EXHIBIT 3
Date 2-6-14  Reporting Month Jan, 2014

<table>
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<table>
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Make check payable to: “Kentucky State Treasurer” and send with this report to: 363

Finance and Administration Cabinet
ATTN: KY USF
702 Capital Ave.
Capitol Annex, Room 488A
Frankfort, KY 40601

Send a copy of this report to:
Kentucky Public Service Commission
ATTN: Jim Stevens
211 Sower Blvd.
P.O. Box 615
Frankfort, KY 40602

Revised 03-13-2008
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</table>

### Classification

- **ILEC**
- **CLEC**
- **Cellular**
- **PCS**

### Monthly Access Line Data

1. Total Access Lines in Service: 9977
2. Surcharge Per Access Line: 4010250
   - $0.08
3. Amount of Surcharge Remitted to Kentucky USF: 797.76
4. Number of Access Lines Receiving Lifeline Support: 833
5. Amount of Reimbursement Requested from Kentucky USF: 2782.11

### Signature Block

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.

**Company Official:** Teresa Emerson  **Title:** Accountant

(Signed)

---

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### Classification
- [ ] ILEC
- [ ] CLEC
- [ ] Cellular
- [ ] PCS

### Monthly Access Line Data

1. **Total Access Lines in Service**
   - 99165

2. **Surcharge Per Access Line**
   - $0.08

3. **Amount of Surcharge Remitted to Kentucky USF**
   - 796.80

4. **Number of Access Lines Receiving Lifeline Support**
   - 838

5. **Amount of Reimbursement Requested from Kentucky USF**
   - 2972.09

### Signature Block

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.

Company Official: **Teresa Emerson**  
Title: **Accountant**

(Signed)

---

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### Classification

Please Circle One

ILEC  
CLEC  
Cellular  
PCS

### Monthly Access Line Data

1. Total Access Lines in Service: 9927
2. Surcharge Per Access Line: $0.08
3. Amount of Surcharge Remitted to Kentucky USF: 793.76
4. Number of Access Lines Receiving Lifeline Support: 828
5. Amount of Reimbursement Requested from Kentucky USF: 2,963.11

### Signature Block

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.

Company Official: **Teresa Emerson**  
Title: Accountant

(Signed)

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## Classification

Please Circle One
- ILEC
- CLEC
- Cellular
- PCS

## Monthly Access Line Data

1. Total Access Lines in Service: 9920
2. Surcharge Per Access Line: 4010250, $0.08
3. Amount of Surcharge Remitted to Kentucky USF: 793.12
4. Number of Access Lines Receiving Lifeline Support: 808
5. Amount of Reimbursement Requested from Kentucky USF: 2670.27

## Signature Block

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.

Company Official: Teresa Emerson, Title: Accountant

Company Official: [Signature]

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### Classification

- Please Circle One: ILEC
- CLEC
- Cellular
- PCS

### Monthly Access Line Data

1. Total Access Lines in Service: 9,849
2. Surcharge Per Access Line: $0.08
3. Amount of Surcharge Remitted to Kentucky USF: 787.44
4. Number of Access Lines Receiving Lifeline Support: 749
5. Amount of Reimbursement Requested from Kentucky USF: 2,345.47

### Signature Block

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.

- Company Official: Teresa Emerson
- Title: Accountant

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Frankfort, KY 40602

Revised 03-13-2008
**Date:** Aug 29, 2014

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**Classification**

- [ ] ILEC
- [ ] CLEC
- [ ] Cellular
- [ ] PCS

**Monthly Access Line Data**

1. Total Access Lines in Service: 9794
2. Surcharge Per Access Line: 0.08
3. Amount of Surcharge Remitted to Kentucky USF: 783.04
4. Number of Access Lines Receiving Lifeline Support: 741
5. Amount of Reimbursement Requested from Kentucky USF: 2466.95

**Signature Block**

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.

Company Official **Teresa Emerson** Title **Accountant**

Company Official (Signed)

Make check payable to: “Kentucky State Treasurer” and send with this report to: 363

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Frankfort, KY 40602

Revised 03-13-2008
### COMMONWEALTH OF KENTUCKY
### UNIVERSAL SERVICE FUND

**Case No. 2016-00059**  
**Exhibit A**  
**KUSF Reimbursement Forms**

**Date:** 06/2, 2014  
**Reporting Month:** Sept, 2014

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Company Official: **Teresa Emerson**  
Title: **Accountant**  
(Printed)  
(Signed)

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Frankfort, KY 40601

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211 Sower Blvd.  
P.O. Box 615  
Frankfort, KY 40602

Revised 03-13-2008
Case No. 2016-00059
Exhibit A
KUSF Reimbursement Forms

COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date Nov 3, 2014  Reporting Month Oct, 2014

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| Classification       | ILEC | CLEC | Cellular | PCS |

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Company Official Teresa Emerson Title Accountant Company Official
(Printed) (Signed)

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## Monthly Access Line Data

1. Total Access Lines in Service: 9710
2. Surcharge Per Access Line: 0.08
3. Amount of Surcharge Remitted to Kentucky USF: 776.32
4. Number of Access Lines Receiving Lifeline Support: 6716
5. Amount of Reimbursement Requested from Kentucky USF: 2,134.08

## Signature Block

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.

Company Official **Teresa Emerson** Title **Accountant**

(Signed)

---

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Revised 03-13-2008
# COMMONWEALTH OF KENTUCKY
# UNIVERSAL SERVICE FUND

## Case No. 2016-00059
## Exhibit A
## KUSF Reimbursement Forms

### Date: 1/8/15  
### Reporting Month: Dec 2014

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### Classification

- [ ] ILEC  
- [x] CLEC  
- [ ] Cellular  
- [ ] PCS

### Monthly Access Line Data

1. Total Access Lines in Service: 9656
2. Surcharge Per Access Line: 4010250 $0.08
3. Amount of Surcharge Remitted to Kentucky USF: 772.00
4. Number of Access Lines Receiving Lifeline Support: 680
5. Amount of Reimbursement Requested from Kentucky USF: 2428.08

### Signature Block

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.

**Company Official:** Teresa Emerson  
**Title:** Accountant  
**Company:**  
**(Printed)**

**Company Official:**  
**(Signed)**

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**Revised 03-13-2008**
COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date: Feb, 2015
Reporting Month: Jan, 2015

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Classification

Please Circle One

ILEC
CLEC
Cellular
PCS

Monthly Access Line Data

1. Total Access Lines in Service... 96,17
2. Surcharge Per Access Line... 4010250 $0.08
3. Amount of Surcharge Remitted to Kentucky USF... 768.88
4. Number of Access Lines Receiving Lifeline Support... 675
5. Amount of Reimbursement Requested from Kentucky USF... 2341.01

Signature Block

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Company Official Teresa Emerson Title Accountant
(Printed) (Signed)

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### Classification

- Please Circle One: ILEC

### Monthly Access Line Data

1. Total Access Lines in Service: 9591
2. Surcharge Per Access Line: $0.08
3. Amount of Surcharge Remitted to Kentucky USF: 764.80
4. Number of Access Lines Receiving Lifeline Support: 667
5. Amount of Reimbursement Requested from Kentucky USF: 2,249.44

### Signature Block

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Company Official: **Teresa Emerson** Title: **Accountant**

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Revised 03-13-2008
**COMMONWEALTH OF KENTUCKY**
**UNIVERSAL SERVICE FUND**

**Case No. 2016-00059**
**Exhibit A**
**KUSF Reimbursement Forms**

**Date** April 10, 15

**Reporting Month** March, 15

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**Classification**
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- [ ] CLEC
- [ ] Cellular
- [ ] PCS

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**Monthly Access Line Data**

1. Total Access Lines in Service: ___________________ 9592
2. Surcharge Per Access Line: ___________________ 0.08
3. Amount of Surcharge Remitted to Kentucky USF: ___________________ 766.88
4. Number of Access Lines Receiving Lifeline Support: ___________________ 665
5. Amount of Reimbursement Requested from Kentucky USF: ___________________ 2299.25

---

**Signature Block**

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.

Company Official: **Teresa Emerson**  Title: **Accountant**  Company Official: **(Signed)**

---

Make check payable to: “Kentucky State Treasurer” and send with this report to: 363

Finance and Administration Cabinet
ATTN: KY USF
702 Capital Ave.
Capitol Annex, Room 488A
Frankfort, KY 40601

Send a copy of this report to:
Kentucky Public Service Commission
ATTN: Jim Stevens
211 Sower Blvd.
P.O. Box 615
Frankfort, KY 40602

Revised 03-13-2008
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Company Official **Teresa Emerson** Title **Accountant** (Printed)

Company Official **33** (Signed)

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Frankfort, KY 40602

Revised 03-13-2008
Case No. 2016-00059  
Exhibit A  
KUSF Reimbursement Forms  

**COMMONWEALTH OF KENTUCKY**  
**UNIVERSAL SERVICE FUND**  

**Date:** 6/21/15  
**Reporting Month:** May, 2015

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I hereby attest that the information reported herein is true and accurate to the best of my knowledge.

Company Official [Teresa Emerson](#) Title [Accountant](#)  
(Printed)  
Company Official [XX](#)  
(Signed)

---

Make check payable to: “Kentucky State Treasurer” and send with this report to: 363

Finance and Administration Cabinet  
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Revised 03-13-2008
**COMMONWEALTH OF KENTUCKY**
**UNIVERSAL SERVICE FUND**

**Date:** 7/8/15  
**Reporting Month:** June, 15

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Company Official **Teresa Emerson**  
Title **Accountant**  
(Printed)  
Company Official **2EE**  
(Signed)

Make check payable to: “Kentucky State Treasurer” and send with this report to: **363**

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Revised 03-13-2008
Case No. 2016-00059
Exhibit A
KUSF Reimbursement Forms

Date: 8/5/15  Reporting Month: July 15

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Revised 03-13-2008
### Case No. 2016-00059
Exhibit A
KUSF Reimbursement Forms

**Date:** 9/4/15  
**Reporting Month:** Aug, 2015

#### Carrier Information

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#### Classification

- **Please Circle One:** ILEC  
  - CLEC  
  - Cellular  
  - PCS

#### Monthly Access Line Data

1. Total Access Lines in Service: 9521
2. Surcharge Per Access Line: 0.0250  
   - Charge: $0.08
3. Amount of Surcharge Remitted to Kentucky USF: 761.20
4. Number of Access Lines Receiving Lifeline Support: 636
5. Amount of Reimbursement Requested from Kentucky USF: 2196.70

#### Signature Block

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.

**Company Official:** Teresa Emerson  
**Title:** Accountant  
**Company Official:** (Signed)

---

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Revised 03-13-2008
**COMMONWEALTH OF KENTUCKY**  
**UNIVERSAL SERVICE FUND**

**Case No. 2016-00059**  
**Exhibit A**  
**KUSF Reimbursement Forms**

**Date:** Oct 5  
**Reporting Month:** Sept 15

### Carrier Information

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### Classification

- **Please Circle One:** ILEC  
- CLEC  
- Cellular  
- PCS

### Monthly Access Line Data

1. Total Access Lines in Service: 9457
2. Surecharge Per Access Line: 0.08
3. Amount of Surecharge Remitted to Kentucky USF: 756.08
4. Number of Access Lines Receiving Lifeline Support: 625
5. Amount of Reimbursement Requested from Kentucky USF: 2056.92

### Signature Block

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.

**Company Official:** Teresa Emerson  
**Title:** Accountant

(Painted)

(Signed)

---

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Revised 03-13-2008
**COMMONWEALTH OF KENTUCKY**

**UNIVERSAL SERVICE FUND**

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**Date:** 11/4/15  
**Reporting Month:** 08, 2015

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### Classification

- [ ] ILEC
- [ ] CLEC
- [ ] Cellular
- [ ] PCS

---

### Monthly Access Line Data

1. Total Access Lines in Service: 9403
2. Surcharge Per Access Line: 0010250  
   Surcharge: $0.08
3. Amount of Surcharge Remitted to Kentucky USF: 751.76
4. Number of Access Lines Receiving Lifeline Support: 612
5. Amount of Reimbursement Requested from Kentucky USF: 2,034.94

---

### Signature Block

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.

**Company Official:** Teresa Emerson  
**Title:** Accountant  

**Company Official:** [Signature] (Signed)

---

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Company Official: Teresa Emerson  Title: Accountant  Company Office: (Signed)

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Frankfort, KY 40602

Revised 03-13-2008
Date: 1/6/16  
Reporting Month: Dec, 15

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### Classification

Please Circle One: **ILEC**  
CLEC  
Cellular  
PCS

### Monthly Access Line Data

1. Total Access Lines in Service: 9,322
2. Surcharge Per Access Line: $0.08  
3. Amount of Surcharge Remitted to Kentucky USF: $745.28
4. Number of Access Lines Receiving Lifeline Support: 591
5. Amount of Reimbursement Requested from Kentucky USF: 1,812,66

### Signature Block

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.

Company Official: **Teresa Emerson**  
Title: Accountant  
Company Office: **(Signed)**

---

Make check payable to: "Kentucky State Treasurer" and send with this report to: **363**

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Revised 03-13-2008
# KUSF Reimbursement Forms

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### Classification
- Please Circle One: ILEC

## Monthly Access Line Data

1. Total Access Lines in Service: 9228
2. Surcharge Per Access Line: $0.08
3. Amount of Surcharge Remitted to Kentucky USF: 742.24
4. Number of Access Lines Receiving Lifeline Support: 592
5. Amount of Reimbursement Requested from Kentucky USF: 2092.45

## Signature Block

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.

Company Official: Teresa Emerson  Title: Accountant  Company Office: [Signature]

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Finance and Administration Cabinet
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Frankfort, KY 40601

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ATTN: Jim Stevens
211 Sower Blvd.
P.O. Box 615
Frankfort, KY 40602

Revised 03-13-2008
COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date 3/7/16
Reporting Month 2/2016

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Company Official Teresa Emerson Title Accountant
(Printed)
Company Office
(Signed)

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Finance and Administration Cabinet
ATTN: KY USF
702 Capitol Ave.
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Send a copy of this report to:
Kentucky Public Service Commission
ATTN: Jim Stover
211 Sower Blvd.
P.O. Box 615
Frankfort, KY 40602

Revised 03-13-2008
**Commonwealth of Kentucky**  
**Universal Service Fund**

**Date:** March 31, 2016  
**Reporting Month:** March

### Carrier Information

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### Classification

- [ ] ILEC  
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- [ ] Cellular  
- [x] PCS

### Monthly Access Line Data

1. Total Access Lines in Service: 9,306
2. Surcharge Per Access Line: $0.14  
3. Amount of Surcharge Remitted to Kentucky USF: $8,947.6
4. Number of Access Lines Receiving Lifeline Support: 585
5. Amount of Reimbursement Requested from Kentucky USF: $189,318

### Signature Block

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.

**Company Official:** Teresa Emerson  
**Title:** Accountant  
**Company Office: [Signature]**

---

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