

EXHIBIT 29

LIFELINE WORKSHEET

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

(1) USAC Service Provider Identification Number 143001580 (2) Study Area Code 260421

(3) Filer 499 ID 807297 (4) Technology Type (check one) Wireline Wireless

(5) ETC Designation Type (Check one): Lifeline Only High Cost/Low Income

(6) Organization Information

(7) Filing Information

Company Legal Name:	West Kentucky Rural Telephone Cooperative Corp Inc	a) Submission Date	03/01/2016
Contact Name:	Stacey Wray	b) Data Month	February 2016
Mailing Address:	237 North 8th Street	c) Type of Filing (check one)	Original <input checked="" type="checkbox"/> Revision <input type="checkbox"/>
	PO Box 649		
	Mayfield, KY 42066		
Telephone Number:	270-856-1890	d) State Reporting	KENTUCKY
Fax Number:	270-856-3045		
E-mail Address:	swray.wk@wk.net		

Lifeline

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>126</u>	x \$ <u>9.25</u>	= \$ <u>1166</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
Total Federal Lifeline Support Claimed (10)			\$ <u>1166</u>

Toll 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

Total TLS Support Claimed (13) \$ 0

Tribal Link Up (Available only to ETCs receiving High Cost support)

Number of Connections Waived (14) 0

Charges Waived per Connection (15) \$ 0.00 (for multiple rates, use an average amount)
(not to exceed \$100)

Total Connection Charges Waived (16) \$ 0.0

Deferred Interest (17) \$ 0.00

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

ETC Payment

Total Lifeline \$ 1166 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 1166

If you have any questions, please call USAC at (866) 873-4727 Toll Free

LIFELINE WORKSHEET

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(20) CERTIFICATIONS AND SIGNATURES

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

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

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

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

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03/01/2016

Todd R. Crandall

DATE

OFFICER SIGNATURE

Chief Financial Officer

Todd R. Crandall

OFFICER TITLE

OFFICER NAME

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LIFELINE WORKSHEET

(1) USAC Service Provider Identification Number 143001580 (2) Study Area Code 260421

(3) Filer 499 ID 807297 (4) Technology Type (check one) Wireline Wireless

(5) ETC Designation Type (Check one): Lifeline Only High Cost/Low Income

(6) Organization Information

(7) Filing Information

Company Legal Name:	West Kentucky Rural Telephone Cooperative Corp Inc	a) Submission Date	02/23/2016
Contact Name:	Stacey Wray	b) Data Month	January 2016
Mailing Address:	237 North 8th Street	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	PO Box 649		
	Mayfield, KY 42066	d) State Reporting	KENTUCKY
Telephone Number:	270-856-1890		
Fax Number:	270-856-3045		
E-mail Address:	swray.wk@wk.net		

Lifeline

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>141</u>	x \$ <u>9.25</u>	= \$ <u>1304</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
Total Federal Lifeline Support Claimed (10)			\$ <u>1304</u>

Toll 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

Total TLS Support Claimed (13) \$ 0

Tribal Link Up (Available only to ETCs receiving High Cost support)

Number of Connections Waived (14) 0

Charges Waived per Connection (15) \$ 0.00 (for multiple rates, use an average amount)
(not to exceed \$100)

Total Connection Charges Waived (16) \$ 0.0

Deferred Interest (17) \$ 0.00

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

ETC Payment

Total Lifeline \$ 1304 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 1304

LIFELINE WORKSHEET

Avg. Burden Est. per Respondent: 2.5 Hrs.

(20) CERTIFICATIONS AND SIGNATURES

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

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

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02/23/2016

Todd R. Crandall

DATE

OFFICER SIGNATURE

Chief Financial Officer

Todd R. Crandall

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 Avg. Burden Est. per Respondent: 2.5 Hrs.

(1) USAC Service Provider Identification Number 143001580 (2) Study Area Code 260421

(3) Filer 499 ID 807297 (4) Technology Type (check one) Wireline Wireless

(5) ETC Designation Type (Check one): Lifeline Only High Cost/Low Income

(6) Organization Information

(7) Filing Information

Company Legal Name:	West Kentucky Rural Telephone Cooperative Corp Inc	a) Submission Date	02/23/2016
Contact Name:	Stacey Wray	b) Data Month	December 2015
Mailing Address:	237 North 8th Street	c) Type of Filing (check one)	Original <input checked="" type="checkbox"/> Revision <input type="checkbox"/>
	PO Box 649		
	Mayfield, KY 42066	d) State Reporting	KENTUCKY
Telephone Number:	270-856-1890		
Fax Number:	270-856-3045		
E-mail Address:	swray.wk@wk.net		

Lifeline

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>143</u>	x \$ <u>9.25</u>	= \$ <u>1323</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
Total Federal Lifeline Support Claimed (10) \$			<u>1323</u>

Toll 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

Total TLS Support Claimed (13) \$ 0

Tribal Link Up (Available only to ETCs receiving High Cost support)

Number of Connections Waived (14) 0

Charges Waived per Connection (15) \$ 0.00 (for multiple rates, use an average amount)
(not to exceed \$100)

Total Connection Charges Waived (16) \$ 0.0

Deferred Interest (17) \$ 0.00

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

ETC Payment

Total Lifeline \$ 1323 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 1323

LIFELINE WORKSHEET

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Todd R. Crandall

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(3) Filer 499 ID 807297 (4) Technology Type (check one) Wireline Wireless

(5) ETC Designation Type (Check one): Lifeline Only High Cost/Low Income

(6) Organization Information

(7) Filing Information

Company Legal Name:	West Kentucky Rural Telephone Cooperative Corp Inc	a) Submission Date	02/23/2016
Contact Name:	Stacey Wray	b) Data Month	November 2015
Mailing Address:	237 North 8th Street	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	PO Box 649		
	Mayfield, KY 42066		
Telephone Number:	270-856-1890	d) State Reporting	KENTUCKY
Fax Number:	270-856-3045		
E-mail Address:	swray.wk@wk.net		

Lifeline

	(a) # Lifeline Subscribers	(b) Lifeline Support/ Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>148</u>	x \$ <u>9.25</u>	= \$ <u>1369</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> (not to exceed \$34.25)	= \$ <u>0</u>
Total Federal Lifeline Support Claimed (10)			\$ <u>1369</u>

Toll 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

Total TLS Support Claimed (13) \$ 0

Tribal Link Up (Available only to ETCs receiving High Cost support)

Number of Connections Waived (14) 0

Charges Waived per Connection (15) \$ 0.00 (for multiple rates, use an average amount)
 (not to exceed \$100)

Total Connection Charges Waived (16) \$ 0.0

Deferred Interest (17) \$ 0.00

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

ETC Payment

Total Lifeline \$ 1369 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 1369

LIFELINE WORKSHEET

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Todd R. Crandall

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Todd R. Crandall

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(5) ETC Designation Type (Check one): Lifeline Only High Cost/Low Income

(6) Organization Information

(7) Filing Information

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Contact Name:	Stacey Wray	b) Data Month	October 2015
Mailing Address:	237 North 8th Street	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	PO Box 649		
	Mayfield, KY 42066	d) State Reporting	KENTUCKY
Telephone Number:	270-856-1890		
Fax Number:	270-856-3045		
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Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
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Toll 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

Total TLS Support Claimed (13) \$ 0

Tribal Link Up (Available only to ETCs receiving High Cost support)

Number of Connections Waived (14) 0

Charges Waived per Connection (15) \$ 0.00 (for multiple rates, use an average amount)
(not to exceed \$100)

Total Connection Charges Waived (16) \$ 0.0

Deferred Interest (17) \$ 0.00

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

ETC Payment

Total Lifeline \$ 1369 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 1369

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FCC Form 497
 April 2012 Edition

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(3) Filer 499 ID 807297 (4) Technology Type (check one) Wireline Wireless

(5) ETC Designation Type (Check one): Lifeline Only High Cost/Low Income

(6) Organization Information

(7) Filing Information

Company Legal Name:	West Kentucky Rural Telephone Cooperative Corporation	a) Submission Date	11/3/15
Contact Name:	Cathy Pigg	b) Data Month	September 2015
Mailing Address:	237 North 8th Street	c) Type of Filing (check one)	Original <input type="checkbox"/> Revision <input checked="" type="checkbox"/>
	PO Box 649		
	Mayfield, KY 42066	d) State Reporting	KY
Telephone Number:	270-674-1000		
Fax Number:	270-856-3045		
E-mail Address:	cpigg@wk.net		

Lifeline

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>149</u>	x \$ <u>9.25</u>	= \$ <u>1378.25</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) _____	x \$ _____	= \$ _____
(not to exceed \$34.25)			
Total Federal Lifeline Support Claimed (10) \$			<u>1378.25</u>

Toll Limitation Services (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) \$ _____

Tribal Link Up (Available only to ETCs receiving High Cost support)

Number of Connections Waived (14) _____

Charges Waived per Connection (15) \$ _____ (for multiple rates, use an average amount)
 (not to exceed \$100)

Total Connection Charges Waived (16) \$ _____

Deferred Interest (17) \$ _____

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

ETC Payment

Total Lifeline \$ 1378.25 Total TLS \$ _____ Total Tribal Link Up \$ _____

Total Dollars (19) \$ 1378.25

If you have any questions, please call USAC at (866) 873-4727 Toll Free

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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11/03/2015



DATE

OFFICER SIGNATURE

CFO

Todd Crandall

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 143001580 (2) Study Area Code 260421

(3) Filer 499 ID 807297 (4) Technology Type (check one) Wireline Wireless

(5) ETC Designation Type (Check one): Lifeline Only High Cost/Low Income

(6) Organization Information

(7) Filing Information

Company Legal Name:	West Kentucky Rural Telephone Cooperative Corporation	a) Submission Date	11/3/15
Contact Name:	Cathy Pigg	b) Data Month	August 2015
Mailing Address:	237 North 8th Street	c) Type of Filing (check one)	Original <input checked="" type="checkbox"/> Revision <input type="checkbox"/>
	PO Box 649		
	Mayfield, KY 42066	d) State Reporting	KY
Telephone Number:	270-674-1000		
Fax Number:	270-856-3045		
E-mail Address:	cpigg@wk.net		

Lifeline

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>150</u>	x \$ <u>9.25</u>	= \$ <u>1387.50</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) _____	x \$ _____ (not to exceed \$34.25)	= \$ _____
Total Federal Lifeline Support Claimed (10)			\$ <u>1387.50</u>

Toll Limitation Services (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) \$ _____

Tribal Link Up (Available only to ETCs receiving High Cost support)

Number of Connections Waived (14) _____

Charges Waived per Connection (15) \$ _____ (for multiple rates, use an average amount)
(not to exceed \$100)

Total Connection Charges Waived (16) \$ _____

Deferred Interest (17) \$ _____

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

ETC Payment

Total Lifeline \$ 1387.50 Total TLS \$ _____ Total Tribal Link Up \$ _____

Total Dollars (19) \$ 1387.50

If you have any questions, please call USAC at (866) 873-4727 Toll Free

LIFELINE WORKSHEET

(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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11/03/2015



DATE

OFFICER SIGNATURE

CFO

Todd Crandall

OFFICER TITLE

OFFICER NAME

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LIFELINE WORKSHEET

Avg. Burden Est. per Respondent: 2.5 Hrs.

(1) USAC Service Provider Identification Number 143001580 (2) Study Area Code 260421
 (3) Filer 499 ID 807297 (4) Technology Type (check one) Wireline Wireless
 (5) ETC Designation Type (Check one): Lifeline Only High Cost/Low Income

(6) Organization Information		(7) Filing Information	
Company Legal Name:	West Kentucky Rural Telephone Cooperative Corporation	a) Submission Date	08/24/2015
Contact Name:	Cathy Pigg	b) Data Month	July 2015
Mailing Address:	237 North 8th Street	c) Type of Filing (check one)	Original <input type="checkbox"/> Revision <input checked="" type="checkbox"/>
	PO Box 649		
	Mayfield, KY 42066	d) State Reporting	KY
Telephone Number:	270-674-1000		
Fax Number:	270-856-3045		
E-mail Address:	cpigg@wk.net		

Lifeline

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>153</u>	x \$ <u>9.25</u>	= \$ <u>1415.25</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) _____	x \$ _____ (not to exceed \$34.25)	= \$ _____
Total Federal Lifeline Support Claimed (10) \$			<u>1415.25</u>

Toll Limitation Services (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) \$ _____

Tribal Link Up (Available only to ETCs receiving High Cost support)

Number of Connections Waived (14) _____

Charges Waived per Connection (15) \$ _____ (for multiple rates, use an average amount)
 (not to exceed \$100)

Total Connection Charges Waived (16) \$ _____

Deferred Interest (17) \$ _____

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

ETC Payment

Total Lifeline \$ 1415.25 Total TLS \$ _____ Total Tribal Link Up \$ _____

Total Dollars (19) \$ 1415.25

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.

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08/24/2015

Todd Crandall

DATE
CFO

OFFICER SIGNATURE
Todd Crandall

OFFICER TITLE

OFFICER NAME

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LIFELINE WORKSHEET

Avg. Burden Est. per Respondent: 2.5 Hrs.

(1) USAC Service Provider Identification Number 143001580 (2) Study Area Code 260421
 (3) Filer 499 ID 807297 (4) Technology Type (check one) Wireline Wireless
 (5) ETC Designation Type (Check one): Lifeline Only High Cost/Low Income

(6) Organization Information		(7) Filing Information	
Company Legal Name:	West Kentucky Rural Telephone Cooperative Corporation	a) Submission Date	07/06/15
Contact Name:	Cathy Pigg	b) Data Month	June 2015
Mailing Address:	237 North 8th Street	c) Type of Filing (check one)	Original <input type="checkbox"/> Revision <input checked="" type="checkbox"/>
	PO Box 649		
	Mayfield, KY 42066	d) State Reporting	KY
Telephone Number:	270-674-1000		
Fax Number:	270-856-3045		
E-mail Address:	cpigg@wk.net		

Lifeline

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>157</u>	x \$ <u>9.25</u>	= \$ <u>1452.25</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) _____	x \$ _____	= \$ _____
(not to exceed \$34.25)			
Total Federal Lifeline Support Claimed (10) \$			<u>1452.25</u>

Toll Limitation Services (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) \$ _____

Tribal Link Up (Available only to ETCs receiving High Cost support)

Number of Connections Waived (14) _____

Charges Waived per Connection (15) \$ _____ (for multiple rates, use an average amount)
 (not to exceed \$100)

Total Connection Charges Waived (16) \$ _____

Deferred Interest (17) \$ _____

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

ETC Payment

Total Lifeline \$ 1452.25 Total TLS \$ _____ Total Tribal Link Up \$ _____

Total Dollars (19) \$ 1452.25

LIFELINE WORKSHEET

OMB Approval
3060-0819

Avg. Burden Est. per Respondent: 2.5 Hrs.

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7/06/15



DATE

OFFICER SIGNATURE

CFO

Todd Crandall

OFFICER TITLE

OFFICER NAME

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LIFELINE WORKSHEET

Avg. Burden Est. per Respondent: 2.5 Hrs.

(1) USAC Service Provider Identification Number 143001580 (2) Study Area Code 260421

(3) Filer 499 ID 807297 (4) Technology Type (check one) Wireline Wireless

(5) ETC Designation Type (Check one): Lifeline Only High Cost/Low Income

(6) Organization Information

(7) Filing Information

Company Legal Name:	West Kentucky Rural Telephone Cooperative Corporation	a) Submission Date	07/06/15
Contact Name:	Cathy Pigg	b) Data Month	May 2015
Mailing Address:	237 North 8th Street	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	PO Box 649		
	Mayfield, KY 42066	d) State Reporting	KY
Telephone Number:	270-674-1000		
Fax Number:	270-856-3045		
E-mail Address:	cpigg@wk.net		

Lifeline

	(a) # Lifeline Subscribers	(b) Lifeline Support/ Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>157</u>	x \$ <u>9.25</u>	= \$ <u>1452.25</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) _____	x \$ _____ (not to exceed \$34.25)	= \$ _____
Total Federal Lifeline Support Claimed (10)			\$ <u>1452.25</u>

Toll Limitation Services (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) \$ _____

Tribal Link Up (Available only to ETCs receiving High Cost support)

Number of Connections Waived (14) _____

Charges Waived per Connection (15) \$ _____ (for multiple rates, use an average amount)
 (not to exceed \$100)

Total Connection Charges Waived (16) \$ _____

Deferred Interest (17) \$ _____

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

ETC Payment

Total Lifeline \$ 1452.25 Total TLS \$ _____ Total Tribal Link Up \$ _____

Total Dollars (19) \$ 1452.25

LIFELINE WORKSHEET

OMB Approval
3060-0819

Avg. Burden Est. per Respondent: 2.5 Hrs.

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7/06/15



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CFO

OFFICER SIGNATURE

Todd Crandall

OFFICER TITLE

OFFICER NAME

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LIFELINE WORKSHEET

Avg. Burden Est. per Respondent: 2.5 Hrs.

(1) USAC Service Provider Identification Number 143001580 (2) Study Area Code 260421

(3) Filer 499 ID 807297 (4) Technology Type (check one) Wireline Wireless

(5) ETC Designation Type (Check one): Lifeline Only High Cost/Low Income

(6) Organization Information

(7) Filing Information

Company Legal Name:	West Kentucky Rural Telephone Cooperative Corporation	a) Submission Date	07/06/15
Contact Name:	Cathy Pigg	b) Data Month	April 2015
Mailing Address:	237 North 8th Street	c) Type of Filing (check one)	Original <input checked="" type="checkbox"/> Revision <input type="checkbox"/>
	PO Box 649		
	Mayfield, KY 42066	d) State Reporting	KY
Telephone Number:	270-674-1000		
Fax Number:	270-856-3045		
E-mail Address:	cpigg@wk.net		

Lifeline

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>159</u>	x \$ <u>9.25</u>	= \$ <u>1470.75</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) _____	x \$ _____	= \$ _____
(not to exceed \$34.25)			
Total Federal Lifeline Support Claimed (10) \$			<u>1470.75</u>

Toll Limitation Services (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) \$ _____

Tribal Link Up (Available only to ETCs receiving High Cost support)

Number of Connections Waived (14) _____

Charges Waived per Connection (15) \$ _____ (for multiple rates, use an average amount)
(not to exceed \$100)

Total Connection Charges Waived (16) \$ _____

Deferred Interest (17) \$ _____

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

ETC Payment

Total Lifeline \$ 1470.75 Total TLS \$ _____ Total Tribal Link Up \$ _____

Total Dollars (19) \$ 1470.75

LIFELINE WORKSHEET

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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7/06/15



DATE

CFO

OFFICER SIGNATURE

Todd Crandall

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 143001580 (2) Study Area Code 260421
 (3) Filer 499 ID 807297 (4) Technology Type (check one) Wireline Wireless
 (5) ETC Designation Type (Check one): Lifeline Only High Cost/Low Income

(6) Organization Information

(7) Filing Information

Company Legal Name:	West Kentucky Rural Telephone Cooperative Corporation	a) Submission Date	4/10/15
Contact Name:	Cathy Pigg	b) Data Month	March 2015
Mailing Address:	237 North 8th Street	c) Type of Filing (check one)	Original <input checked="" type="checkbox"/> Revision <input type="checkbox"/>
	PO Box 649		
	Mayfield, KY 42066	d) State Reporting	KY
Telephone Number:	270-674-1000		
Fax Number:	270-856-3045		
E-mail Address:	cpigg@wk.net		

Lifeline

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>160</u>	x \$ <u>9.25</u>	= \$ <u>1480.00</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) _____	x \$ _____ (not to exceed \$34.25)	= \$ _____
Total Federal Lifeline Support Claimed (10)			\$ <u>1480.00</u>

Toll Limitation Services (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) \$ _____

Tribal Link Up (Available only to ETCs receiving High Cost support)

Number of Connections Waived (14) _____
 Charges Waived per Connection (15) \$ _____ (for multiple rates, use an average amount)
 (not to exceed \$100)

Total Connection Charges Waived (16) \$ _____

Deferred Interest (17) \$ _____

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

ETC Payment

Total Lifeline \$ 1480.00 Total TLS \$ _____ Total Tribal Link Up \$ _____
Total Dollars (19) \$ 1480.00

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.

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4/10/15



DATE

OFFICER SIGNATURE

CFO

Todd Crandall

OFFICER TITLE

OFFICER NAME

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LIFELINE WORKSHEET

(1) USAC Service Provider Identification Number 143001580 (2) Study Area Code 260421
 (3) Filer 499 ID 807297 (4) Technology Type (check one) Wireline Wireless
 (5) ETC Designation Type (Check one): Lifeline Only High Cost/Low Income

(6) Organization Information

(7) Filing Information

Company Legal Name:	West Kentucky Rural Telephone Cooperative Corporation	a) Submission Date	3/2/2015
Contact Name:	Cathy Pigg	b) Data Month	February 2015
Mailing Address:	237 North 8th Street	c) Type of Filing (check one)	Original <input checked="" type="checkbox"/> Revision <input type="checkbox"/>
	PO Box 649		
	Mayfield, KY 42066	d) State Reporting	KY
Telephone Number:	270-674-1000		
Fax Number:	270-856-3045		
E-mail Address:	cpigg@wk.net		

Lifeline

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>155</u>	x \$ <u>9.25</u>	= \$ <u>1433.75</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) _____	x \$ _____ <small>(not to exceed \$34.25)</small>	= \$ _____
Total Federal Lifeline Support Claimed (10) \$			<u>1433.75</u>

Toll Limitation Services (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) \$ _____

Tribal Link Up (Available only to ETCs receiving High Cost support)

Number of Connections Waived (14) _____
 Charges Waived per Connection (15) \$ _____
(not to exceed \$100) (for multiple rates, use an average amount)

Total Connection Charges Waived (16) \$ _____

Deferred Interest (17) \$ _____

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

ETC Payment

Total Lifeline \$ 1433.75 Total TLS \$ _____ Total Tribal Link Up \$ _____
Total Dollars (19) \$ 1433.75

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.

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3/2/2015

Todd Crandall

DATE

CFO

OFFICER SIGNATURE

Todd Crandall

OFFICER TITLE

OFFICER NAME

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LIFELINE WORKSHEET

(1) USAC Service Provider Identification Number 143001580 (2) Study Area Code 260421
 (3) Filer 499 ID 807297 (4) Technology Type (check one) Wireline Wireless
 (5) ETC Designation Type (Check one): Lifeline Only High Cost/Low Income

(6) Organization Information

(7) Filing Information

Company Legal Name:	West Kentucky Rural Telephone Cooperative Corporation	a) Submission Date	3/2/2015
Contact Name:	Cathy Pigg	b) Data Month	January 2015
Mailing Address:	237 North 8th Street	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	PO Box 649		
	Mayfield, KY 42066	d) State Reporting	KY
Telephone Number:	270-674-1000		
Fax Number:	270-856-3045		
E-mail Address:	cpigg@wk.net		

Lifeline

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>153</u>	x \$ <u>9.25</u>	= \$ <u>1415.25</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) _____	x \$ _____ <small>(not to exceed \$34.25)</small>	= \$ _____
Total Federal Lifeline Support Claimed (10)			\$ <u>1415.25</u>

Toll Limitation Services (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) \$ _____

Tribal Link Up (Available only to ETCs receiving High Cost support)

Number of Connections Waived (14) _____
 Charges Waived per Connection (15) \$ _____
(for multiple rates, use an average amount) (not to exceed \$100)

Total Connection Charges Waived (16) \$ _____
 Deferred Interest (17) \$ _____

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

ETC Payment

Total Lifeline \$ 1415.25 Total TLS \$ _____ Total Tribal Link Up \$ _____
Total Dollars (19) \$ 1415.25

LIFELINE WORKSHEET

Avg. Burden Est. per Respondent: 2.5 Hrs.

(20) CERTIFICATIONS AND SIGNATURES

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3/2/2015



DATE

OFFICER SIGNATURE

CFO

Todd Crandall

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 143001580 (2) Study Area Code 260421
 (3) Filer 499 ID 807297 (4) Technology Type (check one) Wireline Wireless
 (5) ETC Designation Type (Check one): Lifeline Only High Cost/Low Income

(6) Organization Information		(7) Filing Information	
Company Legal Name:	West Kentucky Rural Telephone Cooperative Corporation	a) Submission Date	3/2/15
Contact Name:	Cathy Pigg	b) Data Month	December 2014
Mailing Address:	237 North 8th Street	c) Type of Filing (check one)	Original <input checked="" type="checkbox"/> Revision <input type="checkbox"/>
	PO Box 649		
	Mayfield, KY 42066	d) State Reporting	KY
Telephone Number:	270-674-1000		
Fax Number:	270-856-3045		
E-mail Address:	cpigg@wk.net		

Lifeline

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>157</u>	x \$ <u>9.25</u>	= \$ <u>1452.25</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) _____	x \$ _____ <small>(not to exceed \$34.25)</small>	= \$ _____
Total Federal Lifeline Support Claimed (10)			\$ <u>1452.25</u>

Toll Limitation Services (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) \$ _____

Tribal Link Up (Available only to ETCs receiving High Cost support)

Number of Connections Waived (14) _____
 Charges Waived per Connection (15) \$ _____
(for multiple rates, use an average amount) (not to exceed \$100)

Total Connection Charges Waived (16) \$ _____
 Deferred Interest (17) \$ _____

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

ETC Payment

Total Lifeline \$ 1452.25 Total TLS \$ _____ Total Tribal Link Up \$ _____
Total Dollars (19) \$ 1452.25

If you have any questions, please call USAC at (866) 873-4727 Toll Free

LIFELINE WORKSHEET

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

(20) CERTIFICATIONS AND SIGNATURES

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DATE

OFFICER SIGNATURE

CFO

Todd Crandall

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 143001580 (2) Study Area Code 260421
 (3) Filer 499 ID 807297 (4) Technology Type (check one) Wireline Wireless
 (5) ETC Designation Type (Check one): Lifeline Only High Cost/Low Income

(6) Organization Information		(7) Filing Information	
Company Legal Name:	West Kentucky Rural Telephone Cooperative Corporation	a) Submission Date	12/12/14
Contact Name:	Cathy Pigg	b) Data Month	November 2014
Mailing Address:	237 North 8th Street	c) Type of Filing (check one)	Original <input checked="" type="checkbox"/> Revision <input type="checkbox"/>
	PO Box 649		
	Mayfield, KY 42066	d) State Reporting	KY
Telephone Number:	270-674-1000		
Fax Number:	270-856-3045		
E-mail Address:	cpigg@wk.net		

Lifeline

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>157</u>	x \$ <u>9.25</u>	= \$ <u>1452.25</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) _____	x \$ _____	= \$ _____
(not to exceed \$34.25)			
Total Federal Lifeline Support Claimed			(10) \$ <u>1452.25</u>

Toll Limitation Services (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) \$ _____

Tribal Link Up (Available only to ETCs receiving High Cost support)

Number of Connections Waived (14) _____
 Charges Waived per Connection (15) \$ _____ (for multiple rates, use an average amount)
 (not to exceed \$100)

Total Connection Charges Waived (16) \$ _____
 Deferred Interest (17) \$ _____

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

ETC Payment

Total Lifeline \$ 1452.25 Total TLS \$ _____ Total Tribal Link Up \$ _____
Total Dollars (19) \$ 1452.25

If you have any questions, please call USAC at (866) 873-4727 Toll Free

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.

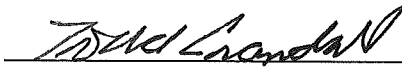
I certify that my company is in compliance with all of the Lifeline program rules, and, to the extent required, have obtained valid certifications for each subscriber for whom my company seeks reimbursement.

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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12/12/2014



DATE

CFO

OFFICER SIGNATURE

Todd Crandall

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 143001580 (2) Study Area Code 260421
 (3) Filer 499 ID 807297 (4) Technology Type (check one) Wireline Wireless
 (5) ETC Designation Type (Check one): Lifeline Only High Cost/Low Income

(6) Organization Information

(7) Filing Information

Company Legal Name:	West Kentucky Rural Telephone Cooperative Corporation	a) Submission Date	11/12/2014
Contact Name:	Cathy Pigg	b) Data Month	October 2014
Mailing Address:	237 North 8th Street	c) Type of Filing (check one)	Original <input type="checkbox"/> Revision <input checked="" type="checkbox"/>
	PO Box 649		
	Mayfield, KY 42066	d) State Reporting	KY
Telephone Number:	270-674-1000		
Fax Number:	270-856-3045		
E-mail Address:	cpigg@wk.net		

Lifeline

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>156</u>	x \$ <u>9.25</u>	= \$ <u>1443.</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) _____	x \$ _____	= \$ _____
(not to exceed \$34.25)			
Total Federal Lifeline Support Claimed (10)			\$ <u>1443.</u>

Toll Limitation Services (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) \$ _____

Tribal Link Up (Available only to ETCs receiving High Cost support)

Number of Connections Waived (14) _____

Charges Waived per Connection (15) \$ _____ (for multiple rates, use an average amount)
 (not to exceed \$100)

Total Connection Charges Waived (16) \$ _____

Deferred Interest (17) \$ _____

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

ETC Payment

Total Lifeline \$ 1443. Total TLS \$ _____ Total Tribal Link Up \$ _____

Total Dollars (19) \$ 1443.

If you have any questions, please call USAC at (866) 873-4727 Toll Free

LIFELINE WORKSHEET

(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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11/10/14



DATE

OFFICER SIGNATURE

CFO

Todd Crandall

OFFICER TITLE

OFFICER NAME

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LIFELINE WORKSHEET

(1) USAC Service Provider Identification Number 143001580 (2) Study Area Code 260421
 (3) Filer 499 ID 807297 (4) Technology Type (check one) Wireline Wireless
 (5) ETC Designation Type (Check one): Lifeline Only High Cost/Low Income

(6) Organization Information		(7) Filing Information	
Company Legal Name:	West Kentucky Rural Telephone Cooperative Corporation, Inc.	a) Submission Date	10/10/2014
Contact Name:	Cathy Pigg	b) Data Month	September 2014
Mailing Address:	PO Box 649	c) Type of Filing (check one)	Original Revision <input type="checkbox"/>
	237 North 8th Street		
	Mayfield, KY 42066	d) State Reporting	KY
Telephone Number:	270-856-1889		
Fax Number:	270-856-3045		
E-mail Address:	cpigg@wk.net		

Lifeline

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>158</u>	x \$ <u>9.25</u>	= \$ <u>1461.50</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) _____	x \$ _____	= \$ _____
(not to exceed \$34.25)			
Total Federal Lifeline Support Claimed (10)			\$ <u>1461.50</u>

Toll Limitation Services (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) \$ _____

Tribal Link Up (Available only to ETCs receiving High Cost support)

Number of Connections Waived (14) _____
 Charges Waived per Connection (15) \$ _____ (for multiple rates, use an average amount)
 (not to exceed \$100)

Total Connection Charges Waived (16) \$ _____
 Deferred Interest (17) \$ _____

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

ETC Payment

Total Lifeline \$ 1461.50 Total TLS \$ _____ Total Tribal Link Up \$ _____
 Total Dollars (19) \$ 1461.50

LIFELINE WORKSHEET

OMB Approval
3060-0819

Avg. Burden Est. per Respondent: 2.5 Hrs.

(20) CERTIFICATIONS AND SIGNATURES

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

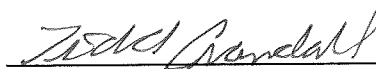
I certify that my company is in compliance with all of the Lifeline program rules, and, to the extent required, have obtained valid certifications for each subscriber for whom my company seeks reimbursement.

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10/10/2014



DATE

CFO

OFFICER SIGNATURE

Todd Crandall

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 143001580 (2) Study Area Code 260421

(3) Filer 499 ID 807297 (4) Technology Type (check one) Wireline Wireless

(5) ETC Designation Type (Check one): Lifeline Only High Cost/Low Income

(6) Organization Information

(7) Filing Information

Company Legal Name:	West Kentucky Rural Telephone Cooperative Corporation, Inc.	a) Submission Date	09/26/14
Contact Name:	Cathy Pigg	b) Data Month	August 2014
Mailing Address:	PO Box 649	c) Type of Filing (check one)	Original <input type="checkbox"/> Revision <input checked="" type="checkbox"/>
	237 North 8th Street		
	Mayfield, KY 42066		
Telephone Number:	270-856-1889	d) State Reporting	KY
Fax Number:	270-856-3045		
E-mail Address:	cpigg@wk.net		

Lifeline

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>157</u>	x \$ <u>9.25</u>	= \$ <u>1452.25</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) _____	x \$ _____	= \$ _____
(not to exceed \$34.25)			
Total Federal Lifeline Support Claimed (10) \$			<u>1452.25</u>

Toll Limitation Services (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) \$ _____

Tribal Link Up (Available only to ETCs receiving High Cost support)

Number of Connections Waived (14) _____

Charges Waived per Connection (15) \$ _____ (for multiple rates, use an average amount)
 (not to exceed \$100)

Total Connection Charges Waived (16) \$ _____

Deferred Interest (17) \$ _____

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

ETC Payment

Total Lifeline \$ 1452.25 Total TLS \$ _____ Total Tribal Link Up \$ _____

Total Dollars (19) \$ 1452.25

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LIFELINE WORKSHEET

OMB Approval
3060-0819

Avg. Burden Est. per Respondent: 2.5 Hrs.

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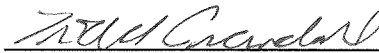
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09/29/14



DATE

OFFICER SIGNATURE

CFO

Todd Crandall

OFFICER TITLE

OFFICER NAME

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LIFELINE WORKSHEET

Avg. Burden Est. per Respondent: 2.5 Hrs.

(1) USAC Service Provider Identification Number 143001580 (2) Study Area Code 260421

(3) Filer 499 ID 807297 (4) Technology Type (check one) Wireline Wireless

(5) ETC Designation Type (Check one): Lifeline Only High Cost/Low Income

(6) Organization Information

(7) Filing Information

Company Legal Name:	West Kentucky Rural Telephone Cooperative Corporation, Inc.	a) Submission Date	08/25/2014
Contact Name:	Todd Crandall	b) Data Month	July 2014
Mailing Address:	PO Box 649	c) Type of Filing (check one)	Original <input checked="" type="checkbox"/> Revision <input type="checkbox"/>
	237 North 8th Street		
	Mayfield, KY 42066	d) State Reporting	KY
Telephone Number:	270-856-9983		
Fax Number:	270-856-3045		
E-mail Address:	tcrandall@tmsvcs.com		

Lifeline

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>159</u>	x \$ <u>9.25</u>	= \$ <u>1470.75</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) _____	x \$ _____	= \$ _____
(not to exceed \$34.25)			
Total Federal Lifeline Support Claimed (10) \$			<u>1470.75</u>

Toll Limitation Services (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) \$ _____

Tribal Link Up (Available only to ETCs receiving High Cost support)

Number of Connections Waived (14) _____

Charges Waived per Connection (15) \$ _____ (for multiple rates, use an average amount)
 (not to exceed \$100)

Total Connection Charges Waived (16) \$ _____

Deferred Interest (17) \$ _____

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

ETC Payment

Total Lifeline \$ 1470.75 Total TLS \$ _____ Total Tribal Link Up \$ _____

Total Dollars (19) \$ 1470.75

LIFELINE WORKSHEET

(20) CERTIFICATIONS AND SIGNATURES

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08/26/2014



DATE

OFFICER SIGNATURE

CFO

Todd Crandall

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 143001580 (2) Study Area Code 260421
 (3) Filer 499 ID 807297 (4) Technology Type (check one) Wireline Wireless
 (5) ETC Designation Type (Check one): Lifeline Only High Cost/Low Income

(6) Organization Information

(7) Filing Information

Company Legal Name:	West Kentucky Rural Telephone Cooperative Corporation, Inc.	a) Submission Date	08/01/2014
Contact Name:	Cathy Pigg	b) Data Month	JUNE 2014
Mailing Address:	PO Box 649	c) Type of Filing (check one)	Original <input type="checkbox"/> Revision <input type="checkbox"/>
	237 North 8th Street		
	Mayfield, KY 42066	d) State Reporting	KY
Telephone Number:	270-856-1889		
Fax Number:	270-856-3045		
E-mail Address:	cpigg@wk.net		

Lifeline

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>168</u>	x \$ <u>9.25</u>	= \$ <u>1554.00</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) _____	x \$ _____	= \$ _____
(not to exceed \$34.25)			
Total Federal Lifeline Support Claimed			(10) \$ <u>1554.00</u>

Toll Limitation Services (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) \$ _____

Tribal Link Up (Available only to ETCs receiving High Cost support)

Number of Connections Waived (14) _____
 Charges Waived per Connection (15) \$ _____ (for multiple rates, use an average amount)
 (not to exceed \$100)

Total Connection Charges Waived (16) \$ _____

Deferred Interest (17) \$ _____

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

ETC Payment

Total Lifeline \$ 1554.00 Total TLS \$ _____ Total Tribal Link Up \$ _____
 Total Dollars (19) \$ 1554.00

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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08/01/2014



DATE

OFFICER SIGNATURE

CFO

Todd Crandall

OFFICER TITLE

OFFICER NAME

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

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FCC Form 497
 April 2012 Edition

LIFELINE WORKSHEET

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

(1) USAC Service Provider Identification Number 143001580 (2) Study Area Code 260421
 (3) Filer 499 ID 807297 (4) Technology Type (check one) Wireline Wireless
 (5) ETC Designation Type (Check one): Lifeline Only High Cost/Low Income

(6) Organization Information

(7) Filing Information

Company Legal Name:	West Kentucky Rural Telephone Cooperative Corporation, Inc.	a) Submission Date	06/24/2014
Contact Name:	Cathy Pigg	b) Data Month	MAY 2014
Mailing Address:	PO Box 649	c) Type of Filing (check one)	Original <input type="checkbox"/> Revision <input type="checkbox"/>
	237 North 8th Street		
	Mayfield, KY 42066	d) State Reporting	KY
Telephone Number:	270-856-1889		
Fax Number:	270-856-3045		
E-mail Address:	cpigg@wk.net		

Lifeline

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>173</u>	x \$ <u>9.25</u>	= \$ <u>1600.25</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) _____	x \$ _____	= \$ _____
			(not to exceed \$34.25)
Total Federal Lifeline Support Claimed			(10) \$ <u>1600.25</u>

Toll Limitation Services (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) \$ _____

Tribal Link Up (Available only to ETCs receiving High Cost support)

Number of Connections Waived (14) _____
 Charges Waived per Connection (15) \$ _____ (for multiple rates, use an average amount)
 (not to exceed \$100)

Total Connection Charges Waived (16) \$ _____

Deferred Interest (17) \$ _____

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

ETC Payment

Total Lifeline \$ 1600.25 Total TLS \$ _____ Total Tribal Link Up \$ _____
Total Dollars (19) \$ 1600.25

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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06/24/2014



DATE

OFFICER SIGNATURE

CFO

Todd Crandall

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 143001580 (2) Study Area Code 260421
 (3) Filer 499 ID 807297 (4) Technology Type (check one) Wireline Wireless
 (5) ETC Designation Type (Check one): Lifeline Only High Cost/Low Income

(6) Organization Information		(7) Filing Information	
Company Legal Name:	West Kentucky Rural Telephone Cooperative Corporation, Inc.	a) Submission Date	05/22/14
Contact Name:	Cathy Pigg	b) Data Month	April 2014
Mailing Address:	PO Box 649	c) Type of Filing (check one)	Original <input type="checkbox"/> Revision <input checked="" type="checkbox"/>
	237 North 8th Street		
	Mayfield, KY 42066	d) State Reporting	KY
Telephone Number:	270-856-1889		
Fax Number:	270-856-3045		
E-mail Address:	cpigg@wk.net		

Lifeline

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>175</u>	x \$ <u>9.25</u>	= \$ <u>1618.75</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) _____	x \$ _____	= \$ _____
(not to exceed \$34.25)			
Total Federal Lifeline Support Claimed			(10) \$ <u>1618.75</u>

Toll Limitation Services (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) \$ _____

Tribal Link Up (Available only to ETCs receiving High Cost support)

Number of Connections Waived (14) _____
 Charges Waived per Connection (15) \$ _____ (for multiple rates, use an average amount)
 (not to exceed \$100)
 Total Connection Charges Waived (16) \$ _____
 Deferred Interest (17) \$ _____

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

ETC Payment

Total Lifeline \$ 1618.75 Total TLS \$ _____ Total Tribal Link Up \$ _____
Total Dollars (19) \$ 1618.75

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.

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05/22/2014



DATE

OFFICER SIGNATURE

CFO

Todd Crandall

OFFICER TITLE

OFFICER NAME

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LIFELINE WORKSHEET

Avg. Burden Est. per Respondent: 2.5 Hrs.

(1) USAC Service Provider Identification Number 143001580 (2) Study Area Code 260421

(3) Filer 499 ID 807297 (4) Technology Type (check one) Wireline Wireless

(5) ETC Designation Type (Check one): Lifeline Only High Cost/Low Income

(6) Organization Information		(7) Filing Information	
Company Legal Name:	West Kentucky Rural Telephone Cooperative Corporation, Inc.	a) Submission Date	04/30/2014
Contact Name:	Cathy Pigg	b) Data Month	March 2014
Mailing Address:	PO Box 649	c) Type of Filing (check one)	Original <input type="checkbox"/> Revision <input checked="" type="checkbox"/>
	237 North 8th Street		
	Mayfield, KY 42066	d) State Reporting	KY
Telephone Number:	270-856-1889		
Fax Number:	270-856-3045		
E-mail Address:	cpigg@wk.net		

Lifeline

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>178</u>	x \$ <u>9.25</u>	= \$ <u>1646.50</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) _____	x \$ _____	= \$ _____
(not to exceed \$34.25)			
Total Federal Lifeline Support Claimed (10)			\$ <u>1646.50</u>

Toll Limitation Services (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) \$ _____

Tribal Link Up (Available only to ETCs receiving High Cost support)

Number of Connections Waived (14) _____

Charges Waived per Connection (15) \$ _____ (for multiple rates, use an average amount)
 (not to exceed \$100)

Total Connection Charges Waived (16) \$ _____

Deferred Interest (17) \$ _____

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

ETC Payment

Total Lifeline \$ 1646.50 Total TLS \$ _____ Total Tribal Link Up \$ _____

Total Dollars (19) \$ 1646.50

LIFELINE WORKSHEET

(20) CERTIFICATIONS AND SIGNATURES

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

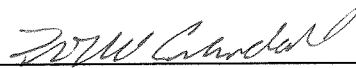
I certify that my company is in compliance with all of the Lifeline program rules, and, to the extent required, have obtained valid certifications for each subscriber for whom my company seeks reimbursement.

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04/30/2014



DATE

OFFICER SIGNATURE

CFO

Todd Crandall

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 143001580 (2) Study Area Code 260421

(3) Filer 499 ID 807297 (4) Technology Type (check one) Wireline Wireless

(5) ETC Designation Type (Check one): Lifeline Only High Cost/Low Income

(6) Organization Information

(7) Filing Information

Company Legal Name:	West Kentucky Rural Telephone Cooperative Corporation, Inc.	a) Submission Date	03/27/2014
Contact Name:	Cathy Pigg	b) Data Month	February 2014
Mailing Address:	PO Box 649	c) Type of Filing (check one)	Original <input type="checkbox"/> Revision <input checked="" type="checkbox"/>
	237 North 8th Street		
	Mayfield, KY 42066		
Telephone Number:	270-856-1889	d) State Reporting	KY
Fax Number:	270-856-3045		
E-mail Address:	cpigg@wk.net		

Lifeline

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>180</u>	x \$ <u>9.25</u>	= \$ <u>1665.00</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) _____	x \$ _____	= \$ _____
(not to exceed \$34.25)			
Total Federal Lifeline Support Claimed (10) \$			<u>1665.00</u>

Toll Limitation Services (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) \$ _____

Tribal Link Up (Available only to ETCs receiving High Cost support)

Number of Connections Waived (14) _____

Charges Waived per Connection (15) \$ _____ (for multiple rates, use an average amount)
 (not to exceed \$100)

Total Connection Charges Waived (16) \$ _____

Deferred Interest (17) \$ _____

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

ETC Payment

Total Lifeline \$ 1665.00 Total TLS \$ _____ Total Tribal Link Up \$ _____

Total Dollars (19) \$ 1665.00

LIFELINE WORKSHEET

OMB Approval
3060-0819

Avg. Burden Est. per Respondent: 2.5 Hrs.

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03/27/2014

Todd Crandall

DATE

OFFICER SIGNATURE

CFO

Todd Crandall

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 143001580 (2) Study Area Code 260421
 (3) Filer 499 ID 807297 (4) Technology Type (check one) Wireline Wireless
 (5) ETC Designation Type (Check one): Lifeline Only High Cost/Low Income

(6) Organization Information

(7) Filing Information

Company Legal Name:	West Kentucky Rural Telephone Cooperative Corporation, Inc.	a) Submission Date	02/28/2014
Contact Name:	Cathy Pigg	b) Data Month	January 2014
Mailing Address:	PO Box 649	c) Type of Filing (check one)	Original <input type="checkbox"/> Revision <input type="checkbox"/>
	237 North 8th Street		
	Mayfield, KY 42066	d) State Reporting	KY
Telephone Number:	270-856-1889		
Fax Number:	270-856-3045		
E-mail Address:	cpigg@wk.net		

Lifeline

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>186</u>	x \$ <u>9.25</u>	= \$ <u>1720.50</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) _____	x \$ _____ <small>(not to exceed \$34.25)</small>	= \$ _____
Total Federal Lifeline Support Claimed (10)			\$ <u>1720.5</u>

Toll Limitation Services (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) \$ _____

Tribal Link Up (Available only to ETCs receiving High Cost support)

Number of Connections Waived (14) _____
 Charges Waived per Connection (15) \$ _____
(for multiple rates, use an average amount)
 (not to exceed \$100)

Total Connection Charges Waived (16) \$ _____

Deferred Interest (17) \$ _____

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

ETC Payment

Total Lifeline \$ 1720.50 Total TLS \$ _____ Total Tribal Link Up \$ _____
Total Dollars (19) \$ 1720.50

LIFELINE WORKSHEET

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

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.

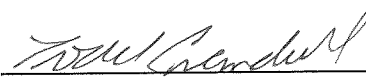
I certify that my company is in compliance with all of the Lifeline program rules, and, to the extent required, have obtained valid certifications for each subscriber for whom my company seeks reimbursement.

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.

02/28/2014



DATE

CFO

OFFICER SIGNATURE

Todd Crandall

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-PERF, 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.

The foregoing Notice is required by the Privacy Act of 1974, Pub. L. No. 93-579, December 31, 1974, 5 U.S.C. Section 552, and the Paperwork Reduction Act of 1995, Pub. L. No. 104-13, 44 U.S.C. Section 3501, et seq.