EXHIBIT 30

LIFELINE WORKSHEET

(1) USAC Service Provider	dentification Number	14303	2568		(2) Stud	dy Area Co	de <u>269005</u>
(3) Filer 499 ID 827159		(4) Tec	hnology Ty	/pe (check one) Wirelin	ne 🔲	Wireless 🔽
(5) ETC Designation Type (Check one): Lifeline	Only [a .	High	Cost/Low Income		
(6) Organization Information	n			(7)	Filing Information		
Company Legal Name:	Cumberland Ce	llular	Inc	a)	Submission Date	02/06/2	014
Contact Name:	teresa emerson			b)	Data Month	January	2014
Mailing Address:	2150 north mair	1		(c)	Type of Filing (check one)		_
						Original Revision	
	jamestown, KY	42629		d)	State Reporting	KENTU	CKY
Telephone Number:	270-343-1171						
Fax Number:	270-343-2600						
E-mail Address:	temerson@duo	tel.con	n				
Lifeline	hoovihore		ifeline ribers		(b) Lifeline Sup Subscriber Su		(c) Total Lifeline
Non-Tribal Low-Income Su Receiving federal		(8) 1	4		x \$9.2	25	= \$ 130
Tribal Low-Income Subscri	bers	(9) <u>O</u>			x \$ 0.00		= \$ 0
Receiving federal		To			(not to exce	eed \$34.25)	ed (10) \$ 130
Toll Limitation Servi	ices (TLS)					,	
Cost of Providing (the lesser of increme	TLS per Subscriber ntal cost or \$3 in 2012 /\$2	(11) in 2013)	0.0000	00	_		
Number of TLS Su	bscribers	(12)	0				
					Total TLS Supp	oort Claime	d (13) \$ ⁰
Tribal Link Up (Availa	ble only to ETCs rece	eiving H	igh Cost sı	ıppo			Variable 1
Number of Connec	ctions Waived	(14)	0		_		
Charges Waived p		(15) \$	0.00		(for multiple rates	s, use an ave	rage amount)
		(not to	exceed \$100)			
Total Connection	Charges Waived	(16) \$	0.0				
Deferred Interest		(17) \$	0.00				
				Total	Tribal Link Up Sup	port Claim	ed (18) \$ <u>0</u>
ETC Payment							
Total Lifeline \$ 130	Total TLS \$ 0			Tota	I Tribal Link Up \$ _	0	
Total Elleline w						al Dollars (
					100	ai Dollais (. · · / · · · · · · · · · · · · · · · ·

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.

02/06/2014	TERESA EMERSON
DATE	OFFICER SIGNATURE
ACCOUNTANT	TERESA EMERSON

OFFICER TITLE

to the federal low-income programs.

NOTICE: To implement section 254 of the Communications Act of 1934, as amended, the Federal Communications Commission has adopted changes

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.

OFFICER NAME

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FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

(1) USAC Service Provider I	dentification Number	143032	2568		(2) Stud	dy Area Co	de 269005	
(3) Filer 499 ID 827159				pe (d	check one) Wirelin	ne 🔲	Wireless 🖸	
(5) ETC Designation Type (C	Check one): Lifeline	Only 🖫	<u> </u>	ligh	Cost/Low Income			
(6) Organization Information	1			(7) I	Filing Information			1
Company Legal Name:	Cumberland Ce	llular lı	nc	a)	Submission Date	03/06/2	014	
Contact Name:	teresa emerson			b)	Data Month	Februa	ry 2014	
Mailing Address:	po box 80			c)	Type of Filing (check one)			
						Original Revision		
	jamestown, KY	42629		d)	State Reporting	KENTU	ICKY]
Telephone Number:	270-343-3131							
Fax Number:	i who a s							
E-mail Address:								
Lifeline					*			
		(a) # Li Subscr			(b) Lifeline Sup Subscriber Sup		(c) Total Lifeline	
Non-Tribal Low-Income Sub Receiving federal L		(8) 15			x \$9.2		= \$ 139	
Tribal Low-Income Subscri		(9) <u>0</u>			x \$ <u>0.00</u> =\$ <u>0</u>			
Receiving federal L	ifeline Support			tal F	(not to exceed \$34.25) tal Federal Lifeline Support Claimed (10) \$ 139			
Toll Limitation Servi	ces (TLS)							
	TLS per Subscriber atal cost or \$3 in 2012 /\$2 in	(11) in 2013)	0.00000	00				
Number of TLS Su	bscribers	(12)	0		_			
					Total TLS Supp	ort Claime	ed (13) \$ <u>0</u>	
Tribal Link Up (Availai	ble only to ETCs rece							
Number of Connec		(14)	0		(for multiple rates			
Charges Waived po	er Connection	(15) \$ (not to e	exceed \$100)		(for multiple rates	s, use an ave	erage amount)	
Total Connection C	harnes Waived	(16) \$	0.0					
	Jilaigoo walvou		0.00					
Deferred Interest		(17) \$		otal	— Tribal Link Up Sup	nort Claim	ned (18) \$ 0	
			,	otal	Tibal Lilk op Sup	port Glain	104 (10) W	
ETC Payment						_		
Total Lifeline \$ 139	Total TLS \$ 0			Tota				
,					Tota	al Dollars (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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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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03/06/2014	teresa emerson
DATE	OFFICER SIGNATURE
accountant	teresa emerson

OFFICER TITLE

OFFICER NAME

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

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FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

OMB Approval 3060-0819

Avg. Burden Est. per Respondent: 2.5 Hrs. (2) Study Area Code 269005 Wireless 04/04/2014 March 2014 Original Revision KENTUCKY (c) Total Lifeline = \$ 130 9.25 0.00 (not to exceed \$34.25)

Total Dollars (19) \$ 130

(1) USAC Service Provider Identification Number 143032568 (3) Filer 499 ID 827159 (4) Technology Type (check one) Wireline High Cost/Low Income Lifeline Only (5) ETC Designation Type (Check one): (7) Filing Information (6) Organization Information **Submission Date** Cumberland Cellular Inc. Company Legal Name: **Data Month** TERESA EMERSON **Contact Name:** Type of Filing c) Mailing Address: P O BOX 80 (check one) State Reporting JAMESTOWN, KY 42629 Telephone Number: 2703433131 Fax Number: 2703432600 TEMERSON@DUOTEL.COM E-mail Address: Lifeline (a) # Lifeline (b) Lifeline Support/ Subscriber Support Subscribers Non-Tribal Low-Income Subscribers 14 Receiving federal Lifeline Support Tribal Low-Income Subscribers Receiving federal Lifeline Support Total Federal Lifeline Support Claimed (10) \$ 130 Toll Limitation Services (TLS) 0.000000 (11)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) \$ 0 Tribal Link Up (Available only to ETCs receiving High Cost support) 0 **Number of Connections Waived** (15) \$ <u>0.00</u> (for multiple rates, use an average amount) **Charges Waived per Connection** (not to exceed \$100) (16) \$ 0.0**Total Connection Charges Waived** (17)\$ 0.00 **Deferred Interest** Total Tribal Link Up Support Claimed (18) \$ 0ETC Payment Total Tribal Link Up \$ 0 Total TLS \$ 0 Total Lifeline \$ 130

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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TERESA EMERSON	_
OFFICER SIGNATURE	
TERESA EMERSON	_
	OFFICER SIGNATURE

OFFICER TITLE

OFFICER NAME

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LIFELINE WORKSHEET

(1) USAC Service Provider Identification Number 143032568				(2) Study Area Code 269005			
(3) Filer 499 ID 827159		(4) Tec	hnology Ty	pe (check one) Wirelin	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:	Cumberland Ce	llular I	nc	a)	Submission Date	05/13/2	014
Contact Name:	TERESA EMER	RSON	-5	b)	Data Month	April 20	14
Mailing Address:	2150 NORTH M	1AIN		c)	Type of Filing (check one)		
						Original Revision	
	JAMESTOWN,	KY 426	629	d)	State Reporting	KENTU	CKY
Telephone Number:	2703431171						
Fax Number:	2703432600						
E-mail Address:	temerson@duo	tel.com	1				
Lifalina							
Lifeline		(a) # Li			(b) Lifeline Sup		(c) Total Lifeline
Non-Tribal Low-Income Sub		Subsc	ribers		Subscriber Sup	pport	
Receiving federal Li		(8) 14	4		x \$9.2	25	= \$ 130
Tribal Low-Income Subscribers Receiving federal Lifeline Support		(9) 0			x \$ <u>0.00</u>		= \$ 0
		To		tal F	not to exce ederal Lifeline Sup	eed \$34.25) port Claim	ed (10) \$ 130
Toll Limitation Service	oc (TI S)					•	
Ton Limitation Service	es (TLS)						
Cost of Providing T (the lesser of increment	LS per Subscriber al cost or \$3 in 2012 /\$2 i	(11) in 2013)	0.00000	00			
Number of TLS Sub	scribers	(12)	0		_		
					Total TLS Supp	ort Claime	d (13) \$ <u>0</u>
Tribal Link Up (Availab	le only to ETCs rece	eiving Hi	gh Cost su	ppoi	t)		
Number of Connect	ions Waived	(14)	0				
Charges Waived pe	r Connection	(15) \$	0.00		(for multiple rates	s, use an aver	rage amount)
		(not to e	exceed \$100)				
Total Connection C	harges Waived	(16) \$	0.0				
Deferred Interest		(17) \$	0.00				
			т	otal	Tribal Link Up Sup	port Claim	ed (18) \$ 0
ETC Payment							
Total Lifeline \$ 130	T-4-1 TI 0 0 0			T-4-1	Triballiatella & ()	
Total Lifeline \$_130	lotal ILS \$_O_			ota			
					Tota	al Dollars (1	9) \$ 130

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

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

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05/13/2014	terea emerson					
DATE	OFFICER SIGNATURE					
accountant	terea emerson					

OFFICER TITLE

OFFICER NAME

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LIFELINE WORKSHEET

(1) USAC Service Provider Id	dentification Number	14303	32568		(2) Study Area Code 269005		
(3) Filer 499 ID 827159		(4) Te	chnology Ty	ype (check one) Wireline 🔲 Wireless 🖸		
(5) ETC Designation Type (C	heck one): Lifeline	Only		High	Cost/Low Income		
(6) Organization Information				(7)	Filing Information		
Company Legal Name:	Cumberland Ce	llular	Inc	a)	Submission Date 06/09/2014		
Contact Name:	teresa emerson			b)	Data Month May 2014		
Mailing Address:	2150 s main			c)	Type of Filing (check one)		
					Original		
	jamestown, KY	42629)	d)	State Reporting KENTUCKY		
Telephone Number:	2703431171						
Fax Number:	2703432600						
E-mail Address:	temerson@duo	tel.cor	n				
Lifeline							
			ifeline		(b) Lifeline Support/ (c) Total Lifeline		
Non-Tribal Low-Income Sub			cribers		Subscriber Support		
Receiving federal Li	feline Support	(8) <u>1</u>			x \$9.25 = \$_130		
Tribal Low-Income Subscrib		(9) 0			x \$ 0.00 = \$ 0		
Receiving federal Lifeline Support			To	tal F	(not to exceed \$34.25) Federal Lifeline Support Claimed (10) \$ 130		
Toll Limitation Service	es (TIS)						
Ton Emmadon Gervie	CS (120)						
Cost of Providing TI (the lesser of incremental	LS per Subscriber al cost or \$3 in 2012 /\$2 i	(11) in 2013)	0.00000	00			
Number of TLS Sub	scribers	(12)	0		<u> </u>		
Tribal Link Up (Availabi	le only to ETCs rece	ivina H	iah Cost su	ppor	Total TLS Support Claimed (13) \$ 0		
7	,						
Number of Connecti		(14)	0 00		(for multiple rates, use an average amount)		
Charges Waived per	Connection	(15) \$ (not to	exceed \$100)		(for multiple rates, use an average amount)		
Total Connection Cl	narges Waived	(16) \$	0.0				
	goo marrou						
Deferred Interest		(17) \$	0.00		_		
			Т	otal	Tribal Link Up Support Claimed (18) \$ 0		
ETC Payment							
Total Lifeline \$_130	Total TLS \$_0			Total	Tribal Link Up \$ 0		
					Total Dollars (19) \$ 130		

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LIFELINE WORKSHEET

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06/09/2014	teresa emerson
DATE	OFFICER SIGNATURE
accountant	teresa emerson

OFFICER TITLE

OFFICER NAME

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FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

(1) USAC Service Provider Id	lantification Number	143032568		(2) Stu	dy Area Cod	269005
	Jenuncauon Number					
(3) Filer 499 ID 827159		(4) Technology Ty	ype (check one) Wirelin	ne 🔟	Wireless 🔽
(5) ETC Designation Type (C	heck one): Lifeline	Only 🔲 I	High	Cost/Low Income		
(6) Organization Information	Г		(7)	Filing Information	Г	
Company Legal Name:	Cumberland Ce	llular Inc	a)	Submission Date	07/09/20	14
Contact Name:	TERESA EMER	SON	b)	Data Month	June 201	14
Mailing Address:	1250 north main	streeet	c)	Type of Filing (check one)		
					Original Revision	
	jamestown, KY	42629	d)		KENTUC	CKY
Telephone Number:	2703433131					
Fax Number:	2403432600					
E-mail Address:	TEMERSON@D	DUOTEL.COM				
Lifeline	and have	(a) # Lifeline Subscribers		(b) Lifeline Sup Subscriber Sup		(c) Total Lifeline
Non-Tribal Low-Income Sub Receiving federal Li		(8) 14		x \$9.2	5	= \$ 130
Tribal Low-Income Subscrib		(9) 0				
Receiving federal Li				(not to exceed \$34.25) I Federal Lifeline Support Claimed (10) \$ 130		
		Te	otal F	ederal Lifeline Sup	port Claime	d (10) \$ 130
Toll Limitation Service	es (TLS)					
Cost of Providing T (the lesser of increment	LS per Subscriber ral cost or \$3 in 2012 /\$2 i	(11) n 2013) 0.00000	00			
Number of TLS Sub	scribers	(12) <u>0</u>				
				Total TLS Supp	ort Claimed	(13) \$ ⁰
Tribal Link Up (Availab	le only to ETCs rece	iving High Cost su	ippoi			, , , ,
Number of Connect Charges Waived pe		(14) $0 \over 0.00$ (not to exceed \$100)		(for multiple rates	s, use an avera	ge amount)
Total Connection C	harges Waived	(16) \$ <u>0.0</u>				
Deferred Interest		(17) \$ 0.00				
		1	otal	Tribal Link Up Sup	port Claime	d (18) \$ <u>0</u>
ETC Payment						
	Total TLS \$_0		Total	Tribal Link Un \$)	
Total Ellellie #	TOTAL TEO #		· Ota			
				Tota	l Dollars (19) \$

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

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

(20) CERTIFICATIONS AND SIGNATURES

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

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

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

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

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07/09/2014	TERESA EMERSON
DATE	OFFICER SIGNATURE
ACCOUNTANT	TERESA EMERSON

OFFICER TITLE

OFFICER NAME

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LIFELINE WORKSHEET

(3) Filer 499 ID 827159 (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: Cumberland Cellular Inc a) Submission Date 08/05	/2014
Contact Name: TEREA EMERSON b) Data Month July 2	014
Mailing Address: 2150 N MAIN c) Type of Filing (check one)	
Original Revision	
	UCKY
Telephone Number: 270 343 4550	
Fax Number: 270 343 2600	
E-mail Address: temerson@duotel.com	
Lifeline	
(a) # Lifeline (b) Lifeline Support/	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Subscribers Subscriber Support	
Receiving federal Lifeline Support (8) 13 × \$ 9.25	= \$ 120
Tribal Low-Income Subscribers (9) 0 × \$ 0.00	= \$ 0
Receiving federal Lifeline Support (not to exceed \$34.25 Total Federal Lifeline Support Cla	
	Inied (10) \$ 120
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) 0	
Total TLS Support Clain	ned (13) \$ 0
Tribal Link Up (Available only to ETCs receiving High Cost support)	
Number of Connections Waived (14)	
Number of Connections Waived (14) $\frac{0}{0.00}$ (for multiple rates, use an a	verage amount)
(not to exceed \$100)	
Total Connection Charges Waived (16) \$ 0.0	
Deferred Interest (17) \$ 0.00	
Total Tribal Link Up Support Clai	med (18) \$ <u>0</u>
ETC Payment	
Total Lifeline \$ 120 Total TLS \$ 0 Total Tribal Link Up \$ 0	
	(19) \$ 120

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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08/05/2014	TEREA EMERSON
DATE	OFFICER SIGNATURE
accountant	TEREA EMERSON
Company Company of the Company of th	

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.

	I 416 41 November	1//303	2568		(2) Stu	dy Area Cod	le 269005	
(1) USAC Service Provider Id	lentification Number						_	
(3) Filer 499 ID 827159		(4) Tec	hnology Ty	pe (check one) Wirelii	ne 🛄	Wireless 🔼	
(5) ETC Designation Type (C	heck one): Lifeline	Only [□ ⊢		Cost/Low Income			
(6) Organization Information				(7)	Filing Information			
Company Legal Name:	Cumberland Ce	lular	Inc	a)	Submission Date	08/29/20		
Contact Name:	TERESA EMER	SON		b)	Data Month	August 2	2014	
Mailing Address:	2150 north main			(c)	Type of Filing (check one)			
11 1						Original Revision		
	jamestown, KY	42629		d)	State Reporting	KENTU	CKY	
Telephone Number:	270-343-1171							
Fax Number:	270 343 2600							
E-mail Address:	TEMERSON@D	DUOTE	EL.COM					
Lifeline			ifeline ribers		(b) Lifeline Sup Subscriber Suj		(c) Total Lifeline	
Non-Tribal Low-Income Sub		(8) 1	1		x \$ 9.2	5	= \$ 102	
Receiving federal Lifeline Support		(9) 0						
Tribal Low-Income Subscrib Receiving federal L					(not to exce			
		To			I Federal Lifeline Support Claimed (10) \$ 102			
Toll Limitation Service	es (TLS)							
Cost of Providing T (the lesser of increment	LS per Subscriber tal cost or \$3 in 2012 /\$2 i	(11) n 2013)	0.00000)0	_			
Number of TLS Sub	scribers	(12)	0					
					Total TLS Supp	ort Claimed	d (13) \$ <u>0</u>	
Tribal Link Up (Availab	ole only to ETCs rece							
Number of Connect		(14)	0		(for multiple rates			
Charges Waived pe	er Connection	(15) \$ (not to	0.00 exceed \$100)		(for multiple rates	s, use an aver	age amount)	
		,						
Total Connection C	harges Waived	(16) \$	0.0					
Deferred Interest		(17) \$	0.00					
			1	otal	Tribal Link Up Sun	port Claime	ed (18) \$ <u>0</u>	
					, , ,			
ETC Payment								
Total Lifeline \$ 102	Total TLS \$_0_			Tota	l Tribal Link Up \$ <u>(</u>)		
					Tota	al Dollars (1	9) \$ 102	

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

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

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ACCOUNTANT	TERESA EMERSON
DATE	OFFICER SIGNATURE
00/29/2014	TERESA EMERSON
08/29/2014	TEDESA EMEDSON

OFFICER TITLE

OFFICER NAME

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LIFELINE WORKSHEET

(1) USAC Service Provider Id	dentification Number	14303	32568		(2) Stu	dy Area Co	de 269005
(3) Filer 499 ID 827159		(4) Te	chnology Ty	/pe (check one) Wirelin	ne 🔲	Wireless 🗸
(5) ETC Designation Type (C	heck one): Lifeline	Only	<u> </u>	ligh	Cost/Low Income		
(6) Organization Information				(7)	Filing Information		
Company Legal Name:	Cumberland Ce	llular	Inc	a)	Submission Date	10/02/2	014
Contact Name:	TERESA EMER	SON		b)	Data Month	Septem	ber 2014
Mailing Address:	P O BOX 80,			c)	Type of Filing (check one)		
	2150 N MAIN				,	Original Revision	A
	JAMESTOWN,	KY 42	629	d)		KENTU	ICKY
Telephone Number:	2703431171						
Fax Number:	2703432600						
E-mail Address:	temerson@duot	tel.con	n				
Lifeline			ifeline		(b) Lifeline Sup	port/	(c) Total Lifeline
Non-Tribal Low-Income Sub	scribers	Subscribers			Subscriber Sup		
Receiving federal Lifeline Support		(8) 12					
Tribal Low-Income Subscrib		(9) 0				= \$ 0	
Receiving federal Li	feline Support	То			(not to exceed \$34.25) I Federal Lifeline Support Claimed (10) \$ 111		
Toll Limitation Service	es (TLS)						
Cost of Providing T	LS per Subscriber al cost or \$3 in 2012 /\$2 i	(11) n 2013)	0.00000	00	_		
Number of TLS Sub	scribers	(12)	0				
					Total TLS Supp	ort Claime	d (13) \$ 0
Tribal Link Up (Availab	le only to ETCs rece	iving H	igh Cost su	ppor			2 2
Number of Connect	ions Waived	(14)	0		_		
Charges Waived pe		(15) \$	0.00		(for multiple rates	, use an ave	rage amount)
		(not to	exceed \$100)				
Total Connection C	harges Waived	(16) \$	0.0		_		
Deferred Interest		(17) \$	0.00				
			T	otal '	Γribal Link Up Sup	port Claim	ed (18) \$ <u>0</u>
ETC Payment							.*
Total Lifeline \$ 111	Total TI S \$ 0		7	[ntal	Tribal Link IIn \$ 0)	
Total Lifeline a	IOIAI ILO D	,		otai			
					Tota	l Dollars (1	9) \$

FCC Form 497 April 2012 Edition

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

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OFFICER TITLE	OFFICER NAME	
accountant	TERESA EMERSON	
DATE	OFFICER SIGNATURE	
	."	
10/02/2014	TERESA EMERSON	

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LIFELINE WORKSHEET

(1) USAC Service Provider Id	lentification Number	143032568	3	(2) Stu	dy Area Cod	_e 269005
(3) Filer 499 ID 827159		(4) Technolo	ду Туре	(check one) Wireli	ine 🔲	Wireless 🔽
(5) ETC Designation Type (C	heck one): Lifeline	Only 📮	High	Cost/Low Income		
(6) Organization Information			(7)	Filing Information	<u></u>	
Company Legal Name:	Cumberland Ce	llular Inc	a)	Submission Date	11/03/20	14
Contact Name:	TERESA EMER	SON	b)	Company of the State Contract	October	2014
Mailing Address:	po box 80		c)	Type of Filing (check one)		
	2150 N HWY 12	27	V		Original Revision	
	JAMESTOWN,	KY 42629	d)	State Reporting	KENTUC	KY
Telephone Number:	2703431173			1		
Fax Number:	2703432600					
E-mail Address:	TEMERSON@[DUOTEL.C	ОМ			
Lifeline		(a) # Lifeline Subscribers		(b) Lifeline Su Subscriber Su		(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support		(8) 10		x \$ 9.5	25	= \$ 93
Tribal Low-Income Subscribers		(9) 0				
Receiving federal L		(0)		(not to exceed \$34.25) Federal Lifeline Support Claimed (10) \$ 93		
Toll Limitation Service	ces (TLS)		Total	r ederar Ellenne Gu	pport olallic	α (10) φ <u>σσ</u>
Cost of Providing T (the lesser of increment	LS per Subscriber al cost or \$3 in 2012 /\$2	(,	00000			
Number of TLS Sub	scribers	(12) <u>0</u>				
				Total TLS Sup	port Claimed	(13) \$ ⁰
Tribal Link Up (Availab	le only to ETCs rece	eiving High Co	ost suppo	ort)		
Number of Connect Charges Waived pe		(14) $0 \over 0.00$ (not to exceed	\$100)	(for multiple rate	s, use an avera	ge amount)
Total Connection C	harges Waived	(16) \$ <u>0.0</u>				
Deferred Interest		(17) \$ 0.00	0			
			Tota	l Tribal Link Up Su	pport Claime	d (18) \$ <u>0</u>
ETC Payment						
Total Lifeline \$_93	Total TLS \$ 0		Tota	al Tribal Link Up \$	0	
ivai Enemie y		r'			al Dollars (19	
				Tot	ai Dollars (19) \$

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11/03/2014	TERESA EMERSON
DATE	OFFICER SIGNATURE
ACCOUNTANT	TERESA EMERSON
Library With Street and Allert Co.	

OFFICER TITLE

OFFICER NAME

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LIFELINE WORKSHEET

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	ridentification Number					<u> </u>		
(3) Filer 499 ID 827159		(4) Tecl			check one) Wirelin	_	Wireless 🔟	
(5) ETC Designation Type	(Check one): Lifeline	Only 🖫		High	Cost/Low Income			
(6) Organization Informati	on			(7)	Filing Information	1		
Company Legal Name:	Cumberland Ce	llular l	nc	a)	Submission Date	12/02/20	014	
Contact Name:	teresa emerson	30		b)	Data Month	Novemb	er 2014	
Mailing Address:	2150 n main			c)	Type of Filing (check one)			
						Original Revision	A	
	jamestown, KY	42629		d)	State Reporting	KENTU	CKY	
Telephone Number:	2703431171							
Fax Number:	2703432600							
E-mail Address:	temerson@duo	tel.com	l	1				
A far and an order to be a far and a far and a far a f				_				
Lifeline		(0) #1"	faline		(b) Lifeline P	nort/	(c) Total Lifeline	
		(a) # Li Subscr			(b) Lifeline Sup Subscriber Su		(c) Total Lifeline	
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support		(8) 10			x \$ 9.2	25	= \$ 93	
					0.00			
Tribal Low-Income Subsc	ribers I Lifeline Support	(9) 0			x \$ <u>0.00</u> = \$ <u>0</u> (not to exceed \$34.25)			
Necelving leach	Lifetine Capport		Т	otal F	tal Federal Lifeline Support Claimed (10) \$ 93			
Toll Limitation Serv	vices (TIS)							
Ton Linntation Serv	1003 (120)							
Cost of Providing	TLS per Subscriber ental cost or \$3 in 2012 /\$2	(11) in 2013)	0.0000	00				
Number of TLS S		(12)	0					
Number of 120 c	absorbers	()			Total TLS Supp		442) 6 ()	
Tribal Link Up (Avail	lable only to ETCs rece	eivina Hid	ah Cost si	וחממו		ort Claimed	1 (13) \$	
TIDGI EITH OP (Avail	asis only to E1001000			الحاجا	4			
Number of Conne		(14)	0.00					
Charges Waived	per Connection		0.00 exceed \$100		(for multiple rates	s, use an aver	age amount)	
		(1101100		,				
Total Connection	Charges Waived	(16) \$	0.0					
Deferred Interest	-		0.00					
Deletted interest	•	(, +					14000	
				otal	Tribal Link Up Sup	port Claime	ea (18) \$ <u>U</u>	
ETC Payment								
	Total TLS \$_0			Tota	l Tribal Link Up \$)	,	
Total Ellellile #								
					Tota	al Dollars (1	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

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.

12/02/2014	teresa emerson
DATE	OFFICER SIGNATURE
accountant	teresa emerson

OFFICER TITLE

OFFICER NAME

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FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

(1) USAC Service Provider Id	dentification Number	1430	32568		(2) Stu	dy Area Cod	de 269005
(3) Filer 499 ID 827159		(4) Te	chnology Ty	/pe (check one) Wireli	ne 🔲	Wireless 🔽
(5) ETC Designation Type (C	heck one): Lifelin	e Only	п	ligh	Cost/Low Income		
(6) Organization Information				(7)	Filing Information		
Company Legal Name:	Cumberland Ce	ellular	Inc	a)	Submission Date	01/08/20)15
Contact Name:	TERESA EMER	RSON		b)	Data Month	Decemb	er 2014
Mailing Address:	2150 NORTH N	/AIN		c)	Type of Filing (check one)		
						Original Revision	A l
Competence of the competence o	JAMESTOWN,	KY 42	629	d)	State Reporting	KENTU	CKY
Telephone Number:	2703433131						
Fax Number:	2703432600						
E-mail Address:	temerson@duo	tel.cor	n				
Lifeline							
Lirenine			ifeline		(b) Lifeline Sup		(c) Total Lifeline
Non-Tribal Low-Income Sub-	scribers		cribers		Subscriber Sup	port	
Receiving federal Li	feline Support	(8) 1	0		x \$9.2	5	= \$ 93
Tribal Low-Income Subscrib		(9) 0			x \$ <u>0.00</u>		= \$ 0
Receiving federal Li	feline Support	То		tal F	(not to exceed \$34.25) al Federal Lifeline Support Claimed (10) \$ 93		
Toll Limitation Service	es (TIS)				•		
Ton Limitation Service	C3 (120)						
Cost of Providing TI		(11)	0.00000	0			
(the lesser of incrementa	al cost or \$3 in 2012 /\$2	in 2013)					
Number of TLS Sub	scribers	(12)	0		_		
					Total TLS Supp	ort Claimed	(13) \$ <u>0</u>
Tribal Link Up (Available	le only to ETCs rece	eiving H	igh Cost su	ppor	t)		
Number of Connecti	ons Waived	(14)	0				
Charges Waived per		(15) \$	0.00		(for multiple rates	, use an avera	ge amount)
		(not to	exceed \$100)				
Total Connection Cl	narges Waived	(16) \$	0.0		_		
Deferred Interest		(17) \$	0.00				
			Т	otal '	Tribal Link Up Sup	port Claime	d (18) \$ <u>0</u>
ETC Payment							
Total Lifeline \$_93	Total TLS \$ 0		Т	otal	Tribal Link Up \$ 0		
						l Dollars (19	
					iota	ווסט ו oliars (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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01/08/2015	TERESA EMERSON	
DATE	OFFICER SIGNATURE	
accountant	TERESA EMERSON	

OFFICER TITLE

OFFICER NAME

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LIFELINE WORKSHEET

(1) USAC Service Provider Id	entification Number	143032568		(2) Stu	dv Area Co	de_269005
(3) Filer 499 ID 827159			vne (check one) Wireli		Wireless 🗸
	—	_			_	Wireless
(5) ETC Designation Type (Ch	neck one): Lifeline	Only 🛄		Cost/Low Income		
(6) Organization Information	<u> </u>		(7)	Filing Information	T	
Company Legal Name:	Cumberland Ce	llular Inc	a)	Submission Date	02/09/2	015
Contact Name:	TERESA EMER	SON	b)	Data Month	January	2015
Mailing Address: 2150 N MA			c)	Type of Filing (check one)		
					Original Revision	
and the same and t	JAMESTOWN,	KY 42629	d)	State Reporting	KENTU	CKY
Telephone Number:	2703433131					
Fax Number:	2703432900					
E-mail Address:	temerson@duot	tel.com				
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support Tribal Low-Income Subscribers Receiving federal Lifeline Support		(a) # Lifeline <u>Subscribers</u> (8) 10 (9) 0	otal F	(b) Lifeline Supscriber Supscribe	25 eed \$34.25)	(c) Total Lifeline = \$ 93 = \$ 0 ed (10) \$ 93
Cost of Providing TL (the lesser of incremental	S per Subscriber		00	_		
Number of TLS Subs	scribers	(12) <u>0</u>				
				Total TLS Supp	oort Claime	d (13) \$ <u>0</u>
Tribal Link Up (Available	e only to ETCs rece	iving High Cost s	ирроі	t)		
Number of Connecti Charges Waived per		(14) 0 (15) \$ 0.00 (not to exceed \$100))	(for multiple rates	s, use an aver	rage amount)
Total Connection Ch	arges Waived	(16) \$ 0.0		_		
Deferred Interest		(17) \$ 0.00				
		1	Total	— Tribal Link Up Sup	port Claime	ed (18) \$ ⁰
			· Jtai	moai Ellik Op Out	port oranin	July 4
ETC Payment					_	
Total Lifeline \$ 93	Total TLS \$ <u>_0</u>		Total	Tribal Link Up \$ <u>(</u>	J	_
				Tota	al Dollars (1	9) \$ 93

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

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

(20) CERTIFICATIONS AND SIGNATURES

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

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OFFICER TITLE	OFFICER NAME				
accountant	teresa emerson				
DATE	OFFICER SIGNATURE				
and the second s					
02/09/2015	teresa emerson				

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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 143032568 (2) Study Area Code 269005 (3) Filer 499 ID 827159 (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: Cumberland Cellular Inc. **Submission Date** 03/12/2015 **Contact Name:** TERESA EMERSON **Data Month** February 2015 Mailing Address: Type of Filing 2150 n main (check one) Original po box 80 Revision jamestown, KY 42629 State Reporting KENTUCKY Telephone Number: 2703431171 Fax Number: 2703432600 E-mail Address: TEMERSON@DUOTEL.COM Lifeline (a) # Lifeline (b) Lifeline Support/ (c) Total Lifeline Subscribers Subscriber Support Non-Tribal Low-Income Subscribers (8) 10 Receiving federal Lifeline Support 9.25 0 \$ 0.00 Tribal Low-Income Subscribers Receiving federal Lifeline Support (not to exceed \$34.25) Total Federal Lifeline Support Claimed (10) \$ 93 Toll Limitation Services (TLS) 0.000000 Cost of Providing TLS per Subscriber (11)(the lesser of incremental cost or \$3 in 2012 /\$2 in 2013) **Number of TLS Subscribers** (12)Total TLS Support Claimed (13) \$ 0 Tribal Link Up (Available only to ETCs receiving High Cost support) **Number of Connections Waived** (15)\$ 0.00**Charges Waived per Connection** (for multiple rates, use an average amount) (not to exceed \$100) (16) \$ 0.0**Total Connection Charges Waived** (17)\$ 0.00 **Deferred Interest** Total Tribal Link Up Support Claimed (18) \$ 0 ETC Payment Total Lifeline \$ 93 Total TLS \$ 0 Total Tribal Link Up \$ 0 Total Dollars (19) \$ 93

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

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03/12/2015	TERESA EMERSON	
DATE	OFFICER SIGNATURE	
ACCOUNTANT	TERESA EMERSON	

OFFICER TITLE

OFFICER NAME

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FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

(1) USAC Service Provider Id	lentification Number	143032568		(2) Stu	idy Area Co	ode 269005
(3) Filer 499 ID 827159		(4) Technology Ty	ype (check one) Wireli	ine 🔲	Wireless 🔽
(5) ETC Designation Type (CI	heck one): Lifeline	e Only 🔲 I	High	Cost/Low Income		
(6) Organization Information			(7)	Filing Information		
Company Legal Name:	Cumberland Ce	llular Inc	a)	Submission Date	04/10/2	2015
Contact Name:	teresa emerson	r ·	b)	Data Month	March 2	2015
Mailing Address:	1250 n main		c)	Type of Filing (check one)		
					Original Revision	
	jamestown, KY	42629	d)	State Reporting	KENTU	JCKY
Telephone Number:	2703431171					
Fax Number:	2703432600					
E-mail Address:	temerson@duo	tel.com				
Lifeline		(a) # Lifeline Subscribers		(b) Lifeline Sup Subscriber Su		(c) Total Lifeline
Non-Tribal Low-Income Subs Receiving federal Life		(8) 10		x \$ 9.25		= \$ 93
Tribal Low-Income Subscribe	ers	(9) 0		x \$ 0.00		= \$ 0
Receiving federal Life		(not to exceed \$34.25) Total Federal Lifeline Support Claimed (10) \$ 93				
Toll Limitation Service	es (TLS)				•	
Cost of Providing TL (the lesser of incrementa		(11) 0.00000 in 2013)	00	_		
Number of TLS Subs	scribers	(12) <u>0</u>		_		
				Total TLS Supp	ort Claime	d (13) \$ 0
Tribal Link Up (Available	e only to ETCs rece	eiving High Cost su	ppoi	t)		
Number of Connection Charges Waived per	The same of the sa	(14) $\frac{0}{0.00}$ (not to exceed \$100)		(for multiple rates	s, use an ave	rage amount)
Total Connection Ch	narges Waived	(16) \$ <u>0.0</u>		_		
Deferred Interest		(17) \$ <u>0.00</u>		_		
		T	otal	Tribal Link Up Sup	port Claim	ed (18) \$ <u>0</u>
ETC Payment						
•	Total TLS \$_0		Γotal	Tribal Link Up \$)	
					ıl Dollars (1	9) \$ 93

FCC Form 497 April 2012 Edition

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OFFICER TITLE	OFFICER NAME
accountant	teresa emerson
DATE	OFFICER SIGNATURE
04/10/2015	teresa emerson

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FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

(1) USAC Service Provider I	dentification Numbe		(2) Study Area Code 269005			
(3) Filer 499 ID 827159		(4) Technology	Туре	(check one) Wireli		Wireless ✓
(5) ETC Designation Type (C	heck one): Lifelir	ne Only	High	Cost/Low Income		
(6) Organization Information	1		(7)	Filing Information		
Company Legal Name:	Cumberland Co	ellular Inc	a)	Submission Date	05/04/2	2015
Contact Name:	teresa emersor	า	b)	Data Month	April 20	015
Mailing Address:	p o box 80		c)	Type of Filing (check one)		
1					Original Revision	
Tolonhous Number	jamestown, KY	42629	d)	State Reporting	KENTU	JCKY
Telephone Number:	2703433131					
Fax Number:	2703432600					
E-mail Address:	temerson@duc	tel.com				
Lifeline						
		(a) # Lifeline		(b) Lifeline Sup		(c) Total Lifeline
Non-Tribal Low-Income Subs		Subscribers		Subscriber Sup		
Receiving federal Li	feline Support	(8) 11				= \$ 102
Tribal Low-Income Subscribe Receiving federal Li		(9) 0			-100105	= \$ 0
riosorring rodorur Er	Tellife Gapport	7	otal F	(not to exceed \$34.25) al Federal Lifeline Support Claimed (10) \$ 102		
Toll Limitation Servic	es (TLS)					
Cost of Providing TL (the lesser of incremental	S per Subscriber al cost or \$3 in 2012 /\$2	(11) 0.0000 in 2013)	00			
Number of TLS Subs	scribers	(12) <u>0</u>				
Tribal Link Un (Auglich)	t- FTO			Total TLS Supp	ort Claime	d (13) \$ <u>0</u>
Tribal Link Up (Available	e only to ETCs rece	eiving High Cost s	uppor	t)		
Number of Connection		(14) 0				
Charges Waived per	Connection	(15) \$ 0.00 (not to exceed \$100	1	(for multiple rates,	use an aver	rage amount)
		(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,			
Total Connection Ch	arges Waived	(16) \$ <u>0.0</u>		_		
Deferred Interest		(17) \$ 0.00		_		
			Total 1	ribal Link Up Supp	ort Claime	ed (18) \$ <u>0</u>
ETC Payment						
Total Lifeline \$_102	Total TLS \$ 0		Total	Tribal Link Un \$ 0		
				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

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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accountant	teresa emerson			
DATE	OFFICER SIGNATURE			
05/04/2015	teresa emerson			

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

(4) USAG G		1420	22560				
(1) USAC Service Provider I	dentification Numbe	r_1430	32568		(2) Stu	dy Area Co	ode <u>269005</u>
(3) Filer 499 ID 827159		(4) Te	echnology Ty	уре (check one) Wireli	ne 🔲	Wireless 🔽
(5) ETC Designation Type (C	Check one): Lifelin	e Only		High	Cost/Low Income	4	
(6) Organization Information	1			(7)	Filing Information		
Company Legal Name:	Cumberland Ce	ellular	Inc	a)	Submission Date	06/02/2	2015
Contact Name:	TERESA EMER	RSON		b)	Data Month	May 20	15
Mailing Address:	2150 N Main			c)	Type of Filing (check one)		
	po box 80					Original Revision	
	jamestown, KY	42629)	d)	State Reporting	KENTU	JCKY
Telephone Number:	2703433131						
Fax Number:	2703432600						
E-mail Address:	temerson@duo	tel.cor	m				
Lifeline							
Lifelifie		(a) # L	_ifeline		(b) Lifeline Sup	port/	(c) Total Lifeline
Non Tribal I am Income Cub	and brown		cribers		Subscriber Sup		(c) Total Ellellie
Non-Tribal Low-Income Sub- Receiving federal Li		(8) _1	1		x \$ 9.2	5	= \$ 102
Tribal Low-Income Subscrib		(9) <u>O</u>			x \$ <u>0.00</u>	= \$ 0	
Receiving federal Li	feline Support	То			(not to exceed \$34.25) al Federal Lifeline Support Claimed (10) \$ 102		
Tall Limitation Comin	(T/ C)				ouorar Enemie Oup	port Glaini	10) \$ 102
Toll Limitation Service	es (ILS)						
Cost of Providing TI	LS per Subscriber	(11)	0.00000	0			
(the lesser of incrementa	al cost or \$3 in 2012 /\$2	in 2013)			_		
Number of TLS Sub	scribers	(12)	0		_		
					Total TLS Supp	ort Claime	d (13) \$ <u>0</u>
Tribal Link Up (Availabl	le only to ETCs rece	iving H	igh Cost su	opor	<i>t)</i>		
Number of Connecti	ons Waived	(14)	0				
Charges Waived per	Connection	(15) \$	0.00		— (for multiple rates,	use an aver	age amount)
		(not to	exceed \$100)				
Total Connection Ch	narges Waived	(16) \$	0.0		_		
Deferred Interest		(17) \$	0.00		_		
			To	otal 1	ribal Link Up Supp	ort Claime	ed (18) \$ ⁰
ETC Payment							
•	0						
Total Lifeline \$ 102	Total TLS \$_0_		т	otal			
					Total	Dollars (19	9) \$ 102

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

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

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06/02/2015	teresa emerson
DATE	OFFICER SIGNATURE
accountant	teresa emerson

OFFICER TITLE

OFFICER NAME

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FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

(1) USAC Service Provider Id	dentification Number	14303	32568		(2) Stud	dy Area Cod	de 269005
(3) Filer 499 ID 827159		(4) Te	chnology Ty	/pe (check one) Wirelin	ne 🔲	Wireless 🗸
(5) ETC Designation Type (C	heck one): Lifeline	Only		High	Cost/Low Income		
(6) Organization Information				(7)	Filing Information		
Company Legal Name:	Cumberland Ce	llular	Inc	a)	Submission Date	07/08/20	015
Contact Name:	teresa emerson			b)	Data Month	June 20	15
Mailing Address:	2150 n main			c)	Type of Filing (check one)		
						Original Revision	
	jamestown, KY	42629		d)	State Reporting	KENTU	CKY
Telephone Number:	2703431171						
Fax Number:	2703432600						
E-mail Address:	temerson@duot	tel.con	n				
Lifeline							
		, ,	ifeline		(b) Lifeline Sup		(c) Total Lifeline
Non-Tribal Low-Income Sub			ribers		Subscriber Sup		_ 111
Receiving federal Li	feline Support	(8) 12					
Tribal Low-Income Subscrib Receiving federal Li		(9) 0			$\times \$ \frac{0.00}{\text{(not to exceed $34.25)}} = \$$		= \$ 0
, tooottiing rousium =		То			ederal Lifeline Sup	ed (10) \$ 111	
Toll Limitation Service	es (TLS)						
			0.00000				
Cost of Providing T (the lesser of increment	LS per Subscriber al cost or \$3 in 2012 /\$2 i	(11) n 2013)	0.00000	0	_		
Number of TLS Sub	scribers	(12)	0				
					Total TLS Supp	ort Claimed	i (13) \$ <u>0</u>
Tribal Link Up (Availab	le only to ETCs rece	iving H	igh Cost su	ppor	t)		
Number of Connect	ions Waived	(14) 0			_		
Charges Waived pe		(15) \$	0.00		(for multiple rates	, use an avera	age amount)
		(not to	exceed \$100)				
Total Connection C	harges Waived	(16) \$	0.0		_		
Deferred Interest		(17) \$	0.00				
			т	otal	Tribal Link Up Sup	port Claime	d (18) \$ <u>0</u>
ETC Payment							
Total Lifeline \$ 111	Total TLS \$ 0		-	Total	Tribal Link Up \$ 0		
					Tota	l Dollars (19	9) \$

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

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

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07/08/2015	teresa emerson
DATE	OFFICER SIGNATURE
accountant	teresa emerson

OFFICER TITLE OFFICER NAME

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FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

(1) USAC Service Provider Identification Number 143032568 (2) Study Area Code 269005							
(3) Filer 499 ID 827159		(4) Te	chnology Ty	pe (check one) Wireli	ne 🔲	Wireless 🔽
(5) ETC Designation Type (C	heck one): Lifeline	Only	💷 н	ligh	Cost/Low Income		
(6) Organization Information				(7)	Filing Information	,	
Company Legal Name:	Cumberland Ce	llular	Inc	a)	Submission Date	08/05/20	015
Contact Name:	TERESA EMEF	RSON		b)	Data Month	July 201	5
Mailing Address:	2150 N MAIN			c)	Type of Filing (check one)		
						Original Revision	A
	JAMESTOWN,	KY 42	629	d)	State Reporting	KENTU	CKY
Telephone Number:	2703433131						
Fax Number:	2703432600						
E-mail Address:	TEMERSON@I	TOUC	EL.COM				
Lifeline				-			
Literine			_ifeline		(b) Lifeline Sup		(c) Total Lifeline
Non-Tribal Low-Income Sub	ecribare	Subsc	<u>cribers</u>		Subscriber Sup	port	
Receiving federal Li		(8) 1	2		x \$9.2	5	= \$ 111
Tribal Low-Income Subscrib		(9) 0			x \$ <u>0.00</u>		= \$ 0
Receiving federal Li	feline Support	To		tal F	not to exce) ederal Lifeline Sup	ed (10) \$ 111	
Tall Limitation Convin	os (TI S)					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(10) 4 111
Toll Limitation Servic	es (ILS)						
Cost of Providing TI (the lesser of incrementa	_S per Subscriber al cost or \$3 in 2012 /\$2 i	(11) n 2013)	0.00000	0			
Number of TLS Sub	scribers	(12)	0		_		
					Total TLS Supp	ort Claimed	I (13) \$ <u>0</u>
Tribal Link Up (Availabl	le only to ETCs rece	iving H	igh Cost su	por	t)		
Number of Connecti	ons Waived	(14)	0				
Charges Waived per	Connection	(15) \$	0.00		(for multiple rates	, use an avera	age amount)
		(not to	exceed \$100)				
Total Connection Ch	narges Waived	(16) \$	0.0		_		
Deferred Interest		(17) \$	0.00		_		
			Te	otal 1	Γribal Link Up Sup	oort Claime	d (18) \$ 0
ETC Payment					,		, , , -
(₹ n	T-4-1-T-0-0		_		-		
Total Lifeline \$ 111	Total TLS \$_U_		Т	otal			
					Total	Dollars (19	s) \$ 111

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

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

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08/05/2015	TERESA EMERSON					
DATE	OFFICER SIGNATURE					
ACCOUNTANT	TERESA EMERSON	_				

OFFICER TITLE

OFFICER NAME

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LIFELINE WORKSHEET

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(3) Filer 499 ID 827159		(4) Technology T	уре (check one) Wireli	ne 🔲	Wireless 2	<u> </u>
(5) ETC Designation Type (C	heck one): Lifelir	e Only	High	Cost/Low Income	Z		
(6) Organization Information			(7)	Filing Information			
Company Legal Name:	Cumberland Co	ellular Inc	a)	Submission Date	09/04/2015	j	
Contact Name:	TERESA EME	RSON	b)	Data Month	August 201	5	
Mailing Address:	2150 n main		c)	Type of Filing (check one)			
	1				Original Z		
	jamestown, KY	42629	d)	State Reporting	KENTUCK	Y	\dashv
Telephone Number:	2703431171					•	
Fax Number:	2703432600		1				
E-mail Address:	temerson@duo	tel.com					
Lifeline							
		(a) # Lifeline Subscribers		(b) Lifeline Sup		Total Lifelin	1e
Non-Tribal Low-Income Subs				Subscriber Sup			
Receiving federal Li	feline Support	(8) 11		x \$9.25	5 = 5	\$ <u>102</u>	
Tribal Low-Income Subscribe		(9) 0		× \$ <u>0.00</u> = \$ <u>0</u>		§ <u>0</u>	
Receiving federal Lit	leilile Support	То	(not to exceed \$34.25) otal Federal Lifeline Support Claimed (10) \$ 102				
Toll Limitation Service	es (TLS)				,	-, + <u></u>	
Cost of Providing TL (the lesser of incremental	S per Subscriber I cost or \$3 in 2012 /\$2	(11) 0.00000 in 2013)	0				
Number of TLS Subs	cribers	(12) <u>0</u>		_			
Triballink Un (A. W.)				Total TLS Suppo	ort Claimed (13)\$0	
Tribal Link Up (Available	e only to ETCs rece	iving High Cost sup	opon)			
Number of Connection	ons Waived	(14) 0		_			
Charges Waived per	Connection	(15) \$ <u>0.00</u>		(for multiple rates,	use an average ar	nount)	
		(not to exceed \$100)					
Total Connection Ch	arges Waived	(16) \$ <u>0.0</u>		_			
Deferred Interest		(17) \$ 0.00		_			
		To	otal T	ribal Link Up Supp	ort Claimed (18) \$ 0	
ETC Payment							
Total Lifeline \$ 102	Total TLS \$_0_	Т	otal '	Tribal Link Up \$ 0			
					Dollars (19) \$ _	102	
				i otai	ciiαi σ (10) ψ _		

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

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accountant	teresa emerson				
DATE	OFFICER SIGNATURE				
09/04/2015	teresa emerson				
00/04/0045	toroca emercon				

OFFICER TITLE

OFFICER NAME

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FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

(1) USAC Service Provider Id	(1) USAC Service Provider Identification Number 143032568 (2) Study Area Code 269005						
(3) Filer 499 ID 827159		(4) Te	chnology Ty	/pe (check one) Wirelin	ne 🔲	Wireless 🔽
(5) ETC Designation Type (C	heck one): Lifeline	e Only	<u> </u>	ligh	Cost/Low Income	✓	
(6) Organization Information				(7) ا	Filing Information		
Company Legal Name:	Cumberland Ce	llular	Inc	a)	Submission Date	10/05/2	015
Contact Name:	TERESA EMER	RSON		b)	Data Month	Septem	ber 2015
Mailing Address:	2150 n main			c)	Type of Filing (check one)		
						Original Revision	A
Construction of the second	jamestown, KY	42629		d)	State Reporting	KENTU	
Telephone Number:	270 343 1171						
Fax Number:	270 343 2600						
E-mail Address:	temerson@duo	tel.con	n				
Lifeline							
Literine		(a) # L	.ifeline		(b) Lifeline Sup		(c) Total Lifeline
Non-Tribal Low-Income Subs	ecribare	Subsc	ribers		Subscriber Sup	port	
Receiving federal Li		(8) 1	1		x \$9.2	5	= \$ 102
Tribal Low-Income Subscribe		(9) 0			_ x \$ <u>0.00</u> =		= \$ 0
Receiving federal Li	feline Support	To		tal F	not to exce ederal Lifeline Sup	ed (10) \$ 102	
Tall Limitation Camio	oc (TLS)		, ,		ouorur Eiroinio Oup	port oranii	10/ 0 102
Toll Limitation Servic	es (ILS)						
Cost of Providing TI (the lesser of incremental	_S per Subscriber al cost or \$3 in 2012 /\$2 i	(11) in 2013)	0.00000	0			
Number of TLS Subs	scribers	(12)	0				
					Total TLS Supp	ort Claimed	i (13) \$ <u>0</u>
Tribal Link Up (Availabl	le only to ETCs rece	iving H	igh Cost su	opon	t)		
Number of Connecti	ons Waived	(14)	0		_		
Charges Waived per	Connection	(15) \$	0.00		(for multiple rates,	use an avera	age amount)
		(not to	exceed \$100)				
Total Connection Ch	narges Waived	(16) \$	0.0		_		
Deferred Interest		(17) \$	0.00		_		
			Т	otal 7	Γribal Link Up Sup _l	oort Claime	d (18) \$ <u>0</u>
ETC Payment							
Total Lifeline \$_102	Total TLS \$ 0		Т	otal	Tribal Link Up \$ 0		

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

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

(20) CERTIFICATIONS AND SIGNATURES

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

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

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

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

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

OFFICER TITLE	OFFICER NAME
accountant	teresa emerson
DATE	OFFICER SIGNATURE
10/05/2015	teresa emerson

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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Form 497 2012 Edition

LIFELINE WORKSHEET

(1) USAC Service Provider Id	(1) USAC Service Provider Identification Number 143032568 (2) Study Area Code 269005						
(3) Filer 499 ID 827159 (4) Technolog					check one) Wirelin	ne 🔲	Wireless 🔽
(5) ETC Designation Type (Check one): Lifeline Only				igh	Cost/Low Income		
(6) Organization Information				(7) I	Filing Information		
Company Legal Name:	Cumberland Ce	llular Ind	С	a)	Submission Date	11/04/2	015
Contact Name:	TERESA EMER	RSON		b)	Data Month	Octobe	r 2015
Mailing Address:	2150 N MAIN			c)	Type of Filing (check one)		
						Original Revision	A
	JAMESTOWN,	KY 4262	9	d)	State Reporting	KENTU	CKY
Telephone Number:	2703433131						
Fax Number:	2703432600						
E-mail Address:	temerson@duo	tel.com					
Lifeline							
		(a) # Lifel			(b) Lifeline Sup		(c) Total Lifeline
Non-Tribal Low-Income Subs	scribers	Subscrib			Subscriber Sup	port	
Receiving federal Li	feline Support				x \$9.25		= \$ 93
Tribal Low-Income Subscribe		(9) 0					= \$ 0
Receiving federal Li	Teline Support		Tota	al F	not to excee ederal Lifeline Sup		ed (10) \$ 93
Toll Limitation Servic	es (TLS)						• • • •
Ton Emmation Corvio	65 (726)						
Cost of Providing TL (the lesser of incremental		(''') —	.000000)	_		
Number of TLS Subs	scribers	(12) <u>0</u>			<u> </u>		
					Total TLS Suppo	ort Claime	d (13) \$ <u>0</u>
Tribal Link Up (Available	e only to ETCs rece	iving High	Cost supp	port)		
Number of Connecti	ons Waived	(14) <u>0</u>	1		_		
Charges Waived per	Connection	(15) \$ <u>0</u>	.00		(for multiple rates,	use an aver	age amount)
		(not to exce	eed \$100)				
Total Connection Ch	arges Waived	(16) \$ <u>0</u> .	.0		_		
Deferred Interest		(17) \$ <u>0</u> .	.00		_		
			Tot	al T	ribal Link Up Supp	ort Claime	ed (18) \$ <u>0</u>
ETC Payment							
Total Lifeline \$ 93	Total TLS \$_0		То	tal .	Tribal Link Up \$ 0		
						Dollars (19	93

Form 497

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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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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11/04/2015	TERESA EMERSON				
DATE	OFFICER SIGNATURE				
accouintant	TERESA EMERSON				

OFFICER TITLE

OFFICER NAME

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FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

	142022500						
	(1) USAC Service Provider Identification Number 143032568 (2) Study Area Code 269005						
(3) Filer 499 ID 827159		(4) Technology T	ype (check one) Wireli	ne 🔲	Wireless 🔽	
(5) ETC Designation Type (C	check one): Lifeline	Only 📮	High	Cost/Low Income			
(6) Organization Information			(7)	Filing Information	T		
Company Legal Name:	Cumberland Ce	llular Inc	a)	Submission Date	12/01/2	015	
Contact Name:	teresa emerson		b)	Data Month	Novem	ber 2015	
Mailing Address:	2150 n main		c)	Type of Filing (check one)			
					Original Revision		
	jamestown, KY	42629	d)	State Reporting	KENTU	ICKY	
Telephone Number:	2703433131						
Fax Number:	2703432600						
E-mail Address:	temerson@duo	tel.com					
Lifeline		(a) # Lifeline Subscribers		(b) Lifeline Sup Subscriber Suj		(c) Total Lifeline	
Non-Tribal Low-Income Sub		(8) 9				= \$ 83	
Receiving federal L		0		0.00	.5	= \$ 0	
Tribal Low-Income Subscrib Receiving federal L		(9) 0		x \$ <u>0.00</u>	= \$		
nooning reasons =		T	otal l	ederal Lifeline Sup	port Claim	ned (10) \$ <u>83</u>	
Toll Limitation Service	ces (TLS)						
Cost of Providing T (the lesser of increment	LS per Subscriber tal cost or \$3 in 2012 /\$2 i	(11) in 2013) 0.00000	00_				
Number of TLS Sub	scribers	(12) <u>0</u>					
				Total TLS Supp	ort Claime	ed (13) \$ 0	
Tribal Link Up (Availab	ole only to ETCs rece	eiving High Cost su	ıppo				
Number of Connect	tions Waived	(14) 0					
Charges Waived pe		(15) \$ 0.00 (not to exceed \$100)		(for multiple rates	s, use an ave	rage amount)	
		(not to exceed \$100))				
Total Connection C	harges Waived	(16) \$ <u>0.0</u>					
Deferred Interest		(17) \$ 0.00					
			Total	Tribal Link Up Sup	port Claim	ed (18) \$ ⁰	
			. •		F		
ETC Payment							
Total Lifeline \$_83	Total TLS \$_0		Tota	l Tribal Link Up \$ <u>(</u>)		
				Tota	al Dollars (19) \$ 83	

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

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

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DATE OFFICER SIGNATURE accountant teresa emerson	OFFICER TITLE	OFFICER NAME
	accountant	teresa emerson
12/01/2015 teresa emerson	DATE	OFFICER SIGNATURE
10/04/0045	12/01/2015	teresa emerson

OFFICER TITLE OFFICER NAME

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LIFELINE WORKSHEET

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(3) Filer 499 ID 827159		(4) Te	echnology T	уре (check one) Wireli		Wireless 🗸	
(5) ETC Designation Type (C	Check one): Lifelin	e Only		High	Cost/Low Income		-	
(6) Organization Information	1			(7)	Filing Information			
Company Legal Name:	Cumberland Ce	ellular	Inc	a)	Submission Date	01/06/2	2016	
Contact Name:	teresa emersor	1		b)	Data Month	Decem	ber 2015	
Mailing Address:	2150 n main			c)	Type of Filing (check one)			
						Original Revision	A	
7-11	jamestown, KY	42629	9	d)	State Reporting	KENTL	JCKY	
Telephone Number:	2703433131							
Fax Number:								
E-mail Address:	temerson@duo	tel.cor	n					
Lifeline								
211011110		, ,	Lifeline		(b) Lifeline Sup		(c) Total Lifeline	
Non-Tribal Low-Income Sub	scribers	Subs	cribers		Subscriber Sup	port		
Receiving federal Li	feline Support	(8) _8	3		x \$9.25		= \$ 74	
Tribal Low-Income Subscrib		(9) 0					= \$ 0	
Receiving federal Li	feline Support	To			(not to exceed \$34.25) al Federal Lifeline Support Claimed (10) \$ 74			
Toll Limitation Service	os (TI S)				•	· · · · · · · · · · · · · · · · · · ·		
Ton Emiliation Servic	(1L0)							
Cost of Providing TI (the lesser of incrementa	LS per Subscriber al cost or \$3 in 2012 /\$2	(11) in 2013)	0.00000	00_				
Number of TLS Sub	scribers	(12)	0					
Tribal Link Up (Availabl	le only to ETCs rece	eivina H	liah Cost su	ınnon	Total TLS Supp	ort Claime	d (13) \$ <u>0</u>	
	,			1-1	,			
Number of Connecti Charges Waived per		(14)	0.00					
Charges walved per	Connection	(not to	exceed \$100)		(for multiple rates,	, use an avei	rage amount)	
Total Connection Ch	narges Waived	(16) \$	0.0		^			
Deferred Interest	J = = = = = = = = = = = = = = = = = = =		0.00					
Deterred interest		(1/)\$					0	
			Т	otal 1	ribal Link Up Supp	port Claim	ed (18) \$ <u>U</u>	
ETC Payment								
Total Lifeline \$_74	Total TLS \$ 0			Total	Tribal Link Up \$ 0			
						Dollars (1		
					iotai	Dollars (1	J) 4	

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

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01/06/2016	teresa emerson
DATE	OFFICER SIGNATURE
accountant	teresa emerson
OFFICER TITLE	OFFICER NAME

OFFICER TITLE

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FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

(1) USAC Service Provider I	dentification Numbe	r <u>1430</u>	32568		(2) Stu	dy Area Co	ode_269005
(3) Filer 499 ID 827159		(4) Te	echnology T	уре (check one) Wireli	ne 🔲	Wireless 🔽
(5) ETC Designation Type (C	heck one): Lifelir	e Only		High	Cost/Low Income	V	
(6) Organization Information				(7)	Filing Information		
Company Legal Name:	Cumberland Co	ellular	Inc	a)	Submission Date	02/05/2	2016
Contact Name:	teresa emersor	1		b)	Data Month	Januar	y 2016
Mailing Address:	2150 north mai	n		c)	Type of Filing (check one)		
					• • • • • • • • • • • • • • • • • • • •	Original Revision	A
Tolonhous Number	jamestown, KY	42629	9	d)	State Reporting	KENTU	ICKY
Telephone Number: Fax Number:	2703431171						
rax Nulliber.	2703432600						
E-mail Address:	temerson@duo	tel.cor	n				
Lifeline							
			_ifeline		(b) Lifeline Sup		(c) Total Lifeline
Non-Tribal Low-Income Subs		Subscribers			Subscriber Support		
Receiving federal Li	feline Support	(8) 9					= \$ 83
Tribal Low-Income Subscribe		(9) <u>(</u>)		x \$ <u>0.00</u>	-1 (01 05)	= \$ 0
Receiving federal Lifeline Support			То	tal F	not to exce) ederal Lifeline Sup		ed (10) \$ 83
Toll Limitation Services (TLS)							
· ··· = IIIII doi violo (120)							
Cost of Providing TI (the lesser of incremental	S per Subscriber al cost or \$3 in 2012 /\$2	(11) in 2013)	0.00000	0	_		
Number of TLS Subs	scribers	(12)	0				
Total TLS Support Claimed (13) \$ 0 Tribal Link Up (Available only to ETCs receiving High Cost support)							d (13) \$ <u>0</u>
					•		
Number of Connecti		(14)	0 00		(for multiple rates,		
Charges Waived per	Connection	(15) \$ (not to	exceed \$100)		(for multiple rates,	use an avera	age amount)
Total Connection Ch	arges Waived	(16) ¢	0.0				
Deferred Interest		(17) \$	0.00				_
			To	otal T	ribal Link Up Supp	ort Claime	d (18) \$ <u>0</u>
ETC Payment							
Total Lifeline \$ 83 Total TLS \$ 0 Total Tribal Link Up \$ 0							
					Total	Dollars (19	3) \$

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OFFICER TITLE	OFFICER NAME	
accountant	TERESA EMERSON	
DATE	OFFICER SIGNATURE	
2.700,2010	TENEOA EMENSON	
02/05/2016	TERESA EMERSON	

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

(4) Technology Type (check one) Wireline	(1) USAC Service Provider lo	dentification Numbe	1430	32568	ir.	(2) Stu	dy Area Co	ode_269005
(6) Organization Information Company Legal Name: Cumberland Cellular Inc a) Submission Date (7) Filing Information Contact Name: teresa emerson b) Data Month February 2016 Mailing Address: 2150 n main c) Type of Filing (check one) Jamestown, KY 42629 d) State Reporting Revision Original Revision Original Revision Original Revision Revision Telephone Number: 270-343-2600 E-mail Address: temerson@duotel.com Cityle of Filing (check one) Very Subscribers (a) # Lifeline Subscribers Subscriber	(3) Filer 499 ID 827159 (4) Technology Ty					check one) Wireli	ne 🔲	Wireless 🔽
Company Legal Name: Cumberland Cellular Inc a Submission Date 03/04/2016 Contact Name: teresa emerson b) Data Month February 2016 Mailing Address: 2150 n main Cipy per of Filing (check one) Original Revision Providing Impression Receiving Federal Lifeline Support (c) Type of Filing (check one) Original Revision Providing Impression Receiving Federal Lifeline Support (c) Total Lifeline Subscribers Receiving federal Lifeline Support (a) # Lifeline Subscribers Receiving federal Lifeline Support (b) E-mail Address: (a) # Lifeline Subscribers Subscribers Subscribers Subscribers Subscribers Receiving federal Lifeline Support (a) Total Federal Lifeline Support (b) § 65 Tribal Low-Income Subscribers Receiving federal Lifeline Support (b) E-mail Receiving Federal Lifeline Support (c) Total Lifeline Subscribers Receiving Federal Lifeline Support (a) Total Federal Lifeline Support (c) Total Lifeline Subscriber (b) E-mail Receiving Federal Lifeline Support (c) Total Lifeline Subscriber (c) Total Federal Lifeline Support (c) Total Lifeline Support (c) Total Lifeline Support (c) Total Lifeline Support (c) Total Lifeline Subscriber (c) Total Federal Lifeline Support (c) Total								
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Mailing Address: 2150 n main	Company Legal Name:	Cumberland Ce	ellular	Inc			03/04/2	2016
Telephone Number: 2703431171 Fax Number: 270-343-2600 E-mail Address: temerson@duotel.com Lifeline Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support Revision Revisant Astronal Revise Receiving federal Lifeline Support Receiving federal Lif	Contact Name:	teresa emersor	1		b)	Data Month	Februa	ry 2016
Telephone Number: 2703431171 Fax Number: 270-343-2600 E-mail Address: temerson@duotel.com Lifeline Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support Receiving federal Lifeline Support Total Federal Lifeline Support Claimed (10) \$ 65 Total Limitation Services (TLS) Cost of Providing TLS per Subscribers (12) 0 Number of TLS Subscribers (14) 0 Number of Connections Waived Charges Waived per Connection Total Connection Charges Waived Deferred Interest Total Tribal Link Up Support Claimed (18) \$ 0 Total Tribal Link Up Support Claimed (18) \$ 0 Total Tribal Link Up Support Claimed (18) \$ 0 Total Tribal Link Up Support Claimed (18) \$ 0 Total Tribal Link Up Support Claimed (18) \$ 0 Total Tribal Link Up Support Claimed (18) \$ 0 Total Tribal Link Up Support Claimed (18) \$ 0 Total Tribal Link Up Support Claimed (18) \$ 0 Total Tribal Link Up Support Claimed (18) \$ 0 Total Tribal Link Up Support Claimed (18) \$ 0 Total Tribal Link Up Support Claimed (18) \$ 0 Total Tribal Link Up Support Claimed (18) \$ 0 Total Tribal Link Up Support Claimed (18) \$ 0 Total Tribal Link Up Support Claimed (18) \$ 0 Total Tribal Link Up Support Claimed (18) \$ 0 Total Tribal Link Up Support Claimed (18) \$ 0 Total Tribal Link Up Support Claimed (18) \$ 0 Total Tribal Link Up Support Claimed (18) \$ 0	Mailing Address:	2150 n main			c)			
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E-mail Address: temerson@duotel.com Lifeline Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support Claimed Receiving Federal Lifeline Support Receiving Federal Lifeline Support Receiving Federal Lifeline Support Claimed Receiving Federal Lifeline Support Receiving		2703431171						
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FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

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

(20) CERTIFICATIONS AND SIGNATURES

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

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

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

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

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

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(1) USAC Service Provider I	(2) Stu	dy Area Co	ode 269005					
(3) Filer 499 ID 827159		(4) T	echnology T	ype (check one) Wireli	ne 🔲	Wireless	— ✓⊪
(5) ETC Designation Type (C	heck one): Lifelin	e Only			Cost/Low Income			TOTAL CONTRACTOR OF THE PARTY O
(6) Organization Information				(7)	Filing Information	xxxxxx		
Company Legal Name:	Cumberland Co	ellular	Inc	a)	Submission Date	03/31/2	2016	
Contact Name:	TERESA EMER	RSON		b)	Data Month	March 2	2016	
Mailing Address:	2150 N MAIN			c)	Type of Filing (check one)			
]	,	Original Revision		
	JAMESTOWN,	KY 42	2629	d)	State Reporting	KENTU		
Telephone Number:	270-343-1171					11.2.11.0		
Fax Number:	270-343-2600			1				
E-mail Address:	temerson@duo	tel.co	m	1				
Lifeline				•				
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					Total	Dollars (19	9) \$	

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accountant	teresa emerson	
DATE	OFFICER SIGNATURE	
03/31/2016	teresa emerson	

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