

# EXHIBIT 32

**LIFELINE WORKSHEET**

Avg. Burden Est. per Respondent: 2.5 Hrs.

(1) USAC Service Provider Identification Number 143026730 (2) Study Area Code 269009

(3) Filer 499 ID 822582 (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:	South Central Telecom LLC	a) Submission Date	02/06/2014
Contact Name:	CHRIS LAWRENCE	b) Data Month	January 2014
Mailing Address:	PO BOX 159	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	GLASGOW, KY 42142-0159		
Telephone Number:	270-678-8230	d) State Reporting	KENTUCKY
Fax Number:			
E-mail Address:			

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>489</u>	x \$ <u>9.25</u>	= \$ <u>4523</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>4523</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) 171

**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 \$ 4523 Total TLS \$ 0 Total Tribal Link Up \$ 0

**Total Dollars (19) \$ 4523**

**(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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02/06/2014

Chris Lawrence

DATE

OFFICER SIGNATURE

Business Director

Chris Lawrence

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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**LIFELINE WORKSHEET**

Avg. Burden Est. per Respondent: 2.5 Hrs.

(1) USAC Service Provider Identification Number 143026730 (2) Study Area Code 269009

(3) Filer 499 ID 822582 (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:	South Central Telecom LLC	a) Submission Date	03/05/2014
Contact Name:	CHRIS LAWRENCE	b) Data Month	February 2014
Mailing Address:	PO BOX 159	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	GLASGOW, KY 42142		
Telephone Number:	270-678-8203	d) State Reporting	KENTUCKY
Fax Number:			
E-mail Address:			

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>482</u>	x \$ <u>9.25</u>	= \$ <u>4459</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>4459</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) 174

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 \$ 4459 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 4459

**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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03/05/2014

Chris Lawrence

DATE

OFFICER SIGNATURE

Business Director

Chris Lawrence

OFFICER TITLE

OFFICER NAME

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**LIFELINE WORKSHEET**

(1) USAC Service Provider Identification Number 143026730 (2) Study Area Code 269009

(3) Filer 499 ID 822582 (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:	South Central Telcom LLC	a) Submission Date	04/03/2014
Contact Name:	CHRIS LAWRENCE	b) Data Month	March 2014
Mailing Address:	PO BOX 159	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	GLASGOW, KY 42142-0159		
Telephone Number:	270-678-8230	d) State Reporting	KENTUCKY
Fax Number:			
E-mail Address:			

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>482</u>	x \$ <u>9.25</u>	= \$ <u>4459</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>4459</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) 172

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 \$ 4459 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 4459

**LIFELINE WORKSHEET**

**(20) CERTIFICATIONS AND SIGNATURES**

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04/03/2014

Chris Lawrence

DATE

OFFICER SIGNATURE

Business Director

Chris Lawrence

OFFICER TITLE

OFFICER NAME

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**LIFELINE WORKSHEET**

Avg. Burden Est. per Respondent: 2.5 Hrs.

(1) USAC Service Provider Identification Number 143026730 (2) Study Area Code 269009

(3) Filer 499 ID 822582 (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:	South Central Telcom LLC	a) Submission Date	05/06/2014
Contact Name:	CHRIS LAWRENCE	b) Data Month	April 2014
Mailing Address:	PO BOX 159	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	GLASGOW, KY 42142-0159		
Telephone Number:	270-678-8230	d) State Reporting	KENTUCKY
Fax Number:			
E-mail Address:			

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>478</u>	x \$ <u>9.25</u>	= \$ <u>4422</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>4422</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 \$ 4422 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 4422

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05/06/2014

Chris Lawrence

DATE

OFFICER SIGNATURE

Business Director

Chris Lawrence

OFFICER TITLE

OFFICER NAME

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Avg. Burden Est. per Respondent: 2.5 Hrs.

(1) USAC Service Provider Identification Number 143026730 (2) Study Area Code 269009

(3) Filer 499 ID 822582 (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:	South Central Telcom LLC	a) Submission Date	06/04/2014
Contact Name:	CHRIS LAWRENCE	b) Data Month	May 2014
Mailing Address:	PO BOX 159	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	GLASGOW, KY 42142-0159		
Telephone Number:	270-678-8230	d) State Reporting	KENTUCKY
Fax Number:			
E-mail Address:			

**Lifeline**

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**Toll Limitation Services (TLS)**

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

Number of TLS Subscribers (12) 173

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 \$ 4523 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 4523

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06/04/2014

Chris Lawrence

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Business Director

Chris Lawrence

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**LIFELINE WORKSHEET**

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(3) Filer 499 ID 822582 (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:	South Central Telecom LLC	a) Submission Date	07/03/2014
Contact Name:	CHRIS LAWRENCE	b) Data Month	June 2014
Mailing Address:	PO BOX 159	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	GLASGOW, KY 42141-0159		
Telephone Number:	270-678-8230	d) State Reporting	KENTUCKY
Fax Number:			
E-mail Address:			

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>487</u>	x \$ <u>9.25</u>	= \$ <u>4505</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>4505</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) 166

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 \$ 4505 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 4505

**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

Chris Lawrence

DATE

OFFICER SIGNATURE

Business Director

Chris Lawrence

OFFICER TITLE

OFFICER NAME

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**LIFELINE WORKSHEET**

Avg. Burden Est. per Respondent: 2.5 Hrs.

(1) USAC Service Provider Identification Number 143026730 (2) Study Area Code 269009

(3) Filer 499 ID 822582 (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:	South Central Telecom LLC	a) Submission Date	08/07/2014
Contact Name:	CHRIS LAWRENCE	b) Data Month	July 2014
Mailing Address:	PO BOX 159	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	GLASGOW, KY 42142-0159		
Telephone Number:	270-678-8230		
Fax Number:			
E-mail Address:			

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>464</u>	x \$ <u>9.25</u>	= \$ <u>4292</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>4292</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) 162

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 \$ 4292 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 4292

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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08/07/2014

Chris Lawrence

DATE

OFFICER SIGNATURE

Business Director

Chris Lawrence

OFFICER TITLE

OFFICER NAME

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**LIFELINE WORKSHEET**

Avg. Burden Est. per Respondent: 2.5 Hrs.

(1) USAC Service Provider Identification Number 143026730 (2) Study Area Code 269009

(3) Filer 499 ID 822582 (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:	South Central Telecom LLC	a) Submission Date	09/05/2014
Contact Name:	CHRIS LAWRENCE	b) Data Month	August 2014
Mailing Address:	PO BOX 159	c) Type of Filing (check one) Original Revision <input checked="" type="checkbox"/>	
	GLASGOW, KY 42142-0159		
Telephone Number:	270-678-8230	d) State Reporting	KENTUCKY
Fax Number:			
E-mail Address:			

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>457</u>	x \$ <u>9.25</u>	= \$ <u>4227</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>4227</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) 162

**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 \$ 4227 Total TLS \$ 0 Total Tribal Link Up \$ 0

**Total Dollars (19) \$ 4227**

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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09/05/2014

Chris Lawrence

DATE

OFFICER SIGNATURE

Business Director

Chris Lawrence

OFFICER TITLE

OFFICER NAME

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**LIFELINE WORKSHEET**

Avg. Burden Est. per Respondent: 2.5 Hrs.

(1) USAC Service Provider Identification Number 143026730 (2) Study Area Code 269009

(3) Filer 499 ID 822582 (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:	South Central Telcom LLC	a) Submission Date	10/08/2014
Contact Name:	CHRIS LAWRENCE	b) Data Month	September 2014
Mailing Address:	PO BOX 159	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	GLASGOW, KY 42142		
Telephone Number:	270-678-8230	d) State Reporting	KENTUCKY
Fax Number:			
E-mail Address:			

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>435</u>	x \$ <u>9.25</u>	= \$ <u>4024</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>4024</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) 155

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 \$ 4024 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 4024

**(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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10/08/2014

Chris Lawrence

DATE

OFFICER SIGNATURE

Business Director

Chris Lawrence

OFFICER TITLE

OFFICER NAME

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**LIFELINE WORKSHEET**

(1) USAC Service Provider Identification Number 143026730 (2) Study Area Code 269009

(3) Filer 499 ID 822582 (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:	South Central Telecom LLC	a) Submission Date	11/06/2014
Contact Name:	CHRIS LAWRENCE	b) Data Month	October 2014
Mailing Address:	PO BOX 159	c) Type of Filing (check one) Original Revision <input checked="" type="checkbox"/>	
	GLASGOW, KY 42142		
Telephone Number:	270-678-8230	d) State Reporting	KENTUCKY
Fax Number:			
E-mail Address:			

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>444</u>	x \$ <u>9.25</u>	= \$ <u>4107</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>4107</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) 355

**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 \$ 4107 Total TLS \$ 0 Total Tribal Link Up \$ 0

**Total Dollars (19) \$ 4107**

**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.**

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11/06/2014

Chris Lawrence

**DATE**

**OFFICER SIGNATURE**

Business Director

Chris Lawrence

**OFFICER TITLE**

**OFFICER NAME**

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**LIFELINE WORKSHEET**

(1) USAC Service Provider Identification Number 143026730 (2) Study Area Code 269009

(3) Filer 499 ID 822582 (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:	South Central Telecom LLC	a) Submission Date	12/03/2014
Contact Name:	CHRIS LAWRENCE	b) Data Month	November 2014
Mailing Address:	PO BOX 159	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	GLASGOW, KY 42142		
Telephone Number:	270-678-8230		
Fax Number:			
E-mail Address:			

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>431</u>	x \$ <u>9.25</u>	= \$ <u>3987</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>3987</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) 155

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 \$ 3987 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 3987

**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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12/03/2014

Chris Lawrence

DATE

OFFICER SIGNATURE

Business Director

Chris Lawrence

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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**LIFELINE WORKSHEET**

Avg. Burden Est. per Respondent: 2.5 Hrs.

(1) USAC Service Provider Identification Number 143026730 (2) Study Area Code 269009

(3) Filer 499 ID 822582 (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:	South Central Telecom LLC	a) Submission Date	01/08/2015
Contact Name:	CHRIS LAWRENCE	b) Data Month	December 2014
Mailing Address:	PO BOX 159	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	GLASGOW, KY 42142		
Telephone Number:	270-678-8230	d) State Reporting	KENTUCKY
Fax Number:			
E-mail Address:			

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>438</u>	x \$ <u>9.25</u>	= \$ <u>4052</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>4052</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) 156

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 \$ 4052 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 4052

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.

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01/08/2015

Chris Lawrence

DATE

OFFICER SIGNATURE

Business Director

Chris Lawrence

OFFICER TITLE

OFFICER NAME

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**LIFELINE WORKSHEET**

Avg. Burden Est. per Respondent: 2.5 Hrs.

(1) USAC Service Provider Identification Number 143026730 (2) Study Area Code 269009

(3) Filer 499 ID 822582 (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:	South Central Telcom LLC	a) Submission Date	02/05/2015
Contact Name:	CHRIS LAWRENCE	b) Data Month	January 2015
Mailing Address:	PO BOX 159	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	GLASGOW, KY 42142-0159		
Telephone Number:	270-678-8230	d) State Reporting	KENTUCKY
Fax Number:			
E-mail Address:			

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>443</u>	x \$ <u>9.25</u>	= \$ <u>4098</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>4098</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) 156

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 \$ 4098 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 4098

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.

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02/05/2015

Chris Lawrence

DATE

OFFICER SIGNATURE

Business Director

Chris Lawrence

OFFICER TITLE

OFFICER NAME

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**LIFELINE WORKSHEET**

Avg. Burden Est. per Respondent: 2.5 Hrs.

(1) USAC Service Provider Identification Number 143026730 (2) Study Area Code 269009

(3) Filer 499 ID 822582 (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:	South Central Telcom LLC	a) Submission Date	03/06/2015
Contact Name:	CHRIS LAWRENCE	b) Data Month	February 2015
Mailing Address:	PO BOX 159	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	GLASGOW, KY 42142		
Telephone Number:	270-678-8230	d) State Reporting	KENTUCKY
Fax Number:			
E-mail Address:			

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>446</u>	x \$ <u>9.25</u>	= \$ <u>4126</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>4126</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) 154

**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 \$ 4126 Total TLS \$ 0 Total Tribal Link Up \$ 0

**Total Dollars (19) \$ 4126**

**LIFELINE WORKSHEET**

**(20) CERTIFICATIONS AND SIGNATURES**

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03/06/2015

Chris Lawrence

DATE

OFFICER SIGNATURE

Business Director

Chris Lawrence

OFFICER TITLE

OFFICER NAME

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LIFELINE WORKSHEET

Avg. Burden Est. per Respondent: 2.5 Hrs.

(1) USAC Service Provider Identification Number 143026730 (2) Study Area Code 269009

(3) Filer 499 ID 822582 (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:	South Central Telcom LLC	a) Submission Date	04/07/2015
Contact Name:	CHRIS LAWRENCE	b) Data Month	March 2015
Mailing Address:	PO BOX 159	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	GLASGOW, KY 42142		
Telephone Number:	270-678-8230		
Fax Number:			
E-mail Address:			

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>448</u>	x \$ <u>9.25</u>	= \$ <u>4144</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>4144</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) 153

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 \$ 4144 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 4144

LIFELINE WORKSHEET

Avg. Burden Est. per Respondent: 2.5 Hrs.

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04/07/2015

Chris Lawrence

DATE

OFFICER SIGNATURE

Business Director

Chris Lawrence

OFFICER TITLE

OFFICER NAME

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**LIFELINE WORKSHEET**

Avg. Burden Est. per Respondent: 2.5 Hrs.

(1) USAC Service Provider Identification Number 143026730 (2) Study Area Code 269009

(3) Filer 499 ID 822582 (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:	South Central Telcom LLC	a) Submission Date	05/07/2015
Contact Name:	CHRIS LAWRENCE	b) Data Month	April 2015
Mailing Address:	PO BOX 159	c) Type of Filing (check one) Original Revision <input checked="" type="checkbox"/>	
	GLASGOW, KY 42142		
Telephone Number:	270-678-8230	d) State Reporting	KENTUCKY
Fax Number:			
E-mail Address:			

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>449</u>	x \$ <u>9.25</u>	= \$ <u>4153</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>4153</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) 148

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 \$ 4153 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 4153

LIFELINE WORKSHEET

Avg. Burden Est. per Respondent: 2.5 Hrs.

**(20) CERTIFICATIONS AND SIGNATURES**

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05/07/2015

Chris Lawrence

DATE

OFFICER SIGNATURE

Business Director

Chris Lawrence

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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**LIFELINE WORKSHEET**

Avg. Burden Est. per Respondent: 2.5 Hrs.

(1) USAC Service Provider Identification Number 143026730 (2) Study Area Code 269009

(3) Filer 499 ID 822582 (4) Technology Type (check one) Wireline  Wireless

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

**(6) Organization Information**

Company Legal Name:	South Central Telcom LLC
Contact Name:	CHRIS LAWRENCE
Mailing Address:	PO BOX 159
	GLASGOW, KY 42142
Telephone Number:	270-678-8230
Fax Number:	
E-mail Address:	

**(7) Filing Information**

a) Submission Date	06/08/2015
b) Data Month	May 2015
c) Type of Filing (check one)	Original <input checked="" type="checkbox"/> Revision <input type="checkbox"/>
d) State Reporting	KENTUCKY

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>453</u>	x \$ <u>9.25</u>	= \$ <u>4190</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>4190</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) 149

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 \$ 4190 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 4190

**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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06/08/2015

Chris Lawrence

DATE

OFFICER SIGNATURE

Business Director

Chris Lawrence

OFFICER TITLE

OFFICER NAME

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**LIFELINE WORKSHEET**

Avg. Burden Est. per Respondent: 2.5 Hrs.

(1) USAC Service Provider Identification Number 143026730 (2) Study Area Code 269009

(3) Filer 499 ID 822582 (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:	South Central Telcom LLC	a) Submission Date	07/07/2015
Contact Name:	CHRIS LAWRENCE	b) Data Month	June 2015
Mailing Address:	PO BOX 159	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	GLASGOW, KY 42142		
Telephone Number:	270-678-8230	d) State Reporting	KENTUCKY
Fax Number:			
E-mail Address:			

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>448</u>	x \$ <u>9.25</u>	= \$ <u>4144</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>4144</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) 152

**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 \$ 4144 Total TLS \$ 0 Total Tribal Link Up \$ 0

**Total Dollars (19) \$ 4144**

**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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07/07/2015

Chris Lawrence

DATE

OFFICER SIGNATURE

Business Director

Chris Lawrence

OFFICER TITLE

OFFICER NAME

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**LIFELINE WORKSHEET**

Avg. Burden Est. per Respondent: 2.5 Hrs.

(1) USAC Service Provider Identification Number 143026730 (2) Study Area Code 269009

(3) Filer 499 ID 822582 (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:	South Central Telecom LLC	a) Submission Date	08/06/2015
Contact Name:	CHRIS LAWRENCE	b) Data Month	July 2015
Mailing Address:	PO BOX 159	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	GLASGOW, KY 42142		
Telephone Number:	270-678-8230	d) State Reporting	KENTUCKY
Fax Number:			
E-mail Address:			

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>445</u>	x \$ <u>9.25</u>	= \$ <u>4116</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>4116</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) 150

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 \$ 4116 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 4116

LIFELINE WORKSHEET

**(20) CERTIFICATIONS AND SIGNATURES**

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08/06/2015

Chris Lawrence

DATE

OFFICER SIGNATURE

Business Director

Chris Lawrence

OFFICER TITLE

OFFICER NAME

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**LIFELINE WORKSHEET**

Avg. Burden Est. per Respondent: 2.5 Hrs.

(1) USAC Service Provider Identification Number 143026730 (2) Study Area Code 269009

(3) Filer 499 ID 822582 (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:	South Central Telecom LLC	a) Submission Date	09/04/2015
Contact Name:	CHRIS LAWRENCE	b) Data Month	August 2015
Mailing Address:	PO BOX 159	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	GLASGOW, KY 42142		
Telephone Number:	270-678-8230		
Fax Number:			
E-mail Address:			

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>426</u>	x \$ <u>9.25</u>	= \$ <u>3941</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>3941</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) 142

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 \$ 3941 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 3941

**LIFELINE WORKSHEET**

Avg. Burden Est. per Respondent: 2.5 Hrs.

**(20) CERTIFICATIONS AND SIGNATURES**

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09/04/2015

Chris Lawrence

DATE

OFFICER SIGNATURE

Business Director

Chris Lawrence

OFFICER TITLE

OFFICER NAME

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**LIFELINE WORKSHEET**

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(1) USAC Service Provider Identification Number 143026730 (2) Study Area Code 269009

(3) Filer 499 ID 822582 (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:	South Central Telcom LLC	a) Submission Date	10/06/2015
Contact Name:	CHRIS LAWRENCE	b) Data Month	September 2015
Mailing Address:	PO BOX 159	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	GLASGOW, KY 42142		
Telephone Number:	270-678-8230	d) State Reporting	KENTUCKY
Fax Number:			
E-mail Address:			

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>431</u>	x \$ <u>9.25</u>	= \$ <u>3987</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>3987</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) 285

**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 \$ 3987 Total TLS \$ 0 Total Tribal Link Up \$ 0

**Total Dollars (19) \$ 3987**

LIFELINE WORKSHEET

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10/06/2015

Chris Lawrence

DATE

OFFICER SIGNATURE

Business Director

Chris Lawrence

OFFICER TITLE

OFFICER NAME

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**LIFELINE WORKSHEET**

(1) USAC Service Provider Identification Number 143026730 (2) Study Area Code 269009

(3) Filer 499 ID 822582 (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:	South Central Telecom LLC	a) Submission Date	11/05/2015
Contact Name:	CHRIS LAWRENCE	b) Data Month	October 2015
Mailing Address:	PO BOX 159	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	GLASGOW, KY 42142		
Telephone Number:	270-678-8230	d) State Reporting	KENTUCKY
Fax Number:			
E-mail Address:			

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>394</u>	x \$ <u>9.25</u>	= \$ <u>3645</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>3645</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) 256

**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 \$ 3645      Total TLS \$ 0      Total Tribal Link Up \$ 0

**Total Dollars (19) \$ 3645**

**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.

11/05/2015

Chris Lawrence

DATE

OFFICER SIGNATURE

Business Director

Chris Lawrence

OFFICER TITLE

OFFICER NAME

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**LIFELINE WORKSHEET**

Avg. Burden Est. per Respondent: 2.5 Hrs.

(1) USAC Service Provider Identification Number 143026730 (2) Study Area Code 269009

(3) Filer 499 ID 822582 (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:	South Central Telcom LLC	a) Submission Date	12/07/2015
Contact Name:	CHRIS LAWRENCE	b) Data Month	November 2015
Mailing Address:	PO BOX 159	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	GLASGOW, KY 42142-0159		
Telephone Number:	270-678-8230	d) State Reporting	KENTUCKY
Fax Number:			
E-mail Address:			

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>372</u>	x \$ <u>9.25</u>	= \$ <u>3441</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>3441</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) 241

**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 \$ 3441 Total TLS \$ 0 Total Tribal Link Up \$ 0

**Total Dollars (19) \$ 3441**

**(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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12/07/2015

Chris Lawrence

DATE

OFFICER SIGNATURE

Business Director

Chris Lawrence

OFFICER TITLE

OFFICER NAME

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**LIFELINE WORKSHEET**

(1) USAC Service Provider Identification Number 143026730 (2) Study Area Code 269009

(3) Filer 499 ID 822582 (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:	South Central Telecom LLC	a) Submission Date	01/05/2016
Contact Name:	CHRIS LAWRENCE	b) Data Month	December 2015
Mailing Address:	PO BOX 159	c) Type of Filing (check one) Original Revision <input checked="" type="checkbox"/>	
	GLASGOW, KY 42142		
Telephone Number:	2706788230	d) State Reporting	KENTUCKY
Fax Number:			
E-mail Address:			

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>388</u>	x \$ <u>9.25</u>	= \$ <u>3589</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>3589</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 \$ 3589 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 3589

LIFELINE WORKSHEET

Avg. Burden Est. per Respondent: 2.5 Hrs.

(20) CERTIFICATIONS AND SIGNATURES

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01/05/2016

Chris Lawrence

DATE

OFFICER SIGNATURE

Business Director

Chris Lawrence

OFFICER TITLE

OFFICER NAME

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**LIFELINE WORKSHEET**

Avg. Burden Est. per Respondent: 2.5 Hrs.

(1) USAC Service Provider Identification Number 143026730 (2) Study Area Code 269009

(3) Filer 499 ID 822582 (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:	South Central Telcom LLC	a) Submission Date	02/02/2016
Contact Name:	CHRIS LAWRENCE	b) Data Month	January 2016
Mailing Address:	PO BOX 159	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	GLASGOW, KY 42142		
Telephone Number:	2706788230	d) State Reporting	KENTUCKY
Fax Number:			
E-mail Address:			

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>393</u>	x \$ <u>9.25</u>	= \$ <u>3635</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>3635</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 \$ 3635 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 3635

LIFELINE WORKSHEET

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**(20) CERTIFICATIONS AND SIGNATURES**

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02/02/2016

Chris Lawrence

DATE

OFFICER SIGNATURE

Business Director

Chris Lawrence

OFFICER TITLE

OFFICER NAME

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LIFELINE WORKSHEET

Avg. Burden Est. per Respondent: 2.5 Hrs.

(1) USAC Service Provider Identification Number 143026730 (2) Study Area Code 269009

(3) Filer 499 ID 822582 (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:	South Central Telcom LLC	a) Submission Date	03/01/2016
Contact Name:	CHRIS LAWRENCE	b) Data Month	February 2016
Mailing Address:	PO BOX 159	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	GLASGOW, KY 42142		
Telephone Number:	2706788230	d) State Reporting	KENTUCKY
Fax Number:			
E-mail Address:			

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>397</u>	x \$ <u>9.25</u>	= \$ <u>3672</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>3672</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 \$ 3672 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 3672

**LIFELINE WORKSHEET**

**(20) CERTIFICATIONS AND SIGNATURES**

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03/01/2016

Chris Lawrence

DATE

OFFICER SIGNATURE

Business Director

Chris Lawrence

OFFICER TITLE

OFFICER NAME

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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 143026730 (2) Study Area Code 269009

(3) Filer 499 ID 822582 (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:	South Central Telcom LLC	a) Submission Date	04/07/2016
Contact Name:	CHRIS LAWRENCE	b) Data Month	March 2016
Mailing Address:	PO BOX 159	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	GLASGOW, KY 42142		
Telephone Number:	2706788230		
Fax Number:			
E-mail Address:			

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>396</u>	x \$ <u>9.25</u>	= \$ <u>3663</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>3663</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 \$ 3663 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 3663

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.

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

04/07/2016

Chris Lawrence

DATE

OFFICER SIGNATURE

Business Director

Chris Lawrence

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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