

# EXHIBIT 31

LIFELINE WORKSHEET

Avg. Burden Est. per Respondent: 2.5 Hrs.

(1) USAC Service Provider Identification Number 143028049 (2) Study Area Code 269006

(3) Filer 499 ID 822752 (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:	North Central Communications Inc.	a) Submission Date	02/13/2014
Contact Name:	Kim Marsh	b) Data Month	January 2014
Mailing Address:	872 Hwy 52 By-Pass E	c) Type of Filing (check one)	Original <input checked="" type="checkbox"/> Revision <input type="checkbox"/>
	P O Box 70		
	Lafayette, TN 37083		
Telephone Number:	6156662151	d) State Reporting	KENTUCKY
Fax Number:	6156666118		
E-mail Address:	kim.marsh@nctc.com		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/ Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>136</u>	x \$ <u>9.25</u>	= \$ <u>1258</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>1258</u></b>

**Toll Limitation Services (TLS)**

Cost of Providing TLS per Subscriber (11) 0.000000  
(the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)

Number of TLS Subscribers (12) 0

Total TLS Support Claimed (13) \$ 0

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

Number of Connections Waived (14) 0

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

Total Connection Charges Waived (16) \$ 0.0

Deferred Interest (17) \$ 0.00

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

**ETC Payment**

Total Lifeline \$ 1258 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 1258

LIFELINE WORKSHEET

Avg. Burden Est. per Respondent: 2.5 Hrs.

**(20) CERTIFICATIONS AND SIGNATURES**

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

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

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

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

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02/13/2014

Johnny L. McClanahan

DATE

OFFICER SIGNATURE

Vice President - Finance

Johnny L. McClanahan

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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LIFELINE WORKSHEET

(1) USAC Service Provider Identification Number 143028049 (2) Study Area Code 269006  
 (3) Filer 499 ID 822752 (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:	North Central Communications Inc.	a) Submission Date	02/20/2014
Contact Name:	Kim Marsh	b) Data Month	February 2014
Mailing Address:	872 Hwy 52 By-Pass E	c) Type of Filing (check one)	Original <input checked="" type="checkbox"/> Revision <input type="checkbox"/>
	P O Box 70		
	Lafayette, TN 37083		
Telephone Number:	6156662151	d) State Reporting	KENTUCKY
Fax Number:	6156666118		
E-mail Address:	kim.marsh@nctc.com		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/ Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>135</u>	x \$ <u>9.25</u>	= \$ <u>1249</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>1249</u></b>

**Toll Limitation Services (TLS)**

Cost of Providing TLS per Subscriber (11) 0.000000  
(the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)  
 Number of TLS Subscribers (12) 0

Total TLS Support Claimed (13) \$ 0

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

Number of Connections Waived (14) 0  
 Charges Waived per Connection (15) \$ 0.00 (for multiple rates, use an average amount)  
(not to exceed \$100)  
 Total Connection Charges Waived (16) \$ 0.0  
 Deferred Interest (17) \$ 0.00

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

**ETC Payment**

Total Lifeline \$ 1249 Total TLS \$ 0 Total Tribal Link Up \$ 0  
 Total Dollars (19) \$ 1249

LIFELINE WORKSHEET

**(20) CERTIFICATIONS AND SIGNATURES**

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

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

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

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02/20/2014

Johnny L. McClanahan

DATE

OFFICER SIGNATURE

VP - Finance

Johnny L. McClanahan

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OFFICER NAME

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LIFELINE WORKSHEET

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 (3) Filer 499 ID 822752 (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:	North Central Communications Inc.	a) Submission Date	04/10/2014
Contact Name:	Kim Marsh	b) Data Month	March 2014
Mailing Address:	P O Box 70	c) Type of Filing (check one)	Original <input checked="" type="checkbox"/> Revision <input type="checkbox"/>
	872 Hwy 52 By-Pass E		
	Lafayette, TN 37083		
Telephone Number:	6156662151	d) State Reporting	KENTUCKY
Fax Number:	6156666118		
E-mail Address:	kim.marsh@nctc.com		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>131</u>	x \$ <u>9.25</u>	= \$ <u>1212</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>1212</u></b>

**Toll Limitation Services (TLS)**

Cost of Providing TLS per Subscriber (11) 0.000000  
(the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)  
 Number of TLS Subscribers (12) 0

Total TLS Support Claimed (13) \$ 0

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

Number of Connections Waived (14) 0  
 Charges Waived per Connection (15) \$ 0.00 (for multiple rates, use an average amount)  
(not to exceed \$100)

Total Connection Charges Waived (16) \$ 0.0

Deferred Interest (17) \$ 0.00

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

**ETC Payment**

Total Lifeline \$ 1212 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 1212

LIFELINE WORKSHEET

(20) CERTIFICATIONS AND SIGNATURES

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04/10/2014

Johnny L. McClanahan

DATE

OFFICER SIGNATURE

VP - Finance

Johnny L. McClanahan

OFFICER TITLE

OFFICER NAME

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(6) Organization Information

(7) Filing Information

Company Legal Name:	North Central Communications Inc.	a) Submission Date	04/22/2014
Contact Name:	Kim Marsh	b) Data Month	April 2014
Mailing Address:	P O Box 70	c) Type of Filing (check one)	Original <input type="checkbox"/> Revision <input checked="" type="checkbox"/>
	872 Hwy 52 By-Pass E Lafayette, TN 37083		
Telephone Number:	6156662151	d) State Reporting	KENTUCKY
Fax Number:	6156666118		
E-mail Address:	kim.marsh@nctc.com		

**Lifeline**

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Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>1212</u></b>

**Toll Limitation Services (TLS)**

Cost of Providing TLS per Subscriber (11) 0.000000  
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 Number of TLS Subscribers (12) 0

Total TLS Support Claimed (13) \$ 0

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

Number of Connections Waived (14) 0  
 Charges Waived per Connection (15) \$ 0.00 (for multiple rates, use an average amount)  
(not to exceed \$100)  
 Total Connection Charges Waived (16) \$ 0.0  
 Deferred Interest (17) \$ 0.00

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

**ETC Payment**

Total Lifeline \$ 1212 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 1212



LIFELINE WORKSHEET

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06/06/2014

Johnny L. McClanahan

DATE

OFFICER SIGNATURE

VP - Finance

Johnny L. McClanahan

OFFICER TITLE

OFFICER NAME

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LIFELINE WORKSHEET

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

(6) Organization Information

(7) Filing Information

Company Legal Name:	North Central Communications Inc.	a) Submission Date	06/04/2014
Contact Name:	Kim Marsh	b) Data Month	May 2014
Mailing Address:	P O Box 70	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	872 Hwy 52 By-Pass E		
	Lafayette, TN 37083	d) State Reporting	KENTUCKY
Telephone Number:	6156662151		
Fax Number:	6156666118		
E-mail Address:	kim.marsh@nctc.com		

**Lifeline**

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<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>1212</u></b>

**Toll Limitation Services (TLS)**

Cost of Providing TLS per Subscriber (11) 0.000000  
(the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)

Number of TLS Subscribers (12) 0

Total TLS Support Claimed (13) \$ 0

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

Number of Connections Waived (14) 0

Charges Waived per Connection (15) \$ 0.00 (for multiple rates, use an average amount)  
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Total Connection Charges Waived (16) \$ 0.0

Deferred Interest (17) \$ 0.00

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

**ETC Payment**

Total Lifeline \$ 1212 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 1212

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07/03/2014

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Vice President - Finance

Johnny L. McClanahan

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**LIFELINE WORKSHEET**

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(3) Filer 499 ID 822752 (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**

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Contact Name:	Kim Marsh	b) Data Month	June 2014
Mailing Address:	P O Box 70	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	872 Hwy 52 By-Pass E		
	Lafayette, TN 37083		
		d) State Reporting	KENTUCKY
Telephone Number:	6156662151		
Fax Number:	6156666118		
E-mail Address:	kim.marsh@nctc.com		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>130</u>	x \$ <u>9.25</u>	= \$ <u>1203</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>1203</u></b>

**Toll Limitation Services (TLS)**

Cost of Providing TLS per Subscriber (11) 0.000000  
(the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)

Number of TLS Subscribers (12) 0

**Total TLS Support Claimed (13) \$ 0**

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

Number of Connections Waived (14) 0

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

Total Connection Charges Waived (16) \$ 0.0

Deferred Interest (17) \$ 0.00

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

**ETC Payment**

Total Lifeline \$ 1203 Total TLS \$ 0 Total Tribal Link Up \$ 0

**Total Dollars (19) \$ 1203**

LIFELINE WORKSHEET

**(20) CERTIFICATIONS AND SIGNATURES**

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

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

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

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

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07/03/2014

Johnny L. McClanahan

**DATE**

**OFFICER SIGNATURE**

Vice President - Finance

Johnny L. McClanahan

**OFFICER TITLE**

**OFFICER NAME**

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LIFELINE WORKSHEET

(1) USAC Service Provider Identification Number 143028049 (2) Study Area Code 269006

(3) Filer 499 ID 822752 (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:	North Central Communications Inc.	a) Submission Date	07/21/2014
Contact Name:	Kim Marsh	b) Data Month	July 2014
Mailing Address:	P O Box 70	c) Type of Filing (check one) Original <input checked="" type="checkbox"/> Revision <input type="checkbox"/>	d) State Reporting KENTUCKY
	872 Hwy 52 By-Pass E		
	Lafayette, TN 37083		
Telephone Number:	6156662151		
Fax Number:	6156666118		
E-mail Address:	kim.marsh@nctc.com		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/ Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>130</u>	x \$ <u>9.25</u>	= \$ <u>1203</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>1203</u></b>

**Toll Limitation Services (TLS)**

Cost of Providing TLS per Subscriber (11) 0.000000  
(the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)

Number of TLS Subscribers (12) 0

Total TLS Support Claimed (13) \$ 0

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

Number of Connections Waived (14) 0

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

Total Connection Charges Waived (16) \$ 0.0

Deferred Interest (17) \$ 0.00

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

**ETC Payment**

Total Lifeline \$ 1203 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 1203

FCC Form 497  
April 2012 Edition

LIFELINE WORKSHEET

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

(20) CERTIFICATIONS AND SIGNATURES

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

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

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08/27/2014

Johnny L. McClanahan

DATE

OFFICER SIGNATURE

Vice President - Finance

Johnny L. McClanahan

OFFICER TITLE

OFFICER NAME

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LIFELINE WORKSHEET

(1) USAC Service Provider Identification Number 143028049 (2) Study Area Code 269006  
 (3) Filer 499 ID 822752 (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:	North Central Communications Inc.	a) Submission Date	08/27/2014
Contact Name:	Kim Marsh	b) Data Month	August 2014
Mailing Address:	P O Box 70	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	872 Hwy 52 By-Pass E		
	Lafayette, TN 37083	d) State Reporting	KENTUCKY
Telephone Number:	6156662151		
Fax Number:	6156666118		
E-mail Address:	kim.marsh@nctc.com		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>120</u>	x \$ <u>9.25</u>	= \$ <u>1110</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>1110</u></b>

**Toll Limitation Services (TLS)**

Cost of Providing TLS per Subscriber (11) 0.000000  
(the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)  
 Number of TLS Subscribers (12) 0

Total TLS Support Claimed (13) \$ 0

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

Number of Connections Waived (14) 0  
 Charges Waived per Connection (15) \$ 0.00 (for multiple rates, use an average amount)  
(not to exceed \$100)

Total Connection Charges Waived (16) \$ 0.0  
 Deferred Interest (17) \$ 0.00

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

**ETC Payment**

Total Lifeline \$ 1110 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 1110



FCC Form 497  
April 2012 Edition

LIFELINE WORKSHEET

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

(20) CERTIFICATIONS AND SIGNATURES

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

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

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09/23/2014

Johnny L. McClanahan

DATE

OFFICER SIGNATURE

Vice President - Finance

Johnny L. McClanahan

OFFICER TITLE

OFFICER NAME

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LIFELINE WORKSHEET

(1) USAC Service Provider Identification Number 143028049 (2) Study Area Code 269006  
 (3) Filer 499 ID 822752 (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:	North Central Communications Inc.	a) Submission Date	09/23/2014
Contact Name:	Kim Marsh	b) Data Month	September 2014
Mailing Address:	P O Box 70	c) Type of Filing (check one) Original <input type="checkbox"/> Revision <input checked="" type="checkbox"/>	d) State Reporting KENTUCKY
	872 Hwy 52 By-Pass E		
	Lafayette, TN 37083		
Telephone Number:	6156662151		
Fax Number:	6156666118		
E-mail Address:	kim.marsh@nctc.com		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/ Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>115</u>	x \$ <u>9.25</u>	= \$ <u>1064</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>1064</u></b>

**Toll Limitation Services (TLS)**

Cost of Providing TLS per Subscriber (11) 0.000000  
(the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)  
 Number of TLS Subscribers (12) 0

Total TLS Support Claimed (13) \$ 0

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

Number of Connections Waived (14) 0  
 Charges Waived per Connection (15) \$ 0.00 (for multiple rates, use an average amount)  
(not to exceed \$100)  
 Total Connection Charges Waived (16) \$ 0.0  
 Deferred Interest (17) \$ 0.00

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

**ETC Payment**

Total Lifeline \$ 1064 Total TLS \$ 0 Total Tribal Link Up \$ 0  
 Total Dollars (19) \$ 1064

LIFELINE WORKSHEET

**(20) CERTIFICATIONS AND SIGNATURES**

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09/23/2014

Johnny L. McClanahan

DATE

OFFICER SIGNATURE

Vice President - Finance

Johnny L. McClanahan

OFFICER TITLE

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**LIFELINE WORKSHEET**

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 (3) Filer 499 ID 822752 (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:	North Central Communications Inc.	a) Submission Date	10/30/2014
Contact Name:	Kim Marsh	b) Data Month	October 2014
Mailing Address:	P O Box 70	c) Type of Filing (check one)  Original <input checked="" type="checkbox"/> Revision <input type="checkbox"/>	d) State Reporting KENTUCKY
	872 Hwy 52 By-Pass E		
	Lafayette, TN 37083		
Telephone Number:	6156662151		
Fax Number:	6156666118		
E-mail Address:	kim.marsh@nctc.com		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/ Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>116</u>	x \$ <u>9.25</u>	= \$ <u>1073</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>1073</u></b>

**Toll Limitation Services (TLS)**

Cost of Providing TLS per Subscriber (11) 0.000000  
(the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)  
 Number of TLS Subscribers (12) 0

**Total TLS Support Claimed (13) \$ 0**

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

Number of Connections Waived (14) 0  
 Charges Waived per Connection (15) \$ 0.00 (for multiple rates, use an average amount)  
(not to exceed \$100)  
 Total Connection Charges Waived (16) \$ 0.0  
 Deferred Interest (17) \$ 0.00

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

**ETC Payment**

Total Lifeline \$ 1073 Total TLS \$ 0 Total Tribal Link Up \$ 0

**Total Dollars (19) \$ 1073**

LIFELINE WORKSHEET

**(20) CERTIFICATIONS AND SIGNATURES**

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10/30/2014

Johnny L. McClanahan

DATE

OFFICER SIGNATURE

Vice President - Finance

Johnny L. McClanahan

OFFICER TITLE

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LIFELINE WORKSHEET

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 (3) Filer 499 ID 822752 (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:	North Central Communications Inc.	a) Submission Date	12/16/2014
Contact Name:	Kim Marsh	b) Data Month	November 2014
Mailing Address:	P O Box 70	c) Type of Filing (check one) Original <input checked="" type="checkbox"/> Revision <input type="checkbox"/>	d) State Reporting KENTUCKY
	872 Hwy 52 By-Pass E		
	Lafayette, TN 37083		
Telephone Number:	615-666-2151		
Fax Number:	615-666-6118		
E-mail Address:	kim.marsh@nctc.com		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/ Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>115</u>	x \$ <u>9.25</u>	= \$ <u>1064</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>1064</u></b>

**Toll Limitation Services (TLS)**

Cost of Providing TLS per Subscriber (11) 0.000000  
(the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)  
 Number of TLS Subscribers (12) 0

Total TLS Support Claimed (13) \$ 0

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

Number of Connections Waived (14) 0  
 Charges Waived per Connection (15) \$ 0.00 (for multiple rates, use an average amount)  
(not to exceed \$100)  
 Total Connection Charges Waived (16) \$ 0.0  
 Deferred Interest (17) \$ 0.00

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

**ETC Payment**

Total Lifeline \$ 1064 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 1064

LIFELINE WORKSHEET

**(20) CERTIFICATIONS AND SIGNATURES**

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

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

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

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

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12/16/2014

Johnny L. McClanahan

DATE

OFFICER SIGNATURE

Vice President - Finance

Johnny L. McClanahan

OFFICER TITLE

OFFICER NAME

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LIFELINE WORKSHEET

(1) USAC Service Provider Identification Number 143028049 (2) Study Area Code 269006

(3) Filer 499 ID 822752 (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:	North Central Communications Inc.	a) Submission Date	12/16/2014
Contact Name:	Kim Marsh	b) Data Month	December 2014
Mailing Address:	P O Box 70	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	872 Hwy 52 By-Pass E		
	Lafayette, TN 37083		
		d) State Reporting	KENTUCKY
Telephone Number:	615-666-2151		
Fax Number:	615-666-6118		
E-mail Address:	kim.marsh@nctc.com		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>113</u>	x \$ <u>9.25</u>	= \$ <u>1045</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>1045</u></b>

**Toll Limitation Services (TLS)**

Cost of Providing TLS per Subscriber (11) 0.000000  
(the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)

Number of TLS Subscribers (12) 0

**Total TLS Support Claimed (13) \$ 0**

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

Number of Connections Waived (14) 0

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

Total Connection Charges Waived (16) \$ 0.0

Deferred Interest (17) \$ 0.00

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

**ETC Payment**

Total Lifeline \$ 1045 Total TLS \$ 0 Total Tribal Link Up \$ 0

**Total Dollars (19) \$ 1045**



LIFELINE WORKSHEET

**(20) CERTIFICATIONS AND SIGNATURES**

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

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

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

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12/16/2014

Johnny L. McClanahan

DATE

OFFICER SIGNATURE

Vice President - Finance

Johnny L. McClanahan

OFFICER TITLE

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LIFELINE WORKSHEET

(1) USAC Service Provider Identification Number 143028049 (2) Study Area Code 269006  
 (3) Filer 499 ID 822752 (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:	North Central Communications Inc.	a) Submission Date	02/19/2015
Contact Name:	Kim Marsh	b) Data Month	January 2015
Mailing Address:	P O Box 70	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	872 Hwy 52 By-Pass E		
	Lafayette, TN 37083	d) State Reporting	KENTUCKY
Telephone Number:	6156662151		
Fax Number:	6156666118		
E-mail Address:	kim.marsh@nctc.com		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/ Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>116</u>	x \$ <u>9.25</u>	= \$ <u>1073</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>1073</u></b>

**Toll Limitation Services (TLS)**

Cost of Providing TLS per Subscriber (11) 0.000000  
(the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)  
 Number of TLS Subscribers (12) 0

Total TLS Support Claimed (13) \$ 0

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

Number of Connections Waived (14) 0  
 Charges Waived per Connection (15) \$ 0.00 (for multiple rates, use an average amount)  
(not to exceed \$100)  
 Total Connection Charges Waived (16) \$ 0.0  
 Deferred Interest (17) \$ 0.00

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

**ETC Payment**

Total Lifeline \$ 1073 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 1073

LIFELINE WORKSHEET

**(20) CERTIFICATIONS AND SIGNATURES**

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02/19/2015

Johnny L. McClanahan

DATE

OFFICER SIGNATURE

Vice President - Finance

Johnny L. McClanahan

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LIFELINE WORKSHEET

(1) USAC Service Provider Identification Number 143028049 (2) Study Area Code 269006  
 (3) Filer 499 ID 822752 (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:	North Central Communications Inc.	a) Submission Date	02/19/2015
Contact Name:	Kim Mash	b) Data Month	February 2015
Mailing Address:	P O Box 70	c) Type of Filing (check one)  Original <input checked="" type="checkbox"/> Revision <input type="checkbox"/>	d) State Reporting KENTUCKY
	872 Hwy 52 By-Pass E		
	Lafayette, TN 37083		
Telephone Number:	6156662151		
Fax Number:	6156666118		
E-mail Address:	kim.marsh@nctc.com		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/ Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>115</u>	x \$ <u>9.25</u>	= \$ <u>1064</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>1064</u></b>

**Toll Limitation Services (TLS)**

Cost of Providing TLS per Subscriber (11) 0.000000  
(the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)  
 Number of TLS Subscribers (12) 0

Total TLS Support Claimed (13) \$ 0

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

Number of Connections Waived (14) 0  
 Charges Waived per Connection (15) \$ 0.00 (for multiple rates, use an average amount)  
(not to exceed \$100)  
 Total Connection Charges Waived (16) \$ 0.0  
 Deferred Interest (17) \$ 0.00

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

**ETC Payment**

Total Lifeline \$ 1064 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 1064

LIFELINE WORKSHEET

**(20) CERTIFICATIONS AND SIGNATURES**

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02/19/2015

Johnny L. McClanahan

DATE

OFFICER SIGNATURE

Vice President - Finance

Johnny L. McClanahan

OFFICER TITLE

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LIFELINE WORKSHEET

(1) USAC Service Provider Identification Number 143001635 (2) Study Area Code 290573  
 (3) Filer 499 ID 803364 (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:	North Central Telephone Coop Inc.	a) Submission Date	05/04/2015
Contact Name:	Kim Marsh	b) Data Month	March 2015
Mailing Address:	P O Box 70	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	872 Hwy 52 By-Pas E		
	Lafayette, TN 37083	d) State Reporting	TENNESSEE
Telephone Number:	6156662151		
Fax Number:	6156666118		
E-mail Address:	kim.marsh@nctc.com		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>646</u>	x \$ <u>9.25</u>	= \$ <u>5976</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>5976</u></b>

**Toll Limitation Services (TLS)**

Cost of Providing TLS per Subscriber (11) 0.000000  
(the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)  
 Number of TLS Subscribers (12) 0

Total TLS Support Claimed (13) \$ 0

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

Number of Connections Waived (14) 0  
 Charges Waived per Connection (15) \$ 0.00 (for multiple rates, use an average amount)  
(not to exceed \$100)  
 Total Connection Charges Waived (16) \$ 0.0  
 Deferred Interest (17) \$ 0.00

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

**ETC Payment**

Total Lifeline \$ 5976 Total TLS \$ 0 Total Tribal Link Up \$ 0  
 Total Dollars (19) \$ 5976

LIFELINE WORKSHEET

**(20) CERTIFICATIONS AND SIGNATURES**

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05/04/2015

Johnny L. McClanahan

DATE

OFFICER SIGNATURE

Vice President - Finance

Johnny L. McClanahan

OFFICER TITLE

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LIFELINE WORKSHEET

(1) USAC Service Provider Identification Number 143028049 (2) Study Area Code 269006  
 (3) Filer 499 ID 822752 (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:	North Central Communications Inc.	a) Submission Date	04/30/2015
Contact Name:	Kim Marsh	b) Data Month	April 2015
Mailing Address:	P O Box 70	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	872 Hwy 52 By-Pass E		
	Lafayette, TN 37083	d) State Reporting	KENTUCKY
Telephone Number:	6156662151		
Fax Number:	6156666118		
E-mail Address:	km.marsh@nctc.com		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/ Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>116</u>	x \$ <u>9.25</u>	= \$ <u>1073</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>1073</u></b>

**Toll Limitation Services (TLS)**

Cost of Providing TLS per Subscriber (11) 0.000000  
(the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)  
 Number of TLS Subscribers (12) 0

Total TLS Support Claimed (13) \$ 0

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

Number of Connections Waived (14) 0  
 Charges Waived per Connection (15) \$ 0.00 (for multiple rates, use an average amount)  
(not to exceed \$100)  
 Total Connection Charges Waived (16) \$ 0.0  
 Deferred Interest (17) \$ 0.00

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

**ETC Payment**

Total Lifeline \$ 1073 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 1073



LIFELINE WORKSHEET

**(20) CERTIFICATIONS AND SIGNATURES**

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

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

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

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

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04/30/2015

Johnny L. McClanahan

**DATE**

**OFFICER SIGNATURE**

Vice President - Finance

Johnny L. McClanahan

**OFFICER TITLE**

**OFFICER NAME**

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LIFELINE WORKSHEET

(1) USAC Service Provider Identification Number 143028049 (2) Study Area Code 269006  
 (3) Filer 499 ID 822752 (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:	North Central Communications Inc.	a) Submission Date	05/28/2015
Contact Name:	Kim Marsh	b) Data Month	May 2015
Mailing Address:	P O Box 70	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	872 Hwy 52 By-Pass E		
	Lafayette, TN 37083	d) State Reporting	KENTUCKY
Telephone Number:	6156662151		
Fax Number:	6156666118		
E-mail Address:	kim.marsh@nctc.com		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>114</u>	x \$ <u>9.25</u>	= \$ <u>1055</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>1055</u></b>

**Toll Limitation Services (TLS)**

Cost of Providing TLS per Subscriber (11) 0.000000  
(the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)  
 Number of TLS Subscribers (12) 0

Total TLS Support Claimed (13) \$ 0

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

Number of Connections Waived (14) 0  
 Charges Waived per Connection (15) \$ 0.00 (for multiple rates, use an average amount)  
(not to exceed \$100)  
 Total Connection Charges Waived (16) \$ 0.0  
 Deferred Interest (17) \$ 0.00

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

**ETC Payment**

Total Lifeline \$ 1055 Total TLS \$ 0 Total Tribal Link Up \$ 0  
 Total Dollars (19) \$ 1055

**(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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05/28/2015

Johnny L. McClanahan

DATE

OFFICER SIGNATURE

Vice-President Finance

Johnny L. McClanahan

OFFICER TITLE

OFFICER NAME

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LIFELINE WORKSHEET

(1) USAC Service Provider Identification Number 143028049 (2) Study Area Code 269006

(3) Filer 499 ID 822752 (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:	North Central Communications Inc.	a) Submission Date	07/01/2015
Contact Name:	Kim Marsh	b) Data Month	June 2015
Mailing Address:	P O Box 70	c) Type of Filing (check one) Original <input type="checkbox"/> Revision <input checked="" type="checkbox"/>	d) State Reporting
	872 Hwy 52 By-Pass E		
	Lafayette, TN 37083		
Telephone Number:	6156662151		
Fax Number:	6156666118		
E-mail Address:	kim.marsh@nctc.com		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>112</u>	x \$ <u>9.25</u>	= \$ <u>1036</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>1036</u></b>

**Toll Limitation Services (TLS)**

Cost of Providing TLS per Subscriber (11) 0.000000  
(the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)

Number of TLS Subscribers (12) 0

Total TLS Support Claimed (13) \$ 0

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

Number of Connections Waived (14) 0

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

Total Connection Charges Waived (16) \$ 0.0

Deferred Interest (17) \$ 0.00

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

**ETC Payment**

Total Lifeline \$ 1036 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 1036

LIFELINE WORKSHEET

**(20) CERTIFICATIONS AND SIGNATURES**

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07/01/2015

Johnny L. McClanahan

DATE

OFFICER SIGNATURE

Vice President -Finance & A

Johnny L. McClanahan

OFFICER TITLE

OFFICER NAME

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LIFELINE WORKSHEET

(1) USAC Service Provider Identification Number 143028049 (2) Study Area Code 269006  
 (3) Filer 499 ID 822752 (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:	North Central Communications Inc.	a) Submission Date	07/21/2015
Contact Name:	Kim Marsh	b) Data Month	July 2015
Mailing Address:	872 Hwy 52 By-Pass E	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	P O Box 70		
	Lafayette, TN 37083	d) State Reporting	KENTUCKY
Telephone Number:	6156662151		
Fax Number:	6156666118		
E-mail Address:	kim.marsh@nctc.com		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>111</u>	x \$ <u>9.25</u>	= \$ <u>1027</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>1027</u></b>

**Toll Limitation Services (TLS)**

Cost of Providing TLS per Subscriber (11) 0.000000  
(the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)  
 Number of TLS Subscribers (12) 0

Total TLS Support Claimed (13) \$ 0

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

Number of Connections Waived (14) 0  
 Charges Waived per Connection (15) \$ 0.00 (for multiple rates, use an average amount)  
(not to exceed \$100)  
 Total Connection Charges Waived (16) \$ 0.0  
 Deferred Interest (17) \$ 0.00

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

**ETC Payment**

Total Lifeline \$ 1027 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 1027

**LIFELINE WORKSHEET**

**(20) CERTIFICATIONS AND SIGNATURES**

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07/21/2015

Johnny L. McClanahan

**DATE**

**OFFICER SIGNATURE**

Vice President - Finance & A

Johnny L. McClanahan

**OFFICER TITLE**

**OFFICER NAME**

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LIFELINE WORKSHEET

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 (3) Filer 499 ID 822752 (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:	North Central Communications Inc.	a) Submission Date	08/13/2015
Contact Name:	Kim Marsh	b) Data Month	August 2015
Mailing Address:	P O Box 70	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	872 Hwy 52 By-Pass E		
	Lafayette, TN 37083		
Telephone Number:	6156662151	d) State Reporting	KENTUCKY
Fax Number:	6156666118		
E-mail Address:	kim.marsh@nctc.com		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>110</u>	x \$ <u>9.25</u>	= \$ <u>1018</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>1018</u></b>

**Toll Limitation Services (TLS)**

Cost of Providing TLS per Subscriber (11) 0.000000  
(the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)  
 Number of TLS Subscribers (12) 0

Total TLS Support Claimed (13) \$ 0

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

Number of Connections Waived (14) 0  
 Charges Waived per Connection (15) \$ 0.00 (for multiple rates, use an average amount)  
(not to exceed \$100)  
 Total Connection Charges Waived (16) \$ 0.0  
 Deferred Interest (17) \$ 0.00

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

**ETC Payment**

Total Lifeline \$ 1018 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 1018



FCC Form 497  
April 2012 Edition

LIFELINE WORKSHEET

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

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08/13/2015

Johnny L. McClanahan

DATE

OFFICER SIGNATURE

Vice President - Finance & A

Johnny L. McClanahan

OFFICER TITLE

OFFICER NAME

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LIFELINE WORKSHEET

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 (3) Filer 499 ID 822752 (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:	North Central Communications Inc.	a) Submission Date	11/18/2015
Contact Name:	KIM BUTTO	b) Data Month	September 2015
Mailing Address:	P O BOX 70	c) Type of Filing (check one) Original <input checked="" type="checkbox"/> Revision <input type="checkbox"/>	d) State Reporting KENTUCKY
	872 HWY 52 BY-PASS E		
	LAFAYETE, TN 37083		
Telephone Number:	6156662151		
Fax Number:	6156666118		
E-mail Address:	KIM.BUTTON@NCTC.COM		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/ Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>108</u>	x \$ <u>9.25</u>	= \$ <u>999</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>999</u></b>

**Toll Limitation Services (TLS)**

Cost of Providing TLS per Subscriber (11) 0.000000  
(the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)  
 Number of TLS Subscribers (12) 0

Total TLS Support Claimed (13) \$ 0

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

Number of Connections Waived (14) 0  
 Charges Waived per Connection (15) \$ 0.00 (for multiple rates, use an average amount)  
(not to exceed \$100)  
 Total Connection Charges Waived (16) \$ 0.0  
 Deferred Interest (17) \$ 0.00

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

**ETC Payment**

Total Lifeline \$ 999 Total TLS \$ 0 Total Tribal Link Up \$ 0  
 Total Dollars (19) \$ 999

LIFELINE WORKSHEET

**(20) CERTIFICATIONS AND SIGNATURES**

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

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

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

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11/18/2015

Johnny L. McClanahan

DATE

OFFICER SIGNATURE

VP - FINANCE

Johnny L. McClanahan

OFFICER TITLE

OFFICER NAME

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LIFELINE WORKSHEET

(1) USAC Service Provider Identification Number 143028049 (2) Study Area Code 269006  
 (3) Filer 499 ID 822752 (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:	North Central Communications Inc.	a) Submission Date	11/18/2015
Contact Name:	Kim Button	b) Data Month	October 2015
Mailing Address:	P O Box 70	c) Type of Filing (check one) Original <input checked="" type="checkbox"/> Revision <input type="checkbox"/>	d) State Reporting
	872 Hwy 52 By-Pass E		
	Lafayette, TN 37083		
Telephone Number:	6156662151		
Fax Number:	6156666118		
E-mail Address:	kim.button@nctc.com		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/ Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>108</u>	x \$ <u>9.25</u>	= \$ <u>999</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>999</u></b>

**Toll Limitation Services (TLS)**

Cost of Providing TLS per Subscriber (11) 0.000000  
(the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)  
 Number of TLS Subscribers (12) 0

Total TLS Support Claimed (13) \$ 0

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

Number of Connections Waived (14) 0  
 Charges Waived per Connection (15) \$ 0.00 (for multiple rates, use an average amount)  
(not to exceed \$100)  
 Total Connection Charges Waived (16) \$ 0.0  
 Deferred Interest (17) \$ 0.00

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

**ETC Payment**

Total Lifeline \$ 999 Total TLS \$ 0 Total Tribal Link Up \$ 0  
 Total Dollars (19) \$ 999

LIFELINE WORKSHEET

(20) CERTIFICATIONS AND SIGNATURES

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

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

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11/18/2015

Johnny L. McClanahan@nctc.com

DATE

OFFICER SIGNATURE

VP-Finance

Johnny L. McClanahan@nctc.com

OFFICER TITLE

OFFICER NAME

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LIFELINE WORKSHEET

(1) USAC Service Provider Identification Number 143028049 (2) Study Area Code 269006

(3) Filer 499 ID 822752 (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:	North Central Communications Inc.	a) Submission Date	12/29/2015
Contact Name:	Kim Button	b) Data Month	December 2015
Mailing Address:	P O Box 70	c) Type of Filing (check one) Original <input checked="" type="checkbox"/> Revision <input type="checkbox"/>	d) State Reporting KENTUCKY
	872 Hwy 2 By-Pass E		
	Lafayette, TN 37083		
Telephone Number:	6156662151		
Fax Number:	6156666118		
E-mail Address:	kim.button@nctc.com		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/ Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>99</u>	x \$ <u>9.25</u>	= \$ <u>916</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>916</u></b>

**Toll Limitation Services (TLS)**

Cost of Providing TLS per Subscriber (11) 0.000000  
(the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)

Number of TLS Subscribers (12) 0

Total TLS Support Claimed (13) \$ 0

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

Number of Connections Waived (14) 0

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

Total Connection Charges Waived (16) \$ 0.0

Deferred Interest (17) \$ 0.00

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

**ETC Payment**

Total Lifeline \$ 916 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 916

LIFELINE WORKSHEET

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12/29/2015

Johnny L. McClanahan

DATE

OFFICER SIGNATURE

VP - Finace

Johnny L. McClanahan

OFFICER TITLE

OFFICER NAME

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LIFELINE WORKSHEET

(1) USAC Service Provider Identification Number 143028049 (2) Study Area Code 269006  
 (3) Filer 499 ID 822752 (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:	North Central Communications Inc.	a) Submission Date	12/01/2015
Contact Name:	Kim Button	b) Data Month	November 2015
Mailing Address:	P O Box 70	c) Type of Filing (check one) Original <input type="checkbox"/> Revision <input checked="" type="checkbox"/>	d) State Reporting
	872 Hwy 52 By-Pass E		
	Lafayette, TN 37083		
Telephone Number:	6156662151		
Fax Number:	6156666118		
E-mail Address:	kim.button@nctc.com		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>106</u>	x \$ <u>9.25</u>	= \$ <u>981</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>981</u></b>

**Toll Limitation Services (TLS)**

Cost of Providing TLS per Subscriber (11) 0.000000  
(the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)  
 Number of TLS Subscribers (12) 0

Total TLS Support Claimed (13) \$ 0

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

Number of Connections Waived (14) 0  
 Charges Waived per Connection (15) \$ 0.00 (for multiple rates, use an average amount)  
(not to exceed \$100)  
 Total Connection Charges Waived (16) \$ 0.0  
 Deferred Interest (17) \$ 0.00

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

**ETC Payment**

Total Lifeline \$ 981 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 981



LIFELINE WORKSHEET

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12/01/2015

Johnny L. McClanahan

DATE

OFFICER SIGNATURE

VP - Finance

Johnny L. McClanahan

OFFICER TITLE

OFFICER NAME

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LIFELINE WORKSHEET

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

(6) Organization Information

(7) Filing Information

Company Legal Name:	North Central Communications Inc.	a) Submission Date	01/27/2016
Contact Name:	Kim Button	b) Data Month	January 2016
Mailing Address:	P O Box 70	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	872 Hwy 52 By-Pass E Lafayette, TN 37083		
Telephone Number:	6156662151	d) State Reporting	KENTUCKY
Fax Number:	6156666118		
E-mail Address:	kim.button@nctc.com		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>98</u>	x \$ <u>9.25</u>	= \$ <u>907</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>907</u></b>

**Toll Limitation Services (TLS)**

Cost of Providing TLS per Subscriber (11) 0.000000  
(the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)  
 Number of TLS Subscribers (12) 0

Total TLS Support Claimed (13) \$ 0

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

Number of Connections Waived (14) 0  
 Charges Waived per Connection (15) \$ 0.00 (for multiple rates, use an average amount)  
(not to exceed \$100)  
 Total Connection Charges Waived (16) \$ 0.0  
 Deferred Interest (17) \$ 0.00

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

**ETC Payment**

Total Lifeline \$ 907 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 907

LIFELINE WORKSHEET

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01/27/2016

Johnny L McClanahan

DATE

OFFICER SIGNATURE

Vice President - Finance

Johnny L McClanahan

OFFICER TITLE

OFFICER NAME

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LIFELINE WORKSHEET

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 (3) Filer 499 ID 822752 (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:	North Central Communications Inc.	a) Submission Date	03/07/2016
Contact Name:	Kim Button	b) Data Month	February 2016
Mailing Address:	P O Box 70	c) Type of Filing (check one)  Original <input type="checkbox"/> Revision <input checked="" type="checkbox"/>	d) State Reporting KENTUCKY
	872 Hwy 52 By-Pass E		
	Lafayette, TN 37083		
Telephone Number:	6156662151		
Fax Number:	6156666118		
E-mail Address:	kim.button@nctc.com		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/ Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>95</u>	x \$ <u>9.25</u>	= \$ <u>879</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>879</u></b>

**Toll Limitation Services (TLS)**

Cost of Providing TLS per Subscriber (11) 0.000000  
(the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)  
 Number of TLS Subscribers (12) 0

Total TLS Support Claimed (13) \$ 0

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

Number of Connections Waived (14) 0  
 Charges Waived per Connection (15) \$ 0.00 (for multiple rates, use an average amount)  
(not to exceed \$100)  
 Total Connection Charges Waived (16) \$ 0.0  
 Deferred Interest (17) \$ 0.00

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

**ETC Payment**

Total Lifeline \$ 879 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 879

LIFELINE WORKSHEET

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DATE

OFFICER SIGNATURE

Vice President - Finance

Johnny L. McClanahan

OFFICER TITLE

OFFICER NAME

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

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

We have estimated that each response to this collection of information will take, on average, three hours for each respondent. Our estimate includes the time to read this data request, review existing records, gather and maintain required data, and complete and review the response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, AMD-PERM, Washington, D.C. 20554, Paperwork Reduction Project (3060-0819). We will also accept your comments on the burden estimate via the Internet if you send them to PRA@fcc.gov. Please DO NOT SEND the data requested to this e-mail address.

Remember -- An agency may not conduct or sponsor, and a person is not required to respond to a collection of information sponsored by the Federal government unless it displays a currently valid OMB control number. This information collection has been assigned OMB Control Number: 3060-0819.

The FCC is authorized under the Communications Act of 1934, as amended, to collect the information we request in this form. If we believe there may be a violation or a potential violation of a FCC statute, regulation, rule or order, your worksheet may be referred to the Federal, state or local agency responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation or order. In certain cases, the information in your worksheets may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC; or (c) the United States Government is a party of a proceeding before the body or has an interest in the proceeding.

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

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

LIFELINE WORKSHEET

(1) USAC Service Provider Identification Number 143028049 (2) Study Area Code 269006  
 (3) Filer 499 ID 822752 (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:	North Central Communications Inc.	a) Submission Date	04/06/2016
Contact Name:	Kim Button	b) Data Month	March 2016
Mailing Address:	P O Box 70	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	872 Hwy 52 By-Pass E		
	Lafayette, TN 37083	d) State Reporting	KENTUCKY
Telephone Number:	6156662151		
Fax Number:	6156666118		
E-mail Address:	kim.button@nctc.com		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/ Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>92</u>	x \$ <u>9.25</u>	= \$ <u>851</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>851</u></b>

**Toll Limitation Services (TLS)**

Cost of Providing TLS per Subscriber (11) 0.000000  
(the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)  
 Number of TLS Subscribers (12) 0

Total TLS Support Claimed (13) \$ 0

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

Number of Connections Waived (14) 0  
 Charges Waived per Connection (15) \$ 0.00 (for multiple rates, use an average amount)  
(not to exceed \$100)

Total Connection Charges Waived (16) \$ 0.0  
 Deferred Interest (17) \$ 0.00

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

**ETC Payment**

Total Lifeline \$ 851 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 851

LIFELINE WORKSHEET

**(20) CERTIFICATIONS AND SIGNATURES**

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

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

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

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

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

04/06/2016

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