encimo Ca	pport orani.	ou (.o) + <u>o i i o</u>
Toll Limitation Service	ces (ILS)					
Cost of Providing T (the lesser of increment	LS per Subscriber tal cost or \$3 in 2012 /\$2 i	(11) 0.00000 n 2013)	00			
Number of TLS Sub	scribers	(12) <u>0</u>				
			Total TLS Support Claimed (13) \$ 0			
Tribal Link Up (Availat	ole only to ETCs rece	iving High Cost s	ıppo		•	, ,
Number of Connec	tions Waived	(14) 0				
Charges Waived pe	er Connection	(15) \$ <u>0.00</u>		(for multiple rates, use an a		rage amount)
		(not to exceed \$100)			
Total Connection C	harges Waived	(16) \$ <u>0.0</u>				
Deferred Interest		(17) \$ <u>0.00</u>				
			Total	Tribal Link Up Su	pport Claim	ed (18) \$ <u>0</u>
			541			. , .
ETC Payment					_	
Total Lifeline \$ 3173	Total TLS \$_0		Tota	ıl Tribal Link Up \$.	0	
				Tot	tal Dollars (1	9) \$ 3173

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

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04/04/2014	Gregory A Hale				
DATE	OFFICER SIGNATURE				
Executive Vice President	Gregory A Hale				
OFFICER TITLE	OFFICER NAME				

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LIFELINE WORKSHEET

Avg.	Burden Est. per		IB Approval 3060-0819 ent: 2.5 Hrs.
(2) Stud	ly Area Code <u>2</u>	260413	
Wirelin	ne 🖸	Wireless	
come	 ✓		
nation			
Date	05/01/2014	4	
	May 2014		

(1) USAC Service Provider Identification Number 143001574 (2) Study Area Code 260413						
(3) Filer 499 ID 806934 (4) Technology Type (check one) Wireline Wireless D						
(5) ETC Designation Type (C	check one): Lifelin	e Only 📮	High	Cost/Low Income		
(6) Organization Information		······································	(7)	Filing Information		
Company Legal Name:	Logan Telephone	Cooperativ	/e Inc. a)	Submission Date	05/01/2014	
Contact Name:	Brian Stanley		b)	Data Month	May 2014	
Mailing Address:	10725 Bowling	Green Rd	c)	Type of Filing		
					Original Provision	
	Auburn, KY 422	206	d)	State Reporting	KENTUCKY	
Telephone Number:	270-542-4121					
Fax Number:						
E-mail Address:	bstanley@logar	ntele.com				
Lifeline						
		(a) # Lifeli Subscribe		(b) Lifeline Sup Subscriber Su		
Non-Tribal Low-Income Sub-			15	Sanscriber Sur		
Receiving federal Li	ifeline Support	(8) 336		x \$ <u>9.2</u>	<u>5</u> = \$ <u>3108</u>	
Tribal Low-Income Subscrib	ers	(9) 0		x \$ 0.00	= \$ <u>0</u>	
Receiving federal Li	ifeline Support			(not to exce	eed \$34.25)	
			iotai	Federal Lifeline Sup	pport Claimed (10) \$ <u>3108</u>	
Toll Limitation Service	es (TLS)					
Cost of Providing Ti (the lesser of increment	LS per Subscriber al cost or \$3 in 2012 /\$2 i	\ ' ' /	000000			
Number of TLS Sub	scribers	(12) <u>0</u>				
Tribal Link Up (Availab	lo anly to ETCs room	ivina Uiah I	Coof ourse		oort Claimed (13) \$ 0	
Tribai Ellin Op (Avallabi	ie only to E i os iece	aving mgn v	υσει δαμμο	ii ()		
Number of Connect	ions Waived	(14) <u>0</u>				
Charges Waived per	r Connection	(15) \$ <u>().</u>	00	(for multiple rates	, use an average amount)	
		(not to exce	ed \$100)			
Total Connection Cl	harges Waived	(16) \$ <u>0.6</u>	<u>D</u>			
Deferred Interest		(17) \$ <u>0.</u>	00			
			Total	Tribal Link Up Sup	port Claimed (18) \$ 0	
ETC Payment						
Total Lifeline \$ 3108	Total TLS \$ 0	· · · · · · · · · · · · · · · · · · ·	Tota	ıl Tribal Link Up \$ <u>C</u>		
				Tota	I Dollars (19) \$ 3108	

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05/01/2014	Gregory A Hale				
DATE	OFFICER SIGNATURE				
Executive Vice President	Gregory A Hale				
OFFICER TITLE	OFFICER NAME				

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

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LIFELINE WORKSHEET

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

(1) USAC Service Provider Id	lentification Number	14300	1574		(2) Stud	ly Area Code	260413
(3) Filer 499 ID 806934		(4) Tec	hnology Ty	pe (c	:heck one) Wirelir	ne 🛂	Wireless 🔲
(5) ETC Designation Type (C	heck one): Lifeline	Only [] H	ligh	Cost/Low Income		
(6) Organization Information				(7) F	iling Information		
Company Legal Name:	Logan Telephone	Cooper	ative Inc.	a)	Submission Date	06/02/20	14
Contact Name:	Brian Stanley			b)	Data Month	June 201	4
Mailing Address:	10725 Bowling (Green I	Road	c)	Type of Filing (check one)		
						Original [<u> </u>
	Auburn, KY 422	06		d)	State Reporting	Revision L KENTUC	KY
Telephone Number:	270-542-4121						
Fax Number:							
E-mail Address:	bstanley@logan	phone	.com				
Lifeline			·	•			
		(a) # Li			(b) Lifeline Sup		(c) Total Lifeline
Non-Tribal Low-Income Subs		Subscribers			Subscriber Sup		0.074
Receiving federal Lifeline Support		(8) 332			x \$ <u>9.25</u>		= \$ <u>3071</u>
Tribal Low-Income Subscrib		(9) <u>0</u>			x \$ <u>0.00</u> (not to exceed \$34.25) Federal Lifeline Support Claimed		= \$ 0
Receiving federal Li	feline Support	То		tal F			d (10) \$ 3071
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)	0.00000	0			
Number of TLS Sub	scribers	(12)	0		······································		
					Total TLS Supp	ort Claimed	(13) \$ 0
Tribal Link Up (Availab	le only to ETCs rece	iving Hi	gh Cost su	ppor			
Number of Connect	ions Waived	(14)	0				
Charges Waived per		(15) \$	0.00		(for multiple rates	, use an avera	ge amount)
		(not to e	exceed \$100)				
Total Connection C	harges Waived	(16) \$	0.0				
Deferred Interest		(17) \$	0.00				
			Т	otal	Tribal Link Up Sup	port Claimed	d (18) \$ <u>0</u>
ETC Payment							
•	Total TLS \$ 0			Total	Tribal Link Up \$ C)	
· · · · · · · · · · · · · · · · · · ·						l Dollars (19	3071
					iVia	, Dunais (13	, -

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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06/02/2014	Gregory A Hale				
DATE	OFFICER SIGNATURE				
Executive Vice President	Gregory A Hale				
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 143001574				(2) Study Area Code <u>260413</u>			
(3) Filer 499 ID 806934		(4) Tecl	nnology Ty	pe (c	heck one) Wirelir	ne 🗾	Wireless 🔲
(5) ETC Designation Type (C	heck one): Lifeline	Only 📮] t	ligh (Cost/Low Income		
(6) Organization Information				(7) F	iling Information		
Company Legal Name:	Logan Telephone	Cooper	ative Inc.	a)	Submission Date	07/07/20	014
Contact Name:	Brian Stanley		!	b)	Data Month	July 201	4
Mailing Address:	10725 Bowling (Green I	Rd	c)	Type of Filing (check one)		
					· ·	Original Revision	
	Auburn, KY 422	06		d)	State Reporting	KENTU	
Telephone Number:	270-542-4121						
Fax Number:							
E-mail Address:	bstanley@logan	phone	.com				
Lifeline							
Liteline		(a) # Li	feline		(b) Lifeline Sup	port/	(c) Total Lifeline
		Subsci			Subscriber Sur	port	
Non-Tribal Low-Income Sub- Receiving federal Li		(8) 32	25		x \$ <u>9.2</u>	5	=\$ <u>3006</u>
Tribal Low-Income Subscrib		(9) 0			x \$ 0.00		= \$ 0
Receiving federal Li		\-/ <u> </u>			(not to exceed \$34.25)		
			To	tal F	ederal Lifeline Sup	port Claim	ed (10) \$ <u>3005</u>
Toll Limitation Service	es (TLS)						
Cost of Providing T	LS per Subscriber tal cost or \$3 in 2012 /\$2 i	(11) n 2013)	0.00000	00			
Number of TLS Sub		(12)	0				
,		` '			Total TLS Supp	ort Claime	d (13) \$ 0
Tribal Link Up (Availab	ole only to ETCs rece	iving Hi	gh Cost su	ippoi		Jore Olainic	u (10) v
			O				
Number of Connect Charges Waived pe	tions Waived	(14) (15) \$	0.00		— (for multiple rates	s. use an avei	rage amount)
Ollaiges Haiveu pe	ar Connection	(not to	exceed \$100))	(10) (110)	,	,
Total Connection C	haraaa Maiyad	(16) \$	0.0				
	ilaiges Walved						
Deferred Interest		(17) \$	0.00				
			1	Γotal	Tribal Link Up Sup	port Claim	ed (18) \$ <u>()</u>
ETC Payment							
*	Total TLS \$ 0			Tota	I Tribal Link Up \$ _	0	
rotal Engline q							3006

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

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07/07/2014	Gregory A Hale				
DATE	OFFICER SIGNATURE				
Executive Vice President	Gregory A Hale				
OFFICER TITLE	OFFICER NAME				

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LIFELINE WORKSHEET

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Control Cont	(1) USAC Service Provider lo	dentification Number	143001574		(2) Stu	dy Area Co	de 260413
(6) Organization Information Company Legal Name: Logan Telephone Cooperative Inc. Ontact Name: Brian Stanley Data Month August 2014 August 201	(3) Filer 499 ID 806934		(4) Technology Ty	/pe (check one) Wireli	ne 🗾	Wireless 🔲
Company Legal Name: Logan Telephone Cooperative Inc. a) Submission Date 08/01/2014 Contact Name: Brian Stanley b) Data Month August 2014 Mailing Addross: 10725 Bowling Green Rd Check one) Original Revision Critical Revision Cr	(5) ETC Designation Type (C	heck one): Lifeline	Only 📮 🛙 F	ligh	Cost/Low Income	<u> </u>	
Contact Name: Brian Stanley b) Data Month August 2014 Mailing Address: 10725 Bowling Green Rd c) Type of Filing (check one) Original Revision Revision Auburn, KY 42206 d) State Reporting KENTUCKY Tolephone Number: 270-542-4121 Fax Number: E-mail Address: bstanley@loganphone.com Lifeline (a) # Lifeline Subscribers Subscribers Subscribers Subscribers Subscribers Subscriber Support Receiving federal Lifeline Support (a) 321 x \$ 9.25 = \$ 2969 Tribal Low-Income Subscribers Receiving federal Lifeline Support Receiving federal Lifeline Support (a) 9 0 x \$ 0.00 = \$ 0 Total Federal Lifeline Support Claimed (10) \$ 2969 Total Limitation Services (TLS) Cost of Providing TLS per Subscriber (11) 0.000000 (the lesser of incremental cost or \$3 in 2012 /\$2 in 2013) Number of TLS Subscribers (12) 0 Tribal Link Up (Available only to ETCs receiving High Cost support) Number of Connections Waived Charges Waived per Connection (16) \$ 0.00 Total Tribal Link Up Support Claimed (18) \$ 0 Total Connection Charges Waived (16) \$ 0.00 Deferred Interest (17) 0.000 Total Tribal Link Up Support Claimed (18) \$ 0 Total Tribal Link Up Support Claimed (18) \$ 0 Total Tribal Link Up Support Claimed (18) \$ 0 Total Tribal Link Up Support Claimed (18) \$ 0 ETC Payment Total Tribal Link Up \$ 0 Total Tribal Link Up \$ 0 Total Lifeline \$ 2969 Total TLS \$ 0 Total Tribal Link Up \$ 0 Total Lifeline \$ 2969 Total TLS \$ 0 Total Tribal Link Up \$ 0 Total Lifeline Support Claimed (18) \$ 0 Total Lifel	(6) Organization Information			(7)	Filing Information		
Mailing Address: 10725 Bowling Green Rd	Company Legal Name:	Logan Telephone	Cooperative Inc.	a)	Submission Date	08/01/2	014
Auburn, KY 42206 d) State Reporting KENTUCKY Telephone Number: 270-542-4121 Fax Number: 270-542-4121 Fax Number:	Contact Name:	Brian Stanley		b)	Data Month	August	2014
Telephone Number: 270-542-4121 Fax Number: Email Address: bstanley@loganphone.com Lifeline (a) # Lifeline Subscribers Subscribers Receiving federal Lifeline Support (a) Total Lifeline Subscribers Receiving federal Lifeline Support (b) Lifeline Subscribers Subscribers Receiving federal Lifeline Support (b) Lifeline Support (c) Total Lifeline Subscribers Receiving federal Lifeline Support (b) Lifeline Subscribers Subscribers Receiving federal Lifeline Support (b) Lifeline Support (c) Total Lifeline Subscriber (c) Total Federal Lifeline Support Claimed (d) \$ 2969 Total Limitation Services (TLS) Cost of Providing TLS per Subscriber (d) 0.000000 (did) Support Claimed (d) \$ 2969 Total Limitation Services (TLS) Total TLS Support Claimed (d) \$ 0.000000 (for multiple rates, use an average amount) (fig) \$ 0.00 (not to exceed \$100) (for multiple rates, use an average amount) (for	Mailing Address:	10725 Bowling (Green Rd	c)			
Telephone Number: 270-542-4121 Fax Number: 270-542-4121 E-mail Address: bstanley@loganphone.com Lifeline (a) # Lifeline Subscribers Subscriber Subscri							
Fax Number: E-mail Address: bstanley@loganphone.com Lifeline (a) # Lifeline Subscribers Subscriber Subscrib		Auburn, KY 422	06	d)		,	CKY
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Lifeline (a) # Lifeline Subscribers (b) Lifeline Support (c) Total Lifeline Subscribers (c) Total Lifeline Subscribers (d) Lifeline Subscribers (d) Subscriber Subscriber Subscriber Subscribers (e) 321	Fax Number:]			
Content Cont	E-mail Address:	bstanley@logan	phone.com				
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support Tribal Low-Income Subscribers Receiving federal Lifeline Support Tribal Low-Income Subscribers Receiving federal Lifeline Support Total Federal Lifeline Support Claimed (10) \$ 2969 Total Federal Lifeline Support Claimed (10) \$ 2969 Total TLS Subscriber (11) 0.000000 (the lesser of incremental cost or \$3 in 2012 /\$2 in 2013) Number of TLS Subscribers (12) 0 Total TLS Support Claimed (13) \$ 0 Tribal Link Up (Available only to ETCs receiving High Cost support) Number of Connections Walved 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 (for multiple rates, use an average amount) (Total Connection Charges Waived (17) \$ 0.00 (Total Tribal Link Up Support Claimed (18) \$ 0 ETC Payment Total Lifeline \$ 2969	Lifeline			-			
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Total Tribal Link Up Support Claimed (18) \$ 0 ETC Payment Total Lifeline \$ 2969 Total TLS \$ 0 Total Tribal Link Up \$ 0			(not to exceed \$100)				
Total Tribal Link Up Support Claimed (18) \$ 0 ETC Payment Total Lifeline \$ 2969 Total TLS \$ 0 Total Tribal Link Up \$ 0	Total Connection Cl	narges Waived	(16) \$ <u>0.0</u>				
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	Total Lifeline \$ 2969	Total TI S ¢ 0	7	[ntal	Tribal Link Un e C)	
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FCC Form 497 April 2012 Edition

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08/01/2014	Gregory A Hale				
DATE	OFFICER SIGNATURE				
Executive Vice President	Gregory A Hale				
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	lentification Number	14300	1574		(2) Stud	dy Area Co	_{de} 260413	
(3) Filer 499 ID 806934		(4) Ted	hnology Ty	pe (d	heck one) Wirelin	ne 🔽	Wireless 🔲	
(5) ETC Designation Type (C	heck one): Lifeline	Only [<u>J</u>	ligh	Cost/Low Income	_		
(6) Organization Information				(7) I	Filing Information			
Company Legal Name:	Logan Telephone	Coope	rative Inc.	a)	Submission Date	09/02/2	014	
Contact Name:	Brian Stanley			b)	Data Month	Septem	ber 2014	
Mailing Address:	10725 Bowling (Green	Rd.	c)	Type of Filing (check one)	•		
					· · · · · · · · · · · · · · · · · · ·	Original Revision	7	
	Auburn, KY 422	06		d)	State Reporting	KENTU	CKY	
Telephone Number:	270-542-4121							
Fax Number:								
E-mail Address:	bstanley@logan	phone	com					
Lifeline			*					
		(a) # L			(b) Lifeline Sup		(c) Total Lifeline	
Non-Tribal Low-Income Sub		Subsc			Subscriber Sup		2022	
Receiving federal Li	feline Support	(8) 320			x \$ 9.25		= \$ 2960	
Tribal Low-Income Subscrib		(9) 0			_ x \$ 0.00 = \$ 0		= \$ <u>0</u>	
Receiving federal Li	tenne Support		То	tal F	not to exce) ederal Lifeline Sup		ed (10) \$ <u>2960</u>	
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)	0.00000	0				
Number of TLS Sub	scribers	(12)	0		<u> </u>			
					Total TLS Supp	ort Claimed	d (13) \$ <u>0</u>	
Tribal Link Up (Availab	le only to ETCs rece	iving Hi	gh Cost su	ppor	t)			
Number of Connect	ions Waived		0					
Charges Waived pe	r Connection	(15) \$	0.00 exceed \$100)		(for multiple rates	ltiple rates, use an average amount)		
		(not to e	exceed \$100)					
Total Connection C	harges Waived	(16) \$	0.0		_			
Deferred Interest		(17) \$	0.00					
			т	otal [·]	ribal Link Up Sup	port Claime	ed (18) \$ 0	
ETC Payment					• •	-		
~	0			_		\		
Total Lifeline \$ 2960	Total TLS \$_0			Total				
					Tota	l Dollars (1	9) \$ 2960	

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.

09/02/2014	Gregory A Hale				
DATE	OFFICER SIGNATURE				
Executive Vice President	Gregory A Hale				
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

		440004574			-		. per Responder	it: 2.5 H
(1) USAC Service Provider Id	entification Number	143001574		(2) Stuc	dy Area Co	de <u>260413</u>	
(3) Filer 499 ID 806934		(4) Technology Ty	pe (c	heck one)	Wirelir	ne 🔟	Wireless	
(5) ETC Designation Type (Cl	heck one): Lifeline	Only 📮 🕒	ligh (Cost/Low In	come	₹		
(6) Organization Information			(7) F	iling Inform	ation	r		
Company Legal Name:	Logan Telephone	Cooperative Inc.	a)	Submission	Date	10/01/2	014	
Contact Name:	Brian Stanley		b)	Data Month		Octobe	r 2014	
Mailing Address:	10725 Bowling (Green Rd.	c)	Type of Filin (check one)	- (Original Revision	Z	
We for the condition of	Auburn, KY 422	06	d)	State Report	ting	KENTU	CKY	
Telephone Number: Fax Number:	270-542-4121							
E-mail Address:	bstanley@logan	phone.com						
Lifeline Non-Tribal Low-Income Subscribers		(a) # Lifeline Subscribers		(b) Lifelii <u>Subscrib</u>			(c) Total Life	ine
Receiving federal Lif	feline Support	(8) 306		x \$ 9.25		5	=\$ <u>2831</u>	<u></u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support		(9) <u>0</u>	tal F	x \$ <u>0.00</u> = 5 (not to exceed \$34.25) I Federal Lifeline Support Claimed (1			= \$ <u>0</u> ned (10) \$ <u>283</u>	1
Toll Limitation Service	es (TLS)							
Cost of Providing TL (the lesser of incremental	.S per Subscriber al cost or \$3 in 2012 /\$2 i	(11) 0.00000 n 2013)	00					
Number of TLS Subs	scribers	(12) <u>0</u>						
Tribal Link Up (Availabl	la anly ta ETCs rasa	iving High Cost su	nnor		S Supp	ort Claime	d (13) \$ <u>0</u>	
TTIDAI LITIK OP (Availabi	e only to ETCs rece	ivilig High Cost su	ppor	.)				
Number of Connections Waived Charges Waived per Connection		(14) 0 (15) \$ 0.00 (not to exceed \$100)		(for multip	ole rates	, use an ave	rage amount)	
Total Connection Ch	narges Waived	(16) \$ <u>0.0</u>						
Deferred Interest		(17) \$ 0.00						
		т	otal '	Γribal Link L	Jp Sup	port Claim	ed (18) \$ <u>0</u>	
ETC Payment								
Total Lifeline \$ 2831	Total TLS \$ 0		Total	Tribal Link	Up \$ <u>0</u>)		
					Tota	l Dollars (*	19) \$ 2831	

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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OFFICED TITLE	OFFICER NAME				
Executive Vice President	Gregory A Hale				
DATE	OFFICER SIGNATURE				
10/01/2014	Gregory A Hale				

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FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

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

(1) USAC Service Provider Id	dentification Number	14300)1574		(2) Stud	dy Area Co	de <u>260413</u>
(3) Filer 499 ID 806934	***************************************	(4) Tec	hnology Ty	rpe (e	check one) Wirelii	ne 🗾	Wireless 🔲
(5) ETC Designation Type (C	heck one): Lifeline	Only [1	ligh	Cost/Low Income		
(6) Organization Information	1			(7)	iling Information		
Company Legal Name:	Logan Telephone	Coopei	rative Inc.	a)	Submission Date	11/03/2	014
Contact Name:	Brian Stanley			b)	Data Month	Noveml	per 2014
Mailing Address:	PO BOX 97			c)	Type of Filing (check one)		
					•	Original Revision	
	Auburn, KY 422	06		d)	State Reporting	KENTU	CKY
Telephone Number:	270-542-4121					•	
Fax Number:							
E-mail Address:	bstanley@logan	phone	com.				
				•			
Lifeline		(a) # L	ifeline		(b) Lifeline Sup	port/	(c) Total Lifeline
Non Table II and because Only		Subsc			Subscriber Sur		(-,
Non-Tribal Low-Income Sub- Receiving federal Li		(8) 3	16		x \$9.2	5	= \$ 2923
Tribal Low-Income Subscrib	ere	(9) <u>O</u>			x \$ 0.00		= \$ 0
Receiving federal Li		\-\ \ -\ \ \ -\ \ \ -\ \ \ -\ \ \ \ \ \			(not to exceed \$34.25)		
			Тс	tal F	ederal Lifeline Sup	port Claim	ed (10) \$ <u>2923</u>
Toll Limitation Service	es (TLS)						
			0.00000	n			
Cost of Providing T. (the lesser of increment	LS per Subscriber al cost or \$3 in 2012 /\$2 i	(11) n 2013)	0.00000	<u>,,, </u>			
Number of TLS Sub	scribers	(12)	0				
	00.120.0	(/				Olai	a (40) ⊕ N
Tribal Link Up (Availab	le only to FTCs rece	ivina Hi	iah Cost su	ppoi	Total TLS Supp	ort Claime	a (13) \$ <u>~ </u>
Time at a state of the state of	,			, , ,	7		
Number of Connect		(14)	0				
Charges Waived pe	r Connection	(15) \$ (not to e	0.00 exceed \$100)		(for multiple rates	rates, use an average amount)	
		•	. ,				
Total Connection C	harges Waived	(16) \$	0.0				
Deferred Interest		(17) \$	0.00				
				otal	—– Tribal Link Up Sup	nort Claire	~4 (48) ¢ ()
			Ŀ	otai	гноагынк ор эцр	hour cisim	eu (10) ֆ <u>~</u>
ETC Payment							
Total Lifeline \$ 2923	Total TLS \$_0			Total	Tribal Link Up \$ _C)	·
· 			_				9) \$ 2923
					10ta	ıı Dollars (1	. IJ ₩ ₩ 15

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

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

(20) CERTIFICATIONS AND SIGNATURES

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11/03/2014	Gregory A Hale				
DATE	OFFICER SIGNATURE				
Executive Vice President	Gregory A Hale				
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	tentification Number	143001	1574		(2) Stud	dy Area Co	_{de} 260413	
(3) Filer 499 ID 806934				(heck one) Wirelin		Wireless 🗀	
			_			_	Wileless T	
(5) ETC Designation Type (C	heck one): Lifeline	Only L	<u>I</u> h	ligh	Cost/Low Income	L.		
(6) Organization Information			-	(7) 1	iling Information	I'''		
Company Legal Name:	Logan Telephone	Coopera	ative Inc.	a)	Submission Date	12/01/2	014	
Contact Name:	Brian Stanley			b)	Data Month	Decemi	per 2014	
Mailing Address:	10725 Bowling (Green F	Road	c)	Type of Filing (check one)			
	PO Box 97					Original Revision		
	Auburn, KY 4220	06		d)	State Reporting	KENTU	CKY	
Telephone Number:	270-542-4121							
Fax Number:								
E-mail Address:	bstanley@logan	tele.coi	m					
			eline bers		(b) Lifeline Sup Subscriber Sup		(c) Total Lifeline	
Non-Tribal Low-Income Sub Receiving federal Li		(8) 318			x \$ 9.25		= \$ <u>2942</u>	
Tribal Low-Income Subscrib	ers	(9) 0			x \$ 0.00		= \$ 0	
Receiving federal Li		\-/ 		4-15	(not to exceed \$34.25) al Federal Lifeline Support Claimed (10) \$ 2942			
			10	tai F	ederai Liteline Sup	port Claim	led (10) \$ <u>2542</u>	
Toll Limitation Service	es (TLS)							
Cost of Providing T (the lesser of increment	LS per Subscriber al cost or \$3 in 2012 /\$2 i	111/	0.00000	0				
Number of TLS Sub	scribers	(12)	0					
		(()			Total TLS Supp	ort Claima	d (12\ ¢ 0	
Tribal Link Up (Availab	le only to ETCs rece	iving Hig	ıh Cost su	рроі		Jore Oldinie	- \. · · · ·	
•			0					
Number of Connect Charges Waived pe		(14) . (15) \$.	0.00	/for multiple ra		tes, use an average amount)		
Charges Walved pe	Olinection		xceed \$100)		(lot manaple rates	,, 000 an are	rago amerin,	
Total Connection C	harges Waived	(16)\$.	0.0					
Deferred Interest		(17) \$	0.00	·				
			ידי	'otal	 Tribal Link Up Sup	nort Claim	ed (18) \$ 0	
			'	viai	bai Ellin Op Out	Port Stanti		
ETC Payment								
Total Lifeline \$ 2942	Total TLS \$_0_		<u> </u>	Tota	l Tribal Link Up \$ <u>(</u>)		
					Tota	al Dollars (19) \$ 2942	

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

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

(20) CERTIFICATIONS AND SIGNATURES

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12/01/2014	Gregory A Hale					
DATE	OFFICER SIGNATURE					
Executive Vice President	Gregory A Hale					
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 143001574				(2) Study Area Code <u>260413</u>				
(3) Filer 499 ID <u>806934</u>				pe (d	check one) Wirelii	ne 🛂	Wireless 🛄	
(5) ETC Designation Type (C	heck one): Lifeline	Only [Ji H	ligh	Cost/Low Income	7		
(6) Organization Information				(7)	Filing Information			
Company Legal Name:	Logan Telephone	Cooper	ative Inc.	a)	Submission Date	01/05/20	015	
Contact Name:	Brian Stanley	<u> </u>		b)	Data Month	January	2015	
Mailing Address:	10725 Bowling (Green	Road	c)	Type of Filing			
						Original	 ✓	
	Auburn, KY 422	06		d)	State Reporting	Revision KENTU	CKY	
Telephone Number:	270-542-4121							
Fax Number:								
E-mail Address:	bstanley@logan	phone	e.com					
Lifeline		(a) # L Subsc			(b) Lifeline Sur Subscriber Su		(c) Total Lifeline	
Non-Tribal Low-Income Sub Receiving federal L		(8) 317			x \$ <u>9.25</u>		= \$ 2932	
Tribal Low-Income Subscribers		(9) <u>0</u>			x \$ 0.00		= \$ 0	
Receiving federal L		\		4_1 F	not to exce	eed \$34.25)		
Toll Limitation Servi	ces (TLS)							
	FLS per Subscriber tal cost or \$3 in 2012 /\$2 i	(11) n 2013)	0.00000	00_				
Number of TLS Sul	oscribers	(12)	0					
					Total TLS Sup	oort Claime	d (13) \$ <u>0</u>	
Tribal Link Up (Availal	ble only to ETCs rece	iving H	igh Cost su	ippo	rt)			
Number of Connec	tions Waived	(14)	0					
Charges Waived po		(15) \$	0.00		(for multiple rates	e rates, use an average amount)		
		(not to	exceed \$100)	1				
Total Connection (Charges Waived	(16) \$	0.0					
Deferred Interest		(17) \$	0.00					
22222				rotal	 Tribal Link Up Sup	nort Claim	ed (18) \$ 0	
			•	ı vtal	THE CHILD	Port Olailli	~~ (.v/ v	
ETC Payment								
Total Lifeline \$ 2932	Total TLS \$_0_			Tota	l Tribal Link Up \$ _			
					Tot	al Dollars (*	19) \$ 2932	

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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01/05/2015	Gregory A Hale					
DATE	OFFICER SIGNATURE					
Executive Vice President	Gregory A Hale					
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. p	er Responde	3060-0819 nt: 2.5 Hrs.
(1) USAC Service Provider Id	lentification Number	143001574		(2) Stud	dy Area Code	<u>260413</u>	
(3) Filer 499 ID 806934			pe (e	check one) Wirelii	ne 🔟	Wireless	
(5) ETC Designation Type (C	heck one): Lifeline	Only 🛄 🕒	ligh	Cost/Low Income	Z)		
(6) Organization Information			(7)	Filing Information			
Company Legal Name:	Logan Telephone	Cooperative Inc.	a)	Submission Date	02/03/20	15	
Contact Name:	Brian Stanley		b)	Data Month	February	2015	
Mailing Address:	10725 Bowling (Green Road	c)	Type of Filing (check one)			
				,	Original [Revision [7	
	Auburn, KY 422	06	d)	State Reporting	KENTUC	KY	
Telephone Number:	270-542-4121						
Fax Number:							
E-mail Address:	bstanley@logan	phone.com					
Lifeline							
		(a) # Lifeline		(b) Lifeline Sup		(c) Total Life	eline
Non-Tribal Low-Income Subs	scribers	Subscribers		Subscriber Sup	oport		
Receiving federal Li	feline Support	(8) 317		x \$9.2	5	= \$ <u>2932</u>	
Tribal Low-Income Subscrib		(9) 0		× \$ <u>0.00</u>	- 100100	= \$ 0	
Receiving federal Li	teline Support	То	tal F	not to exce) ederal Lifeline Sup		d (10) \$ <u>293</u>	2
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) <u>0.00000</u> n 2013)	0				
Number of TLS Sub	scribers	(12) <u>0</u>					
				Total TLS Supp	ort Claimed	(13) \$ <u>0</u>	
Tribal Link Up (Availab	le only to ETCs rece	iving High Cost su	ppoi	t)			
Number of Connect	ions Waived	(14) 0					
Charges Waived pe	r Connection	(15) \$ <u>0.00</u>		(for multiple rates	, use an avera	ge amount)	
		(not to exceed \$100)					
Total Connection C	harges Waived	(16) \$ <u>0.0</u>		·····			
Deferred Interest		(17) \$ <u>0.00</u>					
		Т	otal	Tribal Link Up Sup	port Claimed	1 (18) \$ <u>0</u>	
ETC Payment							
•	0				1		
Total Lifeline \$ 2932	Total TLS \$_0_	·	Total	Tribal Link Up \$ <u>(</u>			
				Tota	ıl Dollars (19) \$ <u>2932 </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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OFFICER TITLE	OFFICER NAME					
Executive Vice President	Gregory A Hale					
DATE	OFFICER SIGNATURE					
02/03/2015	Gregory A Hale					

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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 Identif	fication Number	14300157	'4		(2) Stu	dy Area Co	de <u>260413</u>
(3) Filer 499 ID <u>806934</u>		(4) Technol	оду Тур	e (c	heck one) Wireli	ne 🗾	Wireless 🔲
(5) ETC Designation Type (Check	one): Lifeline	Only	Hi	gh	Cost/Low Income	<u> </u>	
(6) Organization Information			((7) F	iling Information		
Company Legal Name: Log	gan Telephone	Cooperative	e Inc.	a)	Submission Date	03/02/20	015
Contact Name: Bri	an Stanley			b)	Data Month	March 2	2015
Mailing Address: 10	725 Bowling (Green Rd		C)	Type of Filing (check one)		
					,	Original Revision	
Au	burn, KY 4220	06		d)	State Reporting	KENTU	CKY
Telephone Number: 270	0-542-4121						
Fax Number:							
E-mail Address: bst	tanley@logan	phone.com	m				
Lifeline							
 • · · · · ·		(a) # Lifelin Subscriber			(b) Lifeline Sur Subscriber Su		(c) Total Lifeline
Non-Tribal Low-Income Subscrib			<u> </u>				= \$ 2942
Receiving federal Lifelin	e Support	(8) 318			x \$ 9.2	.5	
Tribal Low-Income Subscribers		(9) 0					= \$ 0
Receiving federal Lifelin	e Support	То			(not to exceed \$34.25) Federal Lifeline Support Claimed (10) \$ 294		
Toll Limitation Services	(TLS)						
Cost of Providing TLS p (the lesser of incremental cos		· · · · · · · · · · · · · · · · · · ·	00000)			
Number of TLS Subscrib		(12) <u>0</u>					
Number of 123 Subscrib	Jers	(12)			— Total TLS Supp	ant Claima	4 42/60
Tribal Link Up (Available or	nly to ETCs rece	iving High C	Cost sup	por		JOIL Glaime	α (13) φ <u>σ</u>
Manufact Commentions	Material	(14) 0					
Number of Connections Charges Waived per Co		(14) $\frac{0}{0.0}$	00	(for multiple		rates, use an average amount)	
onanges transca per est		(not to excee			(,
Total Connection Charg	es Waived	(16) \$ <u>0.0</u>)				
Deferred Interest (17) \$ 0.00		00					
			То	tal	Tribal Link Up Sup	port Claim	ed (18) \$ <u>0</u>
ETC Payment							
Total Lifeline \$ 2942	Total TLS \$ 0		Te	otal	Tribal Link Up \$ _)	
					Tota	al Dollare (1	9) \$ 2942

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

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

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03/02/2015	Gregory A Hale					
DATE	OFFICER SIGNATURE					
Executive Vice President	Gregory A Hale					
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 143001574 (2) Study Area Code 260413						_{le} 260413	
(3) Filer 499 ID 806934 (4) Technology Type (check one) Wireline Wireless							
(5) ETC Designation Type (C	heck one): Lifeline	Only [3 •	ligh	Cost/Low Income		
(6) Organization Information	1			(7) I	Filing Information		1
Company Legal Name:	Logan Telephone	Coope	rative Inc.	a)	Submission Date	04/01/20)15
Contact Name:	Brian Stanley			b)	Data Month	April 20	15
Mailing Address:	10725 Bowling	Green	Road	(c)	Type of Filing (check one)		
						Original Revision	4
	Auburn, KY 422	06		d)	State Reporting	KENTU	CKY
Telephone Number:	270-542-4121						
Fax Number:				1			
E-mail Address:	bstanley@logar	phone	e.com				
1 :f-1:				-			
Lifeline		(a) # L	ifeline		(b) Lifeline Sup	port/	(c) Total Lifeline
		Subsc			Subscriber Sur		(-7
Non-Tribal Low-Income Sub Receiving federal Li		(8) 318			x \$ 9.2	5	= \$ 2942
Tribal Low-Income Subscrib	apre	(9) 0			$_{\text{c}}$ x \$ $\frac{0.00}{\text{(not to exceed $34.25)}}$ = \$ $\frac{0}{0}$		= \$ 0
Receiving federal L		• •					
			10	tai r	ederai Lifeline Sup	рогт Сіаіті	ea (10) \$ <u>2942</u>
Toll Limitation Service	es (TLS)						
Cost of Providing T	LS per Subscriber tal cost or \$3 in 2012 /\$2	(11) in 2013)	0.00000	0			
Number of TLS Sub		(12)	0		<u></u>		
		(,			Total TLS Supp	ort Claimer	1 (13) \$ 0
Tribal Link Up (Availab	ole only to ETCs rece	eiving H	igh Cost su	ppor	5. 5.	ore Granner	. (10) 4
		14.45	0				
Number of Connect Charges Waived pe	tions Waived	(14) (15) \$	0.00		 (for multiple rates	use an aver	age amount)
Onarges Warved pe	1 COMMECTION		exceed \$100)		(tot maniple rates	, acc an arch	
			0.0				
Total Connection C	harges Waived	(16) \$	0.0				
Deferred Interest	(17) \$ <u>0.00</u>						
			T	otal	Tribal Link Up Sup	port Claime	ed (18) \$ 0
ETC Payment							
Total Lifeline \$_2942	Total TI S & O		,	Total	Tribal Link Up \$ _)	
, +							9) \$ 2942
					Tota	ai Dollars (1	9) \$

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04/01/2015	Gregory A Hale					
DATE	OFFICER SIGNATURE					
Executive Vice President	Gregory A Hale					
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.

		44200	1674		Ū		- 200442	
(1) USAC Service Provider Id	lentification Number	14300	11574		(2) Stu	dy Area Co	de 260413	
(3) Filer 499 ID 806934		(4) Tec	hnology Ty	pe (check one) Wireli	ne 🛂	Wireless 🔲	
(5) ETC Designation Type (C	heck one): Lifeline	Only [<u> </u>	ligh	Cost/Low Income	I		
(6) Organization Information	T			(7)	Filing Information		1	
Company Legal Name:	Logan Telephone	Cooper	rative Inc.	a)	Submission Date	05/01/2	015	
Contact Name:	Brian Stanley			b)	Data Month	May 20	15	
Mailing Address:	10725 Bowling (Green	Road	c)	Type of Filing (check one)			
	PO Box 97				,	Original Revision		
***************************************	Auburn, KY 422	06		d)	State Reporting	KENTU	CKY	
Telephone Number:	270-542-4121							
Fax Number:								
E-mail Address:	bstanley@logan	phone	com.					
Lifeline (a) # Lifel					(b) Lifeline Sup Subscriber Sup		(c) Total Lifeline	
Non-Tribal Low-Income Sub Receiving federal Li		(8) 318			x \$ 9.25		= \$ 2942	
Tribal Low-Income Subscrib	• •	(9) 0			x \$ 0.00		= \$ 0	
Receiving federal Li		· ,			(not to exce			
			То	tal F	ederal Lifeline Sup	port Claim	ed (10) \$ <u>2942</u>	
Toll Limitation Service	es (TLS)							
Cost of Providing T (the lesser of increment	LS per Subscriber al cost or \$3 in 2012 /\$2 i	(11) n 2013)	0.00000	0				
Number of TLS Sub	scribers	(12)	0					
					Total TLS Supp	ort Claime	d (13) \$ 0	
Tribal Link Up (Availab	le only to ETCs rece	iving Hi	gh Cost su	рроі				
Number of Connect	ions Waived	(14)	0					
Charges Waived pe	r Connection	(15) \$	0.00 exceed \$100)		(for multiple rates	e rates, use an average amount)		
		(not to t	exceed \$100)					
Total Connection C	harges Waived	(16) \$	0.0					
Deferred Interest		(17) \$	0.00					
			т	otal	Tribal Link Up Sup	port Claim	ed (18) \$ <u>0</u>	
ETC Payment			•			•	· , ·	
Total Lifeline \$ 2942			_	.	Tribal Link Up \$ _	1		
iotal Lifeline \$ 2072	Total TLS \$ 0			otal	•		2042	
					Tota	d Dollars (1	9) \$ 2942	

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05/01/2015	Gregory A Hale				
DATE	OFFICER SIGNATURE				
Executive Vice President	Gregory A Hale				
OFFICER TITLE	OFFICER NAME				

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

(1) USAC Service Provider Identification Number 143001574 (2) Study Area Code 260413							e <u>260413</u>
(3) Filer 499 ID 806934		(4) Tec	hnology Ty	pe (c	heck one) Wirelin	ne 🔽	Wireless 🔲
(5) ETC Designation Type (C	heck one): Lifeline	Only [Д н	ligh '	Cost/Low Income	7	
(6) Organization Information				(7) F	iling Information	•	
Company Legal Name:	Logan Telephone	Cooper	ative Inc.	a)	Submission Date	06/03/20)15
Contact Name:	Brian Stanley			b)	Data Month	June 201	15
Mailing Address:	10725 Bowling (Green	Rd.	c)	Type of Filing (check one)		
					•	Original Revision	4
	Auburn, KY 422	06		d)	State Reporting	KENTUC	CKY
Telephone Number:	270-542-4121						
Fax Number:							
E-mail Address:	bstanley@logan	phone	.com				
Lifeline		(a) # L	ifalina		(b) Lifeline Sup	uport/	(c) Total Lifeline
		Subsc			Subscriber Sur		(0) 1014. 211011110
Non-Tribal Low-Income Subs Receiving federal Li		(8) 307			x \$ <u>9.25</u>		= \$ 2840
Tribal Low-Income Subscrib	ers	(9) 0			_ x \$ 0.00 = \$. (not to exceed \$34.25) Federal Lifeline Support Claimed (10)		= \$ 0
Receiving federal Li		To		tal F			ed (10) \$ 2840
Toll Limitation Service	es (TLS)				·	•	
Cost of Providing T (the lesser of increment	LS per Subscriber al cost or \$3 in 2012 /\$2 i	(11) n 2013)	0.00000	0			
Number of TLS Sub	scribers	(12)	0				
					Total TLS Supp	ort Claimed	I (13) \$ <u>0</u>
Tribal Link Up (Availab	le only to ETCs rece	iving Hi	igh Cost su	ppoi	t)		
Number of Connect	tions Waived	(14)	0				
Charges Waived pe		(15) \$	0.00		(for multiple rates	s, use an avera	age amount)
		(not to	exceed \$100)				
Total Connection C	harges Waived	(16) \$	0.0				
Deferred Interest		(17) \$	0.00				
			Т	otal	Tribal Link Up Sup	port Claime	ed (18) \$ 0
ETC Boumont					,		-
ETC Payment	-				,	_	
Total Lifeline \$ 2840	Total TLS \$ 0		·	Tota	Tribal Link Up \$ <u></u>		
					Tota	al Dollars (19	9) \$ 2840

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

OMB Approval 3060-0819 Avg. Burden Est. per Respondent; 2,5 Hrs.

(20) CERTIFICATIONS AND SIGNATURES

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

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

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

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

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

OFFICER TITLE	OFFICER NAME					
Executive Vice President	Gregory A Hale					
DATE	OFFICER SIGNATURE					
06/03/2015	Gregory A Hale					

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	14300	01574		(2) Stud	dy Area Cod	e_260413
(3) Filer 499 ID 806934		(4) Ted	chnology Ty	pe (d	check one) Wirelin	ne 🔽	Wireless 🔲
(5) ETC Designation Type (C	heck one): Lifeline	Only		ligh	Cost/Low Income		
(6) Organization Information				(7) I	Filing Information		
Company Legal Name:	Logan Telephone	Coope	rative Inc.	a)	Submission Date	07/02/20	15
Contact Name:	Brian Stanley			b)	Data Month	July 201	5
Mailing Address:	10725 Bowling (Green	Road	c)	Type of Filing (check one)		
					` '	Original	7
	Auburn, KY 422	06		d)	State Reporting	Revision KENTUC	KY
Telephone Number:	270-542-4121						
Fax Number:							
E-mail Address:	bstanley@logan	tele.co	om				
Lifeline				ı			
		(a) # L			(b) Lifeline Sup		(c) Total Lifeline
Non-Tribal Low-Income Subs	scribers	Subsc	ribers		Subscriber Sup	port	
Receiving federal Li		(8) <u>3</u>	05		x \$ 9.25		= \$ 2821
Tribal Low-Income Subscrib		(9) 0			x \$ <u>0.00</u>		= \$ 0
Receiving federal Li	feline Support	То		tal F	(not to exceed \$34.25) Federal Lifeline Support Claimed (10) \$ 2821		
Toll Limitation Service	es (TLS)					,	- (10), 1
Cost of Providing TI (the lesser of incremental	LS per Subscriber al cost or \$3 in 2012 /\$2 in	(11) 1 2013)	0.00000	0			
Number of TLS Sub	scribers	(12)	0				
					Total TLS Supp	ort Claimed	(13) \$ <u>0</u>
Tribal Link Up (Availabl	le only to ETCs rece	iving Hi	gh Cost su	pon	t)		
Number of Connecti	ons Waived	(14)	0				
Charges Waived per	Connection	(15) \$	0.00		(for multiple rates,	multiple rates, use an average amount)	
		(not to e	exceed \$100)				
Total Connection Charges Waived (16) \$		(16) \$	0.0		_		
Deferred Interest		(17) \$	0.00				
			To	otal 1	Γribal Link Up Sup _l	port Claimed	ı (18) \$ <u>0</u>
ETC Payment							
Total Lifeline \$ 2821	Total TLS \$ 0		Т	otal	Tribal Link Up \$ 0		
					Total	l Dollars (19	s <u>2821</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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OFFICER TITLE	OFFICED NAME					
Executive Vice President	Gregory A Hale					
DATE	OFFICER SIGNATURE					
01/02/2010	Oregory A Hale					
07/02/2015	Gregory A Hale					

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FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

(1) USAC Service Provider Id	dentification Number	14300	1574		(2) Stu	dy Area Co	_{de} 260413
(3) Filer 499 ID 806934		(4) Ted	chnology Ty	pe (d	check one) Wireli	ne 🗾	Wireless 🔲
(5) ETC Designation Type (C	check one): Lifeline	Only [H	ligh	Cost/Low Income	7	_
(6) Organization Information				(7) I	Filing Information		
Company Legal Name:	Logan Telephone	Coope	rative Inc.	a)	Submission Date	08/03/2	015
Contact Name:	Brian Stanley			b)	Data Month	August	2015
Mailing Address:	10725 Bowling (Green	Rd.	c)	Type of Filing (check one)	····	
						Original Revision	
	Auburn, KY 422	06		d)	State Reporting	KENTU	<u></u>
Telephone Number:	270-542-4121				*******		
Fax Number:							
E-mail Address:	bstanley@logan	tele.co	om				
Lifeline							
		(a) # L Subsc			(b) Lifeline Sup Subscriber Su		(c) Total Lifeline
Non-Tribal Low-Income Sub- Receiving federal Li		(8) 314			x \$ 9.25		= \$ 2905
Tribal Low-Income Subscrib	• •	(9) 0			x \$ 0.00		= \$ 0
Receiving federal Li	feline Support	()		tal F	(not to exceed \$34.25) Il Federal Lifeline Support Claimed (10) \$		
Toll Limitation Service	es (TLS)					•	
Cost of Providing T	LS per Subscriber al cost or \$3 in 2012 /\$2 i	(11)	0.00000	0			
Number of TLS Sub		(12)	0				
114.11.50. 01 120 005	001.00.0	(12)			— Total TLS Supp	ort Claime	d (13) ¢ 0
Tribal Link Up (Available	le only to ETCs rece	iving Hi	igh Cost su	opor		ort Glainio	(10) 4
Number of Connect	ions Waived	(14)	0				
Charges Waived per		(15) \$	0.00		(for multiple rates, use an average amount)		
		(not to e	exceed \$100)				
Total Connection Cl	harges Waived	(16) \$	0.0				
Deferred Interest		(17) \$	0.00				
			T	otal '	Tribal Link Up Sup	port Claime	ed (18) \$ <u>0</u>
ETC Payment							
Total Lifeline \$ 2905	Total TLS \$ 0			Γotal	Tribal Link Up \$ _)	
					Tota	ıl Dollars (1	9) \$ 2905

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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08/03/2015	Gregory A Hale				
DATE	OFFICER SIGNATURE				
Executive Vice President	Gregory A Hale				
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 le	dentification Number	1430	01574		(2) Stu	dy Area Co	de <u>260413</u>
(3) Filer 499 ID 806934		(4) Te	chnology Ty	/pe (check one) Wireli	ne 🛂	Wireless 🛄
(5) ETC Designation Type (C	heck one): Lifelin	e Only	<u> </u>	ligh	Cost/Low Income		
(6) Organization Information				(7)	Filing Information		
Company Legal Name:	Logan Telephone	Coope	rative Inc.	a)	Submission Date	08/03/2	015
Contact Name:	Brian Stanley			b)	Data Month	August	2015
Mailing Address:	10725 Bowling	Green	Rd.	c)	Type of Filing (check one)		
					·	Original Revision	
	Auburn, KY 422	:06		d)	State Reporting	KENTU	CKY
Telephone Number:	270-542-4121						
Fax Number:							
E-mail Address:	bstanley@logar	ıtele.c	om	1			
Lifalias				_			
Lifeline		(a) # L	ifeline.		(b) Lifeline Sup	nort/	(c) Total Lifeline
Non-Triball and because Oak			ribers		Subscriber Sup		(o) rotal Ellollio
Non-Tribal Low-Income Sub Receiving federal Li		(8) 314			x \$ 9.25		= \$ <u>2905</u>
Tribal Low-Income Subscrib	ers	(9) 0			x \$ 0.00		= \$ 0
Receiving federal Li		- ,			(not to exceed \$34.25) al Federal Lifeline Support Claimed (10) \$		
			10	tai F	ederal Lifeline Sup	port Claime	ed (10) \$ <u>2905</u>
Toll Limitation Service	es (TLS)						
			0 00000	.Λ			
Cost of Providing To (the lesser of increment	LS per Subscriber al cost or \$3 in 2012 /\$2 i	(11) in 2013)	0.00000				
Number of TLS Sub	scribers	(12) <u>0</u>					
					Total TLS Supp	ort Claimer	1 (13) \$ 0
Tribal Link Up (Availab	le only to ETCs rece	iving H	igh Cost su	ppor		ort Glannet	. (10) \$ <u>-</u>
Number of Connect	ions Waived	(14)	0				
Charges Waived pe		(15) \$	0.00		— (for multiple rates	, use an avera	age amount)
			exceed \$100)		•		•
Total Connection C	harges Waived	(16) \$	0.0		_		
Deferred Interest		(17) \$	0.00				
			т	otal '	— Tribal Link Up Sup	port Claime	ed (18) \$ 0
ETC Payment			·				, -, v
•	0				•	•	
Total Lifeline \$ 2905	Total TLS \$_U			Γotal	-		
					Tota	l Dollars (1	9) \$ 2905

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08/03/2015	Gregory A Hale				
DATE	OFFICER SIGNATURE				
Executive Vice President	Gregory A Hale				
OFFICER TITLE	OFFICER NAME				

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(1) USAC Service Provider Id	lentification Number	14300	01574		(2) Stu	dy Area Co	de 260413
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(6) Organization Information				(7)	Filing Information		
Company Legal Name:	Logan Telephone	Coope	rative Inc.	a)	Submission Date	10/01/2	015
Contact Name:	Brian Stanley			b)	Data Month	October	r 2015
Mailing Address:	10725 Bowling	Green	Rd	c)	Type of Filing (check one)		
:						Original Revision	
	Auburn, KY 422	06		d)	State Reporting	KENTU	CKY
Telephone Number:	2705424121						
Fax Number:							
E-mail Address:	bstanley@logar	phone	e.com				
Lifeline							
			ifeline		(b) Lifeline Sup Subscriber Sup		(c) Total Lifeline
Non-Tribal Low-Income Subs Receiving federal Lit		Subscribers (8) 280			x \$ 9.25		= \$ 2590
Tribal Low-Income Subscribe	• •	(9) 0			x \$ 0.00		= \$ 0
Receiving federal Li		(-)		41.5	(not to exceed \$34.25) Federal Lifeline Support Claim		
			10	tai F	ederal Lifeline Sup	port Claim	ed (10) \$ <u>2590</u>
Toll Limitation Servic	es (TLS)						
Cost of Providing TL		(11)	0.00000	0			
(the lesser of incrementa	al cost or \$3 in 2012 /\$2 i	n 2013)	_				
Number of TLS Subs	scribers	(12)	0				
Tribal Link Up (Availabl	lo anly to ETCa room	الحمنين	iah Coot au		Total TLS Supp	ort Claime	d (13) \$ <u>0</u>
TTIDAL ETTIK OP (Availabl	e only to ETCs rece	iving m	igii Cost su _l	υρυι	<i>y</i>		
Number of Connecti		(14)	0	····			
Charges Waived per	· Connection		0.00 exceed \$100)		(for multiple rates	, use an aver	age amount)
		(1101.10	57.500 . \$100,				
Total Connection Ch	narges Waived	(16) \$	0.0		·····		
Deferred Interest		(17) \$	0.00				
			T	otal	Tribal Link Up Sup	port Claime	ed (18) \$ <u>0</u>
ETC Payment							
Total Lifeline \$ 2590	Total TLS \$ 0			otal	Tribal Link Up \$ 0)	
					-		9) \$ 2590

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10/01/2015	Gregory A Hale					
DATE	OFFICER SIGNATURE					
Executive Vice President	Gregory A Hale					
OFFICER TITLE	OFFICER NAME					

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FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

OMB Approval

				Avg.	Burden Est. pe	r Responde	3060-0819 nt: 2.5 Hrs.
(1) USAC Service Provider Id	dentification Number	143001574		(2) Stud	dy Area Code	260413	···
(3) Filer 499 ID 806934			rpe (e	check one) Wireli	ne 🔽	Wireless	
(5) ETC Designation Type (C	heck one): Lifeline	Only 🖳 🔡	ligh	Cost/Low Income			
(6) Organization Information			(7)	Filing Information			
Company Legal Name:	Logan Telephone	Cooperative Inc.	a)	Submission Date	11/02/201	5	
Contact Name:	Brian Stanley		b)	Data Month	November	r 2015	
Mailing Address:	10725 Bowling (Green Rd	c)	Type of Filing (check one)			
	PO Box 97			,	Original /		
	Auburn, KY 422	06	d)	State Reporting	KENTUCK	ζΥ	
Telephone Number:	270-542-4121						
Fax Number:							
E-mail Address:	bstanley@logan	phone.com					
Lifeline Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support Tribal Low-Income Subscribers Receiving federal Lifeline Support Toll Limitation Services (TLS) Cost of Providing TLS per Subscriber (the lesser of incremental cost or \$3 in 2012 /\$2 in		(11) 0.00000		(b) Lifeline Sup Subscriber Sup × \$ 9.2 × \$ 0.00 (not to exce	upport		6
Number of TLS Sub	escribers	(12) <u>0</u>					
				Total TLS Supp	oort Claimed((13) \$ <u>0</u>	
Tribal Link Up (Availab	le only to ETCs rece	iving High Cost su	ppo	rt)			
Number of Connec Charges Waived pe		(14) 0 (15) \$ 0.00 (not to exceed \$100)		(for multiple rates	s, use an average	e amount)	
Total Connection C	harges Waived	(16) \$ <u>0.0</u>					
Deferred Interest		(17) \$ <u>0.00</u>					
		1	otal	Tribal Link Up Sup	port Claimed	(18) \$ <u>0</u>	
ETC Payment							
Total Lifeline \$ 2636	Total TLS \$ 0		Tota	I Tribal Link Up \$ <u>(</u>)		
10mi Engline y	o.u. 120 <u>v</u>		. v .a	•	al Dollars (19)	_ 2636	
				100	ai Dollars (19)	Φ	

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

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

(20) CERTIFICATIONS AND SIGNATURES

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

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

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

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

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

11/02/2015	Gregory A Hale				
DATE	OFFICER SIGNATURE				
Executive Vice President	Gregory A Hale				
OFFICER TITLE	OFFICER NAME				

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FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

(1) USAC Service Provider Id	dentification Number	14300)1574		(2) Stud	dy Area Coo	le <u>260413</u>
(3) Filer 499 ID <u>806934</u>		(4) Ted	chnology Ty	pe (d	check one) Wirelin	ne 🔟	Wireless 🔲
(5) ETC Designation Type (C	heck one): Lifeline	Only	⊒l ⊢	ligh	Cost/Low Income		
(6) Organization Information				(7) [Filing Information		
Company Legal Name:	Logan Telephone	Coope	rative Inc.	a)	Submission Date	12/01/20	015
Contact Name:	Brian Stanley			b)	Data Month	Decemb	er 2015
Malling Address:	10725 Bowling	Green	Rd	c)	Type of Filing (check one)		
	PO Box 97				·	Original Revision	
	Auburn, KY 422	06		d)	State Reporting	KENTU	
Telephone Number:	2705424121					•	
Fax Number:							
E-mail Address:	bstanley@logan	phone	e.com				
Lifeline		(a) # L Subsc	ifeline ribers		(b) Lifeline Sup Subscriber Sup		(c) Total Lifeline
Non-Tribal Low-Income Sub- Receiving federal Li		(8) 288			x \$ 9.25		= \$ 2664
Receiving federal Lifeline Support Tribal Low-Income Subscribers Receiving federal Lifeline Support		(9) 0		tal F	x \$ 0.00 = \$ 0 (not to exceed \$34.25) Federal Lifeline Support Claimed (10) \$ 26		= \$ 0
Toll Limitation Service	es (TLS)				·		
Cost of Providing To (the lesser of increment	LS per Subscriber al cost or \$3 in 2012 /\$2 i	(11) n 2013)	0.00000	0			
Number of TLS Sub	scribers	(12) <u>0</u>					
Tribal Link Up (Availab	le only to ETCs rece	ivina Hi	iah Cost su	ppor	Total TLS Supp	ort Claimed	(13) \$ <u>0</u>
•				- 1	7		
Number of Connections Waived Charges Waived per Connection		(14) 0 (15) \$ 0.00 (not to exceed \$100)			(for multiple rates, use an average amou		age amount)
Total Connection C	harges Waived	(16) \$	0.0		_		
Deferred Interest		(17) \$	0.00		<u>-</u>		
			Т	otal '	Tribal Link Up Sup	port Claime	d (18) \$ <u>0</u>
ETC Payment							
Total Lifeline \$ 2664	Total TLS \$ 0			Γotal	Tribal Link Up \$ C)	<u></u>
					Tota	l Dollars (1	2664

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

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

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12/01/2015	Gregory A Hale				
DATE	OFFICER SIGNATURE				
Executive Vice President	Gregory A Hale				
OFFICER TITLE	OFFICER NAME				

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LIFELINE WORKSHEET

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(3) Filer 499 ID 806934		(4) Tec	hnology Ty	pe (c	check one) Wireli	ne 🗾	Wireless 🔲
(5) ETC Designation Type (C	heck one): Lifeline	Only []	ligh	Cost/Low Income	<u> </u>	<u></u>
(6) Organization Information				(7)	Filing Information		
Company Legal Name:	Logan Telephone	Coope	rative Inc.	a)	Submission Date	01/05/20)16
Contact Name:	Brian Stanley			b)	Data Month	January	2016
Mailing Address:	10725 Bowling (Green	Road	c)	Type of Filing (check one)		
					1	Original Revision	A
	Auburn, KY 422	06		d)	State Reporting	KENTU	CKY
Telephone Number:	270-542-4121						
Fax Number:							
E-mail Address:	bstanley@logan	phone	e.com				
Lifeline		(a) # L Subsc	ifeline <u>ribers</u>		(b) Lifeline Sup Subscriber Sup		(c) Total Lifeline
Non-Tribal Low-Income Sub Receiving federal Li		(8) 293			x \$ 9.25		= \$ <u>2710</u>
Tribal Low-Income Subscrib	• •	(9) 0			x \$ 0.00		= \$ 0
Receiving federal Li		(-/			(not to exceed \$34.25)		
			То	tal F	ederal Lifeline Sup	pport Claime	ed (10) \$ <u>2710</u>
Toll Limitation Service	es (TLS)						
Cost of Providing T (the lesser of increment	LS per Subscriber al cost or \$3 in 2012 /\$2 i	(11) n 2013)	0.00000	0			
Number of TLS Sub	scribers	(12) <u>0</u>					
					Total TLS Supp	ort Claimed	(13) \$ 0
Tribal Link Up (Availab	le only to ETCs rece	iving Hi	igh Cost su	ppor	• •		, ,
Number of Connect	ions Waived	(14) <u>0</u>			<u></u>		
Charges Waived pe	r Connection		0.00 exceed \$100)		(for multiple rates	, use an avera	ige amount)
		(1101.10.1	υχουσα ψ100)				
Total Connection C	harges Waived	(16) \$	0.0		_		
Deferred Interest		(17) \$	0.00				
			T	otal '	Tribal Link Up Sup	port Claime	d (18) \$ <u>0</u>
ETC Payment					•		
Total Lifeline \$ 2710	Total TIS \$ 0		7	[ntal	Tribal Link IIn & C)	
· Own Engine V	ισιαι ιμο ψ			. viai			 2710
					Tota	ıl Dollars (19	9) \$ = 1 1 5

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01/05/2016	Gregory A Hale				
DATE	OFFICER SIGNATURE				
Executive Vice President	Gregory A Hale				
OFFICER TITLE	OFFICER NAME				

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LIFELINE WORKSHEET

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(3) Filer 499 ID 806934 (4) Technology Type (check one) Wireline Wireless							
(5) ETC Designation Type (C	heck one): Lifeline	Only []	ligh	Cost/Low Income	7 1	
(6) Organization Information				(7) E	iling Information		
Company Legal Name:	Logan Telephone	Cooper	rative Inc.	a)	Submission Date	02/01/20	16
Contact Name:	Brian Stanley			b)	Data Month	February	/ 2016
Mailing Address:	10725 Bowling (Green	Road	c)	Type of Filing	<u>-</u>	
					(check one)	Original	
	Auburn IV 422	<u> </u>		d)	State Reporting	Revision	
Telephone Number:	Auburn, KY 422 270-542-4121	00		ч,	Otate Reporting	KENTUC	ZNY
Fax Number:	270-342-4121						
E-mail Address:	bstanley@logan	nhone	com				
	201411107 65109411	priorio					
Lifeline							
		(a) # Li			(b) Lifeline Sup		(c) Total Lifeline
Non-Tribal Low-Income Subs		Subscribers 207			Subscriber Sup		• 2747
Receiving federal Li	reime Support	(8) 297			x \$ <u>9.25</u>		= \$ 2747
Tribal Low-Income Subscribe		(9) 0			11.77778888		= \$ 0
Receiving federal Li	reline Support	То		tal F	(not to exceed \$34.25) Federal Lifeline Support Claime		d (10) \$ 2747
Tall Limitation Sanda	oo (TI S)				- 11 - 11 - 11 - 11 - 11 - 11 - 11 - 1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	- (10) V <u>-1.11</u>
Toll Limitation Servic	es (ILS)						
Cost of Providing Ti	S ner Subscriber	(11)	0.00000	0			
	al cost or \$3 in 2012 /\$2 in				_		
Number of TLS Sub	scribers	(12)	0				
					Total TLS Supp	ort Claimed	(13) \$ <u>0</u>
Tribal Link Up (Availabl	le only to ETCs rece	iving Hi	gh Cost su	ppon	t)		
Number of Connecti	ions Waived	(14)	0				
Charges Waived per			0.00		 (for multiple rates,	, use an avera	ge amount)
•			exceed \$100)		, ,		,
Total Connection Ch	narges Waived	(16) \$ 0.0			_		
Deferred Interest (17)		(17) \$	0.00				
			T	otal ⁻	Гribal Link Up Sup _l	port Claimed	d (18) \$ <u>0</u>
ETC Payment							
Total Lifeline \$ 2747	Total TLS \$ 0			otal	Tribal Link Up \$ 0		
· · · · · · · · · · · · · · · · · · ·					-		 2747
					Total	l Dollars (19) \$

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LIFELINE WORKSHEET

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(3) Filer 499 ID 806934				rpe (d	check one) Wirelin	ne 🕖	Wireless 🔲	
(5) ETC Designation Type (C	heck one): Lifeline	_	_		Cost/Low Income		- Speciment	
(6) Organization Information				(7) 1	Filing Information	_		
Company Legal Name:	Logan Telephone	Cooper	ative Inc.	a)	Submission Date	03/01/20)16	
Contact Name:	Brian Stanley			b)	Data Month	March 2	016	
Mailing Address:	10725 Bowling (Green	Road	c)	Type of Filing (check one)	-		
					,	Original Revision		
	Auburn, KY 422	06		d)	State Reporting	KENTU	CKY	
Telephone Number:	270-542-4121		111.11					
Fax Number:								
E-mail Address:	bstanley@logan	phone	e.com					
1:5-1:				-				
Lifeline		(a) # L	ifeline		(b) Lifeline Sup	port/	(c) Total Lifeline	
Non-Tribal Lands Indiana Code		<u>Subsc</u>	<u>ribers</u>		Subscriber Su		` '	
Non-Tribal Low-Income Sub Receiving federal Li		(8) 304			_ x \$ <u>9.25</u>		= \$ 2812	
Tribal Low-Income Subscrib	pre	(9) 0			x \$ 0.00 = \$ 0		= \$ 0	
Receiving federal L					(not to exceed \$34.25) I Federal Lifeline Support Claimed (10) \$ 2		•	
			10	otal F	ederal Lifeline Sup	oport Claim	ed (10) \$ <u>20 2</u>	
Toll Limitation Service	es (TLS)							
			0 00000	١٥				
Cost of Providing T	LS per Subscriber tal cost or \$3 in 2012 /\$2 i	(11) n 2013)	0.00000	טע				
·			0					
Number of TLS Sub	scribers	(12)	<u> </u>				0	
White all intellection (A. 1911		tt 1 1	: t- O t		Total TLS Supp	oort Claimed	d (13) \$ <u>U</u>	
Tribal Link Up (Availab	e only to ETCs rece	iving H	ign Cost su	ippoi	τ)			
Number of Connect	tions Waived	(14)	0					
Charges Waived pe		(15) \$	0.00		(for multiple rates	s, use an aver	age amount)	
		(not to	exceed \$100))				
Total Connection C	harges Waived	(16) \$	0.0					
Deferred Interest		(17) \$	0.00					
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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.

03/01/2016	Gregory A Hale				
DATE	OFFICER SIGNATURE				
Executive Vice President	Gregory A Hale				
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

(3) Filer 499 ID 806934 (4) Technology Type (check one) Wireline (2) Wireless (3) ETC Designation Type (Check one): Lifeline Only (3) High Cost/Low Income (4) High Cost/Low Income (5) Organization Information (7) Filing Information (8) Filing Information (9) Fil	(1) USAC Service Provider Id	dentification Number	14300	01574		(2) Stu	dy Area Co	_{de} 260413
(5) ETC Designation Type (Check one): Lifeline Only High Cost/Low Income (7) Filing Information Company Legal Name: Logan Telephone Cooperative Inc. a) Submission Date (04/01/2016 (7) Filing Information Contact Name: Brian Stanley	(3) Filer 499 ID 806934		(4) Te	chnology Ty	/pe (d	check one) Wireli	ne 🗇	Wireless D
Company Legal Name: Logan Telephone Cooperative Inc. a) Submission Date 04/01/2016	(5) ETC Designation Type (C	heck one): Lifelin						
Company Legal Name: Logan Telephone Cooperative Inc. a) Submission Date 04/01/2016 Contact Name: Brian Stanley b) Data Month April 2016 Mailting Address: 10725 Bowling Green Road c) Type of Filing (check one) Original Revision Revision Revision Revision Part Revision Revision Part Revision Revisio	(6) Organization Information				(7)	Filing Information		
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Auburn, KY 42206 d) State Reporting Check one) Criginal Revision Criginal Revisi	Contact Name:	Brian Stanley			b)	Data Month	th April 2016	
Auburn, KY 42206 d) State Reporting KENTUCKY Telephone Number: 270-542-4121 E-mail Address: bstanley@loganphone.com Lifeline Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support (a) 310	Mailing Address:	10725 Bowling	Green	Road	c)			
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04/01/2016	Gregory A Hale				
DATE	OFFICER SIGNATURE				
Executive Vice President	Gregory A Hale				
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