EXHIBIT 5

COMMONWEALTH OF KENTUCKY UNIVERSIAL SERVICE FUND

DATE: January 20, 2014 REPORTING MONTH: Jan-14 CARRIER INFORMATION Company Name: COALFIELDS TELEPHONE COMPANY, INC Company Address: P O BOX 160 HAROLD KY 41635 Telephone/Fax: 606-478-9401 ext 6250 / 606-478-8923 Vendor Number: NO VENDOR NUMBER Classification: Please Circle One: CLEC **ILEC** Cellular PCS

MONTHLY ACCESS LINE DATA

1. Total Access Lines in Service	5260
2. Surcharge Per Access Lines	\$0.08
3. Amount of Surcharge Remitted to Kentucky USF	\$420.80
4. Number of Access Lines Receiving Lifeline Support	1,011
5. Amount of Reimbursement Requested from Kentucky USF	\$3,539.70

SIGNATURE BLOCK

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

Company Official: Tina Page Title: Accountant Company Official:	
(Printed)	(Signed)

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

Finance and Administration Cabinet

ATTN: Donna Smith

Frankfort, KY 40601

Capitol Annex, Room 488A

Send a copy of this report to:

COMMONWEALTH OF KENTUCKY
UNIVERSIAL SERVICE FUND

REPORTING MONTH: Feb-14

PCS

CARRIER INFORMATION

Company Name:COALFIELDS TELEPHONE COMPANY, INCCompany Address:P O BOX 160 HAROLD KY 41635Telephone/Fax:606-478-9401 ext 6250 / 606-478-8923Vendor Number:NO VENDOR NUMBERClassification:Classification:

<u>ILEC</u>

Please Circle One:

February 17, 2014

DATE:

Cellular

MONTHLY ACCESS LINE DATA

CLEC

1. Total Access Lines in Service	5224
2. Surcharge Per Access Lines	\$0.08
3. Amount of Surcharge Remitted to Kentucky USF	\$417.92
4. Number of Access Lines Receiving Lifeline Support	1,0 04
5. Amount of Reimbursement Requested from Kentucky USF	\$3,514.00

SIGNATURE BLOCK

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

Company Official: Tina Page Title: Accountant Company Official:	
(Printed)	(Signed)

Make check payable to: "Kentucky State Treasurer" and send with this report to: Send a copy of this report to:

Finance and Administration Cabinet ATTN: Donna Smith Capitol Annex, Room 488A Frankfort, KY 40601

COMMONWEALTH OF KENTUCKY UNIVERSIAL SERVICE FUND

DATE: March 19, 2014 REPORTING MONTH: Mar-14

CARRIER INFORMATION

Company Name:COALFIELDS TELEPHONE COMPANY, INCCompany Address:P O BOX 160 HAROLD KY 41635Telephone/Fax:606-478-9401 ext 6250 / 606-478-8923Vendor Number:NO VENDOR NUMBER

Classification: Please Circle One: <u>ILEC</u>

CLEC Cellular PCS

MONTHLY ACCESS LINE DATA

1. Total Access Lines in Service	5243
2. Surcharge Per Access Lines	\$0.08
3. Amount of Surcharge Remitted to Kentucky USF	\$419.44
4. Number of Access Lines Receiving Lifeline Support	988
5. Amount of Reimbursement Requested from Kentucky USF	\$3,457.55

SIGNATURE BLOCK

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

Company Official: Tina Page Title: <u>Accountant</u> Company Official: ________________(Signed)

Make check payable to: "Kentucky State Treasurer" and send with this report to: Send a copy of this report to:

Finance and Administration Cabinet ATTN: Donna Smith Capitol Annex, Room 488A Frankfort, KY 40601

COMMONWEALTH OF KENTUCKY UNIVERSIAL SERVICE FUND

DATE: April 11, 2014 REPORTING MONTH: Apr-14 **CARRIER INFORMATION** Company Name: COALFIELDS TELEPHONE COMPANY, INC Company Address: P O BOX 160 HAROLD KY 41635 Telephone/Fax: 606-478-9401 ext 6250 / 606-478-8923 Vendor Number: NO VENDOR NUMBER Classification: Please Circle One: ILEC CLEC Cellular PCS

MONTHLY ACCESS LINE DATA

1. Total Access Lines in Service	5258
2. Surcharge Per Access Lines	\$0.08
3. Amount of Surcharge Remitted to Kentucky USF	\$420.64
4. Number of Access Lines Receiving Lifeline Support	1,005
5. Amount of Reimbursement Requested from Kentucky USF	\$3,518.38

SIGNATURE BLOCK

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

 Company Official: Tina Page Title: Accountant Company Official: (Printed)
 (Signed)

 Make check payable to: "Kentucky State
 Send a copy of this report to:

 Treasurer" and send with this report to:
 Send a copy of this report to:

 Finance and Administration Cabinet
 Kentucky Public Service Commission

 ATTN: Donna Smith
 ATTN: Jim Stevens

 Capitol Annex, Room 488A
 211 Sower Blvd.

 Frankfort, KY 40601
 PO Box 615

Frankfort, KY 40602

COMMONWEALTH OF KENTUCKY UNIVERSIAL SERVICE FUND

DATE:	May 14, 2014		REPO	RTING MONTH:	May-14
	CARR				
Company Name: Company Address Telephone/Fax: Vendor Number:	:	P O BOX 606-478-9	160 HAROI	/ 606-478-8923	c
Classification: Please Circle One:	ILEC	CLEC	Cellular	PCS	

MONTHLY ACCESS LINE DATA

1. Total Access Lines in Service	5213
2. Surcharge Per Access Lines	\$0.08
3. Amount of Surcharge Remitted to Kentucky USF	\$417.04
4. Number of Access Lines Receiving Lifeline Support	990
5. Amount of Reimbursement Requested from Kentucky USF	\$3,465.00

SIGNATURE BLOCK

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

Company Official: Tina Page Title: Accountant Co	ompany Official:
(Printed)	(Signed)
Make check payable to: "Kentucky State	Send a copy of this report to:

Treasurer" and send with this report to:

Finance and Administration Cabinet ATTN: Donna Smith Capitol Annex, Room 488A Frankfort, KY 40601

COMMONWEALTH OF KENTUCKY UNIVERSIAL SERVICE FUND

DATE: June 17, 2014 REPORTING MONTH: Jun-14 CARRIER INFORMATION Company Name: COALFIELDS TELEPHONE COMPANY, INC Company Address: P O BOX 160 HAROLD KY 41635 Telephone/Fax: 606-478-9401 ext 6250 / 606-478-8923 Vendor Number: NO VENDOR NUMBER Classification: Please Circle One: CLEC PCS **ILEC** Cellular

MONTHLY ACCESS LINE DATA

1. Total Access Lines in Service	5149
2. Surcharge Per Access Lines	\$0.08
3. Amount of Surcharge Remitted to Kentucky USF	\$411.92
4. Number of Access Lines Receiving Lifeline Support	984
5. Amount of Reimbursement Requested from Kentucky USF	\$3,444.00

SIGNATURE BLOCK

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

Company Official: Tina Page Title: <u>Accountant</u> Company Official: ______(Signed) (Signed)

Make check payable to: "Kentucky State Treasurer" and send with this report to: Send a copy of this report to:

Finance and Administration Cabinet ATTN: Donna Smith Capitol Annex, Room 488A Frankfort, KY 40601

COMMONWEALTH OF KENTUCKY UNIVERSIAL SERVICE FUND

July 18, 2014 REPORTING MONTH: Jul-14 DATE: **CARRIER INFORMATION** Company Name: COALFIELDS TELEPHONE COMPANY, INC Company Address: P O BOX 160 HAROLD KY 41635 Telephone/Fax: 606-478-9401 ext 6250 / 606-478-8923 Vendor Number: NO VENDOR NUMBER Classification: Please Circle One: PCS **ILEC** CLEC Cellular

MONTHLY ACCESS LINE DATA

1. Total Access Lines in Service	5164
2. Surcharge Per Access Lines	\$0.08
3. Amount of Surcharge Remitted to Kentucky USF	\$413.12
4. Number of Access Lines Receiving Lifeline Support	993
5. Amount of Reimbursement Requested from Kentucky USF	\$3,475.50

SIGNATURE BLOCK

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

 Company Official: Tina Page Title: Accountant Company Official: (Printed)
 (Signed)

 Make check payable to: "Kentucky State
 Send a copy of this report to:

 Treasurer" and send with this report to:

Finance and Administration Cabinet ATTN: Donna Smith Capitol Annex, Room 488A Frankfort, KY 40601

COMMONWEALTH OF KENTUCKY UNIVERSIAL SERVICE FUND

DATE: August 19, 2014 REPORTING MONTH: Aug-14

CARRIER INFORMATION

Company Name:COALFIELDS TELEPHONE COMPANY, INCCompany Address:P O BOX 160HAROLD KY 41635Telephone/Fax:606-478-9401 ext 6250 / 606-478-8923Vendor Number:NO VENDOR NUMBER

<u>ILEC</u>

Classification: Please Circle One:

MONTHLY ACCESS LINE DATA

CLEC

Cellular

PCS

1. Total Access Lines in Service	5132
2. Surcharge Per Access Lines	\$0.08
3. Amount of Surcharge Remitted to Kentucky USF	\$410.56
4. Number of Access Lines Receiving Lifeline Support	938
5. Amount of Reimbursement Requested from Kentucky USF	\$3,283.00

SIGNATURE BLOCK

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

Company Official: Tina Page Title: <u>Accountant</u> Company Official: _________________(Signed) (Signed)

Make check payable to: "Kentucky State Treasurer" and send with this report to: Send a copy of this report to:

Finance and Administration Cabinet ATTN: Donna Smith Capitol Annex, Room 488A Frankfort, KY 40601

COMMONWEALTH OF KENTUCKY UNIVERSIAL SERVICE FUND

DATE: September 18, 2014

REPORTING MONTH: Sep-14

CARRIER INFORMATION

Company Name: Company Address: Telephone/Fax: Vendor Number: COALFIELDS TELEPHONE COMPANY, INC P O BOX 160 HAROLD KY 41635 606-478-9401 ext 6250 / 606-478-8923 NO VENDOR NUMBER

Cellular

PCS

Classification: Please Circle One:

MONTHLY ACCESS LINE DATA

CLEC

1. Total Access Lines in Service	5077.5
2. Surcharge Per Access Lines	\$0.08
3. Amount of Surcharge Remitted to Kentucky USF	\$406.20
4. Number of Access Lines Receiving Lifeline Support	931
5. Amount of Reimbursement Requested from Kentucky USF	\$3,256.75

SIGNATURE BLOCK

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

ILEC

Company Official: Tina Page Title: <u>Accountant</u> Company Official:	
(Printed)	(Signed)

Make check payable to: "Kentucky State Treasurer" and send with this report to: Send a copy of this report to:

Finance and Administration Cabinet ATTN: Donna Smith Capitol Annex, Room 488A Frankfort, KY 40601

COMMONWEALTH OF KENTUCKY UNIVERSIAL SERVICE FUND

October 7, 2014 DATE: REPORTING MONTH: Oct-14 **CARRIER INFORMATION** Company Name: COALFIELDS TELEPHONE COMPANY, INC Company Address: P O BOX 160 HAROLD KY 41635 Telephone/Fax: 606-478-9401 ext 6250 / 606-478-8923 Vendor Number: NO VENDOR NUMBER Classification: Please Circle One: ILEC CLEC Cellular PCS

MONTHLY ACCESS LINE DATA

1. Total Access Lines in Service	5077.875
2. Surcharge Per Access Lines	\$0.08
3. Amount of Surcharge Remitted to Kentucky USF	\$406.23
4. Number of Access Lines Receiving Lifeline Support	941
5. Amount of Reimbursement Requested from Kentucky USF	\$3,293.50

SIGNATURE BLOCK

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

Company Official: Tina Page Title: <u>Accountant</u> Company Official: ______ (Printed) (Signed)

Make check payable to: "Kentucky State Treasurer" and send with this report to: Send a copy of this report to:

Finance and Administration Cabinet ATTN: Donna Smith Capitol Annex, Room 488A Frankfort, KY 40601

Nov-14

COMMONWEALTH OF KENTUCKY UNIVERSIAL SERVICE FUND

 CARRIER INFORMATION

 Company Name:
 COALFIELDS TELEPHONE COMPANY, INC

 Company Address:
 P O BOX 160
 HAROLD KY 41635

 Telephone/Fax:
 606-478-9401 ext 6250 / 606-478-8923

 Vendor Number:
 NO VENDOR NUMBER

Classification: Please Circle One:

November 18, 2014

DATE:

MONTHLY ACCESS LINE DATA

CLEC

Cellular

1. Total Access Lines in Service	5075
2. Surcharge Per Access Lines	\$0.08
3. Amount of Surcharge Remitted to Kentucky USF	\$406.00
4. Number of Access Lines Receiving Lifeline Support	864
5. Amount of Reimbursement Requested from Kentucky USF	\$3,024.00

SIGNATURE BLOCK

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

ILEC

Company Official: Tina Page Title: <u>Accountant</u> Company Official: ______(Signed) (Signed)

Make check payable to: "Kentucky State Treasurer" and send with this report to: Send a copy of this report to:

Finance and Administration Cabinet ATTN: Donna Smith Capitol Annex, Room 488A Frankfort, KY 40601

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

REPORTING MONTH:

PCS

COMMONWEALTH OF KENTUCKY UNIVERSIAL SERVICE FUND

DATE: December 16, 2014

REPORTING MONTH: Dec-14

CARRIER INFORMATION

Company Name:COALFIELDS TELEPHONE COMPANY, INCCompany Address:P O BOX 160 HAROLD KY 41635Telephone/Fax:606-478-9401 ext 6250 / 606-478-8923Vendor Number:NO VENDOR NUMBERClassification:Classification:

<u>ILEC</u>

Please Circle One:

CLEC Cellular PCS

MONTHLY ACCESS LINE DATA

1. Total Access Lines in Service	5119
2. Surcharge Per Access Lines	\$0.08
3. Amount of Surcharge Remitted to Kentucky USF	\$409.52
4. Number of Access Lines Receiving Lifeline Support	826
5. Amount of Reimbursement Requested from Kentucky USF	\$2,891.00

SIGNATURE BLOCK

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

Company Official: Tina Page Title: Accountant Company Official:	
(Printed)	(Signed)

Make check payable to: "Kentucky State Treasurer" and send with this report to: Send a copy of this report to:

Finance and Administration Cabinet ATTN: Donna Smith Capitol Annex, Room 488A Frankfort, KY 40601

COMMONWEALTH OF KENTUCKY UNIVERSIAL SERVICE FUND

DATE: January 16, 2015

REPORTING MONTH: Jan-15

CARRIER INFORMATION

Company Name:COALFIELDS TELEPHONE COMPANY, INCCompany Address:P O BOX 160HAROLD KY 41635Telephone/Fax:606-478-9401 ext 6250 / 606-478-8923Vendor Number:NO VENDOR NUMBER

Classification: Please Circle One:

ILEC CLEC Cellular PCS

MONTHLY ACCESS LINE DATA

1. Total Access Lines in Service	5101.25
2. Surcharge Per Access Lines	\$0.08
3. Amount of Surcharge Remitted to Kentucky USF	\$408.10
4. Number of Access Lines Receiving Lifeline Support	825
5. Amount of Reimbursement Requested from Kentucky USF	\$2,887.50

SIGNATURE BLOCK

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

Company Official: Tina Page Title: Accountant Cor	npany Official:
(Printed)	(Signed)
Make check payable to: "Kentucky State	Send a copy of this report to:
Treasurer" and send with this report to:	

Finance and Administration Cabinet ATTN: Donna Smith Capitol Annex, Room 488A Frankfort, KY 40601

COMMONWEALTH OF KENTUCKY UNIVERSIAL SERVICE FUND

DATE: February 24, 2015

REPORTING MONTH: Feb-15

CARRIER INFORMATION

Company Name:COALFIELDS TELEPHONE COMPANY, INCCompany Address:P O BOX 160 HAROLD KY 41635Telephone/Fax:606-478-9401 ext 6250 / 606-478-8923Vendor Number:NO VENDOR NUMBER

ILEC

Classification: Please Circle One:

Cellular

PCS

MONTHLY ACCESS LINE DATA

CLEC

1. Total Access Lines in Service	5093
2. Surcharge Per Access Lines	\$0.08
3. Amount of Surcharge Remitted to Kentucky USF	\$407.44
4. Number of Access Lines Receiving Lifeline Support	802
5. Amount of Reimbursement Requested from Kentucky USF	\$2,807.00

SIGNATURE BLOCK

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

Company Official: Tina Page Title: <u>Accountant</u> Company Official: ______ (Signed) (Signed)

Make check payable to: "Kentucky State Treasurer" and send with this report to: Send a copy of this report to:

Finance and Administration Cabinet ATTN: Donna Smith Capitol Annex, Room 488A Frankfort, KY 40601

COMMONWEALTH OF KENTUCKY UNIVERSIAL SERVICE FUND

DATE:	March 19, 2015		REPC	RTING MONTH:	Mar-15
	CARR	IER INFORMAT	ION		
Company N Company A Telephone/I Vendor Nun	ddress: Fax:	P O BOX 1 606-478-94	60 HARO	ONE COMPANY, INC LD KY 41635 / 606-478-8923	
Classificatio Please Circl			Cellular	PCS	

MONTHLY ACCESS LINE DATA

1. Total Access Lines in Service	5131
2. Surcharge Per Access Lines	\$0.08
3. Amount of Surcharge Remitted to Kentucky USF	\$410.48
4. Number of Access Lines Receiving Lifeline Support	816
5. Amount of Reimbursement Requested from Kentucky USF	\$2,856.00

SIGNATURE BLOCK

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

Frankfort, KY 40601

Company Official: Tina Page Title: Accountant Compan	y Official:
(Printed)	(Signed)
Make check payable to: "Kentucky State Treasurer" and send with this report to:	Send a copy of this report to:
Finance and Administration Cabinet	Kentucky Public Service Commission
ATTN: Donna Smith	ATTN: Jim Stevens
Capitol Annex, Room 488A	211 Sower Blvd.

PO Box 615 Frankfort, KY 40602

COMMONWEALTH OF KENTUCKY UNIVERSIAL SERVICE FUND

DATE: April 16, 2015 **REPORTING MONTH:** Apr-15 **CARRIER INFORMATION** Company Name: COALFIELDS TELEPHONE COMPANY, INC Company Address: P O BOX 160 HAROLD KY 41635 Telephone/Fax: 606-478-9401 ext 6250 / 606-478-8923 Vendor Number: NO VENDOR NUMBER Classification: Please Circle One: ILEC CLEC Cellular PCS

MONTHLY ACCESS LINE DATA

1. Total Access Lines in Service	5113.875
2. Surcharge Per Access Lines	\$0.08
3. Amount of Surcharge Remitted to Kentucky USF	\$409.11
4. Number of Access Lines Receiving Lifeline Support	814
5. Amount of Reimbursement Requested from Kentucky USF	\$2,849.00

SIGNATURE BLOCK

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

Company Official: Tina Page Title: <u>Accountant</u> Company Official: ________________(Signed)

Make check payable to: "Kentucky State Treasurer" and send with this report to: Send a copy of this report to:

Finance and Administration Cabinet ATTN: Donna Smith Capitol Annex, Room 488A Frankfort, KY 40601

COMMONWEALTH OF KENTUCKY UNIVERSIAL SERVICE FUND

DATE: May 15, 2015 REPORTING MONTH: May-15

CARRIER INFORMATION

Company Name: Company Address: Telephone/Fax: Vendor Number: COALFIELDS TELEPHONE COMPANY, INC P O BOX 160 HAROLD KY 41635 606-478-9401 ext 6250 / 606-478-8923 NO VENDOR NUMBER

Classification: Please Circle One:

ILEC CLEC Cellular PCS

MONTHLY ACCESS LINE DATA

1. Total Access Lines in Service	5077
2. Surcharge Per Access Lines	\$0.08
3. Amount of Surcharge Remitted to Kentucky USF	\$406.16
4. Number of Access Lines Receiving Lifeline Support	815
5. Amount of Reimbursement Requested from Kentucky USF	\$2,852.50

SIGNATURE BLOCK

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

Company Official: Tina Page Title: <u>Accountant</u> Company Official: ________________(Signed)

Make check payable to: "Kentucky State Treasurer" and send with this report to: Send a copy of this report to:

Finance and Administration Cabinet ATTN: Donna Smith Capitol Annex, Room 488A Frankfort, KY 40601

COMMONWEALTH OF KENTUCKY UNIVERSIAL SERVICE FUND

DATE: June 17, 2015 REPORTING MONTH: Jun-15 CARRIER INFORMATION Company Name: COALFIELDS TELEPHONE COMPANY, INC Company Address: P O BOX 160 HAROLD KY 41635 Telephone/Fax: 606-478-9401 ext 6250 / 606-478-8923 Vendor Number: NO VENDOR NUMBER Classification: Please Circle One: ILEC CLEC PÇS Cellular

MONTHLY ACCESS LINE DATA

1. Total Access Lines in Service	5050
2. Surcharge Per Access Lines	\$0.08
3. Amount of Surcharge Remitted to Kentucky USF	\$404.00
4. Number of Access Lines Receiving Lifeline Support	820
5. Amount of Reimbursement Requested from Kentucky USF	\$2,870.00

SIGNATURE BLOCK

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

Company Official: Tina Page Title: Accountant Company Official:	
(Printed)	(Signed)

Make check payable to: "Kentucky State Treasurer" and send with this report to: Send a copy of this report to:

Finance and Administration Cabinet ATTN: Donna Smith Capitol Annex, Room 488A Frankfort, KY 40601

COMMONWEALTH OF KENTUCKY UNIVERSIAL SERVICE FUND

DATE:	July 10, 2015		REPC	ORTING MONTH:	Jul-15
	CARR	ER INFORMA			
Company Name: Company Address: Telephone/Fax: Vendor Number:		P O BOX 606-478-9	160 HARO	IONE COMPANY, IN LD KY 41635 / 606-478-8923	с
Classification: Please Circle One:	ILEO	CLEC	Cellular	PCS	

MONTHLY ACCESS LINE DATA

1. Total Access Lines in Service	5034.625
2. Surcharge Per Access Lines	\$0.08
3. Amount of Surcharge Remitted to Kentucky USF	\$402.77
4. Number of Access Lines Receiving Lifeline Support	813
5. Amount of Reimbursement Requested from Kentucky USF	\$2,845.50

SIGNATURE BLOCK

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

Company Official: Tina Page Title: Accountant Co	empany Official:
(Printed)	(Signed)
Make check navable to: "Kentucky State	Sond a conviolation constraint

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

Send a copy of this report to:

Finance and Administration Cabinet ATTN: Donna Smith Capitol Annex, Room 488A Frankfort, KY 40601

COMMONWEALTH OF KENTUCKY UNIVERSIAL SERVICE FUND

DATE: August 17, 2015

Please Circle One:

REPORTING MONTH: Aug-15

CARRIER INFORMATION

Company Name:COALFIELDS TELEPHONE COMPANY, INCCompany Address:P O BOX 160 HAROLD KY 41635Telephone/Fax:606-478-9401 ext 6250 / 606-478-8923Vendor Number:NO VENDOR NUMBERClassification:Classification:

ILEC CLEC Cellular

MONTHLY ACCESS LINE DATA

1. Total Access Lines in Service	5038
2. Surcharge Per Access Lines	\$0.08
3. Amount of Surcharge Remitted to Kentucky USF	\$403.04
4. Number of Access Lines Receiving Lifeline Support	803
5. Amount of Reimbursement Requested from Kentucky USF	\$2,810.50

SIGNATURE BLOCK

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

Company Official: Tina Page Title: Accountant Company Official: _	
(Printed)	(Signed)

Make check payable to: "Kentucky State Treasurer" and send with this report to: Send a copy of this report to:

Finance and Administration Cabinet ATTN: Donna Smith Capitol Annex, Room 488A Frankfort, KY 40601

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

PCS

COMMONWEALTH OF KENTUCKY UNIVERSIAL SERVICE FUND

DATE: September 17, 2015

Please Circle One:

REPORTING MONTH: Sep-15

CARRIER INFORMATION

Company Name:	COALFIELDS TELEPHONE COMPANY, INC
Company Address:	P O BOX 160 HAROLD KY 41635
Telephone/Fax:	606-478-9401 ext 6250 / 606-478-8923
Vendor Number:	NO VENDOR NUMBER
Classification:	

ILEC CLEC Cellular PCS

MONTHLY ACCESS LINE DATA

1. Total Access Lines in Service	5004
2. Surcharge Per Access Lines	\$0.08
3. Amount of Surcharge Remitted to Kentucky USF	\$400.32
4. Number of Access Lines Receiving Lifeline Support	790
5. Amount of Reimbursement Requested from Kentucky USF	\$2,765.00

SIGNATURE BLOCK

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

Company Official: Tina Page Title: Acc	ountant Company Official:
(Printed)	(Signed)

Make check payable to: "Kentucky State Treasurer" and send with this report to: Send a copy of this report to:

Finance and Administration Cabinet ATTN: Donna Smith Capitol Annex, Room 488A Frankfort, KY 40601

Oct-15

COMMONWEALTH OF KENTUCKY UNIVERSIAL SERVICE FUND

DATE: October 15, 2015 REPORTING MONTH:

CARRIER INFORMATION

Company Name:COALFIELDS TELEPHONE COMPANY, INCCompany Address:P O BOX 160HAROLD KY 41635Telephone/Fax:606-478-9401 ext 6250 / 606-478-8923Vendor Number:NO VENDOR NUMBER

ILEC

Classification: Please Circle One:

Cellular

MONTHLY ACCESS LINE DATA

CLEC

1. Total Access Lines in Service	4911.25
2. Surcharge Per Access Lines	\$0.08
3. Amount of Surcharge Remitted to Kentucky USF	\$392.90
4. Number of Access Lines Receiving Lifeline Support	759
5. Amount of Reimbursement Requested from Kentucky USF	\$2,656.50

SIGNATURE BLOCK

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

Make check payable to: "Kentucky State Treasurer" and send with this report to: Send a copy of this report to:

Finance and Administration Cabinet ATTN: Donna Smith Capitol Annex, Room 488A Frankfort, KY 40601 Kentucky Public Service Commission ATTN: Jim Stevens 211 Sower Blvd. PO Box 615 Frankfort, KY 40602

PCS

COMMONWEALTH OF KENTUCKY UNIVERSIAL SERVICE FUND

DATE: November 12, 2015 REPORTING MONTH: Nov-15 CARRIER INFORMATION Company Name: COALFIELDS TELEPHONE COMPANY, INC Company Address: P O BOX 160 HAROLD KY 41635 Telephone/Fax: 606-478-9401 ext 6250 / 606-478-8923 Vendor Number: NO VENDOR NUMBER

Classification: Please Circle One:

MONTHLY ACCESS LINE DATA

CLEC

Cellular

PCS

1. Total Access Lines in Service	4886
2. Surcharge Per Access Lines	\$0.08
3. Amount of Surcharge Remitted to Kentucky USF	\$390.88
4. Number of Access Lines Receiving Lifeline Support	755
5. Amount of Reimbursement Requested from Kentucky USF	\$2,642.50

SIGNATURE BLOCK

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

ILEC

Company Official: Tina Page Title: Accountant Co	mpany Official:
(Printed)	(Signed)
Make check payable to: "Kentucky State	Send a copy of this report to:

Treasurer" and send with this report to:

Finance and Administration Cabinet

ATTN: Donna Smith

Frankfort, KY 40601

Capitol Annex, Room 488A

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COMMONWEALTH OF KENTUCKY UNIVERSIAL SERVICE FUND

DATE: December 16, 2015

REPORTING MONTH: Dec-15

CARRIER INFORMATION

Company Name:COALFIELDS TELEPHONE COMPANY, INCCompany Address:P O BOX 160 HAROLD KY 41635Telephone/Fax:606-478-9401 ext 6250 / 606-478-8923Vendor Number:NO VENDOR NUMBER

Classification: Please Circle One: <u>ILEC</u>

CLEC Cellular PCS

MONTHLY ACCESS LINE DATA

1. Total Access Lines in Service	4881
2. Surcharge Per Access Lines	\$0.08
3. Amount of Surcharge Remitted to Kentucky USF	\$390.48
4. Number of Access Lines Receiving Lifeline Support	728
5. Amount of Reimbursement Requested from Kentucky USF	\$2,548.00

SIGNATURE BLOCK

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

Company Official: Tina Page Title: Accountant Company Official:	
(Printed)	(Signed)

Make check payable to: "Kentucky State Treasurer" and send with this report to: Send a copy of this report to:

Finance and Administration Cabinet ATTN: Donna Smith Capitol Annex, Room 488A Frankfort, KY 40601

Jan-16

COMMONWEALTH OF KENTUCKY UNIVERSIAL SERVICE FUND

DATE: January 13, 2016 REPORTING MONTH:

CARRIER INFORMATION

Company Name:COALFIELDS TELEPHONE COMPANY, INCCompany Address:P O BOX 160 HAROLD KY 41635Telephone/Fax:606-478-9401 ext 6250 / 606-478-8923Vendor Number:NO VENDOR NUMBERClassification:Classification:

ILEC CLEC Cellular PCS

MONTHLY ACCESS LINE DATA

1. Total Access Lines in Service	4869.25
2. Surcharge Per Access Lines	\$0.08
3. Amount of Surcharge Remitted to Kentucky USF	\$389.54
4. Number of Access Lines Receiving Lifeline Support	727
5. Amount of Reimbursement Requested from Kentucky USF	\$2,544.50

SIGNATURE BLOCK

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

Company Official: Tina Page Title: <u>Accountant</u> Company Official: _____ (Signed)

Make check payable to: "Kentucky State Treasurer" and send with this report to: Send a copy of this report to:

Finance and Administration Cabinet ATTN: Donna Smith Capitol Annex, Room 488A Frankfort, KY 40601

Please Circle One:

COMMONWEALTH OF KENTUCKY UNIVERSIAL SERVICE FUND

DATE: February 19, 2016

REPORTING MONTH: Feb-16

CARRIER INFORMATION

Company Name:COALFIELDS TELEPHONE COMPANY, INCCompany Address:P O BOX 160 HAROLD KY 41635Telephone/Fax:606-478-9401 ext 6250 / 606-478-8923Vendor Number:NO VENDOR NUMBER

Classification: Please Circle One: <u>ILEC</u>

CLEC Cellular PCS

MONTHLY ACCESS LINE DATA

1. Total Access Lines in Service	4856
2. Surcharge Per Access Lines	\$0.08
3. Amount of Surcharge Remitted to Kentucky USF	\$388.48
4. Number of Access Lines Receiving Lifeline Support	728
5. Amount of Reimbursement Requested from Kentucky USF	\$2,548.00

SIGNATURE BLOCK

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

Company Official: Tina Page Title: <u>Accountant</u> Company Official: ______ (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 Frankfort, KY 40601 Send a copy of this report to:

Kentucky Public Service Commission ATTN Executive Director 211 Sower Blvd PO Box 615 Frankfort, KY 40602

Revised 02/15/2016

COMMONWEALTH OF KENTUCKY UNIVERSIAL SERVICE FUND

DATE: March 16, 2016 REPORTING MONTH: Mar-16

CARRIER INFORMATION

Company Name:COALFIELDS TELEPHONE COMPANY, INCCompany Address:P O BOX 160 HAROLD KY 41635Telephone/Fax:606-478-9401 ext 6250 / 606-478-8923Vendor Number:NO VENDOR NUMBER

ILEC

Classification: Please Circle One:

MONTHLY ACCESS LINE DATA

CLEC

Cellular

PCS

1. Total Access Lines in Service	4888
2. Surcharge Per Access Lines	\$0.08
3. Amount of Surcharge Remitted to Kentucky USF	\$391.04
4. Number of Access Lines Receiving Lifeline Support	693
5. Amount of Reimbursement Requested from Kentucky USF	\$2,425.50

SIGNATURE BLOCK

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

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 Executive Director 211 Sower Blvd PO Box 615 Frankfort, KY 40602

Revised 02/15/2016