EXHIBIT 7
Case No. 2016-00059
Exhibit A
KUSF Reimbursement Forms

COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date April 30, 2016
Reporting Month APRIL, 2016

Carrier Information

<table>
<thead>
<tr>
<th>Company Name</th>
<th>LOGAN TELEPHONE COOPERATIVE, INC.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Address</td>
<td>10725 BOWLING GREEN RD P O BOX 97 AUBURN, KY 42206</td>
</tr>
<tr>
<td>Telephone / Fax</td>
<td>PHONE 270-542-4121 FAX 270-542-4800</td>
</tr>
</tbody>
</table>

Classification

Please Circle One
ILEC CLEC Cellular PCS

Monthly Access Line Data

1. Total Access Lines in Service.................................5,364
2. Surcharge Per Access Line.....................................$0.14
3. Amount of Surcharge Remitted to Kentucky USF..............750.96
4. Number of Access Lines Receiving Lifeline Support.........310
5. Amount of Reimbursement Requested from Kentucky USF.....1,085.00

Signature Block

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

Company Official Debbie Smith  Title: Acc Bookkeeper
(Printed) 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

COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date March 30, 2016
Reporting Month MARCH, 2016

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<td>4. Number of Access Lines Receiving Lifeline Support</td>
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<td>5. Amount of Reimbursement Requested from Kentucky USF</td>
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</tr>
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Make check payable to: "Kentucky State Treasurer" and send with this report to:

Finance and Administration Cabinet
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702 Capital Ave.
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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
**COMMONWEALTH OF KENTUCKY**

**UNIVERSAL SERVICE FUND**

Date: February 29, 2016

**Reporting Month: February, 2016**

### Carrier Information

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<td>10725 BOWLING GREEN RD  P O BOX 97 AUBURN, KY 42206</td>
</tr>
<tr>
<td>Telephone / Fax</td>
<td>PHONE 270-542-4121  FAX 270-542-4800</td>
</tr>
</tbody>
</table>

### Classification

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

### Monthly Access Line Data

1. **Total Access Lines in Service**: 5,301
2. **Surcharge Per Access Line**: $0.08
3. **Amount of Surcharge Remitted to Kentucky USF**: 424.08
4. **Number of Access Lines Receiving Lifeline Support**: 297
5. **Amount of Reimbursement Requested from Kentucky USF**: 1,039.50

### Signature Block

I 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: **Debbie Smith**  
(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
# COMMONWEALTH OF KENTUCKY
## UNIVERSAL SERVICE FUND

**Date**: JANUARY 29, 2016  
**Reporting Month**: JANUARY, 2016

### Carrier Information

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<th>Company Name</th>
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<td>LOGAN TELEPHONE COOPERATIVE, INC.</td>
<td>10725 BOWLING GREEN RD, P O BOX 97 AUBURN, KY 42206</td>
<td>PHONE 270-542-4121, FAX 270-542-4800</td>
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### Classification

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

### Monthly Access Line Data

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<tr>
<th></th>
<th>Description</th>
<th>Value</th>
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<tbody>
<tr>
<td>1</td>
<td>Total Access Lines in Service</td>
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<tr>
<td>2</td>
<td>Surcharge Per Access Line</td>
<td>$0.06</td>
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<tr>
<td>3</td>
<td>Amount of Surcharge Remitted to Kentucky USF</td>
<td>422.64</td>
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<tr>
<td>4</td>
<td>Number of Access Lines Receiving Lifeline Support</td>
<td>293</td>
</tr>
<tr>
<td>5</td>
<td>Amount of Reimbursement Requested from Kentucky USF</td>
<td>1025.50</td>
</tr>
</tbody>
</table>

### Signature Block

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

Company Official: [Signature]  
Title: Bookkeeper  
(Signed)

---

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

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

Send a copy of this report to:

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

Revised 03-13-2008
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<tr>
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<tbody>
<tr>
<td>1. Total Access Lines in Service</td>
<td>5282</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>422.56</td>
</tr>
<tr>
<td>4. Number of Access Lines Receiving Lifeline Support</td>
<td>288</td>
</tr>
<tr>
<td>5. Amount of Reimbursement Requested from Kentucky USF</td>
<td>1,008.00</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: (Printed)  
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 483A  
Frankfort, KY 40601

Send a copy of this report to:

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

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

**Date** NOVEMBER 30, 2015  
**Reporting Month** NOVEMBER, 2015

### 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 |

### Classification

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<tr>
<th>Please Circle One</th>
<th>ILEC</th>
<th>CLEC</th>
<th>Cellular</th>
<th>PCS</th>
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### Monthly Access Line Data

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<th></th>
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</thead>
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<td>1. Total Access Lines in Service</td>
<td>5285</td>
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<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>422.80</td>
</tr>
<tr>
<td>4. Number of Access Lines Receiving Lifeline Support</td>
<td>285</td>
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<tr>
<td>5. Amount of Reimbursement Requested from Kentucky USF</td>
<td>997.50</td>
</tr>
</tbody>
</table>

### Signature Block

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

**Debby Smith**  
Company Official  
(Printed)

**Acting PC Director**  
Company Official  
(Signed)

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

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

Send a copy of this report to:

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

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

OCTOBER 30, 2015

Case No. 2016-00059
Exhibit A
KUSF Reimbursement Forms

Date

Carrier Information

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</tr>
<tr>
<td></td>
<td>Vendor Number</td>
<td></td>
</tr>
</tbody>
</table>

Classification

Please Circle One
ILEC  CLEC  Cellular  PCS

Monthly Access Line Data

1. Total Access Lines in Service ........................................ 5274
2. Surcharge Per Access Line ........................................... $0.08
3. Amount of Surcharge Remitted to Kentucky USF ................. 421.92
4. Number of Access Lines Receiving Lifeline Support .......... 280
5. Amount of Reimbursement Requested from Kentucky USF ...... 980.00

Signature Block

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

Debbie Smith  Title: Act. Bookkeeper  Company Official

Send a copy of this report to:

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

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

**Date:** SEPT 30, 2015  
**Reporting Month:** SEPTEMBER, 2015

### Carrier Information

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<tr>
<td></td>
<td>LOGAN TELEPHONE COOPERATIVE, INC.</td>
<td>10725 BOWLING GREEN RD P O BOX 97 AUBURN, KY 42206</td>
<td>PHONE 270-542-4121</td>
<td>FAX 270-542-4800</td>
</tr>
</tbody>
</table>

### Classification

Please Circle One  
ILEC  
CLEC  
Cellular  
PCS

### Monthly Access Line Data

1. Total Access Lines in Service........................................... 5252
2. Surchage Per Access Line.................................................. $0.08
3. Amount of Surchage Remitted to Kentucky USF.......................... 420.16
4. Number of Access Lines Receiving Lifeline Support................. 306
5. Amount of Reimbursement Requested from Kentucky USF............... 1071.00

### Signature Block

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

Company Official: [Signature]  
Title: [Title]  
(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 438A  
Frankfort, KY 40601

Send a copy of this report to:

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

Revised 03-13-2008
**Carrier Information**

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</tr>
<tr>
<td>Vendor Number</td>
<td></td>
</tr>
</tbody>
</table>

**Classification**

Please Circle One

- ILEC
- CLEC
- Cellular
- PCS

**Monthly Access Line Data**

1. Total Access Lines in Service.............................. 5246
2. Surcharge Per Access Line.................................. $0.08
3. Amount of Surcharge Remitted to Kentucky USF........... 419.68
4. Number of Access Lines Receiving Lifeline Support..... 314
5. 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: Smith
Title: KKEEP
Company Official: Smith
(Signed)

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

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

Send a copy of this report to:

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

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

**Date:** JULY 28, 2015  
**Reporting Month:** JULY, 2015

<table>
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**Classification**

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

**Monthly Access Line Data**

1. Total Access Lines in Service................................................. 5252
2. Surcharge Per Access Line.................................................... $0.08
3. Amount of Surcharge Remitted to Kentucky USF.......................... 420.13
4. Number of Access Lines Receiving Lifeline Support...................... 305
5. Amount 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.

- **Debra Smith**  
  (Printed)
- **BOOKKEEPER**  
  (Title)
- **Debra Smith**  
  (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 438A  
Frankfort, KY 40601

Send a copy of this report to:

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

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

**Date:** JUNE 29, 2015  
**Reporting Month:** JUNE, 2015

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     | 10725 BOWLING GREEN RD  
     | P O BOX 97 AUBURN, KY 42206  
     | PHONE 270-542-4121  
     | FAX 270-542-4800 |

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

**Monthly Access Line Data**

<p>| | |</p>
<table>
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<tbody>
<tr>
<td>1.</td>
<td>Total Access Lines in Service</td>
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<tr>
<td>2.</td>
<td>Surcharge Per Access Line</td>
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<tr>
<td>3.</td>
<td>Amount of Surcharge Remitted to Kentucky USF</td>
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<td>4.</td>
<td>Number of Access Lines Receiving Lifeline Support</td>
</tr>
<tr>
<td>5.</td>
<td>Amount of Reimbursement Requested from Kentucky USF</td>
</tr>
</tbody>
</table>

**Signature Block**

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

*John Smith*  
(Printed)  
*Chief 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 483A  
Frankfort, KY 40601

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**Signature Block**

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

Company Official: [Signature] (Printed)

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

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

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**Date:** APRIL 28, 2015  
**Reporting Month:** APRIL, 2015

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</table>

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

**Monthly Access Line Data**

1. **Total Access Lines in Service** ........................................... 5270
2. **Surcharge Per Access Line** ............................................... 50.08
3. **Amount of Surcharge Remitted to Kentucky USF** ...................... 421.60
4. **Number of Access Lines Receiving Lifeline Support** ................... 318
5. **Amount of Reimbursement 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: **Debbie Smith**  
Title: **Accountant**  
Company Officials: **Debbie Smith**  
(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 433A  
Frankfort, KY 40601

Send a copy of this report to:

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

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

Date March 30, 2015  
Reporting Month March, 2015

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<td>CLEC</td>
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<td>Cellular</td>
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<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>I hereby attest that the information reported herein is true and accurate to the best of my knowledge.</td>
</tr>
<tr>
<td>Debbie Smith</td>
</tr>
<tr>
<td>Title: Bookkeeper</td>
</tr>
<tr>
<td>Company Official</td>
</tr>
<tr>
<td>(Printed)</td>
</tr>
<tr>
<td>(Signed)</td>
</tr>
</tbody>
</table>

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

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

Send a copy of this report to:

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

Revised 03-13-2008
### Carrier Information

<table>
<thead>
<tr>
<th>Company Name</th>
<th>LOGAN TELEPHONE COOPERATIVE, INC.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Address</td>
<td>10725 BOWLING GREEN RD P O BOX 97 AUBURN, KY 42206</td>
</tr>
<tr>
<td>Telephone / Fax</td>
<td>PHONE 270-542-4121 FAX 270-542-4800</td>
</tr>
<tr>
<td>Vendor Number</td>
<td>PAID</td>
</tr>
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</table>

### Classification

<table>
<thead>
<tr>
<th>Classification</th>
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<tbody>
<tr>
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<td>ILEC</td>
</tr>
<tr>
<td></td>
<td>CLEC</td>
</tr>
<tr>
<td></td>
<td>Cellular</td>
</tr>
</tbody>
</table>

### Monthly Access Line Data

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
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<tbody>
<tr>
<td>Total Access Lines in Service</td>
<td>5237</td>
</tr>
<tr>
<td>Surcharge Per Access Line</td>
<td>$0.08</td>
</tr>
<tr>
<td>Amount of Surcharge Remitted to Kentucky USF</td>
<td>418.96</td>
</tr>
<tr>
<td>Number of Access Lines Receiving Lifeline Support</td>
<td>317</td>
</tr>
<tr>
<td>Amount of Reimbursement Requested from Kentucky USF</td>
<td>1109.50</td>
</tr>
</tbody>
</table>

### Signature Block

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

Debbie Smith  
Company Official  
(Signed)
**Case No. 2016-00059**
**Exhibit A**

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

**Date:** JANUARY 31, 2015

**Carrier Information**

<table>
<thead>
<tr>
<th><strong>Company Name</strong></th>
<th>LOGAN TELEPHONE COOPERATIVE, INC.</th>
</tr>
</thead>
<tbody>
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</tr>
<tr>
<td><strong>Telephone / Fax</strong></td>
<td>PHONE 270-542-4121 FAX 270-542-4800</td>
</tr>
</tbody>
</table>

**Classification**

Please Circle One

- ILEC
- CLEC
- Cellular
- PCS

**Account #**

- Number: 545591
- Date: 1/31/15

**Vendor #**

- Approved By: [Signature]

**Monthly Access Line Data**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>1. Total Access Lines in Service</td>
<td>5225</td>
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<td>2. Surcharge Per Access Line</td>
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<td>3. Amount of Surcharge Remitted to Kentucky USF</td>
<td>418.00</td>
</tr>
<tr>
<td>4. Number of Access Lines Receiving Lifeline Support</td>
<td>317</td>
</tr>
<tr>
<td>5. Amount of Reimbursement Requested from Kentucky USF</td>
<td>1109.50</td>
</tr>
</tbody>
</table>

**Signature Block**

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

- Debbie Smith
- (Printed)
- [Title]: 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: Jim Stevens

211 Sower Blvd.

P.O. Box 615

Frankfort, KY 40602

**Revised 03-13-2008**


## COMMONWEALTH OF KENTUCKY
### UNIVERSAL SERVICE FUND

**Date**: DECEMBER 26, 2014  
**Reporting Month**: DECEMBER, 2014

### Carrier Information

<table>
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<tr>
<th>Carrier Information</th>
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<tr>
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<tr>
<td><strong>Telephone / Fax</strong></td>
</tr>
<tr>
<td><strong>Vendor Number</strong></td>
</tr>
</tbody>
</table>

### Classification

**Please Circle One**  
ILEC  
CLEC  
Cellular

### Monthly Access Line Data

<table>
<thead>
<tr>
<th>Description</th>
<th>Value</th>
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<td>Surcharge Per Access Line</td>
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<td>Amount of Surcharge Remitted to Kentucky USF</td>
<td>419.12</td>
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<tr>
<td>Number of Access Lines Receiving Lifeline Support</td>
<td>318</td>
</tr>
<tr>
<td>Amount of Reimbursement Requested from Kentucky USF</td>
<td>1113.00</td>
</tr>
</tbody>
</table>

### Signature Block

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

**Deborah Smith**  
Company Official  
(Printed)  
Title: Bookkeeper  
Company: Universal Service Fund

(Signed)

---

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

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

**Send a copy of this report to:**

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

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

1. Total Access Lines in Service: 5242
2. Surcharge Per Access Line: $0.08
3. Amount of Surcharge Remitted to Kentucky USF: 419.36
4. Number of Access Lines Receiving Lifeline Support: 316
5. Amount of Reimbursement Requested from Kentucky USF: 1106.00

### Signature Block

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

Company Official: [Signature]

Send a copy of this report to:

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

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

**Date** OCTOBER 31, 2014  
**Reporting Month** OCTOBER, 2014

### Carrier Information

<table>
<thead>
<tr>
<th>Company Name</th>
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<tbody>
<tr>
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<td>10725 BOWLING GREEN RD P O BOX 97 AUBURN, KY 42206</td>
</tr>
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<td>PHONE 270-542-4121 FAX 270-542-4800</td>
</tr>
<tr>
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<td></td>
</tr>
</tbody>
</table>

### Classification

- [ ] ILEC
- [ ] CLEC
- [ ] Cellular
- [ ] PCS
- [ ] Account
- [ ] Rate
- [ ] Call

### Monthly Access Line Data

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
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<tbody>
<tr>
<td>1. Total Access Lines in Service</td>
<td>5265</td>
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<td>2. Surcharge Per Access Line</td>
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<tr>
<td>3. Amount of Surcharge Remitted to Kentucky USF</td>
<td>421.20</td>
</tr>
<tr>
<td>4. Number of Access Lines Receiving Lifeline Support</td>
<td>306</td>
</tr>
<tr>
<td>5. Amount of Reimbursement Requested from Kentucky USF</td>
<td>1071.00</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: [Signature]
Title: [Title]
(Printed)
Company Official: [Signature]
(Signed)

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

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

Send a copy of this report to:

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

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

COMMONWEALTH OF KENTUCKY  
UNIVERSAL SERVICE FUND

Date: SEPTEMBER 30, 2014  
Reporting Month: SEPTEMBER, 2014

<table>
<thead>
<tr>
<th>MAR</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>LOGAN TELEPHONE COOPERATIVE, INC.</td>
</tr>
<tr>
<td></td>
<td>10725 BOWLING GREEN RD  PO BOX 97 AUBURN, KY 42206</td>
</tr>
<tr>
<td></td>
<td>PHONE 270-542-4121  FAX 270-542-4800</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Monthly Access Line Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Total Access Lines in Service…</td>
</tr>
<tr>
<td>2. Surcharge Per Access Line…</td>
</tr>
<tr>
<td>3. Amount of Surcharge Remitted to Kentucky USF…</td>
</tr>
<tr>
<td>4. Number of Access Lines Receiving Lifeline Support…</td>
</tr>
<tr>
<td>5. Amount of Reimbursement Requested from Kentucky USF…</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature Block</th>
</tr>
</thead>
<tbody>
<tr>
<td>I hereby attest that the information reported herein is true and accurate to the best of my knowledge</td>
</tr>
<tr>
<td>Company Official: Debbie Smith</td>
</tr>
<tr>
<td>(Printed)</td>
</tr>
<tr>
<td>Title: Accountant</td>
</tr>
<tr>
<td>(Signed)</td>
</tr>
</tbody>
</table>

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

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702 Capital Ave.  
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Frankfort, KY 40601

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

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

Date: AUGUST 27, 2014
Reporting Month: AUGUST, 2014

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

Classification
Please Circle One
ILEC
CLEC
Cellular

Monthly Access Line Data

1. Total Access Lines in Service.................................................. 5,264
2. Surcharge Per Access Line................................................. $0.08
3. Amount of Surcharge Remitted to Kentucky USF.................... 421.12
4. Number of Access Lines Receiving Lifeline Support.............. 321
5. Amount of Reimbursement Requested from Kentucky USF........ 1,123.50

Signature Block

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

Debbie Smith
Act. Bookkeeper

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

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

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

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

**Date:** JULY 31, 2014  
**Reporting Month:** JULY, 2014

### Carrier Information

<table>
<thead>
<tr>
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<th>LOGAN TELEPHONE COOPERATIVE, INC.</th>
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<tbody>
<tr>
<td>Company Address</td>
<td>10725 BOWLING GREEN RD P O BOX 97 AUBURN, KY 42206</td>
</tr>
<tr>
<td>Telephone / Fax</td>
<td>PHONE 270-542-4121 FAX 270-542-4800</td>
</tr>
<tr>
<td>Vendor Number</td>
<td></td>
</tr>
</tbody>
</table>

### Classification

- **Please Circle One:** ILEC

### Monthly Access Line Data

1. Total Access Lines in Service: 5291
2. Surcharge Per Access Line: $0.08
3. Amount of Surcharge Remitted to Kentucky USF: 423.28
4. Number of Access Lines Receiving Lifeline Support: 325
5. Amount of Reimbursement Requested from Kentucky USF: 1137.50

### Signature Block

\[\text{Debbie Smith} \quad \text{(Printed)} \quad \text{Accountant} \quad \text{(Signed)} \]

\[\text{Debbie Smith} \quad \text{(Printed)} \quad \text{Company Official} \]

### Note

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

**Date:** JUNE 30, 2014
**Reporting Month:** JUNE, 2014

### Carrier Information

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<th>MAR</th>
<th>Company Name</th>
<th>Vendor Number</th>
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<tbody>
<tr>
<td></td>
<td>LOGAN TELEPHONE COOPERATIVE, INC.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>10725 BOWLING GREEN RD P O BOX 97 AUBURN, KY 42206</td>
<td></td>
</tr>
<tr>
<td></td>
<td>PHONE 270-542-4121 FAX 270-542-4800</td>
<td></td>
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</tbody>
</table>

### Classification

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

### Monthly Access Line Data

<table>
<thead>
<tr>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Access Lines in Service</td>
<td>5317</td>
</tr>
<tr>
<td>Surcharge Per Access Line</td>
<td>$0.08</td>
</tr>
<tr>
<td>Amount of Surcharge Remitted to Kentucky USF</td>
<td>425.36</td>
</tr>
<tr>
<td>Number of Access Lines Receiving Lifeline Support</td>
<td>332</td>
</tr>
<tr>
<td>Amount of Reimbursement Requested from Kentucky USF</td>
<td>1162.00</td>
</tr>
</tbody>
</table>

### 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:

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

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

#### MAY 30, 2014

**Carrier Information**

<table>
<thead>
<tr>
<th>Company Name</th>
<th>LOGAN TELEPHONE COOPERATIVE, INC.</th>
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</thead>
<tbody>
<tr>
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</tr>
<tr>
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<td>PHONE 270-542-4121 FAX 270-542-4800</td>
</tr>
<tr>
<td>Vendor Number</td>
<td></td>
</tr>
</tbody>
</table>

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

#### Monthly Access Line Data

1. Total Access Lines in Service: 5319
2. Surcharge Per Access Line: $0.08
3. Amount of Surcharge Remitted to Kentucky USF: 425.52
4. Number of Access Lines Receiving Lifeline Support: 336
5. Amount of Reimbursement Requested from Kentucky USF: 1176.00

**PAID**

**Account #** 4010  **Date** 6/14/16  **Ck. #** 5253  **Signature Block**

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

Debbie Smith  Company Official  (Signed)

**Approved By**  (Title)  Company Official  (Signed)

---

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

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

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

Date APRIL 30, 2014
Reporting Month APRIL, 2014

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

Classification
Please Circle One
ILEC  CLEC  Cellular  PCS

Monthly Access Line Data

1. Total Access Lines in Service ........................................... 5349
2. Surcharge Per Access Line ........................................... $0.08
3. Amount of Surcharge Remitted to Kentucky USF .................. 427.92
4. Number of Access Lines Receiving Lifeline Support ............ 343
5. Amount of Reimbursement Requested from Kentucky USF ... 1200.50

Signature Block

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

Company Official (Signed)

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

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

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

Revised 03-13-2008
## Carrier Information

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<tr>
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<td>PHONE 270-542-4121 FAX 270-542-4800</td>
</tr>
</tbody>
</table>

### Classification
- Please Circle One: ILEC

### Monthly Access Line Data

<table>
<thead>
<tr>
<th>Description</th>
<th>Value</th>
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<tr>
<td>Total Access Lines in Service</td>
<td>5353</td>
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<tr>
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<td>Amount of Surcharge Remitted to Kentucky USF</td>
<td>428.24</td>
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<tr>
<td>Number of Access Lines Receiving Lifeline Support</td>
<td>345</td>
</tr>
<tr>
<td>Amount of Reimbursement Requested from Kentucky USF</td>
<td>1207.50</td>
</tr>
</tbody>
</table>

### Signature Block

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

Debbie Smith  
(Printed)

__Title__;  
(Please enter)

Company Official  
(Signed)

---

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

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

Send a copy of this report to:

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

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

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

**Date:** FEBRUARY 28, 2014
**Reporting Month:** FEBRUARY, 2014

<table>
<thead>
<tr>
<th>Carrier Information</th>
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</tr>
<tr>
<td><strong>Telephone/Fax</strong></td>
</tr>
<tr>
<td><strong>Vendor Number</strong></td>
</tr>
</tbody>
</table>

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

**Monthly Access Line Data**

1. Total Access Lines in Service: 5368
2. Surcharge Per Access Line: $0.08
3. Amount of Surcharge Remitted to Kentucky USF: 429.44
4. Number of Access Lines Receiving Lifeline Support: 335
5. Amount of Reimbursement Requested from Kentucky USF: 1172.50

**Signature Block**

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

Company Official: [Signature]
Title: Bookkeeper
Company Official: [Signature]
(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!
**COMMONWEALTH OF KENTUCKY**
**UNIVERSAL SERVICE FUND**

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

Date: January 30, 2014
Reporting Month: January, 2014

---

**Carrier Information**

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<tr>
<td>Vendor Number</td>
<td></td>
</tr>
</tbody>
</table>

**Classification**

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

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**Monthly Access Line Data**

| 1. Total Access Lines in Service... | 5385 |
| 2. Surcharge Per Access Line...     | $0.08 |
| 3. Amount of Surcharge Remitted to Kentucky USF... | 430.80 |
| 4. Number of Access Lines Receiving Lifeline Support... | 343 |
| 5. Amount of Reimbursement Requested from Kentucky USF... | 1200.50 |

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**Signature Block**

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

[Signature]

Company Official (Printed): [Name]
Title: [Title]
Company Official (Signed): [Signature]

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

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

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

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Approved By: [Approval]
Vendor #: [Vendor #]