EXHIBIT 24

							No. 2016-00)59	
						Exhibit			
.L	5					FCC F	orm 497		
	FCC Form 497 April 2012 Edition			SHE	ET		с	MB Ap	proval)-0819
					Avg	Burden Es	st: per Respon		
	(1) USAC Service Provid		ber 143001575		(2) Stu	idy Area C	ode_260414	<u> </u>	
	(3) Filer 499 ID 808623	<u> </u>	(4) Technology T	ype (check one) Wireli	ine 🔼	Wireless	s 🛄 🛛	
	(5) ETC Designation Type		line Only 🙀	-	Cost/Low Income				
	(6) Organization Informat			(7)	Filing Information	1			
	Company Legal Name:	Mountain Rura	al Telephone Coop.	a)	Submission Date	1/7/20	14		
	Contact Name:	Michelle Kidd		b)	Data Month	January	-2014		
	Mailing Address	PO Box 399		C)	Type of Filing (check one)				
		West Liberty	/, KY 41472		• •	Original Revision	X		
				d)	State Reporting	Kentucky			
	Telephone Number:	(606)743-3121							
	Fax Number:	(606)743-3635							
	E-mail Address	mkidd@moun	taintelephone.com						
	Lifeline								
			(a) # Lifeline		(b) Lifeline Sup		(c) Total Li	feline	
	Non-Tribal Low-Income S Receiving federa	ubscribers I Lifeline Support	<u>Subscribers</u> (8) <u>1871</u>		Subscriber Sup		= <u>\$</u> 17,3	06.75	5
	Tribal Low-Income Subsc Receiving federa		(9) To		x S (not to exce ederal Lifeline Sup	ed \$34,25) port Claim	= \$ ed (10) \$ _17	,306.	75
	Toll Limitation Serv	vices (TLS)							
		TLS per Subscriber ental cost or \$3 in 2012 /5							
	Number of TLS S	ubscribers	(12)						
	Triballink IIn Aug				Total TLS Suppo	ort Claimee	t (13) \$ 0.00)	
	Tribal Link Up (Avail		ceiving High Cost sup	ροπ)				
	Number of Conne Charges Waived		(14) (15) S		(for multiple rates.	use an aver	age amount)		
			(not to exceed \$100)						
	Total Connection	Charges Waived	(16) S		_				
	Deferred Interest		(17) S						
			То	tal T	ribal Link Up Supp	ort Claime	d (18) \$_0.00)	
	ETC Payment								
	Total Lifeline \$ 17,306.7	75 Total TLS \$_0	.00 то	otai 1	ribal Link Up \$ 0.	00			
					Total	Dollars (19) <u>\$ 17,306</u> .	75	-

FCC Form 497

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.

1/7/2014

helle Kidd

DATE

Accounting Clerk

OFFICER SIGNATURE Michelle Kidd

OFFICER TITLE

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

OFFICER NAME

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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~						Exhibit		
						FUC F	orm 497	
	4							
	CC Form 497 pril 2012 Edition		LIFELINE WORK	SHE	ET		ON	/IB Approval
					A	Durden En		3060-0819
					_		t, per Responde	ent: 2.5 Hrs.
) USAC Service Provider I	dentification Number	143001575		(2) Stu	idy Area Co	_{ode} 260414	
(3) Filer 499 ID 808623		(4) Technology Ty	/pe (check one) Wire!	ine 🔼	Wireless	
(5)) ETC Designation Type (C	heck one): Lifeline	Only 🔛 🕴 I	ligh	Cost/Low Income			
_(6)) Organization Information			(7)	Filing Information			
Co	ompany Legal Name:	Mountain Rural Te	elephone Coop.	a)	Submission Date	02/04/2	2014	
Co	ontact Name:	Michelle Kidd		b)	Data Month	Februar	y -2014	
Ma	ailing Address:	PO Box 399		C)	Type of Filing	- I		
		West Liberty, K	Y 41472		(check one)	Original	N	
				d)	State Reporting	Revision Kentucky		
Tel	lephone Number:	(606)743-3121					<u> </u>	
Fa	x Number:	(606)743-3635						
E-r	mail Address:	mkidd@mountain	telephone.com					
11	ifeline							
6	remie		(a) # Lifeline		(b) Lifeline Sup	port/	(c) Total Life	eline
No	on-Tribal Low-Income Sub		Subscribers		Subscriber Su		(*) *****	
NU	Receiving federal Li	feline Support	(8) 1850		× \$ 92	5	= <mark>\$</mark> 17,11	2.50
Tri	ibal Low-Income Subscrib	ers	(9)		x \$		= \$	
	Receiving federal Li				(not to over	ed \$34.25)	*	112 50
			To	tal Fe	ederal Lifeline Sup	port Claim	ed (10) \$ <u>17 1</u>	112.50
Тс	oll Limitation Servic	es (TLS)						
	Cost of Providing TL (the lesser of incrementa	.S per Subscriber al cost or \$3 in 2012 /\$2 in 1	(11)		_			
	Number of TLS Subs	scribers	(12)					
					Total TLS Supp	ort Cloimer		
Tr	ibal Link Up (Availabl	e only to ETCs receiv	ina Hiah Cost sup	port)) iotai ito supp	ort Claimet	1 (13) \$	
	Number of Connection		(14)					
	Charges Waived per		(15) \$ (not to exceed \$100)		 (for multiple rates, 	use an avera	age amount)	
	Total Connection Ch	arges Waived	(16) \$		_			
	Deferred Interest	((17) \$					
			То	tal Ti	ribal Link Up Supp	oort Claime	d (18) \$ <u>0.00</u>	22
ET	C Payment							
	al Lifeline <u>\$</u> 17,112.50	Total TISE 0.00	т.		ribal Link Lin # 0	.00		2.00
100	······Ψ	<u> </u>		vidi İ	прагсия ор э	<u></u>	 17.112 <i>9</i>	50
		5			Total	Dollars (19) \$	

FCC Form 497

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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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.

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

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02/04/2014

ichille Kidd

DATE

Accounting Clerk

Michelle Kidd

OFFICER SIGNATURE

OFFICER NAME

OFFICER TITLE

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

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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.

					No. 2016-000)59
				Exhibit		
2				FCC F	orm 497	
FCC Form 497						
April 2012 Edition		KSHE	ET		ON	MB Approval 3060-0819
			Avg.	Burden Est	per Respond	
	Identification Number 143001575				260414	
	Identification Number		(2) Stu	dy Area Co	de 260414	
(3) Filer 499 ID 808623	(4) Technology 1	уре ((check one) Wireli	ine 🔼	Wireless	
(5) ETC Designation Type	(Check one): Lifeline Only 🔽	High	Cost/Low Income			
(6) Organization Informatic		-		-		
(6) Organization Informatio Company Legal Name:		T	Filing Information		044	
Company Lagai Name.	Mountain Rural Telephone Coop	, a)	Submission Date	03/03/2	2014	
Contact Name:	Michelle Kidd	b)		March-20	014	
Mailing Address:	PO Box 399	_ c)	Type of Filing (check one)			
	West Liberty, KY 41472		• •	Original Revision	M	
		d)	State Reporting	Kentucky	<u> </u>	
Telephone Number:	(606)743-3121					
Fax Number:	(606)743-2891]				
E-mail Address:	mkidd@mountaintelephone.com					
Lifeline					(.). T . (.) () (
	Subscribers	27	(b) Lifeline Sup <u>Subscriber Sup</u>		(c) Total Lif	eiine
Non-Tribal Low-Income Su Receiving federal			x \$ 9.2	5	= \$ 17,2°	14.25
-						
Tribal Low-Income Subscri Receiving federal I			x \$ (not to exce		=\$	
		otal F	ederal Lifeline Sup		ed (10) \$	
Toll Limitation Servi	Ces (TI S)					
Cost of Providing	TLS per Subscriber (11)					
(the lesser of increment	tal cost or \$3 in 2012 /\$2 in 2013)					
Number of TLS Su	bscribers (12)	53				
			Total TLS Supp	a - t. Ol- 1 d	0.00	
Tribal Link Up (Availa	ble only to ETCs receiving High Cost su	nnor	t)	on claimed	(13) \$	
		r- r	~			
Number of Connec	tions Waived (14)					
Charges Waived p	er Connection (15) \$ (not to exceed \$100)		(for multiple rates,	use an avera	ige amount)	
Total Connection C	harges Waived (16) \$		_			
Deferred Interest	(17) \$					
	1				0.00	•
	т	otal 1	Fribal Link Up Supp	ort Claime	d (18) \$	
ETC Payment						
•	5	****	Tribal (191	.00		
rotai Liteline ş	IUUIILS \$]	σται				25
			Total	Dollars (19) \$. <u>17,214.</u>	20

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FCC Form 497

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

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

(20) CERTIFICATIONS AND SIGNATURES

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03/03/2014

DATE Accounting Clerk

Vol. No Kid

officer signature Michelle Kidd

OFFICER TITLE

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OFFICER NAME

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					Case N	lo. 2016-000	59
					Exhibit		
					FCC Fo	orm 497	
FCC Form 497 April 2012 Edition			SHE		Burden Est.		3 Approval 3060-0819 1t: 2.5 Hrs.
(1) USAC Service Provider	Identification Numbe	143001575		-		ie_260414	24 - 24 -
(3) Filer 499 ID 808623			ype ((check one) Wireli		Wireless	
(5) ETC Designation Type	(Check one): Lifelin	ne Only 🕍 🛛 I	High	Cost/Low Income	Q		
(6) Organization Informatio	<u> </u>		(7)	Filing Information			
Company Legal Name:	Mountain Rural	Telephone Coop.	a)	Submission Date	04/03/2	014	
Contact Name:	Michelle Kidd		b)	Data Month	April-2014	4	
Mailing Address:	PO Box 399		c)	Type of Filing	<u> </u>		
	West Liberty,	KY 41472			Original Revision	X	
			d)	State Reporting	Kentucky		
Telephone Number:	(606)743-3121						
Fax Number:	(606)743-2891						
E-mail Address:	mkidd@mounta	intelephone.com					
Lifeline							
Enonno		(a) # Lifeiine		(b) Lifeline Sup	port/	(c) Total Lifel	іпе
Non Tribal Law Income Su	ha autha ua	Subscribers		Subscriber Sup	port	.,	
Non-Tribal Low-Income Su Receiving federal		(8) 1867		x \$ <u>9.2</u>	5	= \$ 17,269	9.75
Tribal Low-Income Subscri	bers	(9)		. × \$		= \$	
Receiving federal	Lifeline Support			fact to over	-d \$24.05)		60 75
		10	tal F	ederal Lifeline Sup	port Claimer	d (10) \$ <u>17,2</u>	.03.15
Toll Limitation Servi	ces (TLS)						
	TLS per Subscriber atal cost or \$3 in 2012 /\$2	(11) in 2013)					
Number of TLS Su	bscribers	(12)		%			
Tribal Link Up (Availa	ble only to ETCs rece	eiving High Cost sup	opor	Total TLS Suppo	ort Claimed	(13) \$	
Number of Connec	Alone Mislued	14.43					
Charges Waived p		(14)			lice to sverad	a smount.	
<u>-</u>		(not to exceed \$100)			use an averag	le privonty	
Total Connection C	harges Waived	(16) \$					
Deferred Interest		(17) \$					
						0.00	
		Тс	stal 1	Fribal Link Up Supp	ort Claimed	(18) \$	
ETC Payment	5 0/	n		0	00		
Total Lifeline \$_17,269.7	Total TLS \$	T	otal			<u>17,269.7</u>	5
				Total	Dollars (19)	\$	
	If you have any ques	tions, please call US		1 (REE) 872.4727 72	all Emo		

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lease call USAC at (ชีชช) ช73 oli rree

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FCC Form 497 April 2012 Edition

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LIFELINE WORKSHEET

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

(20) CERTIFICATIONS AND SIGNATURES

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04/03/2014

Schille Kide

DATE

Accounting Clerk

Michelle Kidd

OFFICER SIGNATURE

OFFICER TITLE

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				Case No. 2016-00059
				Exhibit B FCC Form 497
1				
FCC Form 417 April 2012 Edition	LI	IFELINE WORKSH		OMB A 306
		0004575		Avg. Burden Est. per Respondent: :
(1) USAC Service Provid	er Identification Number <u>14</u>	3001575	(2)	Study Area Code 260414
(3) Filer 499 ID 808623	3 (4)	Technology Type	e (check one) W	/ireline 🗳 🛛 Wireless 🗖
(5) ETC Designation Typ	e (Check one): Lifeline On	ly 🖬 Hig	jh Cost/Low Inco	ome 🛄
(6) Organization Informa	tion	(7	7) Filing Informat	lion
Company Legal Name:	Mountain Rural Teler		a) Submission Da	
Contact Name:	Michelle Kidd	Ŀ	o) Data Month	May-2014
Mailing Address:	PO Box 399	с		
	West Liberty, KY	41472	(check one)	Original X
			i) State Reportin	
Telephone Number:	(606)743-3121			
Fax Number:	(606)743-2891			
E-mail Address:	mkidd@mountaintele	ephone.com		
Tribal Low-Income Subse Receiving federa	cribers (9) al Lifeline Support		X \$ (not to I Federal Lifeline	= \$
Toll Limitation Ser	vices (TLS)			
	g TLS per Subscriber (11) nental cost or \$3 in 2012 /\$2 in 2013			
Number of TLS S	nental cost or \$3 in 2012 /\$2 in 201	3)		0.00
Number of TLS S	nental cost or \$3 in 2012 /\$2 in 2013 Subscribers (12)	3)	Total TLS S	upport Claimed (13) \$
Number of TLS S	nental cost or \$3 in 2012 /\$2 in 201	3)	Total TLS S	upport Claimed (13) \$
Number of TLS S	Tental cost or \$3 in 2012 /\$2 in 2013 Subscribers (12) Subscribers (14) per Connection (15)	3)) High Cost suppo	ort)	support Claimed (13) \$ rates, use an average amount)
Number of TLS S <i>Tribal Link Up (Avai</i> Number of Conn Charges Walved	Tental cost or \$3 in 2012 /\$2 in 2013 Subscribers (12) Nable only to ETCs receiving ections Waived (14) per Connection (15) (not	3)) High Cost suppo)) \$	ort) (for multiple i	
Number of TLS S <i>Tribal Link Up (Avai</i> Number of Conn Charges Walved	The entropy of the second structure Subscribers (12) Subscribers (14) per Connection (15) (not (not Charges Waived (16)	3) High Cost suppo) (to exceed \$100)	ort) (for multiple i	
Number of TLS S Tribal Link Up (Avai Number of Conn Charges Walved Total Connection	The entropy of the second structure Subscribers (12) Subscribers (14) per Connection (15) (not (not Charges Waived (16)	3) High Cost suppo High Cost suppo () \$) \$ to exceed \$100)) \$) \$	ort) (for multiple i	
Number of TLS S Tribal Link Up (Avai Number of Conn Charges Walved Total Connection	The entropy of the second structure Subscribers (12) Subscribers (14) per Connection (15) (not (not Charges Waived (16)	3) High Cost suppo High Cost suppo () \$) \$ to exceed \$100)) \$) \$	ort) (for multiple i	rates, use an average amount)
Number of TLS S Tribal Link Up (Avai Number of Conn Charges Waived Total Connection Deferred Interest ETC Payment	Tental cost or \$3 in 2012 /\$2 in 2013 Subscribers (12) Fable only to ETCs receiving ections Waived (14) per Connection (15) (not of Charges Waived (16) to (17)	3) High Cost suppo)	ort) (for multiple i Il Tribal Link Up S	rates, use an average amount) Support Claimed (18) \$
Number of TLS S Tribal Link Up (Avai Number of Conn Charges Waived Total Connection Deferred Interest ETC Payment	Tental cost or \$3 in 2012 /\$2 in 2013 Subscribers (12) Subscribers (14) per Connection (15) (not (not Charges Waived (16)	3) High Cost suppo)	ort) (for multiple i Il Tribal Link Up S	rates, use an average amount) Support Claimed (18) \$

FCC Form 497

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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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.

5/6/2014

nichille Kidd

Accounting Clerk

Michelle Kidd

OFFICER SIGNATURE

OFFICER TITLE

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OFFICER NAME

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FCC Form 497 April 2012 Edition			(CHLL-	T		
April 2012 Edition			SHEE		. Burden Es	OMB Approva 3060-0819 t. per Respondent: 2.5 Hrs
(1) USAC Service Provide	r Identification Numb	er 143001575		(2) Stu	idy Area Cr	_{ode} 260414
(3) Filer 499 ID 808623						
		(4) Technology T	ype (cł	neck one) Wireli	ine 🎦	Wireless 🛄
(5) ETC Designation Type	(Check one): Lifeli	ine Only 🔽 🔰	High C	ost/Low Income		
(6) Organization Informati	on		<u>(7) Fi</u>	ling Information	r <u></u>	
Company Legal Name:	Mountain Rural	Telephone Coop.	a) (Submission Date	06/06/	2014
Contact Name:	Michelle Kidd		<u> </u>	Data Month	June-20	14
Mailing Address:	PO Box 399			Type of Filing (check one)		
	West Liberty,	, KY 41472			Original Revision	
			d) (State Reporting	Kentucky	
Telephone Number:	(606)743-3121		-			
Fax Number:	(606)743-2891		4			
E-mail Address:	mkidd@mounta	aintelephone.com]			
Lifeline						
		(a) # Lifeline		(b) Lifetine Sup		(c) Total Lifeline
Non-Tribal Low-Income St	ubscribers	Subscribers		Subscriber Su	oport	
Receiving federal	Lifeline Support	(8) 1857		x \$ <u>9.2</u>	5	=\$ <u>17,177.25</u>
Tribal Low-Income Subscr		(9)				= \$
Receiving federal	Lifeline Support	Τα	otal Fed	not to exce) deral Lifeline Sup	ed \$34.25) port Claim	ed (10) \$ 17,177.25
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	TLS per Subscriber ental cost or \$3 in 2012 /\$2	(11) 2 in 2013)		_		
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			- -			
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Charges Waived p		(15) \$ (not to exceed \$100)		 (for multiple rates) 	, use an aver	age amount)
Total Connection	Charges Waived	(16) \$				
Deferred Interest		(17) \$		-		
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E TC Payment Fotal Lifeline \$ <u>17,177.2</u>	25 Total TLS \$.00т	otal Tr	ibal Link Up \$		9) \$ <u>17,177.25</u>

FCC Form 497

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

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

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06/06/2014

Michille Kidd

Accounting Clerk

OFFICER SIGNATURE Michelle Kidd

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					FCCFC	orm 497	
FCC Form 497 April 2012 Edition		LIFELINE WORK	SHE	ET		OM	B Approval
							3060-0819
				Avg.	Burden Es	t. per Responde	nt: 2.5 Hrs.
(1) USAC Service Provider I	dentification Number	, 143001575		(2) Stu	dv Area Co	_{ode} 260414	
(3) Filer 499 ID 808623							_
(3) Filer 499 ID		(4) Technology Ty	/pe (check one) Wireli	ne 🖾	Wireless	L.
(5) ETC Designation Type (Check one): Lifelin	ie Only 🔽 🛛 I	łigh	Cost/Low Income			
(6) Organization Information	n		(7)	Filing Information			
Company Legal Name:	T	Telephone Coop	a)	Submission Date	07/03/	2014	
Contact Name: Mailing Address:	Michelle Kidd		b)	Data Month Type of Filing	July-201	14	
Maning Address:	PO Box 399		C)	(check one)			
	West Liberty,	KY 41472			Original Revision	8	
			d)	State Reporting	Kentucky		_
Telephone Number:	(606)743-3121						
Fax Number:	(606)743-2891						
E-mail Address:	mkidd@mountai	ntelephone.com					
Lifeline							
		(a) # Lifeline <u>Subscribers</u>		(b) Lifeline Sup Subscriber Sup		(c) Total Life	line
Non-Tribal Low-Income Sub		(8) 1845				17.06	6 25
Receiving federal L	ifeline Support	(8)		x \$ <u>9.2</u>	5	=\$ 17,06	0.20
Tribal Low-Income Subscrib		(9)		x \$		= \$	
Receiving federal L	ifeline Support	To	tal F	not to exce) ederal Lifeline Sup	ed \$34.25) nort Claim	ed (10) s 17,0	066.25
		10		cuciai Elicinic Oup	portolalin		
Toll Limitation Servic	es (TLS)						
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1	f you have any quest	tions, please call US	AC a	nt (866) 873-4727 To	oll Free		

FCC Form 497

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

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

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07/03/2014

Vichollo Kidd

Accounting Clerk

OFFICER SIGNATURE Michelle Kidd

OFFICER TITLE

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FCC Form 497						
April 2012 Edition		LIFELINE WORK	SHE	ET		OMB Approva
				Avg.	. Burden Es	3060-0819 t. per Respondent: 2.5 Hrs.
		143001575		_		
(1) USAC Service Provider	Identification Numbe	r		(2) Stu	idy Area Co	_{ode} _260414
(3) Filer 499 ID 808623		(4) Technology Ty	ype (check one) Wireli	ine 🔼	Wireless 🔲
(5) ETC Designation Type (Check one): Lifelir	e Only 🗹 🕴	Hiah	Cost/Low Income		
		• –	-		_	
(6) Organization Informatio Company Legal Name:		Tolophone Coon		Filing Information Submission Date		2014
		Telephone Coop			08/05/	
Contact Name:	Michelle Kidd		b)	Data Month	August-	2014
Mailing Address:	PO Box 399		(C)	Type of Filing (check one)		
	West Liberty,	KY 41472			Original Revision	
			d)	State Reporting	Kentucky	
Telephone Number:	(606)743-3121	<u> </u>				
Fax Number:	(606)743-2891					
E-mail Address:	mkidd@mounta	intelephone.com				
Lifeline		(a) # Lifeline		(b) Lifeline Sup	nort/	(c) Total Lifeline
		Subscribers		Subscriber Sup		(c) Total Ellenne
Non-Tribal Low-Income Sub Receiving federal L		(8) 1817		x \$9.2	5	_{= \$} 16,807.25
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Toll Limitation Servi	ces (TLS)					
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Cost of Providing 1	LS per Subscriber	(11)				
	tal cost or \$3 in 2012 /\$2					
Number of TLS Sub	oscribers	(12)				
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Tribal Link Up (Availat	le only to ETCs rece	eivina Hiah Cost su	חססמ) i)	UIT Glaime	u (13) ə
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Number of Connect		(14)		_		
Charges Waived pe	er Connection	(15) \$ (not to exceed \$100)		(for multiple rates,	, use an aver	age amount)
Total Connection C	harges Waived	(16) \$		_		
Deferred Interest		(17) \$				
Peletten intelgat						0.00
		тс	otal 1	ribal Link Up Supp	port Claime	ed (18) \$
ETC Payment						
Total Lifeline \$ 16,807.25	5 0 (00			.00	
Total Lifeline \$	Total TLS \$	<u> </u>	otal	τιιυαι μιικ <u>υ</u> μ φ <u></u>		
				Total	Dollars (1	9) \$16,807.25

FCC Form 497

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

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

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08/05/2014

michille Kicht

Accounting Clerk

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FCC Form 497 April 2012 Edition		LIFELINE WORK	SHE	ET			proval
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		142004575		_			
(1) USAC Service Provider I	dentification Number	143001575		(2) Stud	dy Area Co	_{de} _260414	
(3) Filer 499 ID 808623			/pe (check one) Wireli	ne 🔼	Wireless 🛄	
(5) ETC Designation Type (C	heck one): Lifelin	e Only 🎦 🛛 I	ligh	Cost/Low Income			
(6) Organization Information	·		(7)	Filing Information			-
Company Legal Name:	Mountain Rural 1	Telephone Coop.	a)	Submission Date	09/02/2	2014	
Contact Name:	Michelle Kidd		b)	Data Month	Septemb		1
Malling Address:	Po Box 399		c)	Type of Filing			
	West Liberty,	кү <u>л</u> 1л70		(check one)	Original	P I	
	West Liberty,		d)	State Reporting	Revision Kentucky		
Telephone Number:	(606)743-3121		· • /	outortoporting	Кепциску		J
Fax Number:	(606)743-2891						
E-mail Address:	mkidd@mountai	ntelephone.com					
Lifeline							
Lifeline		(a) # Lifeline		(b) Lifeline Sup	port/	(c) Total Lifeline	
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Non-Tribal Low-Income Sub Receiving federal Li		₍₈₎ 1799		x \$ 9.25	5	_{= \$} 16,640.7	5
Tribal Low-Income Subscrib		(0)				- 6	
Receiving federal Li		(9)		x \$ (not to excee	ed \$34.25)	=>	
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Toll Limitation Servic	es (TLS)						
Cost of Providing TI (the lesser of incrementa	LS per Subscriber al cost or \$3 in 2012 /\$2 i	(11)					
Number of TLS Sub	scribers	(12)					
Number of TL3 30D	art(NC) 9	(14)		_		0.00	
Tribal Link IIn (August)	la aplu ta ETCa	uina Link On-t		Total TLS Suppo	ort Claimed	I (13) \$_0.00	
Tribal Link Up (Availabl	e only to ETUS rece	iving rign Cost suf	роп	9			
Number of Connecti	ons Waived	(14)					
Charges Waived per	Connection	(15) \$		(for multiple rates,	use an avera	ege amount)	
		(not to exceed \$100)					
Total Connection Ch	arges Waived	(16) \$		_			
Deferred Interest	. –						
Deterred Interest		(17) \$				0.00	
		Тс	tal 1	Fribal Link Up Supp	ort Claime	d (18) \$	
ETC Payment							
•	0.0	00		0	00		
Total Lifeline \$_16,640.75	Total TLS \$	Т	ota!	Tribal Link Up \$ <u>0.</u>			
				Total	Dollars (19) \$ 16,640.75	

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

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09/02/2014

Michillo Kidd

Accounting Clerk

OFFICER NAME

OFFICER SIGNATURE

Michelle Kidd

OFFICER TITLE

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					Case N	o. 2016-000)59
					Exhibit		
					FCC Fc	orm 497	
· · · · ·							
FCC Form 497 April 2012 Edition		LIFELINE WORK	SHE	ET		OM	B Approval
,					_		3060-0819
				Avg.	Burden Est.	per Responde	nt: 2.5 Hrs.
(1) USAC Service Provider I	dentification Numbe	<u>, 143001575</u>		(2) Stu	dy Area Cod	le 260414	
(3) Filer 499 ID 808623			ype (check one) Wireli		Wireless	
(5) ETC Designation Type (C	heck one): Lifelii	ne Only ଯ 🔰 🛛 🛛	High	Cost/Low Income			
(6) Organization Information	1		(7)	Filing Information			
Company Legal Name:		Telephone Coop.	a)	Submission Date	10/07/20	014	
Contact Name:	Michelle Kidd		b)	Data Month	October-2		
Malling Address:	PO Box 399	·	c)	Type of Filing	October-2	2014	
		<u> </u>		(check one)	•		
	West Liberty,	KY 41472			Original Revision		
Tologham Number			d)	State Reporting	Kentucky		
Telephone Number:	(606)743-3121						
Fax Number:	(606)743-2891						
E-mail Address:	mkidd@mounta	intelephone.com					
Lifeline							
Liteline		(a) # Lifeline		(b) Lifeline Sup	port/	(c) Total Life	line
Non-Tribal Low-Income Sub		Subscribers		Subscriber Sup		(-,	
Receiving federal Li		(8) 1809		x \$ 9.2	5	= \$ 16,73	3.25
Tribal Low-Income Subscrib	ore	(9)		x \$		- *	
Receiving federal Li				Instite even	ed \$34.25)	• — — — — — — — — — — — — — — — — — — —	
		То	tal F	ederal Lifeline Sup	port Claimed	1 (10) \$ <u>16, /</u>	33.25
Toll Limitation Servic	es (TLS)						
Cost of Providing Tl		(11)		_			
(the lesser of incrementa	al cost or \$3 in 2012 /\$2	in 2013)					
Number of TLS Sub	scribers	(12)		<u> </u>			
				Total TLS Suppo	ort Claimed	(13) \$ 0.00	
Tribal Link Up (Availabl	e only to ETCs rece	aiving High Cost sup	port)		(,+	
Number of Connecti	ons Waived	(14)		_			
Charges Waived per	Connection	(15) \$ (not to exceed \$100)		(for multiple rates,	use an average	e amount)	
		(not to exceed \$100)					
Total Connection Ch	arges Waived	(16) \$		_			
Deferred Interest		(17) \$					
			-				
		10	nal I	ribal Link Up Supp	ort Glaimed	(18) \$	
ETC Payment							
Total Lifeline \$_16,733.25	Total TLS \$ 0.0)0 _т ,	ntal 1	ribal Link De C.	00		
·····						- 16 733 2	5
				Total	Dollars (19)	16,733.2	

FCC Form 497

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.

10/07/2014

ichillo Kidd

Accounting Clerk

OFFICER NAME

OFFICER SIGNATURE

Michelle Kidd

OFFICER TITLE

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		Case No. 2016-00059
		Exhibit B
6		FCC Form 497
FCC Form 497		
April 2012 Edition		SHEET OMB Approval 3060-0819
		Avg. Burden Est. per Respondent: 2.5 Hrs.
(1) USAC Service Provider (Identification Number 143001575	(2) Study Area Code 260414
(3) Filer 499 ID 808623		/pe (check one) Wireline 🖾 Wireless 🗖
(5) ETC Designation Type (Check one): Lifeline Only 🎦	High Cost/Low Income
(6) Organization Information	n	(7) Filing Information
Company Legal Name:	Mountain Rural Telephone Coop.	a) Submission Date 11/10/2014
Contact Name:	Michelle Kidd	b) Data Month November-2014
Mailing Address:	PO Box 399	c) Type of Filing
	West Liberty, KY 41472	(check one) Original X Bevision
		d) State Reporting Kentucky
Telephone Number:	(606)743-3121	
Fax Number:	(606)743-2891	
E-mail Address:	mkidd@mountaintelephone.com	
Lifeline		
	(a) # Lifeline	(b) Lifeline Support/ (c) Total Lifeline
Non-Tribal Low-Income Sub	scribers Subscribers	Subscriber Support
Receiving federal L	1/9/	x \$9.25= \$_16,502.00
Tribal Low-Income Subscrib		× \$ = \$
Receiving federal L	ifeline Support	(not to exceed \$34.25) tal Federal Lifeline Support Claimed (10) \$ 16,502.00
Toll Limitation Convi		
Toll Limitation Servio	ces (115)	
Cost of Providing T (the lesser of increment	LS per Subscriber (11) al cost or \$3 in 2012 /\$2 in 2013)	
Number of TLS Sub	oscribers (12)	
	. ,	Total TLS Support Claimed (13) \$
Tribal Link Up (Availab	le only to ETCs receiving High Cost su	oport)
Number of Connect		
Charges Waived pe	r Connection (15) \$ (not to exceed \$100)	(for multiple rates, use an average amount)
Total Connection C	harges Waived (16) \$	
Deferred Interest	(17) \$	
	т	otal Tribal Link Up Support Claimed (18) \$
ETC Payment		
-) Total TLS \$ <u>0.00</u> T	
i otal Enemile 9	IOURI IEG #	16:502 00
		Total Dollars (19) \$ 16,502.00

FCC Form 497

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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11/10/2014

Michelle Kirld

Accounting Clerk

OFFICER NAME

OFFICER SIGNATURE

Michelle Kidd

OFFICER TITLE

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						No. 2016-00059	
					Exhibit	B orm 497	
7					FUC F	0111 497	
FCC Form 497 April 2012 Edition	L	IFELINE WORK	SHE	ET		OMB Ap	proval
				Ava	Burden Est		-0819
	14	3001575		_			o nis.
(1) USAC Service Provider I	dentification Number	3001373		(2) Stu	dy Area Co	_{de} _260414	
(3) Filer 499 ID 808623	(4)	Technology Ty	ype (check one) Wirelin	ne 🔼	Wireless 🔲	
(5) ETC Designation Type (0	Check one): Lifeline On	ly 🖬 🛛 I	High	Cost/Low Income			
(6) Organization Information	<u>1</u>		(7)	Filing Information			
Company Legal Name:	Mountain Rural Tele	phone Coop.	a)	Submission Date	12/05/2	014	
Contact Name:	Michelle Kidd		b)	Data Month	Decembe	er-2014	
Mailing Address:	PO Box 399		(C)	Type of Filing (check one)			
	West Liberty, KY	41472			Original Revision	×	
			d)	State Reporting	Kentucky		
Telephone Number:	(606)743-3121						
Fax Number:	(606)743-2891						
E-mail Address:	mkidd@mountaintel	ephone.com	j				
Lifeline							
		# Lifeline <u>bscribers</u>		(b) Lifeline Sup		(c) Total Lifeline	
Non-Tribal Low-Income Sub	scribers	1799		Subscriber Sup		16 640 7	5
Receiving federal L	ifeline Support (8)	(8) 1799 × \$ 9.25 = \$ 16,640.75					
Tribal Low-Income Subscrib Receiving federal L				x \$		= \$	
Receiving lederal L	nenne Support	То	tal F	not to excee) ederal Lifeline Sup	ed \$34.25) port Claime	d (10) \$ 16,640	.75
Toll Limitation Servio	es (TLS)						
Cost of Providing T (the lesser of increment	LS per Subscriber (11 al cost or \$3 in 2012 /\$2 in 201						
Number of TLS Sub	scribers (12)					
				Total TLS Suppo	ort Claimed	(13) \$ 0.00	
Tribal Link Up (Availab	le only to ETCs receiving	r High Cost su	oport)	ere viennige	(, v	
	•						
Number of Connect Charges Waived pe)		(for multiple rates,	USE an average	ce amount)	
	(not	to exceed \$100)				g= =	
Total Composition Of	harmon Michael 440	۱. ۵					
Total Connection Cl	-)\$					
Deferred Interest	(17)\$		-		0.00	
		Тс	otal T	ribal Link Up Supp	ort Claimed	I (18) \$_0.00	
ETC Payment							
Total Lifeline \$ 16,640.75		_			.00		
i otal Lifeline \$	IOTALTES \$	T	otal '	Fribal Link Up \$ _0.		-	
				Total	Dollars (19)	\$ 16,640.75	_

FCC Form 497

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

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

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12/05/2014

Nichille Kirla

Accounting Clerk

Michelle Kidd

OFFICER TITLE

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Υ.					E	Case No. 2016 Exhibit B FCC Form 497	
FCC Form 497 April 2012 Edition		LIFELINE WORK	SHEET			OMB Approvat 3060-0819	
				Avg.	Burden Es	st, per Responde	nt: 2.5 Hrs.
(1) USAC Service Provider	Identification Number	. 143001575		(2) Stud	dy Area C	_{ode} _260414	_
(3) Filer 499 ID 808623		(4) Technology Ty	pe (check one) Wirelin	ne 🔼	Wireless	
(5) ETC Designation Type (Check one): Lifelin	e Only 🔛 🛛 H	ligh	Cost/Low Income			
(6) Organization Informatio	<u>n</u>		(7)	Filing Information			
Company Legal Name:	Mountain Rural 1	Telephone Coop.	a)	Submission Date	01/07/	2015	
Contact Name:	Michelle Kidd		b)	Data Month	January	/-2015	
Mailing Address:	PO Box 399	·	C)	Type of Filing (check one)			
	West Liberty,	KY 41472			Original Revision	×	
			d)	State Reporting	Kentucky		
Telephone Number:	(606)743-3121						
Fax Number:	(606)743-2891						
E-mail Address:	mkidd@mountai	ntelephone.com					
Lifeline		(a) # Lifeline Subscribers		(b) Lifeline Sup <u>Subscriber Sup</u>		(c) Total Life	line
Non-Tribat Low-Income Sul		(8) 1796			. 16.61	3.00	
Receiving federal L	ireline Support	(8)	x \$ <u>9.25</u>				
Tribal Low-Income Subscribers (9) Receiving federal Lifeline Support		(9) To		x \$ (not to excee ederal Lifeline Sup	1.001.001		
Toll Limitation Servi	ces (TLS)						
Cost of Providing T (the lesser of increment	^r LS per Subscriber tal cost or \$3 in 2012 /\$2 i	(11) n 2013)		_			
Number of TLS Sul	oscribers	(12)					
		• •		Total TLS Suppo	ort Claime	0.00	
Tribal Link Up (Availab	ble only to ETCs rece	iving High Cost sup	por	i)	ont oname		
Charges Waived per Connection (15		(14) (15) \$ (not to exceed \$100)		(for multiple rates,	use an ave	rage amount)	
Total Connection Charges Waived (16) \$		(16) \$		<u> </u>			
Deferred Interest		(17) \$		_			
		Тс	otal 7	Fribal Link Up Supp	ort Claim	ed (18) \$ <u>0.00</u>	<u> </u>
ETC Payment							
Total Lifeline \$ 16,613.00 Total TLS \$ 0.00 Total Tribal Link Up \$ 0.00							
• • • •		<u> </u>		Total	Dollars (1	16,613.	00

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

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

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01/07/2015

Michille Kidd

Accounting Clerk

Michelle Kidd

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						ase No. 2016-00059 khibit B	
, ' ı						CC Form 497	
FCC Form 497 April 2012 Edition						OMB Approval	
				Avg.	Burden Es	3060-0819 t. per Respondent: 2,5 Hrs.	
(1) USAC Service Provider I	dentification Numbe	<mark>_ 143001575</mark>		(2) Stu	dy Area Co	ode_260414	
(3) Filer 499 ID 808623		(4) Technology Ty	vpe (check one) Wireli	ne 🖾	Wireless 🛄	
(5) ETC Designation Type (0	Check one): Lifelir	e Only 🔽 🛛 🖡	ligh	Cost/Low Income			
(6) Organization Information	1 <u></u>		(7)	Filing Information			
Company Legal Name:	Mountain Rural	Telephone Coop.	a)	Submission Date	02/06/2	2015	
Contact Name:	Michelle Kidd		b)	Data Month	Februar	y-2015	
Mailing Address:	PO Box 399		C)	Type of Filing (check one)	r		
	West Liberty,	KY 41472			Original Revision	Ä	
			d)	State Reporting	Kentucky		
Telephone Number: Fax Number:	(606)743-3121		ĺ.				
	(606)743-2891	• • • •					
E-mail Address:	mkidd@mounta	intelephone.com	2				
Lifeline							
		(a) # Lifeline Subscribers		(b) Lifeline Sup Subscriber Sup		(c) Total Lifeline	
Non-Tribal Low-Income Sub Receiving federal L		(8) 1616				_{= \$} 14,948.00	
-		• • •					
Tribal Low-Income Subscrib Receiving federal L		(9)		too the second	ed \$34.25)		
		То	tal F	ederal Lifeline Sup	port Claim	ed (10) \$ 14,948.00	
Toll Limitation Servio	es (TLS)						
Cost of Providing T (the lesser of increment	LS per Subscriber al cost or \$3 in 2012 /\$2	(11) in 2013)					
Number of TLS Sub	scribers	(12)					
Tribal Link Up (Availab	le only to ETCs rece	aiving High Cost sur	0000	Total TLS Supp	ort Claime	d (13) \$_0.00	
		ziving riigir Cost sup	pon	9			
Number of Connect Charges Waived pe		• •	(14)(15) \$ (for multiple rates, use an average amount)				
		(not to exceed \$100)					
Total Connection C	harges Waived	(16) \$		_			
Deferred Interest		(17) \$					
		Το	otal 1	Fribal Link Up Supp	ort Claime	ed (18) \$ 0.00	
ETC Payment							
Total Lifeline \$ 14,948.00		- 0C	otal	Tribal Link Up \$ _0	.00		
ι γιαι Ευσπια φ `	IUAI ILƏ Ə	11	udi	тныа: Ellik Up ֆ		9) \$ <u>14,948.00</u>	
				Total	Dollars (19	9) \$	

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FCC Form 497 April 2012 Edition

12.1

LIFELINE WORKSHEET

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

(20) CERTIFICATIONS AND SIGNATURES

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

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

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

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

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

02/06/2015

Michelle Kidd

Accounting Clerk

Michelle Kidd

OFFICER SIGNATURE

OFFICER TITLE

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

OFFICER NAME

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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Case No. 2016-00059
Exhibit B
FCC Form 497

FCC Form 497 April 2012 Edition					B Approval 3060-0819		
				Avg.	Burden Est, pe	er Responde	
(1) USAC Service Provider I	dentification Numbe	r 143001575		(2) Stu	dy Area Code _.	260414	_
(3) Filer 499 ID 808623			ype (check one) Wirelii		Wireless	Q
(5) ETC Designation Type (C	heck one): Lifelir	ne Only 🕌 🕴 I	High	Cost/Low Income	D.		
(6) Organization Information	1		(7)	Filing Information			
Company Legal Name:	Mountain Rural	Telephone Coop.	a)	Submission Date	03/05/20	15	
Contact Name:	Michelle Kidd		b)	Data Month	March-201	5	
Mailing Address:	PO Box 399		c)	Type of Filing (check one)			
	West Liberty,	KY 41472		· · · (Original X Revision		
			d)	State Reporting	Kentucky		
Telephone Number:	(606)743-3121						
Fax Number:	(606)743-2891						
E-mail Address:	mkidd@mounta	intelephone.com]				
Lifeline							
Luenne		(a) # Lifeline		(b) Lifeline Sup		c) Totai Life	line
Non-Tribal Low-Income Sub	scribers	Subscribers		Subscriber Sup			
Receiving federal Li		(8) 1667		x \$ <u>9.2</u> 5	5 =	_{=\$} <u>15,41</u>	9.75
Tribal Low-Income Subscribers (9)						= \$	
Receiving federal Lifeline Support			tal F	not to excee) ederal Lifeline Sup	ed \$34.25) port Claimed	(10) \$ 15,	419.75
-				ouorar Enornic oup	portoidined	(10) 0	
Toll Limitation Servic	es (ILS)						
Cost of Providing T	S par Subscriber	(11)					
(the lesser of increment							
Number of TLS Sub	scribers	(12)					
				Total TLS Suppo	ort Claimed (1	(3) s 0.00	
Tribal Link Up (Availab	le only to ETCs rece	eiving High Cost su	opor	t)			
Number of Connect	ions Waived	(14)					
Charges Waived per		(15) \$		(for multiple rates,	use an average	amount)	
		(not to exceed \$100)					
Total Connection Cl	narges Waived	(16) \$		_			
Deferred Interest		(17) \$		_			
		тс	otal 1	Fribat Link Up Supp	ort Claimed (*	18) \$ 0.00	
				•• • ••			
ETC Payment		00		•	00		
Total Lifeline \$_15,419.75 Total TLS \$_0.00 Total Tribal Link Up \$_0.00							
				Total	Dollars (19) \$	15,419.3	75
					, +		

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FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

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

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03/05/2015

Michelle Kidd

Accounting Clerk

OFFICER NAME

OFFICER SIGNATURE

Michelle Kidd

OFFICER TITLE

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•					E	Case No. 2016-00059 Exhibit B		
					F	FCC Form 497		
FCC Form 497 April 2012 Edition		LIFELINE WORKSHEET				OMB Approva 3060-0819		
				Avg.	Burden E	st. per Respondent: 2.5 Hrs.		
(1) USAC Service Provider I	dentification Number	143001575		(2) Stu	dy Area C	_{code} 260414		
(3) Filer 499 ID 808623			pe (check one) Wireli		Wireless 🛄		
(5) ETC Designation Type (0	Check one): Lifeling	e Only 🚰 i	ligh	Cost/Low Income				
(6) Organization Information	1		(7)	Filing Information				
Company Legal Name:	Mountain Rural T	elephone Coop.	a)	Submission Date	04/07/	/2015		
Contact Name:	Michelle Kidd		b)	Data Month	April-20	015		
Mailing Address:	PO Box 399		C)	Type of Filing (check one)	-			
	West Liberty, I	KY 41472		· · ·	Original Revision			
Toloutono Mumbou			d)	State Reporting	Kentucky	57		
Telephone Number: Fax Number:	(606)743-3121							
	(606)743-2891							
E-mail Address:	mkidd@mountai	ntelepnone.com						
Lifeline								
		(a) # Lifeline (b) Lifeline Supscriber Supscriter Supscriber Supscriber Supscriber Supscriber Supscrib		(b) Lifeline Sup Subscriber Sup		(c) Total Lifeline		
Non-Tribal Low-Income Sub Receiving federal L				45.070.75				
-								
Tribal Low-Income Subscribers Receiving federal Lifeline Support		(9)		x \$ (not to exce	ed \$34.25)	=\$		
		То	tal F	ederal Lifeline Sup	port Clair	med (10) \$ 15,678.75		
Toll Limitation Servio	es (TLS)							
Cost of Providing T (the lesser of increment	LS per Subscriber al cost or \$3 in 2012 /\$2 i	(11) n 2013)		_				
Number of TLS Sub	scribers	(12)						
				Total TLS Supp	ort Claim	ed (13) \$_0.00		
Tribal Link Up (Availab	le only to ETCs rece	iving High Cost sup	port)				
Number of Connect Charges Waived pe				(for multiple rates,	use an ave	erage amount)		
		(not to exceed \$100)						
Total Connection Charges Waived (16) \$		(16) \$						
Deferred Interest (17) \$				_				
		Τα	otal 1	ribal Link Up Supp	ort Claim	ned (18) \$ 0.00		
ETC Payment								
Total Lifeline \$ 15,678.75		00 _			.00			
Total Lifeline \$	Total TLS \$	<u> </u>	otal '			15 678 75		
				Total	Dollars (19) \$ 15,678.75		

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FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

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

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04/07/2015

A. Ulo Vick

Accounting Clerk

OFFICER SIGNATURE

OFFICER TITLE

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· ·						ase No. 2016-00059 Exhibit B		
						CC Form 497		
FCC Form 497								
April 2012 Edition		LIFELINE WORK	SHE	ET		OMB Approval 3060-0819		
				Avg.	Burden Es	t. per Respondent: 2.5 Hrs.		
(1) USAC Service Provider I	dentification Number	143001575		(2) Stu	dy Area C	_{ode} _260414		
(3) Filer 499 ID 808623			pe (check one) Wireli		Wireless 🔲		
(5) ETC Designation Type (0	Check one): Lifeline	e Only 🛄 🛛 H	ligh	Cost/Low Income	Q.	_		
(6) Organization Information	ı		(7)	Filing Information				
Company Legal Name:	Mountain Rural T	elephone Coop.	a)	Submission Date	05/06/	2015		
Contact Name:	Michelle Kidd		b)	Data Month	May-20	15		
Mailing Address:	PO Box 943		C)	Type of Filing (check one)				
	West Liberty, I	KY 41472			Original Revision			
Telephone Number			d)	State Reporting	Kentucky			
Telephone Number: Fax Number:	(606)743-3121							
E-mail Address:	(606)743-2891	ntelenhene com						
	mkidd@mountai	ntelephone.com						
Lifeline								
		(a) # Lifeline <u>Subscribers</u>		(b) Lifeline Sup Subscriber Sup				
Non-Tribal Low-Income Sub Receiving federal L		(8) 1711 × \$ 9.2		₅ _{= \$} 15,826.75				
Tribal Low-Income Subscrib		(9)				······································		
Receiving federal L		•••	(not to exceed \$34.25) otal Federal Lifeline Support Claimed (10) \$ 15,826.75					
		10	ai r	ederal Litenne Sup	port Glaim	ied (10) \$		
Toll Limitation Servic	es (TLS)							
Cost of Providing T (the lesser of increment	LS per Subscriber al cost or \$3 in 2012 /\$2 in	(11) n 2013)						
Number of TLS Sub	scribers	(12)						
		(0.00		
Tribal Link Up (Availab	le only to ETCs rece	iving High Cost sup	port)	ort Claime	a (13) \$		
•	-							
Number of Connect Charges Waived per		(14)(15) \$		(for multiple rates	use an aver	race amount)		
5 1		(not to exceed \$100)				-3		
Total Connection Cl	arges Waived	(16) \$		_				
- , ,		(17) \$						
						0.00		
		10	tal i	ribal Link Up Supp	iort Claime	ea (18) \$		
ETC Payment								
Total Lifeline \$_15,826.75		0те	otal '	Tribal Link Up \$ <u>0</u> .	.00			
				Total	Dollars (1			
					· _ · _ · ·	•		

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

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

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05/06/2015

chille Vidd

Accounting Clerk

OFFICER SIGNATURE

Michelle Kidd

OFFICER TITLE

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						se No. 2016- nibit B	-00059
* s*						C Form 497	
FCC Form 497 April 2012 Edition							B Approval 3060-0819
				Avg.	Burden Est.	per Responde	
(1) USAC Service Provider I	dentification Number	143001575		(2) Stu	dy Area Cod	le_260414	
(3) Filer 499 ID 808623			pe (check one) Wireli		Wireless	_
(5) ETC Designation Type (0	 Check one): Lifelin	_		Cost/Low Income			- and
(6) Organization Information	n		(7)	Filing Information	3		
Company Legal Name:	Mountain Rural 1	Felephone Coop.	a)	Submission Date	06/03/2	015	
Contact Name:	Michelle Kidd		b)	Data Month	June-201	5	
Mailing Address:	Po Box 399		c)	Type of Filing (check one)			
	West Liberty,	KY 41472			Original 🗙 Revision 🖵		
			d)	State Reporting	Kentucky		
Telephone Number: Fax Number:	(606)743-3121						
	(606)743-2891						
E-mail Address:	mkidd@mountai	ntelephone.com					
Lifeline		(a) # Lifeline Subscribers		(b) Lifeline Sup Subscriber Sup		(c) Total Life	line
Non-Tribal Low-Income Sub		(8) <u>1686</u> × \$ <u>9.25</u>			. 15 59	5 50	
Receiving federal L							
Passiving fodom11 ifoling Support				x \$ (not to exce	ed \$34.25)	=\$	
·	•••	То	tal F	ederal Lifeline Sup	port Claime	d (10) \$ <u>15,</u>	595.50
Toll Limitation Servio	es (TLS):						
Cost of Providing T (the lesser of increment	"LS per Subscriber tal cost or \$3 in 2012 /\$2 i	(11) in 2013)					
Number of TLS Sub	scribers	(12)					
				Total TLS Supp	ort Claimed	(13) \$ 0.00	
Tribal Link Up (Availab	-	eiving High Cost sup	port	D)			
Number of Connect Charges Waived pe		(14) (15) \$		(for multiple rates,	use an averag	je amount)	
		(not to exceed \$100)					
Total Connection C	harges Waived	(16) \$					
Deferred Interest		(17) \$					
		То	otal 1	Fribal Link Up Supp	oort Claimed	(18) \$ 0.00	
ETC Payment							
Total Lifeline \$ 15,595.50) Total TLS \$ 0.0)0 <u>т</u>	otal	Tribal Link Up \$ 0.	.00		
· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · ·					<u>\$ 15,595.</u>	50
				Total	Dollars (19)	\$ —	

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FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

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

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06/03/2015

Johle Kind

Accounting Clerk

Michelle Kidd

OFFICER SIGNATURE

OFFICER TITLE

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Case No. 2016-00059
Exhibit B
FCC Form 497

FCC Form 497 April 2012 Edition						OMB Approval 3060-0819
		440004575				per Respondent: 2.5 Hrs.
(1) USAC Service Provider I	dentification Number	. 143001575		(2) Stu	dy Area Co	_{de} _260414
(3) Filer 499 ID 808623		(4) Technology Ty	/pe (check one) Wireli	ne 🕰	Wireless 🛄
(5) ETC Designation Type (C	Check one): Lifelin	e Only 🔽 🕴	High	Cost/Low Income		
(6) Organization Information	3		(7)	Filing Information		
Company Legal Name:	Mountain Rural 1	Telephone Coop.	a)	Submission Date	07/07/2	015
Contact Name:	Michelle Kidd		b)	Data Month	July-201	5
Mailing Address:	PO Box 399		C)	Type of Filing (check one)		
	West Liberty,	KY 41472			Original Revision	P4
			d)	State Reporting	Kentucky	
Telephone Number:	(606)743-3121					
Fax Number:	(606)743-2891					
E-mail Address:	mkidd@mountai	ntelephone.com	J			
Lifeline						
		(a) # Lifeline		(b) Lifeline Sup		(c) Total Lifeline
Non-Tribal Low-Income Sub	scribers	Subscribers		Subscriber Sup		
Receiving federal L	ifeline Support	(8) 1703		x \$ <u>9.2</u>		= \$ <u>15,752.75</u>
Tribal Low-Income Subscribers (9) (9)				x \$ (not to exce		= \$
Receiving receiver L	nenne oupport	То	tal F	ederal Lifeline Sup	ed \$34.25) port Claime	d (10) \$ 15,752.75
Toll Limitation Servic	es (TLS)					
Cost of Providing Ti (the lesser of increment	LS per Subscriber al cost or \$3 in 2012 /\$2 i	(11) in 2013)		_		
Number of TLS Sub	scribers	(12)				
				Total TLS Supp	ort Claimed	(13) \$ 0.00
Tribal Link Up (Availab	le only to ETCs rece	iving High Cost sup	opor	9		
Number of Connections Waived (14) Charges Waived per Connection (15) \$ (not to exceed \$100)				— (for multiple rates,	use an avera	ge amount)
Total Connection Cf	arges Waived	(16) \$		_		
Deferred Interest		(17) \$				
		Тс	otal 1	— Tribal Link Up Supp	ort Claimed	1 (18) \$ <u>0.00</u>
ETC Payment						
Total Lifeline \$ 15,752.75	-				.00	
lotal Lifeline \$	Total TLS \$		otal	Tribal Link Up \$		-
				Total	Dollars (19)	15,752.75

1 1

FCC Form 497 April 2012 Edition

, I

LIFELINE WORKSHEET

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

(20) CERTIFICATIONS AND SIGNATURES

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

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

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

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

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

07/07/2015

michille Kidd

Accounting Clerk

Michelle Kidd

OFFICER SIGNATURE

OFFICER TITLE

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

The following worksheet provides the means by which eligible telecommunications carriers will be reimbursed by the Universal Service Administrative Company (USAC) for their participation in these programs. Falling 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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Case No. 2016-00059
Exhibit B
FCC Form 497

	<i>A</i> .						C Form 497	
	FCC Form 497 April 2012 Edition		LIFELINE WORK	SHE		Burdee Est		B Approval 3060-0819
			142004575		•		per Responde	nt: 2.5 Hrs.
	(1) USAC Service Provider I	dentification Numbe	r_143001575		(2) Stu	dy Area Coo	_{de} 260414	
	(3) Filer 499 ID 808623		(4) Technology Ty	/pe (check one) Wireli	ne 🔼	Wireless	L
	(5) ETC Designation Type (C	heck one): Lifelin	ie Only 🔽 🛛 I	ligh	Cost/Low Income			
	(6) Organization Information)		(7)	Filing Information			
	Company Legal Name:	Mountain Rural	Telephone Coop.	a)	Submission Date	08/07/2	015	
ľ	Contact Name:	Michelle Kidd		b)	Data Month	August-2	015	
ľ	Mailing Address:	PO Box 399		c)	Type of Filing (check one)			
		West Liberty,	KY 41472	d)		Original Revision	×	_
ŀ	Telephone Number:	(606)743-3121		u)	State Reporting	Kentucky		
ŀ	Fax Number:	(606)743-2891						
ľ	E-mail Address:	· · · · · · · · · · · · · · · · · · ·	intelephone.com					
L	Lifeline		(a) # Lifeline Subscribers	I	(b) Lifeline Sup Subscriber Sup		(c) Total Life	line
	Non-Tribal Low-Income Sub Receiving federal Li		(8) 1710		× \$9.2		= \$ _15,81	7.50
Tribal Low-Income Subscribers Receiving federal Lifeline Support			(9) To	tal F	x \$ (not to exce ederal Lifeline Sup	ed \$34.25) port Claime		
	Toll Limitation Servic	es (TLS)						
	Cost of Providing TI (the lesser of incrementa	_S per Subscriber al cost or \$3 in 2012 /\$2	(11) in 2013)		_			
	Number of TLS Subs	scribers	(12)					
					Total TLS Supp	ort Claimed	(13) \$_0.00	
	Tribal Link Up (Availabl	e only to ETCs rece	eiving High Cost sup	port)			
	Number of Connecti Charges Waived per		(14) (15) \$ (not to exceed \$100)			use an averaç	ge amount)	
	Total Connection Ch	arges Waived	(16) \$		_			
	Deferred Interest		(17) \$					
					— 'ribal Link Up Supp	oort Claimed	I (18) \$ 0.00	
	ETC Payment							
	Total Lifeline <u>\$</u> 15,817.50		<u>ю </u>	otal '	Tribal Link Up \$ 0.	.00		
				-	Total	Dollars (19)	<u>\$ 15,817.5</u>	50
					i Uldi	POUG12 (12)		

OMB Approval

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

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

(20) CERTIFICATIONS AND SIGNATURES

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08/07/2015

No Kic

Accounting Clerk

OFFICER SIGNATURE Michelle Kidd

OFFICER TITLE

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

OFFICER NAME

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Case No. 2016-00059
Exhibit B
FCC Form 497

					FCC	C Form 497			
FCC Form 497 April 2012 Edition		LIFELINE WORK	SHE	ET		OM	B Approval		
		× .		Ava.	Burden Est	per Responde	3060-0819 nt: 2.5 Hrs		
(1) USAC Service Provider I	dentification Number	143001575		_		de_260414			
(3) Filer 499 ID 808623		(4) Technology Ty	/pe (Wireless			
(5) ETC Designation Type (Check one): Lifeline Only 🔯 High Cost/Low Income 🛄									
(6) Organization Information	<u> </u>		(7)	Filing Information	<u> </u>				
Company Legal Name:	Mountain Rural 1	elephone Coop.	a)	Submission Date	09/03/2	2015			
Contact Name:	Michelle Kidd		b)	Data Month	Septemt	per-2015			
Mailing Address:	PO Box 399		C)	Type of Filing (check one)					
	West Liberty,	KY 41472		· · · · · · · · · · · · · · · · · · ·	Original Revision	M			
Telephone Number			d)	State Reporting	Kentucky				
Telephone Number: Fax Number:	(606)743-3121								
	(606)743-2891								
E-mail Address:	mkidd@mountai	ntelephone.com							
Lifeline									
		(a) # Lifeline <u>Subscribers</u>		(b) Lifeline Sup Subscriber Sup		(c) Total Life	line		
Non-Tribal Low-Income Sub Receiving federal Li	+	(8) 1721		x \$ <u>9.25</u>		= <u>\$</u> 15,91	9.25		
Tribal Low-Income Subscribers (9) Receiving federal Lifeline Support				x \$ (not to excee ederal Lifeline Sup	ed \$34.25)	= \$	919.25		
Toll Limitation Servic	es (TLS)								
Cost of Providing Ti (the lesser of incrementa	L S per Subscriber al cost or \$3 in 2012 /\$2 in	(11) n 2013)		_					
Number of TLS Sub	scribers	(12)							
Tribal Link Up (Availabl	le only to ETCs rece	iving High Cost sup	port	Total TLS Suppo)	ort Claimed	(13) <u>\$</u> 0.00			
Number of Connecti Charges Walved per		(14) (15) \$ (not to exceed \$100)	_	(for multiple rates,	use an avera	ige amount)			
Total Connection Ch	arges Waived	(16) \$		_					
Deferred Interest		(17) \$		_					
		Το	tal T	ribal Link Up Supp	ort Claime	d (18) \$ <u>0.00</u>			
ETC Payment									
Total Lifeline \$ 15,919.25	Total TLS \$_0.0	0те	otal 1	Fribal Link Up \$ 0.	00	_			
				Total	Dollars (19) \$ 15,919.2	25		

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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.

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09/03/2015

-hollo rido

Accounting Clerk

OFFICER SIGNATURE Michelle Kidd

OFFICER TITLE

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

OFFICER NAME

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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50 7)						e No. 2016-0 ibit B	0059
					FCC	Form 497	
FCC Form 497 April 2012 Edition		LIFELINE WORK	SHE	ET			B Approval
				Avg.	Burden Est	per Responder	3060-0819 nt: 2.5 Hrs.
(1) USAC Service Provider I	dentification Number	. 143001575		(2) Stu	dy Area Cor	1e_260414	
(3) Filer 499 ID 808623				check one) Wireli			-
(5) ETC Designation Type (C	heck one): Lifelin			Cost/Low Income		Wireless	L <u>.</u> .
(6) Organization Information	1		(7)	Filing Information	-		
Company Legal Name:	Mountain Rural 1	Telephone Coop.	a)	Submission Date	10/06/2	015	
Contact Name:	Michelle Kidd	· · ·	b)	Data Month	October-2		
Mailing Address:	PO Box 399		C)	Type of Filing			
	West Liberty,	KY 41472			Original	P	
			d)	State Reporting	Revision Kentucky	<u>4.1</u>	
Telephone Number:	(606)743-3121		(T				
Fax Number:	(606)743-2891						
E-mail Address:	mkidd@mountai	ntelephone.com					
Lifeline							
		(a) # Lifeline <u>Subscribers</u>		(b) Lifeline Sup <u>Subscriber Sup</u>		(c) Total Life	line
Non-Tribal Low-Income Sub Receiving federal Li		(8) 1712		x \$9.25	_{5 = \$} 15,836.00		3.00
Tribal Low-Income Subscrib		(9)				= \$	
Receiving federal Li				(not to excee	ed \$34.25)	= >	26.00
		Tot	al F	ederal Lifeline Sup	port Claime	d (10) \$ <u>10,0</u>	
Toll Limitation Servic	es (TLS)						
Cost of Providing TI (the lesser of increment:	-S 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) \$ 0.00	
Tribal Link Up (Availabl	e only to ETCs recei	iving High Cost sup	port)			
Number of Connecti Charges Waived per		(14)(15) \$					
enarges marred per	oomeetion	(not to exceed \$100)	-	(ior multiple rates,	use an averag	je amount)	
Total Connection Ch	arges Waived	(16) \$		_			
Deferred Interest		(17) \$		_			
				 ribal Link Up Supp	ort Claimed	(18) \$ 0.00	
ETC Devenored		10	•				<u> </u>
ETC Payment	0.0	0		-	00		
Total Lifeline \$_15,836.00	Total TLS \$	То	otal 1	Fribal Link Up \$ <u>0.</u>		_	
				Total	Dollars (19)	<u>\$ 15,836.0</u>	0

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FCC Form 497 April 2012 Edition

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LIFELINE WORKSHEET

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

(20) CERTIFICATIONS AND SIGNATURES

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10/06/2015

midle Kich

Accounting Clerk

Michelle Kidd **OFFICER NAME**

OFFICER SIGNATURE

OFFICER TITLE

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Case No. 2016-00059
Exhibit B
FCC Form 497

				FGC F0111 497				
FCC Form 497 April 2012 Edition			SHE	EET OMB Approval 3060-0819				
				Avg. Burden Est. per Respondent: 2,5 Hrs.				
(1) USAC Service Provider I	dentification Number	. 143001575		(2) Study Area Code 260414				
(3) Filer 499 1D 808623		(4) Technology Ty	/pe ((check one) Wireline 🖾 🛛 Wireless 🛄				
(5) ETC Designation Type (C	(5) ETC Designation Type (Check one): Lifeline Only 🖾 High Cost/Low Income 🛄							
(6) Organization Information	<u> </u>		(7)	Filing Information				
Company Legal Name:	Mountain Rural	Telephone Coop.	a)	Submission Date 10/06/2015				
Contact Name:	Michelle Kidd		b)	Data Month November-2015				
Malling Address:	PO Box 399		C)	Type of Filing (check one)				
	West Liberty,	KY 41472		Original 🔀				
			d)					
Telephone Number:	(606)743-3121							
Fax Number:	(606)743-2891							
E-mail Address:	mkidd@mountai	ntelephone.com						
Lifeline								
		(a) # Lifeline <u>Subscribers</u>		(b) Lifeline Support/ (c) Total Lifeline Subscriber Support				
Non-Tribal Low-Income Sub								
Receiving federal Li	feline Support	(8) 1695		x \$9.25\$\$				
Tribal Low-Income Subscribers (9) Receiving federal Lifeline Support			_ x \$ =\$					
		Το	tal F	Federal Lifeline Support Claimed (10) \$ 15,678.75				
Toll Limitation Servic	es (TLS)							
Cost of Providing TI (the lesser of incrementation)	_S per Subscriber al cost or \$3 in 2012 /\$2 i	(11) n 2013)						
Number of TLS Sub	scribers	(12)						
				Total TLS Support Claimed (13) \$				
Tribal Link Up (Availabl	e only to ETCs rece	iving High Cost sup	por	t)				
Number of Connecti Charges Waived per		(14) (15) \$ (not to exceed \$100)		(for multiple rates, use an average amount)				
Total Connection Ch	arges Waived	(16) \$						
Deferred Interest		(17) \$						
				Tribal Link Up Support Claimed (18) \$ 0.00				
ETC Payment								
Total Lifeline \$ 15,678.75 Total TLS \$ 0.00 Total Tribal Link Up \$ 0.00								
*				Total Dollars (19) \$				

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FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

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

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11/06/2015

Vich M. Vid

Accounting Clerk

OFFICER SIGNATURE Michelle Kidd

OFFICER TITLE

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1						se No. 2016-00059 nibit B	
						C Form 497	
FCC Form 497 April 2012 Edition		LIFELINE WORK	SHE	ET		OMB Approval	
				Avg.	Burden Est	3060-0819 t. per Respondent: 2.5 Hrs.	
(1) USAC Service Provider I	dentification Numbe	r 143001575		(2) Stu	dy Area Co	ode 260414	
(3) Filer 499 ID 808623		(4) Technology Ty	/pe (check one) Wireli	ne 🔼	Wireless 🛄	
(5) ETC Designation Type (0	Check one): Lifelir	ie Only 🔽 🛛 H	ligh	Cost/Low Income			
(6) Organization Information	<u>. </u>		(7)	Filing Information		87	
Company Legal Name:	Mountain Rural	Telephone Coop.	a)	Submission Date	12/04/2	2015	
Contact Name:	Michelle Kidd		b)	Data Month	Decemb	er-2015	
Mailing Address:	PO Box 399		c)	Type of Filing (check one)			
	West Liberty,	KY 41472			Original Revision	×	
T-t-t Northan			d)	State Reporting	Kentucky		
Telephone Number: Fax Number:	(606)743-3121						
	(606)743-2891						
E-mail Address:	mkidd@mounta	intelephone.com					
Lifeline							
		(a) # Lifeline <u>Subscribers</u>		(b) Lifeline Sup Subscriber Sup		(c) Total Lifeline	
Non-Tribal Low-Income Sub		(8) 1707				_{= \$} 15,789.75	
Receiving federal L			× \$9.25		<u> </u>		
Tribal Low-Income Subscrib Receiving federal Li		(9)		x \$	ed \$34.25)	= \$	
		Tol	tal F	ederal Lifeline Sup	port Claim	ed (10) \$ 15,789.75	
Toll Limitation Servic	es (TLS)						
Cost of Providing T (the lesser of increment	L S per Subscriber al cost or \$3 in 2012 /\$2	(11) in 2013)		_			
Number of TLS Sub	scribers	(12)					
				Total TLS Suppo	ort Claimed	(13) \$ 0.00	
Tribal Link Up (Availab	le only to ETCs rece	niving High Cost sup	port)			
Number of Connect Charges Waived per		(14) (15) \$		(for multiple rates,	use an avera	age amount)	
		(not to exceed \$100)					
Total Connection Ch	arges Waived	(16) \$					
Deferred Interest		(17) \$					
		То	tai T	ribal Link Up Supp	ort Claime	d (18) \$ 0.00	
ETC Payment							
Total Lifeline \$ 15,789.75		00то	otal 1	Fribal Link Up \$ <u>0</u> .	00		
				Total	Dollars (19	15,789.75	

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.

12/04/2015

Vichille Kide

DATE

Accounting Clerk

OFFICER NAME

OFFICER SIGNATURE

Michelle Kidd

OFFICER TITLE

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

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	,					Ext	se No. 2016-(nibit B C Form 497	00059
	FCC Form 497 April 2012 Edition		LIFELINE WORK	SHE				B Approval 3060-0819
							per Responde	nt: 2,5 Hrs.
(1) USAC Service Provider I	dentification Number	, 143001575		(2) Stu	dy Area Co	_{de} 260414	_
(3) Filer 499 ID 808623		(4) Technology Ty	/pe (check one) Wireli	ne 🔼	Wireless	0
(#	5) ETC Designation Type (C	Check one): Lifelin	e Only 🔽 🕴	ligh	Cost/Low Income			
_((6) Organization Information	l		(7)	Filing Information		·	
C	Company Legal Name:	Mountain Rural	Telephone Coop.	a)	Submission Date	01/07/2	2016	
	Contact Name:	Michelle Kidd		b)	Data Month	January	-2016	
	lailing Address:	PO Box 399		C)	Type of Filing (check one)		-	
		West Liberty,	KY 41472			Original Revision	N	
L				d)	State Reporting	Kentucky		
	elephone Number: ax Number:	(606)743-3121						
H		(606)743-2891						
E	-mail Address:	mkidd@mountai	ntelephone.com					
N	. ifeline Ion-Tribal Low-Income Sub Receiving federal Li ribal Low-Income Subscrib	feline Support ers	(a) # Lifeline <u>Subscribers</u> (8) <u>1518</u> (9)		(b) Lifeline Sup <u>Subscriber Sup</u> x \$ <u>9.2</u> x \$	<u>port</u>	(c) Total Life = \$ <u>14,04</u> = \$	1.50
7	Receiving federal Li		To	tal Fo	(not to exce ederal Lifeline Sup	ed \$34.25) port Claime	ed (10) \$ <u>14,</u> (041.50
	Cost of Providing TI (the lesser of increment	_S per Subscriber al cost or \$3 in 2012 /\$2 i	(11) n 2013)					
	Number of TLS Sub	scribers	(12)		_			
т	ribal Link Up (Availabi	e only to ETCs rece	iving High Cost sup	port	Total TLS Supp	ort Claimed	(13) \$ <u>0.00</u>	
	Number of Connecti Charges Waived per		(14) (15) \$ (not to exceed \$100)		— (for multiple rates,	use an avera	ige amount)	
	Total Connection Ch	arges Waived	(16) \$		_			
	Deferred Interest		(17) \$					
					— ribal Link Up Supp	ort Claime	d (18) \$ 0.00	
	TC Payment							
Тс	otal Lifeline <u>\$</u> 14,041.50		0т	otal 1	Tribal Link Up \$ <u>0</u> .	.00		
						Dollars (19		50
					i vidi			

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

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

(20) CERTIFICATIONS AND SIGNATURES

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01/07/2016

michelle Kidd

Accounting Clerk

OFFICER SIGNATURE Michelle Kidd

OFFICER TITLE

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OFFICER NAME

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1					Exhi	e No. 2016-00 bit B : Form 497)059	
FCC Form 497 April 2012 Edition		LIFELINE WORK	SHE	ET	FCC	OMB	Approval	
				Avg.	Burden Est,	per Responden		
(1) USAC Service Provider	Identification Numbe	r_143001575		(2) Stu	dy Area Cod	le_260414	_	
(3) Filer 499 ID 808623		(4) Technology Ty	vpe (check one) Wireli	ne 🔼	Wireless [3	
(5) ETC Designation Type (Check one): Lifeline Only 🙀 High Cost/Low Income 📮								
(6) Organization Information	n		(7)	Filing Information				
Company Legal Name:	Mountain Rural	Telephone Coop.	a)	Submission Date	02/05/2	016		
Contact Name:	Michelle Kidd		b)	Data Month	February-	2016		
Mailing Address:	PO Box 399		C)	Type of Filing (check one)				
	West Liberty,	KY 41472			Original Revision	2		
			d)	State Reporting	Kentucky		_	
Telephone Number:	(606)743-3121							
Fax Number:	(60)743-2891		e.					
E-mail Address:	mkidd@mountai	intelephone.com	j.					
Lifeline		(a) # Lifeline		(b) Lifeline Sup	nort/	(c) Total Lifeli	ine	
Non-Tribal Low-Income Sub	coriboro	Subscribers		Subscriber Sup		(0) 1000 2000		
Receiving federal L		(8) 1555		x \$9.2		= \$ 14,383	9.75	
Tribal Low-Income Subscribers Receiving federal Lifeline Support		(9)			ed \$34.25)	=\$		
		Tot	tal F	ederal Lifeline Sup	port Claime	d (10) \$ <u>14,3</u>	83.75	
Toll Limitation Servic	es (TLS):							
Cost of Providing T (the lesser of increment	LS per Subscriber al cost or \$3 in 2012 /\$2	(11) in 2013)						
Number of TLS Sub	scribers	(12)		_				
Tribal Link Up (Availab	le only to ETCs rece	eivina Hiah Cost sup	port	Total TLS Suppo	ort Claimed	(13) \$_0.00_		
•	-		• ·					
Number of Connect Charges Waived pe		(14) (15) \$ (not to exceed \$100)		— (for multiple rates,	use an averag	je amount)		
Total Connection Cl	harges Waived	(16) \$		_				
Deferred Interest		(17) \$						
	Total Tribal Link Up Support Claimed (18) \$							
ETC Payment								
Total Lifeline \$ 14,383.75	Total TLS \$ 0.0	00то	otal 1	Tribal Link Up \$ _0.	.00	_		
				Total	Dollars (19)	<u>\$ 14,383.7</u>	5	

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

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

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02/05/2016

richille Kidd

Accounting Clerk

OFFICER SIGNATURE Michelle Kidd

OFFICER TITLE

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r Sala					FCC	Form 497	
FCC Form 497 April 2012 Edition		LIFELINE WORKSHEET OMB Approv					
				Avg.	Burden Est.	per Responde	3060-0819 nt: 2.5 Hrs.
(1) USAC Service Provider I	dentification Numbe	143001575		(2) Stu	dy Area Coo	_{Je} 260414	0.036
(3) Filer 499 ID 808623		(4) Technology Ty	vpe (check one) Wireli	ne 🔼	Wireless	
(5) ETC Designation Type (0	heck one): Lifelin	e Only 🗐 🛛 I	ligh	Cost/Low Income	Q.		
(6) Organization Information	L		(7)	Filing Information			
Company Legal Name:	Mountain Rural	Telephone Coop.	a)	Submission Date	03/04/2	016	
Contact Name:	Michelle Kidd			Data Month	March-20		
Malling Address: PO Box 399				Type of Filing			
	West Liberty,	KY 41472			Original	P	
			d)	State Reporting	Revision Kentucky	<u> </u>	
Telephone Number:	(606)743-3121		9	Yé — Sé — S			
Fax Number:	(606)743-2891						
E-mail Address:	mkidd@mountaintelephone.com						
Lifeline							
		(a) # Lifeline Subscribers		(b) Lifeline Supj <u>Subscriber Sup</u>		(c) Total Life	line
Non-Tribal Low-Income Sub Receiving federal Li		(8) 1567		x \$9.25		= \$ 14,494	4 75
Tribal Low-Income Subscribers Receiving federal Lifeline Support				x \$ (not to excee	d 624 76)	= \$	
		Tot	al Fe	ederal Lifeline Supp	oort Claimed	1 (10) \$ 14,4	94.75
Toll Limitation Servic	es (TLS)						
Cost of Providing TL (the lesser of incrementa	_						
Number of TLS Subs	cribers	(12)		_			
				Total TLS Suppo	rt Claimad		
Tribal Link Up (Available	e only to ETCs recei	iving High Cost supj	oort)		rt Claimed	(13) \$	
Number of Connections Waived Charges Waived per Connection			15) \$ (for multiple rates, use an average amou			e amount)	
Total Connection Charges Waived		(16) \$		-			
Deferred Interest		(17) \$		_			
		Tot	ai Tr	ibal Link Up Suppo	ort Claimed ((18) \$ <u>0.00</u>	
ETC Payment							
Total Lifeline \$ 14,494.75		0 To:	tal T.	ribal Link Up \$	00		
				Total D)oilars (19) \$	14,494.7	5

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

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03/04/2016

michille Kide

Accounting Clerk

Michelle Kidd **OFFICER NAME**

OFFICER SIGNATURE

OFFICER TITLE

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FCC Form 497 April 2012 Edition		SHE	HEET OMB Appro 3060-0 Avg. Burden Est, per Respondent; 2.5 I					
		142001575		_			nic 2.5 Mis.	
(1) USAC Service Provider I	dentification Number	. 143001575		(2) Stu	dy Area Co	_{de} 260414	_	
(3) Filer 499 ID 808623		(4) Technology Ty	ype (check one) Wireli	ne 🏹	Wireless	D	
(5) ETC Designation Type (C	heck one): Lifelin	e Only 🛃 🛛 I	High	Cost/Low Income	D			
(6) Organization Information	(7)	Filing Information						
Company Legal Name:	Mountain Rural Telephone Coop.			Submission Date	04/07/2	2016		
Contact Name:	Michelle Kidd			Data Month	April-201	16		
Mailing Address:	PO Box 399 West Liberty, KY 41471		c)	Type of Filing (check one)				
					Original Revision			
			d)	State Reporting	Kentucky			
Telephone Number:	(606)743-3121							
Fax Number:	(606)743-2891							
E-mail Address:	mkidd@mountai	ntelephone.com						
Lifeline								
		(a) # Lifeline <u>Subscribers</u>		(b) Lifeline Sup <u>Subscriber Sup</u>		(c) Total Life	line	
Non-Tribal Low-Income Sub						14 67	0 75	
Receiving federal Lifeline Support (8) 1007		(8) 1587		x \$9.25				
Tribal Low-Income Subscribers (9) Receiving federal Lifeline Support			frank kar average					
	ionno oupport	То	tal F	ederal Lifeline Sup	port Claime	ed (10) \$ <u>14,6</u>	679.75	
Toll Limitation Servic	es (TLS)							
Cost of Providing TLS per Subscriber (11) (the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)								
Number of TLS Subscribers (12)								
		Total TLS Support Claimed (13) \$_0.00						
Tribal Link Up (Availabl	le only to ETCs rece	iving High Cost sup	port	i)	in continue	. (10) •		
Number of Connections Waived Charges Waived per Connection		(14) (15) \$ (not to exceed \$100)	(15) \$ (for multiple			e rates, use an average amount)		
Total Connection Charges Waived (16) \$			_					
Deferred Interest		(17) \$						
		То	otal T	ribal Link Up Supp	ort Ciaime	d (18) \$ 0.00		
ETC Payment								
-	0.0	0		0	00			
Total Lifeline \$_14,679.75	Total TLS \$_0.0	<u>т</u>	otal '	Tribal Link Up \$ <u>0.</u>	00		7 F	
				Total	Dollars (19) \$14,679.7	<u>′5</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.

04/07/2016

midle Kide

Accounting Clerk

officer signature Michelle Kidd

OFFICER TITLE

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

OFFICER NAME

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.