# EXHIBIT 7

Case No. 2016-00059 Exhibit A KUSF Reimbursement Forms



Date April 30, 2016

Reporting Month APRIL, 2016

Carrier Information						
Company Name	Company Name LOGAN TELEPHONE COOPERATIVE, INC.					
Company Address	10725 BOWLING GREEN RD P O BOX 97 AUBURN, KY 42206					
Telephone / Fax	PHONE 270-542-4121 FAX 270-542-4800					
Vendor Number						
Classification Please Circle One	ILEC CLEC Cellular PCS					
	Monthly Access Line Data					
Total Access I	Lines in Service					
2. Surcharge Per	r Access Line					
3. Amount of Su	urcharge Remitted to Kentucky USF750.96					
4. Number of Ac	ccess Lines Receiving Lifeline Support310					
5. Amount of Re	5. Amount of Reimbursement Requested from Kentucky USF1,085.00					
Signature Block						
I hereby attest that the	information reported herein is true and accurate to the best of my knowledge.					
Company Official	Company Official Debbie Smith Title: Acct Bookkeeper 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: Executive Director 211 Sower Blvd. P.O. Box 615 Frankfort, KY 40602

Case No. 2016-00059 Exhibit A KUSF Reimbursement Forms



Date March 30, 2016

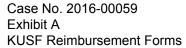
Reporting Month MARCH, 2016

	Carrier Information
Company Name	LOGAN TELEPHONE COOPERATIVE, INC.
Company Address	10725 BOWLING GREEN RD P O BOX 97 AUBURN, KY 42206
Telephone / Fax	PHONE 270-542-4121 FAX 270-542-4800
Vendor Number	
Classification Please Circle One	ILEC CLEC Cellular PCS
	Monthly Access Line Data
	Tionary 1100000 Biro Data
l. Total Access I	Lines in Service
2. Surcharge Per	Access Line
3. Amount of Su	rcharge Remitted to Kentucky USF427.92
Number of Ac	cess Lines Receiving Lifeline Support304
5. Amount of Re	imbursement Requested from Kentucky USF1,064.00
	Signature Block
hereby attest that the	information reported herein is true and accurate to the best of my knowledge.
Company Official	Debbie Smith Title: Acct Bookkeeper Company Official Chick (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. P.O. Box 615 Frankfort, KY 40602





Date February 29, 2016

Reporting Month February, 2016

	Carrier Information
Company Name	LOGAN TELEPHONE COOPERATIVE, INC.
Company Address	10725 BOWLING GREEN RD POBOX 97 AUBURN, KY 42206
Telephone / Fax	PHONE 270-542-4121 FAX 270-542-4800
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 USF424.08						
4.	Number of Access Lines Receiving Lifeline Support297						
5.	Amount of Reimbursement Requested from Kentucky USF1,039.50						

	Signature Block
I hereby attest that the information repo Company Official Debbie Smith (Printed)	Title: Acct Bookkeeper 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: Executive Director 211 Sower Blvd. P.O. Box 615 Frankfort, KY 40602

Case No. 2016-00059 Exhibit A KUSF Reimbursement Forms



## Date\_JANUARY 29, 2016

 $_{\text{Reporting Month}}\underline{JANU}\underline{ARY},\ 2016$ 

MAR	- ···· · <del></del> ·	(	Carrier Information					
Company Name	LOGAN	OGAN TELEPHONE COOPERATIVE, INC.						
Company Address	<u></u>	OWLING G			AUBURN, KY	42206		
Telephone / Fax		70-542-41		270-542-480				
Vendor Number								
Classification	······································				,			
Please Circle One	ILEC	CLEC	Cellular	PCS				
		Mon	thly Access Line D	)ata				
			•	5283				
1. Total Access	Lines in Service	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		3283				
<ol><li>Surcharge Pe</li></ol>	r Access Line		·····					
3. Amount of St	urcharge Remitte	d to Kentucky US	SF	422.64				
4. Number of A	ccess Lines Rece	iving Lifeline Su	pport	<u>293</u>				
5. Amount of R	eimbursement Re	quested from Ker	ntucky USF	1025.50				
				-				
					are the state of t			
			Signature Block					
I hereby attest that the Company Official	information repo			e best of my knowled	àl. Metholica =	- Arach		
	(rintea)				(Signed)			
Make check payable	to: "Kentucky	]				<u>"                               </u>		
viivon pujuuto	· · · · · · · · · · · · · · · · · · ·	1		1 6 1 .		,		

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:

Case No. 2016-00059 Exhibit A KUSF Reimbursement Forms



Date\_DECEMBER 31, 2015

Reporting Month DECEMBER, 2015

MAR			Carrier Informatio	n	A A A A A A A A A A A A A A A A A A A	
Company Name	LOGAN	TELEF	PHONE (	COOPERA	TIVE, INC.	
Company Address	10725 BO	WLING G	REEN RD	P O BOX 97	AUBURN, KY	42206
Telephone / Fax	PHONE 27	0-542-41	21 FAX	270-542-48	00	
Vendor Number						
					v	
Classification Please Circle One	ILEC	CLEC	Cellular	PCS		
		Мо	nthly Access Line	Data		
1. Total Access	Lines in Service	,		<u>5282</u>		
2. Surcharge Pc	r Access Line		*****************	\$0.03	8	
3. Amount of St	rcharge Remitted	to Kentucky U	SF	422.56		
4. Number of A	ccess Lines Receiv	ring Lifeline St	1pport	<u></u> 288		
5. Amount of R	eimbursement Req	uested from Ke	entucky USF	1.008.00	<u> </u>	
			Signature Block		, sometimes	
I hereby attest that the			· · · · · · · · · · · · · · · · · · ·	the best of my knowle	t	~ 3/1c

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

Finance and Administration Cabinet ATIN: KY USF 702 Capital Ave. Capitol Annex, Room 488A Frankfort, KY 40601 Send a copy of this report to:



Date NOVEMBER 30, 2015

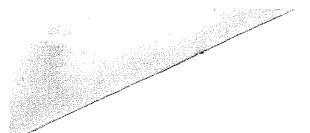
Reporting Month NOVEMBER, 2015

MAR	Carrier	Information	
Company Name	LOGAN TELEPHO	ONE COOPERATIVE, INC.	
Company Address	10725 BOWLING GREE		12206
Telephone / Fax	PHONE 270-542-4121	FAX 270-542-4800	
Vendor Number			<u>-</u>
Classification Please Circle One	ILEC CLEC (	Cellular PCS	
	Monthly Ac	ccess Line Data	
1. Total Access I	Lines in Service	5285	
2. Surcharge Per	Access Line	\$0.08	
3. Amount of Su	charge Remitted to Kentucky USF	422.80	
4. Number of Ac	cess Lines Receiving Lifeline Support	285	
5. Amount of Rei	imbursement Requested from Kentucky I	usf997.50	
	Signati	ure Block	
I hereby attest that the in	nformation reported herein is true and ac	curate to the best of my knowledge.	
Company Official	Smith fillect Box (Printed)	CK KEEPER Company Official Cibles	rith
	(	(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





Date OCTOBER 30, 2015

Reporting Month OCTOBER, 2015

MAR	Carrier Information
Company Name	LOGAN TELEPHONE COOPERATIVE, INC.
Company Address	10725 BOWLING GREEN RD POBOX 97 AUBURN, KY 42206
	PHONE 270-542-4121 FAX 270-542-4800
Vendor Number	

Classification
Please Circle One ILEC CLEC Cellular PCS

	Monthly Access Line	: Data
1.	Total Access Lines in Service	5274
<u>).</u>	Surcharge Per Access Line	
	Amount of Surcharge Remitted to Kentucky USF	
	Number of Access Lines Receiving Lifeline Support	280
	Amount of Reimbursement Requested from Kentucky USF	990 00

Signature Block

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

Company Official Company Official 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



Date SEPT 30, 2015

Reporting Month SEPTEMBER, 2015

MAR	·		Carrier Informatio	n		
Company Name	LOGAN TELEPHONE COOPERATIVE, INC.					
Company Address		BOWLING G	_	<u> </u>	X 97 AUBURN, I	
Telephone / Fax		270-542-41		270-542		11 42200
Vendor Number				270-342	5-4600	
Classification Please Circle One	ILEC	CLEC	Cellular	nce		,
	~~~	0000	Centular	PCS		
		Mon	thly Access Line	Data		
Total Access I	Lines in Service	<b>3</b>		5252		
		***************************************			\$0.08	
	400.10					
	300					
	1071.00					
			•			:

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:

Company Officia

Die Drith

(Printed)

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

(Signed)

Case No. 2016-00059 Exhibit A KUSF Reimbursement Forms



Date AUGUST 31, 2015

Reporting Month AUGUST, 2015

MAR	Carrier Information
	LOGAN TELEPHONE COOPERATIVE, INC.  10725 BOWLING GREEN RD POBOX 97 AUBURN, KY 42206 PHONE 270-542-4121 FAX 270-542-4800

Classification
Please Circle Onc ILEC CLEC Cellular PCS

<del> </del>	Monthly Access Lin	ne Data
	Total Access Lines in Service	5246
	Surcharge Per Access Line	
	Amount of Surcharge Remitted to Kentucky USF	419.68
	Number of Access Lines Receiving Lifeline Support	314
	Amount of Reimbursement Requested from Kentucky USF	1099.00

Signature Block

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

Company Official Truth

(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:



Date JULY 28, 2015

Reporting Month\_JULY, 2015

MAR	Carrier Information
Company Name	LOGAN TELEPHONE COOPERATIVE, INC.
	PHONE 370 FAR ALERON POBOX 97 AUBURN, KY 42206
Vendor Number	FAX 270-542-4121 FAX 270-542-4800

Classification
Please Circle One ILEC CLEC Cellular PCS

Monthly Access Line Data		
т.	otal Access Lines in Service	5252
	urcharge Per Access Line	
A	mount of Surcharge Remitted to Kentucky USF	420.13
N	umber of Access Lines Receiving Lifeline Support	305
Aı	mount of Reimbursement Requested from Kentucky USF	1067.50

Signature Block

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

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



ACEUSE F ,Reimbursement

COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

Date JUNE 29, 2015

JUNE, 2015 Reporting Month

Exhibit A

Case No. 2016-00059

Carrier Information MAR Company Name LOGAN TELEPHONE COOPERATIVE, INC. Company Address 10725 BOWLING GREEN RD P O BOX 97 AUBURN, KY 42206 Telephone / Fax PHONE 270-542-4121 FAX 270-542-4800 Vendor Number

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

Monthly Access Line Data 5263 1. Total Access Lines in Service..... 2. Surcharge Per Access Line..... 421.04 3. Amount of Surcharge Remitted to Kentucky USF..... 307 4. Number of Access Lines Receiving Lifeline Support..... 1074.50 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. **つ**かんたり Company Officia (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:



#### COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

<sub>Date</sub> MAY 28, 2015

Reporting Month MAY, 2015

MAR	Carrier Informa	tion	
Company Name	LOGAN TELEPHONE	COOPERATIVE,	INC.
Company Address	10725 BOWLING GREEN RD	P O BOX 97 AUBU	RN, KY 42206
Telephone / Fax	PHONE 270-542-4121 FA	X 270-54 <b>2/4</b> 800	
Vendor Number		Ch. # Count	∑, ,
		Appr SS	O. Pate
Classification Please Circle One	ILEC CLEC Cellular	Approved By	
	Monthly Access Li	ne Data	
1. Total Access	Lines in Service	5267	
2. Surcharge Per	Access Line	\$0.08	<del></del>
3. Amount of Su	rcharge Remitted to Kentucky USF	421.36	
4. Number of Ac	cess Lines Receiving Lifeline Support	318	
5. Amount of Re	imbursement Requested from Kentucky USF	1113.00	

Signature Block

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

Company Official bb/2 Smith

(Printed)

eccountry BEKKE 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:



Date APRIL 28, 2015

 $_{Reporting\ Month}\underline{APRIL},\ 2015$ 

MAR	Сап	ier Informatio	n			
Company Name	LOGAN TELEPH	ONE (	COOPERA	TIVE	INC	
Company Address	10725 BOWLING GRE	EN RD	POROXO	7 ALIDI	DNI WW	42200
Telephone / Fax	PHONE 270-542-4121	FAX	270-542 <sub>A</sub> 4	ROO	IRIV, KY	42206
Vendor Number				1	<u>*                                      </u>	
			Accou	m#	PE	ite Z
C1			一、※	E	$\sim$	7
Classification Please Circle One	ILEC CLEC	Callulan	Approve		10	
	ILEC CLEC	Cellular	Approve			
		Cellular  Access Line D			20	
Please Circle One	Monthly A	Access Line D			20	
Please Circle One  1. Total Access I	Monthly A	Access Line D	Data 5270	Pd By	20	
Please Circle One  1. Total Access I 2. Surcharge Per	Monthly Aines in Service	Access Line D	Data 5270	Pd By	20	
Please Circle One  1. Total Access I 2. Surcharge Per 3. Amount of Sur	Monthly A	Access Line E	Data 5270 \$0.0	Pd By		

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:

(Printed)

Company Official

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

(Signed)



<sub>Date</sub> MARCH 30, 2015

 $\underset{\textbf{Reporting Month}}{\underline{MARCH}}, 2015$ 

MAR	Carrier Informa	tion		
Company Name	LOGAN TELEPHONE	COOPERA	TIVE. INC.	
Company Address	10725 BOWLING CREEN PD	D O DOX O	7 ATIDITON MY	
Telephone / Fax	PHONE 270-542-4121 FA	X 270-546-48 Ck	300	
Vendor Number		Ck. z	nt * Co. D.	ate X
		Approved Vendas		**************************************
Classification Please Circle One	ILEC CLEC Cellular	Vendor #	No.	
	Monthly Access Lin			7
	Monthly Access Lin	e Data		
1. Total Access	Lines in Service	F050		
		5258	8	
2. Surcharge Per	Lines in Service	5258	8	
<ol> <li>Surcharge Per</li> <li>Amount of Su</li> </ol>	Lines in Service	5258 <u>\$0.0</u> 420.64	8	
<ol> <li>Surcharge Per</li> <li>Amount of Su</li> <li>Number of Ac</li> </ol>	Lines in Service	5258 \$0.0 420.64 318	8	

Signature Block

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

Company Official TOWNEFFER. Company Official (Signed)

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

Finance and Administration Cabinet ATIN: 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



#### COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

Date FEBRUARY 27, 2015

Reporting Month FEBRUARY, 2015

MAR	Carrier Information				
Company Name	LOGAN TELEPHONE COOPERATIVE, INC.				
Company Address	10725 BOWLING GREEN RD POBOX 97 AUBURN, KY 4220	<del>5</del> 6			
Telephone / Fax	PHONE 270-542-4121 FAX 270-542-4800				
Vendor Number	PAID				
	Account				
Classification Please Circle One  ILEC  CLEC  Cellular  Ck. #  Color  Vendor  Vendor					
	Monthly Access Line Data				
1. Total Access	s Lines in Service				
2. Surcharge Po	er Access Line				
3. Amount of S	Surcharge Remitted to Kentucky USF	į			
4. Number of A	Access Lines Receiving Lifeline Support				
5. Amount of F	Reimbursement Requested from Kentucky USF1109.50				

Signature Block

KKEEPEKCompany Official

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:

(Printed)

Finance and Administration Cabinet ATTN: KY USF 702 Capital Ave. Capitol Annex, Room 488A Frankfort, KY 40601 Send a copy of this report to:



Date\_JANUARY 31, 2015

Reporting Month JANUARY, 2015

MAR	Carrier Info	ormation
Company Name	LOGAN TELEPHON	JE COOPERATIVE, INC.
Company Address	10725 BOWLING GREEN	
Telephone / Fax	PHONE 270-542-4121	FAX 270-542-4800
Vendor Number		Account # Vo Date (So)
		Ck. # SUSUATE (SO)
Classification Please Circle One	ILEC CLEC Cell	Appro
	Service Con	ular PCS/endor #
	Monthly Acces	
		5225
i. Total Access	Lines in Service	3223
2. Surcharge Per	Access Line	
3. Amount of Su	rcharge Remitted to Kentucky USF	418.00
4. Number of Ac	cess Lines Receiving Lifeline Support	317
5. Amount of Re	imbursement Requested from Kentucky USF	1109.50

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:

(Printed)

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

(Signed)



Date DECEMBER 26, 2014

Reporting Month DECEMBER, 2014

MAR	Carrier Information	
Company Name	LOGAN TELEPHONE COOPERATI	VE, INC.
Company Address	10725 BOWLING GREEN RD PO BOX 97 A	UBURN, KY 42206
Telephone / Fax	11 11 UND 470-344-4141 FAA 470-344-4600	6/
Vendor Number	Account # /c	Date
	App.	
Classification Please Circle One	ILEC CLEC Cellular Contages	
	IDDE ODDE CERTAIN SAME	
	Monthly Assert Line Date	
	Monthly Access Line Data	
1. Total Access I	s Lines in Service5239	
2. Surcharge Per	er Access Line	
3. Amount of Su	Surcharge Remitted to Kentucky USF	
4. Number of Ac	Access Lines Receiving Lifeline Support318	
5. Amount of Re	Reimbursement Requested from Kentucky USF1113.00	
	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:

(Printed)

Company off

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

(Signed)



Date NOVEMBER 28, 2014

Reporting Month NOVEMBER, 2014

MAR	Carrier Inform	nation
Company Name	LOGAN TELEPHONE	E COOPERATIVE, INC.
Company Address	10000 00000	
Telephone / Fax	PHONE 270-542-4121 F.	AX 270-542 <b>.4.8</b> 00
Vendor Number		P O BOX 974 UBURN, KY 42206 AX 270-542 4800 Ch. **
		App. Offate //
Classification Please Circle One	ILEC CLEC Cellulai	PCS PCS
	Monthly Access L	ine Data
I. Total Access I	Jines in Service	5242
2. Surcharge Per	Access Line	\$0.08
3. Amount of Su	charge Remitted to Kentucky USF	419.36
4. Number of Ac	cess Lines Receiving Lifeline Support	316
5. Amount of Re	imbursement Requested from Kentucky USF	1106.00
,,,	Signature Blo	ck

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:

(Printed)

Company Official

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

(Signed)



Date OCTOBER 31, 2014

Reporting Month OCTOBER, 2014

MAR	Carrier Info	rmation	
Company Name	LOGAN TELEPHON	E COOPERATIVE, I	NC.
Company Address	10725 BOWLING GREEN F	RD POBOX 97 AUBURI	V, KY 42206
Telephone / Fax	PHONE 270-542-4121	FAX 270-542-4800	
Vendor Number		070	
			Des Menuel
Classification Please Circle One	ILEC CLEC Cellu	ular DCS O	*:/~
		18 ( ( ) ) 18 ( ( ) ) 1	* Junoooh
	Monthly Access		UIAG
1. Total Access	Lines in Service	5265	_
2. Surcharge Pe	r Access Line		<b>_</b>
3. Amount of St	urcharge Remitted to Kentucky USF	421.20	<del></del>
4. Number of A	ccess Lines Receiving Lifeline Support	306	
5. Amount of Re	eimbursement Requested from Kentucky USF	1071.00	

Signature Block

COKKEERERCompany Official

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:

(Printed)

Company Offic

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

(Signed)

PAID Account #

Case No. 2016-00059 Exhibit A KUSF Reimbi

Approved By

COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND 'endor #

Date SEPTEMBER 30, 2014

Reporting Month SEPTEMBER, 2014

MAR	Carrier Information
Company Name	LOGAN TELEPHONE COOPERATIVE, INC.
Company Address	10725 BOWLING GREEN RD POBOX 97 AUBURN, KY 42206
Telephone / Fax	PHONE 270-542-4121 FAX 270-542-4800
Vendor Number	

Classification Please Circle One ILEC CLEC Cellular PCS

	Monthly Access Line	Data	
1.	Total Access Lines in Service	5268	ALITANO .
2.	Surcharge Per Access Line	\$0.08	<b></b>
3.	Amount of Surcharge Remitted to Kentucky USF	121 11	
4.	Number of Access Lines Receiving Lifeline Support	320	<del></del>
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

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



Date AUGUST 27, 2014

Reporting Month AUGUST, 2014

MAR			Carrier Informatio	n			
Company Name	Company Name LOGAN TELEPHONE COOPERATIVE, INC.						
Company Address	10725 B	OWLING G	REEN RD	РОВОХ	97 AUBURN, KY	42206	
Telephone / Fax		270-542-41					
Vendor Number							
				PAID			
Classification Please Circle One	ILEC	CLEC	Cellular	——Accoul Okçs <sub>≠</sub>	nt # Lo Date	25/	
				Approved	23/20	THE STATE OF THE S	
		Mor	thly Access Line	Data Data	200		
1. Total Access I	lines in Service		*****************	E 201			
2. Surcharge Per	Access Line	•••••	********		\$0.08		
3. Amount of Sur	3. Amount of Surcharge Remitted to Kentucky USF						
4. Number of Access Lines Receiving Lifeline Support						ĺ	
5. Amount of Re	imbursement R	equested from Kei	ntucky USF	<u>1,123.</u>	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:

(Printed)

Company Officia

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

(Signed)



Date JULY 31, 2014

Reporting Month JULY, 2014

MAR		Can	rier Informati	מכ		
Company Name	LOGA	N TELEPH	ONE (	COOPEF	RATIVE, INC	
Company Address	10725 B	BOWLING GRE	EEN RD	P O BOX	97 AUBURN, KY	42206
Telephone / Fax	PHONE 2	270-542-412	L FA	X 270- <u>5</u> 42-	4800	
Vendor Number				An.		
				Aecour	nt # Dat	8/3//
Classification Please Circle One	ILEC	CLEC	Cellular	Approved Vehicles	23500	
				Vehdor #	By	
		Monthly	Access Line			
1. Total Access I	Lines in Service	S.,		5291		
2. Surcharge Per	Access Line	***************************************	• • • • • • • • • • • • • • • • • • • •		\$0.08	İ
Amount of Surcharge Remitted to Kentucky USF				423.2	8	
4. Number of Access Lines Receiving Lifeline Support				325		
5. Amount of Reimbursement Requested from Kentucky USF			ky USF	1137.	50	
						<u> </u>

Signature Block

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

Company official Title Cat Forck EFER 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



Date\_JUNE 30, 2014

Reporting Month\_JUNE, 2014

MAR	Carrier Information
Company Name	LOGAN TELEPHONE COOPERATIVE, INC.
Company Address	10725 BOWLING GREEN RD P O BOX 97 AUBURN, KY 42206
Telephone / Fax	PHONE 270-542-4121 FAX 270-542-4800
Vendor Number	

Classification
Please Circle One ILEC CLEC Cellular PCS

Monthly Access Line	Data	
Total Access Lines in Service	5317	
Surcharge Per Access Line	\$0.08	
	425.36	
•	332	<del></del>
	116200	<del></del>
	Total Access Lines in Service	Surcharge Per Access Line. \$0.08  Amount of Surcharge Remitted to Kentucky USF. 425.36  Number of Access Lines Receiving Lifeline Support. 332

Signature Block

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

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:



<sub>Date</sub>MAY 30, 2014

Finance and Administration Cabinet

Capitol Annex, Room 488A

ATTN: KY USF

702 Capital Ave.

Frankfort, KY 40601

Reporting Month\_MAY, 2014

MAR			Carrier Informati	On.		· · · · · · · · · · · · · · · · · · ·
	T					
Company Name	LOGA	N TELEP	HONE	COOP	ERATIVE, INC.	
Company Address	10725 I	BOWLING G	REEN RD		OX 97 AUBURN, KY	
Telephone / Fax		270-542-41			42-4800	42200
Vendor Number					12 1000	
Classification						
Please Circle One	ILEC	CLEC	Cellular	PCS		
		Mon	thly Access Line	Data		
		771011	my Access Line	Data		
1. Total Access 1	Lines in Service		***************	<u>531</u>	9	
2. Surcharge Per	Access Line	•••••	•••••	••••	\$0.08	į
3. Amount of Su	rcharge Remitte	ed to Kentucky USI		425	.52	
		eiving Lifeline Sup		336		
	imbursement R	equested from Kent		117	6.00	777.40
	PAID					
	Account	4 ( E	)at 5/\$	1, ,		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	UK. of		Signature Block	74		
Lhereby attest that the incompany Official	aformation repo	nted herein is true	and accurate to the	e best of my	knowledge.	
Company Official	eks oved i	By Title	Het Box	KIE PER Rompa	ny Official delivere	Tier
	(Printegr	200			(Signed)	
Make check noughts	677			-		
Make check payable to State Treasurer" and so report to:	o: "Kentucky and with this			•	Send a copy of this report to:	
					Kentucky Public Service Comn	nission

Revised 03-13-2008

ATTN: Jim Stevens

Frankfort, KY 40602

211 Sower Blvd.

P.O. Box 615



### COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

Date APRIL 30, 2014

Reporting Month APRIL, 2014

			·		
MAR		Сагтіс	er Information		
Company Name	LOGAN TI	ELEPHO	ONE C	OOPI	ERATIVE, INC.
Company Address	10725 BOWL				X 97 AUBURN, KY 42206
Telephone / Fax	PHONE 270-5				2-4800
Vendor Number					
Classification					
Please Circle One	ILEC C	LEC	Cellular	PCS	78
		Monthly A	Access Line D	ata	
1. Total Access L	Lines in Service	****************	*******	5349	)
2. Surcharge Per	Access Line	•••••			\$0.08
3. Amount of Sur	charge Remitted to Ken	ntucky USF	*********	427.	92
4. Number of Acc	cess Lines Receiving Li	feline Support.		343	
5. Amount of Rei	mbursement Requested	from Kentucky	1200.50		
		<del></del>			
		Signa	iture Block		
I hereby attest that the ir	iformation reported her	ein is true and a	ccurate to the	best of my k	knowledge
Company Official	(Printed)		o KKEEKE		
	PAID	·	,		
Make check payable to State Treasurer" and so report to:	and with this Count	# 401c	Hate /	14	Send a copy of this report to:  Kentucky Public Service Commission
Finance and Administrat ATTN: KY USF 702 Capital Ave.	Approved	2710	, 10		ATTN: Jim Stevens 211 Sower Blvd. P.O. Box 615
Capitol Annex, Room 48 Frankfort, KY 40601	Nendal Well	AGO			Frankfort, KY 40602

Case No. 2016-00059

EXMODERA C

KUSF Reimbursement Forms



## Date MARCH 31, 2014

Reporting Month MARCH, 2014

MAR	Carrier In	formation
Company Name	LOGAN TELEPHON	NE COOPERATIVE, INC.
Company Address	10725 BOWLING GREEN	
Telephone / Fax	PHONE 270-542-4121	RD P O BOX 97 AUBURN, KY 42206 FAX 270-542-4800
Vendor Number	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	TAX 270-342-4800
Classification Please Circle One	ILEC CLEC Cell	lular PCS
	Monthly Acces	ss Line Data
I. Total Access L	ines in Service	5353
	Access Line	1011(1)3111133
	charge Remitted to Kentucky USF	
	cess Lines Receiving Lifeline Support	***************************************
	mbursement Requested from Kentucky USF	100
	Signature	Block
I hereby attest that the in	formation reported herein is true and accura	ate to the best of my knowledge
Company Official Dil		Company Official (Signed)
Make check payable to State Treasurer" and sereport to: Finance and Administrati ATTN: KY USF 702 Capital Ave. Capitol Annex, Room 48: Frankfort, KY 40601	ion Cabine Ch. ** (010 )	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 FEBRUARY 28, 2014

Reporting Month FEBRUARY, 2014

Date		Reporting Month
, , , , , , , , , , , , , , , , , , , ,	Carrier Informat	ion
Company Name	LOGAN TELEPHONE	COOPERATIVE, INC.
Company Address	10725 BOWLING GREEN RD	P O BOX 97 AUBURN, KY 4220
Telephone / Fax	PHONE 270-542-4121 FA	X 270-542-4800
Vendor Number		
	<del></del>	
Classification Please Circle One	ILEC CLEC Cellular	PCS
	Monthly Access Lin	e Data
1. Total Access l	Lines in Service	5368
Surcharge Per	Access Line	\$0.08
3. Amount of Su	rcharge Remitted to Kentucky USF	429.44
4. Number of Ac	ccess Lines Receiving Lifeline Support	
5. Amount of Re	simbursement Requested from Kentucky USF	1172.50
	Signature Bloc	k
I hereby attest that the Company Official	information reported herein is true and accurate to Thic TookKETPO	the best of my knowledge.  Company Official (Signed)
Make check payable State Treasurer" and	to: "Kentucky send with this	Send a copy of this report to:

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

Kentucky Public Service Commission ATTN: Jim Stevens

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

Revised 03-13-2008



# 4840



## COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

Date January 30,2014

ATTN: KY USF

702 Capital Ave.

Capitol Annex, Room 488A

Reporting Month January, 2014

P.O. Box 615 Frankfort, KY 40602

	Carrier Information
Company Name	LOGAN TELEPHONE COOPERATIVE, INC.
	10725 BOWLING GREEN RD P O BOX 97 AUBURN, KY 42206
Telephone / Fax	PHONE 270-542-4121 FAX 270-542-4800
Vendor Number	

Classification					
Please Circle One	ILEC	CLEC	Cellular	PCS	

Monthly Access Line Data			
•	Total Access Lines in Service	5385	
	Surcharge Per Access Line	<u>\$0.08</u>	
	Amount of Surcharge Remitted to Kentucky USF		
	Number of Access Lines Receiving Lifeline Support	313	
	Amount of Reimbursement Requested from Kentucky USF	1200.50	

	Signature Block	
I hereby attest that the information report  Company official (Printed)	Tine Ct. Fook KEE	PER Company Official (Signed)
Make check payable to: "Kentucky State Treasurer" and send with this report to:  Finance and Administration Cabinet	Account # 40/0.	Send a copy of this report to:  Kentucky Public Service Commission ATTN: Jim Stevens 211 Sower Blvd.