EXHIBIT 4
## Carrier Information

<table>
<thead>
<tr>
<th>Company Name</th>
<th>Foothills Rural Telephone Cooperative Corporation Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Address</td>
<td>P.O. Box 240 Staffordsville, KY 41256</td>
</tr>
<tr>
<td>Telephone/Fax</td>
<td>(606)297-3501 / (606)297-9637</td>
</tr>
</tbody>
</table>

## Classification

Please Circle One

- ILEC
- CLEC
- Cellular
- PCS

## Monthly Access Line Data

1. Total Access Lines in Service: 12,779

2. Surcharge Per Access Line: $0.08

3. Amount of Surcharge Remitted to Kentucky USF: $1,022.30

4. Number of Access Lines Receiving Lifeline Support: 2,048

5. Amount of Reimbursement Requested from Kentucky USF: $7,012.52

## Signature Block

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

Company Official: Charlena Gamble  
Title: Accountant  
Company Official: Charlena Gamble (Signed)

---

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

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
# COMMONWEALTH OF KENTUCKY
# UNIVERSAL SERVICE FUND

**Date** March 5, 2014  
**Reporting Month** February 14

## Carrier Information

<table>
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<tr>
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<th>Foothills Rural Telephone Cooperative Corporation Inc.</th>
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## Monthly Access Line Data

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<td>2. Surcharge Per Access Line</td>
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<td>3. Amount of Surcharge Remitted to Kentucky USF</td>
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<td>4. Number of Access Lines Receiving Lifeline Support</td>
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<tr>
<td>5. Amount of Reimbursement Requested from Kentucky USF</td>
<td>$6,602.40</td>
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</tbody>
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## Signature Block

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

Company Official: Charlena Gamble  
Title: Accountant  
Company Official (Signed): Charlena Gamble

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

Finance and Administration Cabinet  
ATTN: KY USF  
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Frankfort, KY 40602

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

Date: March 24, 2014  
Reporting Month: March-14

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<th>Classification</th>
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### Monthly Access Line Data

1. **Total Access Lines in Service**: 12,747
2. **Surcharge Per Access Line**: $0.08
3. **Amount of Surcharge Remitted to Kentucky USF**: $1,019.73
4. **Number of Access Lines Receiving Lifeline Support**: 2,072
5. **Amount of Reimbursement Requested from Kentucky USF**: $7,252.14

**Signature Block**

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

Company Official: Charlena Gamble  
(Printed)  
Title: Accountant  
Company Official: (Signed)

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

Finance and Administration Cabinet  
ATTN: KY USF  
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Revised 03-13-2008
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### Classification

Please Circle One
- ILEC
- CLEC
- Cellular
- PCS

### Monthly Access Line Data

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<td>4. Number of Access Lines Receiving Lifeline Support</td>
<td>2,064</td>
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<tr>
<td>5. Amount of Reimbursement Requested from Kentucky USF</td>
<td>$7,222.48</td>
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### Signature Block

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

Company Official: Charlena Gamble
Title: Accountant
Company Official: Charlena Gamble
(Printed)
(Signed)

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

Finance and Administration Cabinet
ATTN: KY USF
702 Capital Ave.
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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**: May 28, 2014

**Reporting Month**: May 14

### Carrier Information

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### Classification

Please Circle One: ILEC, CLEC, Cellular, PCS

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<td>2. Surcharge Per Access Line</td>
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<td>3. Amount of Surcharge Remitted to Kentucky USF</td>
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<td>4. Number of Access Lines Receiving Lifeline Support</td>
<td>2,018</td>
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<td>5. Amount of Reimbursement Requested from Kentucky USF</td>
<td>$7,064.39</td>
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### Signature Block

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

**Company Official**: Charlena Gamble

**Title**: (Printed)

**Accountant**: Charlena Gamble

**Company Official**: (Signed)

---

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

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

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

**Date** ___________  **Reporting Month** ____________

**Carrier Information**

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**Monthly Access Line Data**

1. Total Access Lines in Service .............................................. 13,302
2. Surcharge Per Access Line ..................................................... $0.08
3. Amount of Surcharge Remitted to Kentucky USF ......................... $ 1,064.19
4. Number of Access Lines Receiving Lifeline Support ................... 2,043
5. Amount of Reimbursement Requested from Kentucky USF ............... $ 7,152.22

**Signature Block**

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

Company Official  **Charlena Gamble**  Title  **Accountant**  Company Official  **Charlena Gamble**

(Printed)  (Signed)

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

Finance and Administration Cabinet
ATTN: KY USF
702 Capitol 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
Date ___________ Reporting Month ____________
August 5, 2014 July-14

Carrier Information

Company Name: Foothills Rural Telephone Cooperative Corporation Inc.
Company Address: P.O. Box 240, Staffordsville, KY 41256
Telephone/Fax: (606)297-3501 / (606)297-9637
Vendor Number:

Classification
Please Circle One
ILEC CLEC Cellular PCS

Monthly Access Line Data

1. Total Access Lines in Service 
2. Surcharge Per Access Line $0.08
3. Amount of Surcharge Remitted to Kentucky USF $1,022.79
4. Number of Access Lines Receiving Lifeline Support 1,994
5. Amount of Reimbursement Requested from Kentucky USF $6,782.40

Signature Block
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.
Company Official Charlena Gamble Title Accountant Company Official Charlena Gamble (Signed)

Make check payable to: "Kentucky State Treasurer" and send with this report to:
Finance and Administration Cabinet
ATTN: KY USF
702 Capital Ave.
Capitol Annex, Room 488A
Frankfort, KY 40601

Send a copy of this report to:
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211 Sower Blvd.
P.O. Box 615
Frankfort, KY 40602

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

Date August 20, 2014 Reporting Month August-14

Carrier Information

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<tr>
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<th>ILEC</th>
<th>CLEC</th>
<th>Cellular</th>
<th>PCS</th>
</tr>
</thead>
</table>

Monthly Access Line Data

1. Total Access Lines in Service.......................................................................................... 12,716

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

3. Amount of Surcharge Remitted to Kentucky USF.............................................................. $ 1,017.28

4. Number of Access Lines Receiving Lifeline Support....................................................... 1,900

5. Amount of Reimbursement Requested from Kentucky USF............................................... $ 6,515.45

Signature Block

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

Company Official Charlena Gamble (Printed) Title Accountant Company Official

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

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702 Capital Ave.
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Frankfort, KY 40601

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Kentucky Public Service Commission
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211 Sower Blvd.
P.O. Box 615
Frankfort, KY 40602

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

**Date** October 7, 2014  
**Reporting Month** September-14

### Carrier Information

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</table>

### Classification

Please Circle One  
ILEC  
CLEC  
Cellular:  
PCS

### Monthly Access Line Data

<table>
<thead>
<tr>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Access Lines in Service</td>
<td>12,817</td>
</tr>
<tr>
<td>Surcharge Per Access Line</td>
<td>$0.08</td>
</tr>
<tr>
<td>Amount of Surcharge Remitted to Kentucky USF</td>
<td>$1,025.33</td>
</tr>
<tr>
<td>Number of Access Lines Receiving Lifeline Support</td>
<td>1,916</td>
</tr>
<tr>
<td>Amount of Reimbursement Requested from Kentucky USF</td>
<td>$6,707.10</td>
</tr>
</tbody>
</table>

### Signature Block

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.  
Company Official: Charlena Gamble  
Title: Accountant  
(Signed)

---

Make check payable to: “Kentucky State Treasurer” and send with this report to:  
Finance and Administration Cabinet  
ATTN: KY USF  
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Frankfort, KY 40601

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P.O. Box 615  
Frankfort, KY 40602

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

Date: October 29, 2014
Reporting Month: October-14

Carrier Information

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<td>(606)297-3501 / (606)297-9637</td>
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</tbody>
</table>

Classification
Please Circle One: ILEC  CLEC  Cellular  PCS

Monthly Access Line Data

1. Total Access Lines in Service ........................................ 12.688
2. Surcharge Per Access Line ........................................... $0.08
3. Amount of Surcharge Remitted to Kentucky USF ..................... $ 1,015.05
4. Number of Access Lines Receiving Lifeline Support ............... 1,826
5. Amount of Reimbursement Requested from Kentucky USF ........... $ 6,390.90

Signature Block

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

Company Official: Charlena Gamble  Title: Accountant  Company Official: Charlena Gamble (Signed)

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

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

**Date** ________  **Reporting Month** ________

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</tr>
</tbody>
</table>

**Classification**

Please Circle One

- ILEC
- CLEC
- Cellular
- PCS

**Monthly Access Line Data**

1. **Total Access Lines in Service** ................. 12,798
2. **Surcharge Per Access Line** ................. $0.08
3. **Amount of Surcharge Remitted to Kentucky USF** ................. $ 1,023.84
4. **Number of Access Lines Receiving Lifeline Support** ................. 1,886
5. **Amount of Reimbursement Requested from Kentucky USF** ................. $ 6,600.53

**Signature Block**

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

Company Official  Charlena Gamble  Title  Accountant  Company Official

(Signed)

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<td>Company Official</td>
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<tr>
<td>(Printed)</td>
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<td>Charlena Gamble</td>
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Revised 03-13-2008
**COMMONWEALTH OF KENTUCKY**  
**UNIVERSAL SERVICE FUND**

**Date** January 31, 2015  
**Reporting Month** January-15

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</table>

**Monthly Access Line Data**

1. **Total Access Lines in Service** ............................................. 12,669
2. **Surcharge Per Access Line** .............................................. $0.08
3. **Amount of Surcharge Remitted to Kentucky USF** .................... $1,013.53
4. **Number of Access Lines Receiving Lifeline Support** ............... 1,895
5. **Amount of Reimbursement Requested from Kentucky USF** .......... $6,631.57

**Signature Block**

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

Company Official: Charlena Gamble  
Printed: (Signed)

Make check payable to: "Kentucky State Treasurer" and send with this report to:  
Finance and Administration Cabinet  
ATTN: KY USF  
702 Capital Ave.  
Capitol Annex, Room 488A  
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Revised 03-13-2008
### COMMONWEALTH OF KENTUCKY
### UNIVERSAL SERVICE FUND

**Date**
April 7, 2015  
**Reporting Month**
February-15

### Carrier Information
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<tr>
<th>1. Total Access Lines in Service</th>
<th>12,604</th>
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<tbody>
<tr>
<td>2. Surcharge Per Access Line</td>
<td>$0.08</td>
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<tr>
<td>3. Amount of Surcharge Remitted to Kentucky USF</td>
<td>$1,008.29</td>
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<tr>
<td>4. Number of Access Lines Receiving Lifeline Support</td>
<td>1,876</td>
</tr>
<tr>
<td>5. Amount of Reimbursement Requested from Kentucky USF</td>
<td>$6,566.00</td>
</tr>
</tbody>
</table>

### Signature Block

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

Company Official: Charlena Gamble  
Title: Accountant  
Company Official (Signed):

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

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
COMMONWEALTH OF KENTUCKY  
UNIVERSAL SERVICE FUND

Date: ___________  Reporting Month: ____________  

**Carrier Information**

<table>
<thead>
<tr>
<th>Company Name</th>
<th>Foothills Rural Telephone Cooperative Corporation Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Address</td>
<td>P.O. Box 246, Staffordsville, KY 41256</td>
</tr>
<tr>
<td>Telephone/Fax</td>
<td>(606)297-3501 / (606)297-9637</td>
</tr>
<tr>
<td>Vendor Number</td>
<td></td>
</tr>
</tbody>
</table>

**Classification**

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

**Monthly Access Line Data**

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

**Signature Block**

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

Company Official: ___________  Title: ___________

Charlena Gamble (Printed)  Accountant  Company Official (Signed)

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

Finance and Administration Cabinet  
ATTN: KY USF  
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Revised 02-13-2008
**COMMONWEALTH OF KENTUCKY**
**UNIVERSAL SERVICE FUND**

**Date** May 1, 2015

**Reporting Month** April 15

### Carrier Information

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</tr>
</tbody>
</table>

### Classification

| Please Circle One | ILEC | CLEC | Cellular | PCS |

### Monthly Access Line Data

1. Total Access Lines in Service: 12,598
2. Surcharge Per Access Line: $0.08
3. Amount of Surcharge Remitted to Kentucky USF: $1,007.81
4. Number of Access Lines Receiving Lifeline Support: 1,878
5. Amount of Reimbursement Requested from Kentucky USF: $6,573.00

### Signature Block

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

Company Official: Charlena Gamble
Title: Accountant
Company Official: Charlena Gamble
(Printed) (Signed)

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

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Revised 02-13-2008
**COMMONWEALTH OF KENTUCKY**
**UNIVERSAL SERVICE FUND**

**Date** __June 1, 2015__

**Reporting Month** __May-15__

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Company Official | **Charlena Gamble** | Title | **Accountant** | Company Official
(Printed) | (Signed)

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

**Date** ___________  
**July 6, 2015**  
**Reporting Month** ___________  
**June-15**

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| **Charlena Gamble**  
**Company Official**  
**Charlena Gamble**  
**Title**  
**Accountant**  
**Company Official**  
**Charlena Gamble**  
**(Signed)** |

Make check payable to: "Kentucky State Treasurer" and send with this report to:  
**Finance and Administration Cabinet**  
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702 Capital Ave.  
Capitol Annex, Room 488A  
Frankfort, KY 40601

Send a copy of this report to:  
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**ATTN: Jim Stevens**  
211 Sewer Blvd.  
P.O. Box 615  
Frankfort, KY 40602

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

Date August 11, 2015  Reporting Month July-15

### Carrier Information

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</tr>
</tbody>
</table>

### Classification

Please Circle One

- ILEC
- CLEC
- Cellular
- PCS

### Monthly Access Line Data

1. Total Access Lines in Service: 12,503
2. Surcharge Per Access Line: $0.08
3. Amount of Surcharge Remitted to Kentucky USF: $1,000.27
4. Number of Access Lines Receiving Lifeline Support: 1,794
5. Amount of Reimbursement Requested from Kentucky USF: $6,279.00

### Signature Block

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

Company Official: Charlena Gamble
Title: Accountant
Company Official: Charlena Gamble
(Printed) (Signed)

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

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

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Revised 03-13-2008
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<th>CLEC</th>
<th>Cellular</th>
<th>PCS</th>
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</thead>
</table>

### Monthly Access Line Data

1. Total Access Lines in Service: 12,395
2. Surcharge Per Access Line: $0.08
3. Amount of Surcharge Remitted to Kentucky USF: $991.61
4. Number of Access Lines Receiving Lifeline Support: 1,605
5. Amount of Reimbursement Requested from Kentucky USF: $6,317.50

### Signature Block

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

Company Official: Charlena Gamble
Title: Accountant
Company Official: Charlena Gamble (Signed)

---

Make check payable to: "Kentucky State Treasurer" and send with this report to:
Finance and Administration Cabinet
ATTN: KY USF
702 Capital Ave.
Capitol Annex, Room 488A
Frankfort, KY 40601

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Revised 03-13-2008
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### Classification

Please Circle One

- ILEC
- CLEC
- Cellular
- PCS

### Monthly Access Line Data

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<table>
<thead>
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<td>3. Amount of Surcharge Remitted to Kentucky USF</td>
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<td>4. Number of Access Lines Receiving Lifeline Support</td>
<td>1,785</td>
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<tr>
<td>5. Amount of Reimbursement Requested from Kentucky USF</td>
<td>$ 6,247.50</td>
</tr>
</tbody>
</table>

### Signature Block

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

Company Official: Charlena Gamble
Title: Accountant
Company Official: (Signed)

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

Finance and Administration Cabinet
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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
# COMMONWEALTH OF KENTUCKY
## UNIVERSAL SERVICE FUND

**Date** November 4, 2015  
**Reporting Month** October-15

### Carrier Information

<table>
<thead>
<tr>
<th>Company Name</th>
<th>Foothills Rural Telephone Cooperative Corporation Inc.</th>
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</table>

### Classification

<table>
<thead>
<tr>
<th>Please Circle One</th>
<th>ILEC  CLEC  Cellular  PCS</th>
</tr>
</thead>
</table>

### Monthly Access Line Data

1. **Total Access Lines in Service** ......................................................... 12,395
2. **Surcharge Per Access Line** .............................................................. $0.08
3. **Amount of Surcharge Remitted to Kentucky USF** .................................. $991.58
4. **Number of Access Lines Receiving Lifeline Support** .......................... 1,753
5. **Amount of Reimbursement Requested from Kentucky USF** ....................... $6,135.50

### Signature Block

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.  
Company Official: Charlena Gamble  
(Printed)  
Title: Accountant  
Company Official: Charlena Gamble  
(Signed)

---

Make check payable to "Kentucky State Treasurer" and send with this report to:  
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211 Sower Blvd.  
P.O. Box 615  
Frankfort, KY 40602

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

<table>
<thead>
<tr>
<th>Reporting Month</th>
<th>November-15</th>
</tr>
</thead>
</table>

#### Carrier Information
- **Company Name**: Foothills Rural Telephone Cooperative Corporation Inc.
- **Company Address**: P.O. Box 240, Staffordsville, KY 41256
- **Telephone/Fax**: (606)297-3501 / (606)297-9637

#### Classification
- Please Circle One: ILEC, CLEC, Cellular, PCS

#### Monthly Access Line Data

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
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<tbody>
<tr>
<td>1. Total Access Lines in Service</td>
<td>12,386</td>
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<tr>
<td>2. Surcharge Per Access Line</td>
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<tr>
<td>3. Amount of Surcharge Remitted to Kentucky USF</td>
<td>$989.24</td>
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<tr>
<td>4. Number of Access Lines Receiving Lifeline Support</td>
<td>1,750</td>
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<tr>
<td>5. Amount of Reimbursement Requested from Kentucky USF</td>
<td>$6,125.00</td>
</tr>
</tbody>
</table>

#### Signature Block

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

**Company Official**: Charlena Gamble

**Title**: Accountant

**Company Official** (Signed): Charlena Gamble

---

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

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

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

**Date**: January 6, 2016  
**Reporting Month**: December-15

### Carrier Information

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### Monthly Access Line Data

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<tr>
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<tbody>
<tr>
<td>1. Total Access Lines in Service</td>
<td>12,349</td>
</tr>
<tr>
<td>2. Surcharge Per Access Line</td>
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<tr>
<td>3. Amount of Surcharge Remitted to Kentucky USF</td>
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<tr>
<td>4. Number of Access Lines Receiving Lifeline Support</td>
<td>1,783</td>
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<tr>
<td>5. Amount of Reimbursement Requested from Kentucky USF</td>
<td>$6,240.50</td>
</tr>
</tbody>
</table>

### Signature Block

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(Printed)  
(Signed)

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

**UNIVERSAL SERVICE FUND**

Date: February 1, 2016  
Reporting Month: January-16

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Revised 02-13-2008
**COMMONWEALTH OF KENTUCKY**
**UNIVERSAL SERVICE FUND**

Date: _____
Reporting Month: ______

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</table>

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

**Monthly Access Line Data**

1. Total Access Lines in Service: 12,471

2. Surcharge Per Access Line: $0.08

3. Amount of Surcharge Remitted to Kentucky USF: $997.70

4. Number of Access Lines Receiving Lifeline Support: 1,587

5. Amount of Reimbursement Requested from Kentucky USF: $5,554.50

**Signature Block**

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

Company Official: Charlena Gamble
(Printed)
Title: Accountant
Company Official: (Signed)

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

Revised 03-13-2008
### Monthly Access Line Data

1. Total Access Lines in Service: 14,949
2. Surcharge Per Access Line: $0.08
3. Amount of Surcharge Remitted to Kentucky USF: $1,195.93
4. Number of Access Lines Receiving Lifeline Support: 1,608
5. Amount of Reimbursement Requested from Kentucky USF: $5,628.00

### Signature Block

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

Company Official: Charlena Gamble  
Title: Accountant  
Company Official: Charlena Gamble (Signed)

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