EXHIBIT 29

; Form 497 ril 2012 Edition

LIFELINE WORKSHEET

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

(1) USAC Service Provider	ldentification Numb	per <u>143001580</u>	West	(2) Stu	dy Area C	ode 260421
(3) Filer 499 ID <u>807297</u>		(4) Technology T	уре	(check one) Wireli		Wireless 🔲
(5) ETC Designation Type (6	Check one): Life			Cost/Low Income	Constitution of the Consti	
(6) Organization Information	n		_	Filing Information	No.	
Company Legal Name:	West Kentucky Rural Te	lephone Cooperative Corp In-		Submission Date	03/01/	2016
Contact Name:	Stacey Wray		b)	Data Month	 	ary 2016
Mailing Address:	237 North 8th	Street	(c)	Type of Filing	T CDI GE	2010
	PO Box 649		1	(check one)	Original	7
	Mayfield, KY 4	12066	(d)		Revision	
Telephone Number:	270-856-1890		,	- tato reporting	KENT	JUKY
Fax Number:	270-856-3045		1			
E-mail Address:	swray.wk@wk		1			
Lifeline			J			
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support Fribal Low-Income Subscribers Receiving federal Lifeline Support		(a) # Lifeline <u>Subscribers</u> (8) 126 (9) 0		(b) Lifeline Suppose Subscriber Supose Subscriber Supose S	port d \$34.25)	(c) Total Lifeline = \$ 1166 = \$ 0
Cost of Providing TL (the lesser of incrementa	S per Subscriber	(11) 0.00000 in 2013)	0			
Number of TLS Subs	cribers	(12) <u>0</u>				
Г ribal Link Up (Available	e only to ETCs rec	eiving High Cost sup	port)	Total TLS Suppo	rt Claimed	d (13) \$ <u>0</u>
Number of Connection Charges Waived per	ons Waived Connection	(14) 0 (15) \$ 0.00 (not to exceed \$100)		— (for multiple rates, u	se an avera	age amount)
Total Connection Cha	arges Waived	(16) \$ 0.0		-		
Deferred Interest		(17) \$ 0.00		_		
		Tot	tal Tr	ibal Link Up Suppo	rt Claime	d (18) \$ <u>0</u>
TC Payment						
otal Lifeline \$ 1166	Total TLS \$ <u>0</u>	То	tal T	ribal Link Up \$ 0		
				Total D		

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

Form 497 ril 2012 Edition

LIFELINE WORKSHEET

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

(20) CERTIFICATIONS AND SIGNATURES

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

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

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

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

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

OFFICER TITLE	OFFICER NAME				
Chief Financial Officer	Todd R. Crandall				
DATE	OFFICER SIGNATURE				
03/01/2016	Todd R. Crandall				
02/04/2046	Todd P. Crandall				

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

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

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FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

(1) USAC Service Provider Id	dentification Number	1430	01580		(2) Stud	dy Area Cod	de_260421
(3) Filer 499 ID 807297	×	(4) Te	chnology Ty	pe (check one) Wirelin	ne 🔽	Wireless 🔲
(5) ETC Designation Type (C	heck one): Lifeline	e Only	D +	ligh	Cost/Low Income	V	
(6) Organization Information				(7) 1	Filing Information		
Company Legal Name:	West Kentucky Rural Telep	hone Coo	perative Corp Inc	a)	Submission Date	02/23/20)16
Contact Name:	Stacey Wray			b)	Data Month	January	2016
Mailing Address:	237 North 8th S	treet		c)	Type of Filing (check one)		
	PO Box 649				` (Original Revision	
	Mayfield, KY 42	066		d)	State Reporting	KENTU	CKY
Telephone Number:	270-856-1890						
Fax Number:	270-856-3045						
E-mail Address:	swray.wk@wk.r	et					
Lifeline							
			ifeline cribers		(b) Lifeline Sup Subscriber Sup		(c) Total Lifeline
Non-Tribal Low-Income Subs Receiving federal Lit		(8) 141			x \$ 9.25		= \$ 1304
Tribal Low-Income Subscribe		(9) 0			x \$ <u>0.00</u>		= \$ 0
Receiving federal Li	feline Support	Tot			not to excee) ederal Lifeline Sup	d (10) \$ 1304	
Toll Limitation Service	es (TLS)						
Cost of Providing TL (the lesser of incrementa	.S per Subscriber Il cost or \$3 in 2012 /\$2 in	(11) n 2013)	0.00000	Ç			
Number of TLS Subs	scribers	(12)	0		_		
Tribal Link Up (Available	e only to ETCs recei	iving Hi	igh Cost sup	port	Total TLS Suppo	ort Claimed	(13) \$ <u>O</u>
N 1 50 0			0				
Number of Connection Charges Waived per		(14) (15) \$	0.00		(for multiple rates, use an average am		ne amount)
•		(not to	exceed \$100)		(for multiple rates,	uoc an avera	ge amounty
Total Connection Ch	arges Waived	(16) \$	0.0		_		
Deferred Interest		(17) \$	0.00		-		
			То	tal T	ribal Link Up Supp	ort Claimed	I (18) \$ <u>0</u>
ETC Payment							
Total Lifeline \$ 1304	Total TLS \$ <u>0</u>		то	otal 1	Γribal Link Up \$ <u>0</u>		
					Total	Dollars (19)	s 1304

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

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

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OFFICER NAME				
Todd R. Crandall				
OFFICER SIGNATURE				
Todd R. Crandall				
	officer signature Todd R. Crandall			

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CC Form 497 April 2012 Edition

LIFELINE WORKSHEET

(1) USAC Service Provider Id	lentification Number	143001580		(2) Stud	dy Area Co	de <u>260421</u>
(3) Filer 499 ID <u>807297</u>		(4) Technology Ty	pe (d	check one) Wirelin	ne 🔽	Wireless 🔲
(5) ETC Designation Type (C	heck one): Lifeline	Only 📮 🕒	ligh	Cost/Low Income		
(6) Organization Information			(7) F	Filing Information		
Company Legal Name:	West Kentucky Rural Telep	hone Cooperative Corp Inc	a)	Submission Date	02/23/2	016
Contact Name:	Stacey Wray		b)	Data Month	Decemb	per 2015
Mailing Address:	237 North 8th S	treet	c)	Type of Filing (check one)		
	PO Box 649			· · · · · ·	Original Revision	
	Mayfield, KY 42	066	d)	State Reporting	KENTU	CKY
Telephone Number:	270-856-1890					
Fax Number:	270-856-3045					
E-mail Address:	swray.wk@wk.r	et				
Lifeline						
		(a) # Lifeline Subscribers		(b) Lifeline Sup Subscriber Sup		(c) Total Lifeline
Non-Tribal Low-Income Subs Receiving federal Li		(8) 143		x \$ 9.25		= \$ 1323
_	• •			0.00		= \$ 0
Tribal Low-Income Subscribe Receiving federal Li		(-)		(not to exce		<u> </u>
		То	tal F	ederal Lifeline Sup	port Claim	ed (10) \$ <u>1323</u>
Toll Limitation Servic	es (TLS)			•		
Cost of Providing TL	_S per Subscriber	(11) 0.00000	0			
	al cost or \$3 in 2012 /\$2 i					
Number of TLS Subs	scribers	(12) <u>0</u>				
				Total TLS Supp	ort Claimed	d (13) \$ <u>0</u>
Tribal Link Up (Availabl	le only to ETCs rece	iving High Cost sup	opon	<i>t</i>)		
Number of Connecti	ons Waived	(14) 0				
Charges Waived per		(15) \$ 0.00		(for multiple rates,	use an aver	age amount)
	•	(not to exceed \$100)				
Total Connection Ch	narges Waived	(16) \$ <u>0.0</u>		_		
Deferred Interest		(17) \$ <u>0.00</u>		_		
		To	otal 7	Tribal Link Up Supp	ort Claime	ed (18) \$ <u>0</u>
ETC Payment						
Total Lifeline \$ 1323	Total TLS \$_0	Т	otal	Tribal Link Up \$ <u>0</u>		
				Total	Dollars (19	9) \$ 1323

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OFFICER TITLE	OFFICER NAME				
Chief Financial Officer	Todd R. Crandall				
DATE	OFFICER SIGNATURE				
02/23/2016	Todd R. Crandall				

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CC Form 497 April 2012 Edition

LIFELINE WORKSHEET

(1) USAC Service Provider Id	dentification Number	14300	1580		(2) Stud	dy Area Code <u>260</u> 4	121
(3) Filer 499 ID 807297				pe (d	check one) Wirelin	ne 🗹 Wire	eless 🔲
(5) ETC Designation Type (C	heck one): Lifeline	Only Ç]	ligh	Cost/Low Income		
(6) Organization Information	•			(7) I	Filing Information		
Company Legal Name:	West Kentucky Rural Teleph	one Coope	erative Corp Inc	a)	Submission Date	02/23/2016	
Contact Name:	Stacey Wray			b)	Data Month	November 201	15
Mailing Address:	237 North 8th St	treet		C)	Type of Filing (check one)		
	PO Box 649					Original	
	Mayfield, KY 42	066		d)	State Reporting	KENTUCKY	
Telephone Number:	270-856-1890						
Fax Number:	270-856-3045						
E-mail Address:	swray.wk@wk.n	et					
Lifeline (a) # Lifeline Subscribers					(b) Lifeline Sup Subscriber Sup		otal Lifeline
Non-Tribal Low-Income Sub Receiving federal L		(8) 148			x \$9.2	5 = \$ _	1369
Tribal Low-Income Subscrik Receiving federal L	pers	(9) 0			(not to exceed \$34.25)		0
Toll Limitation Service	ces (TLS)				ederai Liteline Sup	oport Claimed(10)	\$ <u>1309</u>
Cost of Providing T (the lesser of increment	LS per Subscriber tal cost or \$3 in 2012 /\$2 i	(11) n 2013)	0.00000	<u> </u>			
Number of TLS Sub	oscribers	(12)	0				
					• •	oort Claimed (13) \$	0
Tribal Link Up (Availat	ole only to ETCs rece	iving Hi	igh Cost su	ppo	t)		
Number of Connec	tions Waived	(14)	0			s, use an average amo	
Charges Waived pe		(15) \$	0.00 exceed \$100)	**	(for multiple rates	s, use an average amo	unt)
		`				,	
Total Connection C	harges Waived	(16) \$	0.0		·		
Deferred Interest		(17) \$	0.00				
			Т	otal	Tribal Link Up Sup	port Claimed (18)	; 0
ETC Payment							
Total Lifeline \$ 1369	Total TI C & O			Tota	l Tribal Link Up \$ <u>(</u>)	
Total Lifetine \$_1000	10tal 125 \$. Ju		 al Dollars (19) \$13	369
					Tota	al Dollars (19) \$ 🖳	

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Chief Financial Officer	Todd R. Crandall				
DATE	OFFICER SIGNATURE				
02/23/2016	Todd R. Crandali				
02/23/2016	Todd R. Crandall				

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(3) Filer 499 ID 807297		(4) Ted	chnology Ty	pe (check one) Wireli	ne 🔽	Wireless 🔲
(5) ETC Designation Type (C	heck one): Lifeline	Only	□ H	ligh	Cost/Low Income		
(6) Organization Information		-		(7)	Filing Information		
Company Legal Name:	West Kentucky Rural Telep	hone Coop	erative Corp Inc		Submission Date	02/23/2	016
Contact Name:	Stacey Wray			b)	Data Month	Octobe	r 2015
Mailing Address:	237 North 8th S	treet		c)	Type of Filing (check one)		
	PO Box 649					Original Revision	<u> </u>
•	Mayfield, KY 42	066		d)	State Reporting	KENTU	CKY
Telephone Number:	270-856-1890						
Fax Number:	270-856-3045						
E-mail Address:	swray.wk@wk.r	net					
Lifeline			ifeline <u>:ribers</u>		(b) Lifeline Sup Subscriber Sup	pport/ pport	(c) Total Lifeline
Non-Tribal Low-Income Subs Receiving federal Li		(8) 148			x \$ 9.2	.5	= \$ 1369
_	• •	(9) 0			x \$ 0.00		= \$ 0
Tribal Low-Income Subscribers Receiving federal Lifeline Support		(9) <u>~</u>			(not to exceed \$34.25) Federal Lifeline Support Claimed (10) \$ 136		
Toll Limitation Service Cost of Providing Tourishing T	, ,	(11) in 2013)	0.00000	0	_		
Number of TLS Sub	scribers	(12)	0				
Tribal Link Up (Availab			igh Cost su	opor	Total TLS Supp	ort Claime	d (13) \$ <u>0</u>
Number of Connections Waived Charges Waived per Connection		(14) $\frac{0}{0.00}$ (not to exceed \$100)			(for multiple rates	s, use an aver	rage amount)
Total Connection Cl	harges Waived	(16) \$	0.0				
Deferred Interest		(17) \$	0.00				
			T	otal '	Tribal Link Up Sup	port Claime	ed (18) \$ <u>0</u>
ETC Payment							
Total Lifeline \$ 1369	Total TLS \$_0			Γotal	Tribal Link Up \$ C)	
							9) \$ 1369

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DATE	OFFICER SIGNATURE				
02/23/2016	Todd R. Crandall				

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

FCC	Form	497
April	2012	Edition

LIFELINE WORKSHEET

(1) USAC Service Provider lo	dentification Number	143001580		(2) Stu	dy Area Co	260421	
(3) Filer 499 ID 807297			vne (check one) Wireli		Wireless	— □
		, ,	. ,	·		***************************************	Handle .
(5) ETC Designation Type (C	,	e Only 🖳 🔠	_	Cost/Low Income			
(6) Organization Information	<u> </u>		(7)	Filing Information	T		
Company Legal Name:	West Kentucky Rural Teleph	one Cooperative Corporation	a)	Submission Date	11/3/1	5	
Contact Name:	Cathy Pigg		b)	Data Month	Septem	ber 2015	
Mailing Address:	237 North 8th Street		(c)	Type of Filing (check one)		Y	
	PO Box 649				Original Revision		İ
	Mayfield, KY 42066		d)	State Reporting	KY	Activities.	
Telephone Number:	270-674-1000				777		
Fax Number:	270-856-3045						
E-mail Address:	cpigg@wk.net			•			
Lifeline		(a) # Lifeline	_	(b) Lifeline Sup		(c) Total Life	eline
Non-Tribal Low-Income Sub Receiving federal L		Subscribers (8) 149		Subscriber Sup	-	= \$ 1378	.25
-		(9)	x \$ = \$ (not to exceed \$34.25) Total Federal Lifeline Support Claimed (10)				78.25
Toll Limitation Service	ces (TLS)						
Cost of Providing T (the lesser of increment	LS per Subscriber tal cost or \$3 in 2012 /\$2	(11) in 2013)					
Number of TLS Sub	scribers	(12)					
				Total TLS Supp	ort Claime	ed (13) \$	
Tribal Link Up (Availab	le only to ETCs rece	eiving High Cost su	ppor	<i>t</i>)			
Number of Connect Charges Waived pe		(14)		— — (for multiple rates	use an ave	rage amount)	
		(not to exceed \$100)		(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	, a.g. a	
Total Connection C	harges Waived	(16) \$					
Deferred Interest		(17) \$					
		Т	otal '	Tribal Link Up Sup	port Claim	ed (18) \$	
ETC Payment							
•							
Total Lifeline \$ 1378.25	Total TLS \$	·	Total	Tribal Link Up \$ _			
				T-4-	l Dollaro (f	(a) £ 1378.25	5

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.

Toll sender	
OFFICER SIGNATURE	
Todd Crandall	
	OFFICER SIGNATURE

OFFICER TITLE

OFFICER NAME

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

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

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FCC	Form	497
April	2012	Edition

LIFELINE WORKSHEET

OMB Approval 3060-0819 Respondent: 2.5 Hrs.

Avg. Burden Est. per Respondent: 2.5 Hrs.

(1) USAC Service Provider Id	lentification Number	143001580		5		de 260421
(3) Filer 499 ID 807297	•	(4) Technology Ty	pe (c			Wireless 🔲
(5) ETC Designation Type (C	 heck one): Lifeline			Cost/Low Income		
_	•	* Stateger	_	Filing Information	,	
(6) Organization Information Company Legal Name:	West Kentucky Rural Telephor	ne Cooperative Corporation	(,) .	Submission Date	11/3/15	5
		Te Cooperative Corporation	<u> </u>	Data Month	-	
Contact Name: Mailing Address:	Cathy Pigg		b)	Type of Filing	August 2	2010
Maning Address.	237 North 8th Street		,	(check one)	Original	<u> </u>
	PO Box 649				Original Revision	
	Mayfield, KY 42066		d)	State Reporting	KY	
Telephone Number:	270-674-1000					
Fax Number:	270-856-3045					
E-mail Address:	cpigg@wk.net					
Non-Tribal Low-Income Sub Receiving federal Li Tribal Low-Income Subscrib Receiving federal Li	ifeline Support ers ifeline Support	(a) # Lifeline Subscribers (8) 150 (9) To	otal F		<u>pport</u> 25	(c) Total Lifeline = \$ \frac{1387.50}{} = \$ \frac{1387.50}{} \] ned (10) \$ \frac{1387.50}{} \]
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)				
,				• •	port Claime	ed (13) \$
Tribal Link Up (Availab	le only to ETCs rece	iving High Cost su	ppoi	t)		
Number of Connect	rione Waived	(14)				
Charges Waived pe		(15) \$		(for multiple rate:	s, use an ave	rage amount)
,		(not to exceed \$100)				
Total Connection C	harges Waived	(16) \$				
Deferred Interest		(17) \$				
		т	otal	Tribal Link Up Տսլ	pport Claim	ed (18) \$
ETC Payment						
Total Lifeline \$ 1387.50	Total TLS \$		Total	Tribal Link Up \$ _		
				Tota	al Dollars (1387.50

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	Lette Crandal
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 Numbe	r 143001580		(2) Stu	dy Area Co	ode 260421
(3) Filer 499 ID 807297			/pe (check one) Wireli		Wireless 🔲
(5) ETC Designation Type	(Check one): Lifelii	ne Only 🔲 🔠	ligh	Cost/Low Income		
(6) Organization Information	on		(7)	Filing Information	т	
Company Legal Name:	West Kentucky Rural Telep	hone Cooperative Corporation	a)	Submission Date	08/24/2	2015
Contact Name:	Cathy Pigg		b)	Data Month	July 201	5
Mailing Address:	237 North 8th Stree	et	c)	Type of Filing (check one)		·
	PO Box 649			,	Original Revision	
	Mayfield, KY 42066		d)	State Reporting	кү	
Telephone Number:	270-674-1000					
Fax Number:	270-856-3045					
E-mail Address:	cpigg@wk.net					
Lifeline Non-Tribal Low-Income S Receiving federal	ubscribers I Lifeline Support	(a) # Lifeline Subscribers (8) 153		(b) Lifeline Sup Subscriber Su x \$ 9.2	pport	(c) Total Lifeline = \$ <u>1415.25</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support		(9)T	otal F		eed \$34.25) pport Clain	=\$ned (10)\$_1415.25
Toll Limitation Serv	vices (TLS)					
Cost of Providing (the lesser of increm	g TLS per Subscriber ental cost or \$3 in 2012 /\$	(11) 2 in 2013)				
Number of TLS S	ubscribers	(12)				
				Total TLS Sup	port Claime	ed (13) \$
Tribal Link Up (Avail	lable only to ETCs re	ceiving High Cost so	ирро	rt)	'	
Number of Conn Charges Waived		(14) (15) \$ (not to exceed \$100		(for multiple rate	s, use an ave	erage amount)
Total Connection	n Charges Waived	(16) \$				
Deferred Interest	t	(17) \$		·		
					pport Clain	ned (18) \$
ETC Payment	r-					
Total Lifeline \$ 1415.2	Total TLS \$_		Tota	ıl Tribal Link Up \$ _		
				Tof	al Dollars (1415.25

CC Form 497 April 2012 Edition

LIFELINE WORKSHEET

2010-00039 Exhibit B FCC Form 497

> OMB Approval 3060-0819

Avg. Burden Est. per Respondent: 2.5 Hrs.

(20) CERTIFICATIONS AND SIGNATURES

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08/24/2015	Teth Colorales
DATE	OFFICER SIGNATURE
CFO	Todd Crandall
OFFICER TITLE	OFFICER NAME

OFFICER TITLE

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FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

Avg.	Bur	den Es	st. pei	ON Responde	3060	proval)-0819 5 Hrs.
(2) Stud	dy A	Area C	ode_	260421		
Wirelin		X		Wireless		
ncome						
nation						
n Date	07	7/06/	15			
1	Ju	ne 20)15			
	Orig Revi KY	inal sion	À			

(1) USAC Service Provider Id	dentification Number	143001580		(2) Stu	dy Area Co	ode 260421
(3) Filer 499 ID 807297			pe (check one) Wireli		Wireless 🔲
(5) ETC Designation Type (C	Check one): Lifelin	e Only 🔛 🕒	ligh	Cost/Low Income		
(6) Organization Information			(7)	Filing Information		
Company Legal Name:	West Kentucky Rural Telepho	one Cooperative Corporation	a)	Submission Date	07/06/	15
Contact Name:	Cathy Pigg		b)	Data Month	June 20	15
Mailing Address:	237 North 8th Street		c)	Type of Filing (check one)	J	
	PO Box 649				Original Revision	H
	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	'	(b) Lifeline Sup	port/	(c) Total Lifeline
Non Tribal Law Income Sub-		<u>Subscribers</u>		Subscriber Sup		(5)
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support		(8) 157	x \$9.25		= \$ <u>1452.25</u>	
Tribal Low-Income Subscribers		(9)		x \$		= \$.
Receiving federal Li	feline Support	Tot	lal F	not to excee	ed \$34.25)	ed (10)\$ 1452.25
Tall Limitation Comic	/T/ C)			odorar Enemie Gup	port Glaim	ed (10) \$
Toll Limitation Servic	es (ILS)					
Cost of Providing TL (the lesser of incremental	_S per Subscriber al cost or \$3 in 2012 /\$2 in	(11) 1 2013)		<u> </u>		
Number of TLS Subs	scribers	(12)				
Tribal Link Up (Availabl	e only to ETCs recei	iving High Cost sup	port	Total TLS Suppo)	ort Claimed	d (13) \$
Number of Connecti Charges Waived per		(14) (15) \$ (not to exceed \$100)			use an avera	age amount)
Total Connection Ch	arges Waived	(16) \$		<u> </u>		
Deferred Interest		(17) \$		_		
					ort Claime	d (18) \$
ETC Payment				, · · · ·		
Total Lifeline \$ 1452.25	Total TI S &	-	.41 =	Full and the A		
· oral Filelille 4	TOTAL LES \$	то	otal	Гribal Link Up \$		

orm 497 2012 Edition

LIFELINE WORKSHEET

Case No. 2016-00059 Exhibit B FCC Form 497

OMB Approval

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

(20) CERTIFICATIONS AND SIGNATURES

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7/06/15	Tolle Corneles			
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

		140004500		_	Burden Est. p	,	nt: 2.5 Hrs
(1) USAC Service Provider lo	dentification Number	143001580		(2) Stud	dy Area Code	_e 260421	
(3) Filer 499 ID 807297		(4) Technology Ty	pe (check one) Wirelii	ne 🖾	Wireless	
(5) ETC Designation Type (C	heck one): Lifeline	Only 🔼 🕒	ligh	Cost/Low Income			
(6) Organization Information			(7) !	Filing Information			
Company Legal Name:	West Kentucky Rural Telepho	ne Cooperative Corporation	a)	Submission Date	07/06/15	5	
Contact Name:	Cathy Pigg		b)	Data Month	May 2015		
Mailing Address:	237 North 8th Street		c)	Type of Filing (check one)			
	PO Box 649			· · · · · · · · · · · · · · · · · · ·	Original [Revision [X.	
	Mayfield, KY 42066		d)	State Reporting	KY		
Telephone Number:	270-674-1000				The second second		•
Fax Number:	270-856-3045						
E-mail Address:	cpigg@wk.net						
Lifeline Non-Tribal Low-Income Sub	scribers	(a) # Lifeline Subscribers		(b) Lifeline Sup Subscriber Sup		(c) Total Life	
Receiving federal Lifeline Support		(8) 157		x \$ <u>9.2</u> 5	5	= \$ 1452.	25
Tribal Low-income Subscribers Receiving federal Lifeline Support		(9)	tal F	x \$ (not to exce ederal Lifeline Sup	ed \$34.25) port Claimed	= \$ d (10) \$ <u>145</u>	52.25
Toll Limitation Service	es (TLS)						
Cost of Providing T	L S per Subscriber al cost or \$3 in 2012 /\$2 ir	(11) 1 2013)					
Number of TLS Sub	scribers	(12)					
				Total TLS Supp	ort Claimed	(13) \$	
Tribal Link Up (Availab	le only to ETCs recei	iving High Cost su _l	opon	<i>t</i>)			
Number of Connect	ions Waived	(14)					
Charges Waived pe				(for multiple rates,	, use an averag	e amount)	
Total Connection Cl	narges Waived	(16) \$		_			
Deferred Interest	•	(17) \$,				
		T	otal 1	Гribal Link Up Supր	port Claimed	(18) \$	
ETC Payment							
Total Lifeline \$ 1452.25	Total TI & ¢		otal	Tribal Link Up \$			
rom Enemie φ	TOTAL I LO \$		Jiai			_ _ 1452.25	5
				Total	Dollars (19)	\$	

497 2 Edition

LIFELINE WORKSHEET

Case No. 2016-00059 Exhibit B FCC Form 497

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

CERTIFICATIONS AND SIGNATURES

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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7/06/15	Todella randell	
DATE	OFFICER SIGNATURE	
CFO	Todd Crandall	

OFFICER TITLE

OFFICER NAME

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FCC Form 497

April 2012 Edition		LIFELINE WORK	SHE	:E(OM	B Approva 3060-0819
				Avg.	Burden Est.	per Responde	nt: 2.5 Hrs
(1) USAC Service Provider	· Identification Numbe	_{er} 143001580		(2) Stu	dy Area Cod	_{le} 260421	
(3) Filer 499 ID 807297			/pe ((check one) Wireli		Wireless	
(5) ETC Designation Type	(Check one): Lifeli	ne Only 🔲 🔠	ligh	Cost/Low Income			
(6) Organization Information	on		(7)	Filing Information			
Company Legal Name:	West Kentucky Rural Telep	hone Cooperative Corporation	a)	Submission Date	07/06/1	5	Ī
Contact Name:	Cathy Pigg	, , , , , , , , , , , , , , , , , , , ,	b)	Data Month	April 2015	5	
Mailing Address: 237 North 8th Stree		et	c)	Type of Filing (check one)	,		
	PO Box 649			•	Original Revision	À	
	Mayfield, KY 42066		d)	State Reporting	KY		
Telephone Number:	270-674-1000						
Fax Number:	270-856-3045						
E-mail Address:	cpigg@wk.net						
	Lifeline Support ribers Lifeline Support rices (TLS) TLS per Subscriber rental cost or \$3 in 2012 /\$1	(11) 2 in 2013) (12)		(b) Lifeline Sup Subscriber Sur x \$	pport 5 ed \$34.25) port Claime		.75 70.75
Number of Conne Charges Waived p	ctions Waived	(14)	Ì	(for multiple rates,	, use an avera	ge amount)	
Total Connection	Charges Waived	(16) \$					
Deferred Interest		(17) \$.			
		т	otal	Tribal Link Up Sup _l	port Claimed	d (18) \$	
ETC Payment							
-							

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

CC 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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7/06/15	Zodel Grendul				
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

(1) USAC Service Provider	Identification Numbe	_{r_} 143001580				ode 260421
(3) Filer 499 ID 807297			ype (check one) Wireli		Wireless 🔲
(5) ETC Designation Type (Check one): Lifelii	ne Only		Cost/Low Income		**************************************
(6) Organization Informatio	n		(7)	Filing Information	Completed	
Company Legal Name:	West Kentucky Rural Telepl	none Cooperative Corporation		Submission Date	4/10/1	5
Contact Name:	Cathy Pigg		b)	Data Month	March 2	
Mailing Address:	237 North 8th Stree	et .	c)	Type of Filing		
	PO Box 649				Original	À
	Mayfield, KY 42066		d)	State Reporting	Revision KY	
Telephone Number:	270-674-1000		1			
Fax Number:	270-856-3045					
E-mail Address:	cpigg@wk.net		1			
Lifeline Non-Tribal Low-Income Sul Receiving federal L		(a) # Lifeline Subscribers (8) 160		(b) Lifeline Sup Subscriber Sup x \$ 9.2	port	(c) Total Lifeline
Tribal Low-Income Subscrit Receiving federal L Toll Limitation Service	ifeline Support	(9)	otal F	x \$ (not to exce ederal Lifeline Sup	ed \$34.25) port Claim	= \$ ned (10) \$ 1480.00
Cost of Providing T	LS per Subscriber tal cost or \$3 in 2012 /\$2	(11) in 2013)				
Number of TLS Sub	scribers	(12)				
Tribal Link Up (Availab	ole only to ETCs rece	eiving High Cost su	pport	Total TLS Suppo	ort Claime	d (13) \$
Number of Connect Charges Waived pe		(14) (15) \$ (not to exceed \$100)		— (for multiple rates,	use an aver	age amount)
Total Connection C	harges Waived	(16) \$				
Deferred Interest		(17) \$		_		
		т	otal T	ribal Link Up Supp	ort Claime	ed (18) \$
ETC Payment						
Total Lifeline \$ 1480.00	Total TLS \$		otal '	Гribal Link Up \$		
						1480.00

Jase NU. ZUTU-UUUJS Exhibit B 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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4/10/15	Totalender			
DATE	OFFICER SIGNATURE			
CFO	Todd Crandall			
OFFICER TITLE	OFFICER NAME			

OFFICER TITLE

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Case No. 2016-00059

Exhibit B
FCC Form 497

3/24/15

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

(1) USAC Service Provider	Identification Numb	_{oer} 143001580		(2) Stu	ıdv Area C	ode_260421
(3) Filer 499 ID 807297			уре (check one) Wirel		Wireless 🔲
(5) ETC Designation Type (Check one): Life	line Only 🔼	High	Cost/Low Income		
(6) Organization Information	n		(7)	Filing Information		
Company Legal Name:	West Kentucky Rural Tele	phone Cooperative Corporation	1,,	Submission Date	3/2/20	15
Contact Name:	Cathy Pigg		b)	Data Month	Februai	rv 2015
Mailing Address:	237 North 8th Stre	et	c)	Type of Filing		
	PO Box 649			(check one)	Original	
	Mayfield, KY 42066	,	d)	State Reporting	Revision KY	
Telephone Number:	270-674-1000				1,,,	
Fax Number:	270-856-3045		1			
E-mail Address:	cpigg@wk.net					
Lifeline			•			
		(a) # Lifeline		(b) Lifeline Sup	port/	(c) Total Lifeline
Non-Tribal Low-Income Sub	scribare	<u>Subscribers</u>		Subscriber Sur		(o) rotal Ellellile
Receiving federal L	ifeline Support	(8) 155		x \$9.2	5	= \$ 1433.75
Tribal Low-Income Subscrib		(9)		x \$		= \$
Receiving federal L	ifeline Support			(not to eyes	P4 634 321	
Toll Limitation Service	es (TLS)			oderar Enemie Sup	port Giaini	ned (10) \$ 1433.75
Cost of Providing Ti (the lesser of increment	L S per Subscriber al cost or \$3 in 2012 /\$;	(11) 2 in 2013)				
Number of TLS Sub	scribers	(12)				
Tribal Link Up (Availabl	le only to ETCs red	ceiving High Cost sup	port	Total TLS Suppo	ort Claime	d (13) \$
Number of Connecti Charges Waived per		(14) (15) \$(not to exceed \$100)		— (for multiple rates,	use an aver	age amount)
Total Connection Ch	arges Waived	(16) \$		_		
Deferred Interest		(17) \$		-		
		То	tal T	ribal Link Up Supp	ort Claime	ed (18) \$
TC Payment						
otal Lifeline \$_1433.75	Total TLS \$	т,	nfel T	Frihal Link Un ¢		
-			Juli			
				Total	Dollars (19	9) \$

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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3/2/2015	Took Grender			
DATE	OFFICER SIGNATURE			
CFO	Todd Crandall			
OFFICER TITLE	OFFICER NAME			

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Case No. 2016-00059 Exhibit Bled

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 $\underline{143001580}$ (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 **Submission Date** 3/2/2015 **Contact Name:** Cathy Pigg **Data Month** January 2015 Mailing Address: c) Type of Filing 237 North 8th Street (check one) Original PO Box 649 Revision State Reporting Mayfield, KY 42066 KY Telephone Number: 270-674-1000 Fax Number: 270-856-3045 E-mail Address: cpigg@wk.net Lifeline (a) # Lifeline (b) Lifeline Support/ (c) Total Lifeline Subscribers Subscriber Support Non-Tribal Low-Income Subscribers (8) 153 ₌\$ 1415.25 x \$ 9.25 Receiving federal Lifeline Support **Tribal Low-Income Subscribers** Receiving federal Lifeline Support (not to exceed \$34.25) Total Federal Lifeline Support Claimed (10) \$ 1415.25 Toll Limitation Services (TLS) Cost of Providing TLS per Subscriber (the lesser of incremental cost or \$3 in 2012 /\$2 in 2013) **Number of TLS Subscribers** (12)Total TLS Support Claimed (13) \$_____ Tribal Link Up (Available only to ETCs receiving High Cost support) **Number of Connections Waived** (15) \$ _____ (for multiple rates, use an average amount) **Charges Waived per Connection** (not to exceed \$100) (16) \$ _____ **Total Connection Charges Waived** (17) \$ **Deferred Interest** Total Tribal Link Up Support Claimed (18) \$ _____ ETC Payment Total Lifeline \$ 1415.25 Total TLS \$ Total Tribal Link Up \$ ____

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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3/2/2015	Total Granda N			
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CFO	Todd Crandall			

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FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

OMB Approval 3060-0819

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(3) Filer 499 ID 807297		(4) Technology Ty	vpe (Wireless 🔲
(5) ETC Designation Type (C	heck one): Lifeline	Only 🔲 l	ligh	Cost/Low Income		
(6) Organization Information	:		(7)	Filing Information		
Company Legal Name:	West Kentucky Rural Telepho	ne Cooperative Corporation	a)	Submission Date	3/2/15	
Contact Name:	Cathy Pigg		b)	Data Month	Decemb	er 2014
Mailing Address:	237 North 8th Street		c)	Type of Filing (check one)		
	PO Box 649			(oncon onc)	Original Revision	
	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 Su Subscriber Su		(c) Total Lifeline
Non-Tribal Low-Income Subs Receiving federal Li		(8) 157		x \$9.2	25	= \$ 1452.25
Tribal Low-Income Subscribers Receiving federal Lifeline Support		(9)	tal F	x \$ (not to exco ederal Lifeline Su	eed \$34.25) pport Claim	= \$ ed (10) \$ 1452.25
Toll Limitation Service	es (TLS)					
Cost of Providing TI	LS per Subscriber al cost or \$3 in 2012 /\$2 i	(11) n 2013)				
Number of TLS Sub	scribers	(12)		······		
				Total TLS Supp	oort Claime	d (13) \$
Tribal Link Up (Availabi	le only to ETCs rece	iving High Cost su _l	opor	t)		
Number of Connecti Charges Waived per		(14) (15) \$ (not to exceed \$100)		(for multiple rates	s, use an aver	age amount)
Total Connection Ch	narges Waived	(16) \$				
Deferred Interest		(17) \$				
		T	otal '	Tribal Link Up Sup	port Claime	ed (18) \$
ETC Payment						
Total Lifeline \$ 1452.25	Total TLS \$	7	otai	Tribal Link Up \$ _		
· · · · · · · · · · · · · · · · · · ·	·					9) \$

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Case No. 2016-00059 Exhibit By Medical 12/16/ FCC Form 497

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

OMB Approval 3060-0819

Avg. Burden Est. per Respondent: 2.5 Hrs.

(1) USAC Service Provider lo	dentification Number	143001580		(2) Stu	dv Area Co	_{de} _260421
(3) Filer 499 ID 807297						Wireless □
	 	_		check one) Wireli		AAILGIG22
(5) ETC Designation Type (C	heck one): Lifeline	Only L	ligh	Cost/Low Income		
(6) Organization Information			(7)	Filing Information		
Company Legal Name:	West Kentucky Rural Telephor	ne Cooperative Corporation	a)	Submission Date	12/12/1	4
Contact Name:	Cathy Pigg		b)	Data Month	Novemb	er 2014
Mailing Address:	237 North 8th Street		c)	Type of Filing (check one)		V
	PO Box 649			•	Original Revision	A
	Mayfield, KY 42066	J. 10.10.10.10.10.10.10.10.10.10.10.10.10.1	d)	State Reporting	KY	
Telephone Number:	270-674-1000					
Fax Number:	270-856-3045					
E-mail Address:	cpigg@wk.net					
Lifeline Non-Tribal Low-Income Sub	scribers	(a) # Lifeline Subscribers	-	(b) Lifeline Sup Subscriber Suj	port	(c) Total Lifeline
Receiving federal L		(8) 157		x \$9.2		
Tribal Low-Income Subscribers Receiving federal Lifeline Support		(9)		. x \$ (not to exce rederal Lifeline Sup	ed \$34.25) port Claim	= \$ ed (10) \$ 1452.25
Toll Limitation Service	ces (TLS)					
Cost of Providing T (the lesser of increment	LS per Subscriber tal cost or \$3 in 2012 /\$2 in	(11) n 2013)				
Number of TLS Sub	scribers	(12)				
				Total TLS Supp	ort Claime	d (13) \$
Tribal Link Up (Availab	le only to ETCs rece	iving High Cost su	рроі			
Number of Connect Charges Waived pe		(14) (15) \$ (not to exceed \$100)		(for multiple rates	, use an aver	rage amount)
Total Connection C	harges Waived	(16) \$				
Deferred Interest		(17) \$				
		т	otal	Tribal Link Up Sup	port Claim	ed (18) \$
CTO Dayres and						
ETC Payment						
Total Lifeline \$ 1452.25	Total TLS \$		Total	Tribal Link Up \$ _		
				Tota	l Dollars (1	9\\$ 1452.25

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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OFFICER TITLE

OFFICER NAME

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FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

(1) USAC Service Provider Id	dentification Number	143001580		(2) Stu	dy Area Co	ode 260421	
(3) Filer 499 ID 807297			ma l	check one) Wireli		Wireless]₁
					_	111101000	#8
(5) ETC Designation Type (C	theck one): Lifeline	Only KI	-	Cost/Low Income			
(6) Organization Information			(7)	Filing Information	T		
Company Legal Name:	West Kentucky Rural Telepho	ne Cooperative Corporation	a)	Submission Date	11/12/2	2014	_
Contact Name:	Cathy Pigg		b)	Data Month	October	2014	
Mailing Address:	237 North 8th Street		c)	Type of Filing (check one)		v	
	PO Box 649				Original Revision		
	Mayfield, KY 42066		d)	State Reporting	кү		
Telephone Number:	270-674-1000						
Fax Number:	270-856-3045						
E-mail Address:	cpigg@wk.net						
Lifeline Non-Tribal Low-Income Sub Receiving federal L		(a) # Lifeline <u>Subscribers</u> (8) 156		(b) Lifeline Sup Subscriber Sup x \$9.2	<u>oport</u>	(c) Total Lifelin	
Tribal Low-Income Subscribers Receiving federal Lifeline Support		(9)To		x \$ (not to exce Federal Lifeline Sup	eed \$34.25) oport Claim	= \$ ned (10) \$	
Toll Limitation Service	es (ILS)						
	LS per Subscriber al cost or \$3 in 2012 /\$2 in	(11) n 2013)					
Number of TLS Sub	scribers	(12)					
Tribal Link Up (Availab	le only to ETCs rece	iving High Cost su	рроі	• •	ort Claime	d (13) \$	
Number of Connect Charges Waived pe		(14) (15) \$ (not to exceed \$100)		(for multiple rates	, use an ave	rage amount)	
Total Connection C	harges Waived	(16) \$					
Deferred Interest		(17) \$					
		Т	otal	Tribal Link Up Sup	port Claim	ed (18) \$	
ETC Payment							
<u>-</u>							
Total Lifeline \$ 1443.	Total TLS \$		Γotal	I Tribal Link Up \$ _			
				Tota	l Dollars (1	19) \$	

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

OMB Approval 3060-0819

Avg. Burden Est. per Respondent: 2.5 Hrs.

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11/10/14	Textellowald			
DATE	OFFICER SIGNATURE			
CFO	Todd Crandall			
OFFICER TITLE	OFFICER NAME			

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FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

(1) USAC Service Provider Identification Number		143001580		(2) Stu	(2) Study Area Code 260421		
807297		(4) Technology Type (che				Wireless 🔲	
(3) Filer 499 ID 807297	<u></u>						
(5) ETC Designation Type (C	check one): Lifeline	Only 🔼 🗎		Cost/Low Income	L		
(6) Organization Information			(7)	Filing Information	1,0/40/	20044	
Company Legal Name:	West Kentucky Rural Telephone	Cooperative Corporation, Inc.	a)	Submission Date	10/10/	2014	
Contact Name:	Cathy Pigg		b)	Data Month	Septem	ber 2014	
Mailing Address:	PO Box 649		(c)	Type of Filing (check one)	Max	Max	
	237 North 8th Street			·	Original Revision		
	Mayfield, KY 42066		d)	State Reporting	KY		
Telephone Number:	270-856-1889						
Fax Number:	270-856-3045						
E-mail Address:	cpigg@wk.net						
Lifeline Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support		(a) # Lifeline Subscribers		(b) Lifeline Su Subscriber Su		(c) Total Lifeline	
		₍₈₎ <u>158</u>		x \$9.	25	= \$ 1461.50	
Tribal Low-Income Subscribers Receiving federal Lifeline Support		(9)	otal l		ceed \$34.25) pport Clai	= \$ med (10) \$ <u>1461.50</u>	
Toll Limitation Servi	ces (TLS)						
Cost of Providing (the lesser of incremen	TLS per Subscriber ntal cost or \$3 in 2012 /\$2	(11) in 2013)					
Number of TLS Subscribers		(12)					
				Total TLS Sup	port Claim	ned (13) \$	
Tribal Link Up (Availa	ble only to ETCs rec	eiving High Cost s	иррс	rt)			
Number of Connections Waived Charges Waived per Connection		(14) (15) \$ (not to exceed \$100	(for multiple rates, use an average amount)				
Total Connection Charges Waived		(16) \$					
Deferred Interest		(17) \$					
			Tota	l Tribal Link Up Sเ	ıpport Clai	med (18) \$	
ETC Payment							
Total Lifeline \$ 1461.50	Total TLS \$		Tota	al Tribal Link Up \$			
TOTAL EITOINIO W.				To	ital Dollare	(19) \$ 1461.50	
				10	tai Donais	(, 4	

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

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

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10/10/2014

OFFICER SIGNATURE

Todd Crandall

Zedd (Randal)

OFFICER TITLE

DATE

OFFICER NAME

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FCC	Form	497
April	2012	Edition

LIFELINE WORKSHEET

OMB Approval 3060-0819

				Avg.	Burden Est	. per Responde	nt: 2.5 Hrs.
(1) USAC Service Provider Id	iantification Number	143001580		(2) Stu	dy Area Co	_{ode} 260421	
	tenuncation Number						
(3) Filer 499 ID 807297		(4) Technology Ty	pe (check one) Wirelii	ne 🔼	Wireless	
(5) ETC Designation Type (C	heck one): Lifeline	Only 🔲 H	ligh	Cost/Low Income			
(6) Organization Information			(7)	Filing Information	T		
Company Legal Name:	West Kenlucky Rural Telephone	Cooperative Corporation, Inc.	a)	Submission Date	09/26/	14	
Contact Name:	Cathy Pigg		b)	Data Month	August 2	2014	
Mailing Address:	PO Box 649		c)	Type of Filing (check one)			
	237 North 8th	Street		,	Original Revision	Mar 	
	Mayfield, KY 42066		d)	State Reporting	KY		
Telephone Number:	270-856-1889						
Fax Number:	270-856-3045						
E-mail Address:	cpigg@wk.net						
Lifeline Non-Tribal Low-Income Sub	scribers	(a) # Lifeline Subscribers		(b) Lifeline Sup Subscriber Sup		(c) Total Life	
Receiving federal Lifeline Support		(8) 157		x \$9.2	5	= \$ <u>1452</u>	.25
Tribal Low-Income Subscrib Receiving federal Li		(9)		x \$ (not to exce ederal Lifeline Sup	ed \$34.25) port Claim	= \$ ned (10) \$ _145	
Toll Limitation Service	es (TLS)						
	LS per Subscriber al cost or \$3 in 2012 /\$2 i	(11) n 2013)	·····				
Number of TLS Sub	scribers	(12)					
				Total TLS Supp	ort Claime	d (13) \$	<u> </u>
Tribal Link Up (Availab	le only to ETCs rece	iving High Cost sup	opor	t)			
Number of Connect		(14)					
Charges Waived pe	r Connection	(15) \$ (not to exceed \$100)		(for multiple rates	, use an ave	rage amount)	
Total Connection C	harges Waived	(16) \$					
Deferred Interest		(17) \$					
						1 /40\	
		Te	otal	Tribal Link Up Sup	port Claim	ea (18) \$	
ETC Payment							
Total Lifeline \$ 1452.25	Total TLS \$	т	otal	Tribal Link Up \$			
. озді вношто ф		·	- 441				5
				Tota	I Dollars (1	1452.2	

CC Form 497 April 2012 Edition

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09/29/14	Total Cravelar			
DATE	OFFICER SIGNATURE			
CFO	Todd Crandall			
OFFICER TITLE	OFFICER NAME			

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Case No. 2016-00059
Exhibit Branked 8/25/14
FCC Form 497

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

OMB Approval 3060-0819

				Avg.	Burden Est	. per Responde	3060-081 ent: 2.5 Hrs
(1) USAC Service Provide	r Identification Numb	er 143001580		(2) Stu	dy Area Co	_{de} 260421	
(3) Filer 499 ID 807297			ype (check one) Wireli		Wireless	
(5) ETC Designation Type	(Check one): Lifel	ine Only 🔲 🔃	High	Cost/Low Income			
(6) Organization Informati	on		(7)	Filing Information			
Company Legal Name:	West Kentucky Rural Teleph	none Cooperative Corporation, Inc.	T	Submission Date	08/25/2	2014	
Contact Name:	Todd Crandall		b)	Data Month	July 201	4	
Mailing Address:	PO Box 649		c)	Type of Filing	100	·	
	237 North 8t	h Street			Original Revision	V	
	Mayfield, KY 42066		d)	State Reporting	KY		
Telephone Number:	270-856-9983						
Fax Number:	270-856-3045		J				
E-mail Address:	tcrandall@tms	vcs.com					
	Lifeline Support ribers Lifeline Support ices (TLS) TLS per Subscriber ental cost or \$3 in 2012 /\$	(11)	otal F		5 5 624 25)	T	.75
Tribal Link Up (Availa			ppor	Total TLS Supp	ort Claimed	d (13) \$	
Number of Conne Charges Waived p	ctions Waived	(14)		•	, use an avera	age amount)	
Total Connection	Charges Waived	(16) \$					
Deferred Interest		(17) \$		·			
		To	otal 1	ribal Link Up Supp	oort Claime	d (18) \$	
ETC Payment							
Total Lifeline \$ 1470.75	Total TI S \$	т	'otai	Tribal Link Up \$			
	ισω, ιμο ψ		Jiai			 1470.75	5
					•	•	

CC Form 497 April 2012 Edition

LIFELINE WORKSHEET

Case No. 2016-00059 Exhibit B FCC Form 497

> OMB Approval 3060-0819

Avg. Burden Est. per Respondent: 2.5 Hrs.

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	OFFICER MANE				
CFO	Todd Crandall				
DATE	OFFICER SIGNATURE				
	Total Grander !				
08/26/2014					

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. **Submission Date** 08/01/2014 **Contact Name: Data Month JUNE 2014** Cathy Pigg Mailing Address: Type of Filing PO Box 649 (check one) Original 237 North 8th Street Revision State Reporting Mayfield, KY 42066 Telephone Number: 270-856-1889 Fax Number: 270-856-3045 E-mail Address: cpigg@wk.net Lifeline (a) # Lifeline (b) Lifeline Support/ (c) Total Lifeline Subscribers Subscriber Support Non-Tribal Low-Income Subscribers (8) 168 _{= \$} 1554.00 x \$ 9.25 Receiving federal Lifeline Support **Tribal Low-Income Subscribers** Receiving federal Lifeline Support (not to exceed \$34.25) Total Federal Lifeline Support Claimed (10) \$ 1554.00 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** Charges Waived per Connection (15)\$_ _____ (for multiple rates, use an average amount) (not to exceed \$100) (16) \$ _____ **Total Connection Charges Waived 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) \$

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.

08/01/2014	Title Grander				
DATE	OFFICER SIGNATURE				
CFO	Todd Crandall				

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 May 64 10/24/19
FCC Form 497

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

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

(1) USAC Service Provider le	dentification Number	143001580		(2) Stu	dv Area Cou	_{le} 260421
(3) Filer 499 ID 807297	dentification (valido)		,			
(3) Filer 499 ID 337 231		(4) Technology Ty	/pe (check one) Wireli	ne 🔼	Wireless 🔲
(5) ETC Designation Type (C	check one): Lifeline	Only 🔃 l	ligh	Cost/Low Income		
(6) Organization Information	<u>)</u>		(7)	Filing Information	T*	1 2 2 3 3 3 3 3 3 3
Company Legal Name:	West Kentucky Rural Telephone	Cooperative Corporation, Inc.	a)	Submission Date	06/24/2	014
Contact Name:	Cathy Pigg		b)	Data Month	MAY 201	4
Mailing Address:	PO Box 649		c)	Type of Filing (check one)	, , , , , , , , , , , , , , , , , , , ,	
	237 North 8th	Street		, ,	Original Revision	Max
	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	-	(b) Lifeline Sup	mort/	(c) Total Lifeline
		Subscribers		Subscriber Sur		(c) rotal Elicinic
Non-Tribal Low-Income Sub Receiving federal L		(8) 173		x \$ 9.2	5	= \$ <u>1600.25</u>
Tribal Low-Income Subscrib	oers	(9)		x \$	ed \$34.25)	= \$
Receiving federal L	ifeline Support		tal F	(not to exce	ed \$34.25)	ed (10) \$ 1600.25
	(TI 0)	10	tai i	ederar Enemie Oup	port Granne	
Toll Limitation Service	es (ILS)					
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 Claimed	(13) \$
Tribal Link Up (Availab	le only to ETCs rece	iving High Cost su _l	ppor	<i>t</i>)		
Number of Connect	ions Waived	(14)				
Charges Waived pe	r Connection	(15) \$ (not to exceed \$100)		(for multiple rates	, use an avera	ge amount)
		(not to exceed \$100)				
Total Connection C	harges Waived	(16) \$		_		
Deferred Interest		(17) \$				
		T	otal [·]	Γribal Link Up Sup∣	port Claime	d (18) \$
ETC Payment				,		
Total Lifeline \$ 1600.25	_ , ,					
Total Lifeline \$	Total TLS \$		otal	Tribal Link Up \$		4000.05
				Tota	l Dollars (19	1600.25

CC Form 497 April 2012 Edition

LIFELINE WORKSHEET

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

(20) CERTIFICATIONS AND SIGNATURES

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

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

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06/24/2014

OFFICER SIGNATURE

Todd Crandall

Wholenanda V

OFFICER TITLE

DATE

 CFO

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 $\underline{143001580}$ (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. **Submission Date** 05/22/14 Contact Name: Cathy Pigg **Data Month April 2014** Mailing Address: c) Type of Filing PO Box 649 (check one) Original 237 North 8th Street Revision State Reporting Mayfield, KY 42066 Telephone Number: 270-856-1889 Fax Number: 270-856-3045 E-mail Address: cpigg@wk.net Lifeline (a) # Lifeline (b) Lifeline Support/ (c) Total Lifeline Subscribers Subscriber Support Non-Tribal Low-Income Subscribers (8) 175 = \$ 1618.75 Receiving federal Lifeline Support **Tribal Low-Income Subscribers** Receiving federal Lifeline Support (not to exceed \$34.25) Total Federal Lifeline Support Claimed (10) \$ 1618.75 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) (16) \$ _____ **Total Connection Charges Waived** (17) \$ **Deferred Interest** Total Tribal Link Up Support Claimed (18) \$ _____ ETC Payment Total Lifeline \$ 1618.75 ___ Total TLS \$_____ Total Tribal Link Up \$ __ 1618.75 Total Dollars (19) \$



LIFELINE WORKSHEET

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

(20) CERTIFICATIONS AND SIGNATURES

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05/	22	20	1	4
001	Arm Dani I		•	

The Westerder

DATE

CFO

OFFICER SIGNATURE

Todd Crandall

OFFICER TITLE

OFFICER NAME

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Case No. 2016-00059 Exhibit B emailed 4/20/ FCC Form 497

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 <u>143</u>001580 (2) Study Area Code 260421 (3) Filer 499 ID 807297 (4) Technology Type (check one) Wireline [X] Wireless 🔲 (5) ETC Designation Type (Check one): Lifeline Only High Cost/Low Income (6) Organization Information (7) Filing Information Company Legal Name: **Submission Date** 04/30/2014 West Kentucky Rural Telephone Cooperative Corporation, Inc. **Contact Name:** Cathy Pigg **Data Month** March 2014 Type of Filing Mailing Address: C) PO Box 649 (check one) Original 237 North 8th Street Revision State Reporting Mayfield, KY 42066 ΚY Telephone Number: 270-856-1889 Fax Number: 270-856-3045 E-mail Address: cpigg@wk.net Lifeline (a) # Lifeline (b) Lifeline Support/ (c) Total Lifeline Subscribers Subscriber Support Non-Tribal Low-Income Subscribers = \$ 1646.50 178 Receiving federal Lifeline Support **Tribal Low-Income Subscribers** Receiving federal Lifeline Support (not to exceed \$34.25) Total Federal Lifeline Support Claimed (10) \$ 1646.50 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) (16) \$ _____ **Total Connection Charges Waived 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) \$ ____

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

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

(20) CERTIFICATIONS AND SIGNATURES

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04/30/2014	John Chrolas				
DATE	OFFICER SIGNATURE				
CFO	Todd Crandall				

OFFICER TITLE

OFFICER NAME

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Exhibit B / 3/27/14 FOO Form 497

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

OMB Approval 3060-0819

Avg. Burden Est. per Respondent: 2.5 Hrs.

(1) USAC Service Provider Id	143001580		(2) Study Area Code 260421			
(3) Filer 499 ID 807297		(4) Technology Ty	pe (d	check one) Wireli	ne 🛚	Wireless 🔲
(5) ETC Designation Type (C	heck one): Lifeline	Only 🔲 H	ligh	Cost/Low Income		
(6) Organization Information			(7)	iling Information	,	
Company Legal Name:	West Kentucky Rural Telephone	Cooperative Corporation, Inc.	a)	Submission Date	03/27/2	014
Contact Name:	Cathy Pigg		b)	Data Month	February	2014
Mailing Address:	PO Box 649		c)	Type of Filing (check one)		
	237 North 8th	Street		,	Original Revision	
	Mayfield, KY 42066		d)	State Reporting	KY	
Telephone Number:	270-856-1889					
Fax Number:	270-856-3045					
E-mail Address:	cpigg@wk.net					
Lifeline Non-Tribal Low-Income Sub Receiving federal Li		(a) # Lifeline Subscribers (8) 180		(b) Lifeline Sur Subscriber Suj x \$ 9.2	pport	(c) Total Lifeline = \$ 1665.00
Tribal Low-Income Subscrib Receiving federal Li		(9)	tal F	(1 1	eed \$34.25) oport Claime	= \$ ed (10) \$ 1665.00
Toll Limitation Service	es (TLS)					
Cost of Providing T	LS per Subscriber al cost or \$3 in 2012 /\$2 i	(11) n 2013)				
Number of TLS Sub	scribers	(12)				
				Total TLS Supp	ort Claimed	l (13) \$
Tribal Link Up (Availab	le only to ETCs rece	iving High Cost su	ppor	t)		
Number of Connect	ions Waived	(14)				
Charges Waived pe	r Connection	(15) \$ (not to exceed \$100)		(for multiple rates	s, use an avera	age amount)
Total Connection C	harges Waived	(16) \$				
Deferred Interest		(17) \$				
		T	otal '	Tribal Link Up Sup	port Claime	d (18) \$
ETC Payment						
Total Lifeline \$ 1665.00	Total TLS \$	· •	otal	Tribal Link Up \$		
▼			•			1665.00
				Tota	I Dollars (19	#1 D & I t

Form 497 al 2012 Edition

LIFELINE WORKSHEET

OMB Approval 3060-0819

Avg. Burden Est. per Respondent: 2.5 Hrs.

(20) CERTIFICATIONS AND SIGNATURES

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CFO	Todd Crandall	
DATE	OFFICER SIGNATURE	
03/27/2014	Toda Crandol	
00/07/0044		

OFFICER TITLE

OFFICER NAME

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Case No. 2016-00059 Exhibit B

FCC Form 497 Meeled

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

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

(1) USAC Service Provider Id	dantification Number	143001580		(2) Stu	dy Area Co	_{de_} 260421
207207	dentification Number					_
(3) Filer 499 ID 807297		(4) Technology Ty	pe (d	check one) Wireli	ne 🔼	Wireless 📖
(5) ETC Designation Type (C	heck one): Lifeline	Only 🗔 🕒	ligh	Cost/Low Income		
(6) Organization Information			(7)	Filing Information	T	
Company Legal Name:	West Kentucky Rural Telephone	Cooperative Corporation, Inc.	a)	Submission Date	02/28/2	2014
Contact Name:	Cathy Pigg		b)	Data Month	January	2014
Mailing Address:	PO Box 649		c)	Type of Filing (check one)		
	237 North 8th	Street			Original Revision	B
	Mayfield, KY 42066		d)	State Reporting	KY	
Telephone Number:	270-856-1889					
Fax Number:	270-856-3045					
E-mail Address:	cpigg@wk.net					
Lifeline Non-Tribal Low-Income Sub Receiving federal Li		(a) # Lifeline Subscribers (8) 186		(b) Lifeline Sup Subscriber Sul x \$9.2	<u>oport</u>	(c) Total Lifeline = \$ 1720.50
Tribal Low-Income Subscribers Receiving federal Lifeline Support		(9)	tal F		eed \$34.25) oport Claim	= \$ ed (10) \$ 1720.5
Toll Limitation Service	es (TLS)		_			
Cost of Providing T (the lesser of increment	LS per Subscriber al cost or \$3 in 2012 /\$2 in	(11)				
Number of TLS Sub	scribers	(12)				
Tribal Link Up (Availab	le only to ETCs rece	ivina Hiah Cost su	ppor		ort Claime	d (13) \$
Tribui Ziiii Ojo (rivanas	,	<i>g</i> . <i>n.</i> g	- ,	7		
Number of Connect Charges Waived pe		(14) (15) \$ (not to exceed \$100)		(for multiple rates	s, use an aver	age amount)
Total Connection C	harges Waived	(16) \$				
Deferred Interest		(17) \$				
		т	otal	Tribal Link Up Sup	port Claime	ed (18) \$
ETC Payment						
Total Lifeline \$ 1720.50	Total TI S &	-	[atal	Tribal Link Lin ¢		
rotal Lifeline \$	10tal 1L9 \$		otal			9) \$
				Tota	u Dollars (1	9) \$

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LIFELINE WORKSHEET

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

RTIFICATIONS AND SIGNATURES

rify that my company will pass through the full amount of all Non-Tribal and Tribal federal Lifeline support for which it jeks 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	Total pender	
DATE	OFFICER SIGNATURE	
CFO	Todd Crandall	
CFO	Todd Crandall	

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.