EXHIBIT 5
**COMMONWEALTH OF KENTUCKY**
**UNIVERSAL SERVICE FUND**

**DATE:** January 20, 2014  
**REPORTING MONTH:** Jan-14

**CARRIER INFORMATION**

<table>
<thead>
<tr>
<th>Company Name:</th>
<th>COALFIELDS TELEPHONE COMPANY, INC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Address:</td>
<td>P O BOX 160  HAROLD KY 41635</td>
</tr>
<tr>
<td>Telephone/Fax:</td>
<td>606-478-9401 ext 6250 / 606-478-8923</td>
</tr>
<tr>
<td>Vendor Number:</td>
<td>NO VENDOR NUMBER</td>
</tr>
</tbody>
</table>

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

**MONTHLY ACCESS LINE DATA**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Total Access Lines in Service</td>
<td>5260</td>
</tr>
<tr>
<td>2. Surcharge Per Access Line</td>
<td>$0.08</td>
</tr>
<tr>
<td>3. Amount of Surcharge Remitted to Kentucky USF</td>
<td>$420.80</td>
</tr>
<tr>
<td>4. Number of Access Lines Receiving Lifeline Support</td>
<td>1,011</td>
</tr>
<tr>
<td>5. Amount of Reimbursement Requested from Kentucky USF</td>
<td>$3,539.70</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: 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  
Capitol Annex, Room 488A  
Frankfort, KY 40601

Send a copy of this report to:  
Kentucky Public Service Commission  
ATTN: Jim Stevens  
211 Sower Blvd  
PO Box 615  
Frankfort, KY 40602
COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

DATE: February 17, 2014  REPORTING MONTH: Feb-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 .......................................................... 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 ...................... 1,004
5. Amount of Reimbursement Requested from Kentucky USF ............. $3,514.00

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:

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

Send a copy of this report to:
COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

DATE: March 19, 2014  REPORTING MONTH: Mar-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 ......................................................... 5243
2. Surcharge Per Access Line ............................................................. $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: Accountant Company Official: ____________________________
(Printed) (Signed)

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

Finance and Administration Cabinet  Kentucky Public Service Commission
ATTN: Donna Smith  ATTN: Jim Stevens
Capitol Annex, Room 438A  211 Sower Blvd.
Frankfort, KY 40601  PO Box 615

Frankfort, KY 40602
COMMONWEALTH OF KENTUCKY
UNIVERSAL 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 8250 / 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 Line ................................................................. $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 Treasurer" and send with this report to:

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

Send a copy of this report to:

Kentucky Public Service Commission
ATTN: Jim Stevens
211 Sower Blvd.
PO Box 615
Frankfort, KY 40602
COMMONWEALTH OF KENTUCKY  
UNIVERSAL SERVICE FUND  

DATE: May 14, 2014  
REPORTING MONTH: May-14  

CARRIER INFORMATION  
Company Name: COALFIELDS TELEPHONE COMPANY, INC  
Company Address: P.O.BOX 160  
HAROLD KY 41635  
Telephone/Fax: 606-478-9401 ext 8250 / 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 ................................................................. 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  
Accountant Title:  
Company Official:  
(Printed)  
(Signed)  

Make check payable to: "Kentucky State Treasurer" and send with this report to:  
Finance and Administration Cabinet  
ATTN: Donna Smith  
Capitol Annex, Room 488A  
Frankfort, KY 40601  

Send a copy of this report to:  
Kentucky Public Service Commission  
ATTN: Jim Stevens  
211 Sower Blvd.  
PO Box 815  
Frankfort, KY 40602
COMMONWEALTH OF KENTUCKY
UNIVERSAL 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: ILEC    CLEC    Cellular    PCS

MONTHLY ACCESS LINE DATA

1. Total Access Lines in Service ........................................... 5149
2. Surcharge Per Access Line ........................................... $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

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
Capitol Annex, Room 438A
Frankfort, KY 40601

Send a copy of this report to:

Kentucky Public Service Commission
ATTN: Jim Stevens
211 Sower Blvd.
PO Box 615
Frankfort, KY 40602
## COMMONWEALTH OF KENTUCKY
### UNIVERSAL SERVICE FUND

**DATE:** July 18, 2014  
**REPORTING MONTH:** Jul-14

### CARRIER INFORMATION

- **Company Name:** COALFIELDS TELEPHONE COMPANY, INC  
- **Company Address:** P O BOX 160 HAROLD KY 41635  
- **Telephone/Fax:** 606-478-9401 ext 8250 / 606-478-8923  
- **Vendor Number:** NO VENDOR NUMBER  
- **Classification:** ILEC CLEC Cellular PCS

### MONTHLY ACCESS LINE DATA

1. Total Access Lines in Service .......................................................... 5184  
2. Surcharge Per Access Line ............................................................... $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: (Signed)

(Printed)

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

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

Send a copy of this report to:

**Kentucky Public Service Commission**  
ATTN: Jim Stevens  
211 Sower Blvd.  
PO Box 615  
Frankfort, KY 40602
COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

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

CARRIER INFORMATION

Company Name: COALFIELDS TELEPHONE COMPANY, INC
Company Address: P O BOX 160 HAROLD KY 41835
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 .......................................................... 5132
2. Surcharge Per Access Line .............................................................. $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

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
Capitol Annex, Room 438A
Frankfort, KY 40601

Send a copy of this report to:

Kentucky Public Service Commission
ATTN: Jim Stevens
211 Sower Blvd.
PO Box 615
Frankfort, KY 40602
COMMONWEALTH OF KENTUCKY  
UNIVERSAL SERVICE FUND  

DATE: September 18, 2014  
REPORTING MONTH: Sep-14  

CARRIER INFORMATION  
Company Name: COALFIELDS TELEPHONE COMPANY, INC  
Company Address: P O BOX 160  
Harold KY 41635  
Telephone/Fax: 606-478-9401 ext 5250 / 606-478-8923  
Vendor Number: NO VENDOR NUMBER  
Classification: ILEC  
Please Circle One: CLEC  Cellular  PCS  

MONTHLY ACCESS LINE DATA  
1. Total Access Lines in Service ........................................................... 5077.5  
2. Surcharge Per Access Line ............................................................... $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.  

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  
Capitol Annex, Room 488A  
Frankfort, KY 40601  

Send a copy of this report to:  

Kentucky Public Service Commission  
ATTN: Jim Stevens  
211 Sower Blvd.  
PO Box 615  
Frankfort, KY 40602
COMMONWEALTH OF KENTUCKY
UNIVERSIAL SERVICE FUND

DATE: October 7, 2014 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 5250 / 906-478-8923
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 Line ........................................... $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 ...... $3,283.50

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

(Printed) Company Official: ________________________ (Signed)

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

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

Send a copy of this report to:

Kentucky Public Service Commission
ATTN: Jim Stevens
211 Sower Blvd.
PO Box 615
Frankfort, KY 40602
COMMONWEALTH OF KENTUCKY  
UNIVERSAL SERVICE FUND  

DATE: November 18, 2014  
REPORTING MONTH: Nov-14  

CARRIER INFORMATION  
Company Name: COALFIELDS TELEPHONE COMPANY, INC  
Company Address: P O BOX 160 HAROLD KY 41635  
Telephone/Fax: 606-476-9401 ext 8250 / 606-476-8923  
NO VENDOR NUMBER  
Classification: ILEC CLEC Cellular PCS  

MONTHLY ACCESS LINE DATA  
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  
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  
Capitol Annex, Room 488A  
Frankfort, KY 40601  

Send a copy of this report to:  
Kentucky Public Service Commission  
ATTN: Jim Stevens  
211 Sower Blvd.  
PO Box 615  
Frankfort, KY 40602
COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

DATE: December 16, 2014

REPORTING MONTH: Dec-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 .................................................. 5119
2. Surcharge Per Access Line .......................................................... $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:
Finance and Administration Cabinet
ATTN: Donna Smith
Capital Annex, Room 488A
Frankfort, KY 40601

Send a copy of this report to:
Kentucky Public Service Commission
ATTN: Jim Stevens
211 Sower Blvd.
PO Box 615
Frankfort, KY 40602
COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

DATE: January 16, 2015

REPORTING MONTH: Jan-15

CARRIER INFORMATION

Company Name: COALFIELDS TELEPHONE COMPANY, INC
Company Address: P O BOX 160 HAROLD KY 41635
Telephone/Fax: 606-478-8401 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 .............................................. 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

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
Capitol Annex, Room 488A Kentucky Public Service Commission
Frankfort, KY 40601 ATTN: Jim Stevens

Send a copy of this report to:

Kentucky Public Service Commission
211 Sower Blvd.
PO Box 615
Frankfort, KY 40602
COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

DATE: February 24, 2015  REPORTING MONTH: Feb-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 ............................................................... 5093
2. Surcharge Per Access Line ................................................................. $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

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

Send a copy of this report to:

Kentucky Public Service Commission
ATTN: Jim Stevens
211 Sower Blvd.
PO Box 615
Frankfort, KY 40602
COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

DATE: March 19, 2015
REPORTING MONTH: Mar-15

CARRIER INFORMATION

Company Name: COALFIELDS TELEPHONE COMPANY, INC
Company Address: P O BOX 160 HAROLD KY 41535
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

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Total Access Lines in Service</td>
<td>5131</td>
</tr>
<tr>
<td>2. Surcharge Per Access Line</td>
<td>$0.08</td>
</tr>
<tr>
<td>3. Amount of Surcharge Remitted to Kentucky USF</td>
<td>$410.48</td>
</tr>
<tr>
<td>4. Number of Access Lines Receiving Lifeline Support</td>
<td>816</td>
</tr>
<tr>
<td>5. Amount of Reimbursement Requested from Kentucky USF</td>
<td>$2,856.00</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: 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
Capitol Annex, Room 488A
Frankfort, KY 40601

Send a copy of this report to:

Kentucky Public Service Commission
ATTN: Jim Stevens
211 Sower Blvd.
PO Box 615
Frankfort, KY 40602
COMMONWEALTH OF KENTUCKY
UNIVERSAL 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 Line .................................................... $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: Accountant  Company Official: ________________________________
(Printed)  (Signed)

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

Send a copy of this report to:
COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

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

CARRIER INFORMATION

Company Name: COALFIELDS TELEPHONE COMPANY, INC
Company Address: P O BOX 160  HAROLD KY 41635
Telephone/Fax: 606-478-9401 ext 5250 / 606-478-8923
Vendor Number: NO VENDOR NUMBER

Classification: ILEC  CLEC  Cellular  PCS

Please Circle One:

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: 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
Capitol Annex, Room 488A
Frankfort, KY 40601

Send a copy of this report to:

Kentucky Public Service Commission
ATTN: Jim Stevens
211 Sower Blvd.
PO Box 615
Frankfort, KY 40602
COMMONWEALTH OF KENTUCKY
UNIVERSAL 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  Cellular  PCS

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

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
Capitol Annex, Room 488A
Frankfort, KY  40601

Send a copy of this report to:

Kentucky Public Service Commission
ATTN: Jim Stevens
211 Sower Blvd.
PO Box 615
Frankfort, KY  40602
COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

DATE: July 10, 2015
REPORTING MONTH: Jul-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 .................................................. 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
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: ____________________________ (Signed)
(Printed)

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

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

Send a copy of this report to:
Kentucky Public Service Commission
ATTN: Jim Stevens
211 Sower Blvd.
PO Box 615
Frankfort, KY 40602
COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

DATE: August 17, 2015                REPORTING MONTH: Aug-15

CARRIER INFORMATION

Company Name: COALFIELD S 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 ................................................................. 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:
Finance and Administration Cabinet
ATTN: Donna Smith
Capitol Annex, Room 488A
Frankfort, KY 40601

Send a copy of this report to:
Kentucky Public Service Commission
ATTN: Jim Stevens
211 Sower Blvd.
PO Box 615
Frankfort, KY 40602
COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

DATE: September 17, 2015 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 5250 / 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 ................................................. 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

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
Capital Annex, Room 488A
Frankfort, KY 40601

Send a copy of this report to:

Kentucky Public Service Commission
ATTN: Jim Stevens
211 Sower Blvd.
PO Box 615
Frankfort, KY 40602
COMMONWEALTH OF KENTUCKY  
UNIVERSIAL SERVICE FUND

DATE: October 15, 2015  REPORTING MONTH: Oct-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 ......................................................... 4911.25
2. Surcharge Per Access Lines .............................................................. $0.08
3. Amount of Surcharge Remitted to Kentucky USF .............................. $362.90
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.

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
Capitol Annex, Room 488A
Frankfort, KY 40601

Send a copy of this report to:

Kentucky Public Service Commission
ATTN: Jim Stevens
211 Sower Blvd.
PO Box 615
Frankfort, KY 40602
COMMONWEALTH OF KENTUCKY
UNIVERSAL 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 8250 / 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 ................................................. 4886
2. Surcharge Per Access Line ............................................................... $0.08
3. Amount of Surcharge Remitted to Kentucky USF ......................... $390.88
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.

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
Capitol Annex, Room 488A
Frankfort, KY 40601

Send a copy of this report to:

Kentucky Public Service Commission
ATTN: Jim Stevens
211 Sower Blvd.
PO Box 615
Frankfort, KY 40602
COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

DATE: December 16, 2015
REPORTING MONTH: Dec-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 / 606-478-6923
Vendor Number: NO VENDOR NUMBER

Classification: Please Circle One: ILEC CLEC Cellular PCS

MONTHLY ACCESS LINE DATA

1. Total Access Lines in Service ................................................................. 4881
2. Surcharge Per Access Line ................................................................. $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:

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

Send a copy of this report to:

Kentucky Public Service Commission
ATTN: Jim Stevens
211 Sower Blvd.
PO Box 615
Frankfort, KY 40602
COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

DATE: January 13, 2016
REPORTING MONTH: Jan-16

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 ............................................................... 4869.25
2. Surcharge Per Access Line ................................................................. $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: 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
Capitol Annex, Room 488A
Frankfort, KY 40601

Send a copy of this report to:

Kentucky Public Service Commission
ATTN: Jim Stevens
211 Sower Blvd.
PO Box 615
Frankfort, KY 40602
COMMONWEALTH OF KENTUCKY  
UNIVERSAL SERVICE FUND  

DATE: February 19, 2016  
REPORTING MONTH: Feb-16  

CARRIER INFORMATION  
Company Name: COALFIELDS TELEPHONE COMPANY, INC  
Company Address: P O BOX 160 HAROLD KY 41835  
Telephone/Fax: 606-478-9401 ext 6250 / 606-478-8923  
Vendor Number: NO VENDOR NUMBER  
Classification: ILEC  
Please Circle One: CLEC  
Cellular  
PCS  

MONTHLY ACCESS LINE DATA  
1. Total Access Lines in Service ................................................................. 4856  
2. Surcharge Per Access Line ................................................................. $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: Accountant  
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
UNIVERSAL SERVICE FUND

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

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 ................................................................. 4888
2. Surcharge Per Access Lines ................................................................. $0.06
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.

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: 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