

EXHIBIT 7



COMMONWEALTH OF KENTUCKY
 UNIVERSAL SERVICE FUND

Date April 30, 2016

Reporting Month APRIL, 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	<input checked="" type="radio"/> ILEC	<input type="radio"/> CLEC	<input type="radio"/> Cellular	<input type="radio"/> PCS
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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 (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



COMMONWEALTH OF KENTUCKY
 UNIVERSAL SERVICE FUND

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	<u>ILEC</u>	CLEC	Cellular	PCS
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Monthly Access Line Data	
1. Total Access Lines in Service.....	5,349
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.....	304
5. Amount of Reimbursement Requested from Kentucky USF.....	1,064.00

Signature Block	
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.	
Company Official Debbie Smith (Printed)	Title: Acct Bookkeeper Company Official (Signed)

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 Frankfort, KY 40602



COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date February 29, 2016

Reporting Month February, 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	<input checked="" type="radio"/> ILEC	<input type="radio"/> CLEC	<input type="radio"/> Cellular	<input type="radio"/> PCS
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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 (Printed)	Title: Acct Bookkeeper	Company Official (Signed)

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P.O. Box 615
Frankfort, KY 40602



COMMONWEALTH OF KENTUCKY
 UNIVERSAL SERVICE FUND

Date JANUARY 29, 2016

Reporting Month JANUARY, 2016

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	ILEC	CLEC	Cellular	PCS
Please Circle One				

Monthly Access Line Data	
1. Total Access Lines in Service.....	5283
2. Surcharge Per Access Line.....	\$0.08
3. Amount of Surcharge Remitted to Kentucky USF.....	422.64
4. Number of Access Lines Receiving Lifeline Support.....	293
5. Amount of Reimbursement Requested from Kentucky USF.....	1025.50

Signature Block	
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.	
Company Official <u>Debbie Smith</u> (Printed)	Title <u>ACT. BOOKKEEPER</u> Company Official <u>Debbie Smith</u> (Signed)

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



COMMONWEALTH OF KENTUCKY
 UNIVERSAL SERVICE FUND

Date DECEMBER 31, 2015

Reporting Month DECEMBER, 2015

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

1.	Total Access Lines in Service.....	<u>5282</u>
2.	Surcharge Per Access Line.....	<u>\$0.08</u>
3.	Amount of Surcharge Remitted to Kentucky USF.....	<u>422.56</u>
4.	Number of Access Lines Receiving Lifeline Support.....	<u>288</u>
5.	Amount of Reimbursement Requested from Kentucky USF.....	<u>1,008.00</u>

Signature Block

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

Company Official Dellie Smith
 (Printed)

Title Asst. Bookkeeper

Company Official [Signature]
 (Signed)

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 P.O. Box 615
 Frankfort, KY 40602



COMMONWEALTH OF KENTUCKY
 UNIVERSAL SERVICE FUND

Date NOVEMBER 30, 2015

Reporting Month NOVEMBER, 2015

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	<input type="radio"/> ILEC	<input type="radio"/> CLEC	<input type="radio"/> Cellular	<input type="radio"/> PCS
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Monthly Access Line Data	
1. Total Access Lines in Service.....	<u>5285</u>
2. Surcharge Per Access Line.....	<u>\$0.08</u>
3. Amount of Surcharge Remitted to Kentucky USF.....	<u>422.80</u>
4. Number of Access Lines Receiving Lifeline Support.....	<u>285</u>
5. Amount of Reimbursement Requested from Kentucky USF.....	<u>997.50</u>

Signature Block	
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.	
Company Official <u>Debbie Smith</u> (Printed)	Title <u>Acct BOOK KEEPER</u> Company Official <u>Debbie Smith</u> (Signed)

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



COMMONWEALTH OF KENTUCKY
 UNIVERSAL SERVICE FUND

Date OCTOBER 30, 2015

Reporting Month OCTOBER, 2015

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	<u>ILEC</u>	CLEC	Cellular	PCS
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Monthly Access Line Data	
1. Total Access Lines in Service.....	<u>5274</u>
2. Surcharge Per Access Line.....	<u>\$0.08</u>
3. Amount of Surcharge Remitted to Kentucky USF.....	<u>421.92</u>
4. Number of Access Lines Receiving Lifeline Support.....	<u>280</u>
5. Amount of Reimbursement Requested from Kentucky USF.....	<u>980.00</u>

Signature Block	
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.	
Company Official <u>Debbie Smith</u> (Printed)	Title <u>Act. BOOKKEEPER</u>
Company Official <u>Debbie Smith</u> (Signed)	

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



COMMONWEALTH OF KENTUCKY
 UNIVERSAL SERVICE FUND

Date SEPT 30, 2015

Reporting Month SEPTEMBER, 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
Vendor Number	

Classification Please Circle One	<input type="radio"/> ILEC	<input type="radio"/> CLEC	<input type="radio"/> Cellular	<input type="radio"/> PCS
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Monthly Access Line Data	
1. Total Access Lines in Service.....	<u>5252</u>
2. Surcharge Per Access Line.....	<u>\$0.08</u>
3. Amount of Surcharge Remitted to Kentucky USF.....	<u>420.16</u>
4. Number of Access Lines Receiving Lifeline Support.....	<u>306</u>
5. Amount of Reimbursement Requested from Kentucky USF.....	<u>1071.00</u>

Signature Block	
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.	
Company Official <u>Debbie Smith</u> (Printed)	Title <u>ACT. BOOKKEEPER</u> Company Official <u>Debbie Smith</u> (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



COMMONWEALTH OF KENTUCKY
 UNIVERSAL SERVICE FUND

Date AUGUST 31, 2015

Reporting Month AUGUST, 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
Vendor Number	

Classification Please Circle One	<input type="radio"/> ILEC	<input type="radio"/> CLEC	<input type="radio"/> Cellular	<input type="radio"/> PCS
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Monthly Access Line Data	
1. Total Access Lines in Service.....	<u>5246</u>
2. Surcharge Per Access Line.....	<u>\$0.08</u>
3. Amount of Surcharge Remitted to Kentucky USF.....	<u>419.68</u>
4. Number of Access Lines Receiving Lifeline Support.....	<u>314</u>
5. Amount of Reimbursement Requested from Kentucky USF.....	<u>1099.00</u>

Signature Block	
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.	
Company Official <u>[Signature]</u> (Printed)	Title <u>Pay. Bookkeeper</u> Company Official <u>[Signature]</u> (Signed)

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

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

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



COMMONWEALTH OF KENTUCKY
 UNIVERSAL SERVICE FUND

Date JULY 28, 2015

Reporting Month JULY, 2015

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	<input checked="" type="radio"/> ILEC	<input type="radio"/> CLEC	<input type="radio"/> Cellular	<input type="radio"/> PCS
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Monthly Access Line Data	
1. Total Access Lines in Service.....	<u>5252</u>
2. Surcharge Per Access Line.....	<u>\$0.08</u>
3. Amount of Surcharge Remitted to Kentucky USF.....	<u>420.13</u>
4. Number of Access Lines Receiving Lifeline Support.....	<u>305</u>
5. Amount of Reimbursement Requested from Kentucky USF.....	<u>1067.50</u>

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

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

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

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

Account # 4016-16 Date 6/29/15
Ck. # 55472
Approved By [Signature]
Vendor # 4640



COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date JUNE 29, 2015

Reporting Month JUNE, 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
Vendor Number	

Classification				
Please Circle One	ILEC	CLEC	Cellular	PCS

Monthly Access Line Data	
1. Total Access Lines in Service.....	<u>5263</u>
2. Surcharge Per Access Line.....	<u>\$0.08</u>
3. Amount of Surcharge Remitted to Kentucky USF.....	<u>421.04</u>
4. Number of Access Lines Receiving Lifeline Support.....	<u>307</u>
5. Amount of Reimbursement Requested from Kentucky USF.....	<u>1074.50</u>

Signature Block	
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.	
Company Official <u>[Signature]</u> (Printed)	Title <u>Act. Bookkeeper</u> Company Official <u>[Signature]</u> (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



COMMONWEALTH OF KENTUCKY
 UNIVERSAL SERVICE FUND

Date MAY 28, 2015

Reporting Month MAY, 2015

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 270-542-8000
Vendor Number	

Classification Please Circle One	<input checked="" type="radio"/> ILEC	<input type="radio"/> CLEC	<input type="radio"/> Cellular
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PAID
 Account # 4010
 Ck. # 55279
 Approved By [Signature]
 Date 5/29/15

Monthly Access Line Data	
1. Total Access Lines in Service.....	5267
2. Surcharge Per Access Line.....	\$0.08
3. Amount of Surcharge Remitted to Kentucky USF.....	421.36
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 <u>Debbie Smith</u> (Printed)	Title <u>Accounting Bookkeeper</u> Company Official <u>[Signature]</u> (Signed)

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

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 Frankfort, KY 40602



COMMONWEALTH OF KENTUCKY
 UNIVERSAL SERVICE FUND

Date APRIL 28, 2015

Reporting Month APRIL, 2015

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

Account # 90016 Date 4/29/15
 Ck. # 55110
 Approved By [Signature]
 Vendor # 6840

Monthly Access Line Data	
1. Total Access Lines in Service.....	5270
2. Surcharge Per Access Line.....	\$0.08
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 Act Bookkeeper Company Official [Signature]
 (Printed) (Signed)

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

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 702 Capital Ave.
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 211 Sower Blvd.
 P.O. Box 615
 Frankfort, KY 40602



COMMONWEALTH OF KENTUCKY
 UNIVERSAL SERVICE FUND

Date MARCH 30, 2015

Reporting Month MARCH, 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
Vendor Number	

PAID
 Account # 401044 Date 3/26/15
 Ck. # 5288
 Approved By [Signature]
 Vendor # 8840

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.....	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 BOOKKEEPER Company Official [Signature]
 (Printed) (Signed)

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 Frankfort, KY 40602



COMMONWEALTH OF KENTUCKY
 UNIVERSAL SERVICE FUND

Date FEBRUARY 27, 2015

Reporting Month FEBRUARY, 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
Vendor Number	

PAID

Classification Please Circle One	<input checked="" type="radio"/> ILEC	<input type="radio"/> CLEC	<input type="radio"/> Cellular
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Account # 401070 Date 2/27/15
 Ck. # 5472
 Approved By [Signature]
 Vendor # 4840

Monthly Access Line Data	
1. Total Access Lines in Service.....	5237
2. Surcharge Per Access Line.....	\$0.08
3. Amount of Surcharge Remitted to Kentucky USF.....	418.96
4. Number of Access Lines Receiving Lifeline Support.....	317
5. Amount of Reimbursement 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.	
Company Official <u>Debbie Smith</u> (Printed)	Title <u>ACT BOOKKEEPER</u> Company Official <u>Debbie Smith</u> (Signed)

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COMMONWEALTH OF KENTUCKY
 UNIVERSAL SERVICE FUND

Date JANUARY 31, 2015

Reporting Month JANUARY, 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
Vendor Number	

Classification
 Please Circle One ILEC CLEC Cellular

Account # 601076 Date 1/30/15
 Ck. # 54561
 Approved By [Signature]
 Vendor # 4840

Monthly Access Line Data	
1. Total Access Lines in Service.....	5225
2. Surcharge Per Access Line.....	\$0.08
3. Amount of Surcharge Remitted to Kentucky USF.....	418.00
4. Number of Access Lines Receiving Lifeline Support.....	317
5. Amount of Reimbursement 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.

Company Official Debbie Smith Title Act. Bookkeeper Company Official [Signature]
 (Printed) (Signed)

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 P.O. Box 615
 Frankfort, KY 40602



COMMONWEALTH OF KENTUCKY
 UNIVERSAL SERVICE FUND

Date DECEMBER 26, 2014

Reporting Month DECEMBER, 2014

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	

Account # 401016 Date 12/29/14
 Ok. # 5436
 Approved By [Signature]
 Vendor # 7840

Classification				
Please Circle One	ILEC	CLEC	Cellular	

Monthly Access Line Data	
1. Total Access Lines in Service.....	<u>5239</u>
2. Surcharge Per Access Line.....	<u>\$0.08</u>
3. Amount of Surcharge Remitted to Kentucky USF.....	<u>419.12</u>
4. Number of Access Lines Receiving Lifeline Support.....	<u>318</u>
5. Amount of Reimbursement Requested from Kentucky USF.....	<u>1113.00</u>

Signature Block		
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.		
Company Official <u>Debbie Smith</u>	Title <u>Act. Bookkeeper</u>	Company Official <u>Debbie Smith</u>
(Printed)		(Signed)

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COMMONWEALTH OF KENTUCKY
 UNIVERSAL SERVICE FUND

Date NOVEMBER 28, 2014

Reporting Month NOVEMBER, 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

Account # 401016 Date 11/28/14
 Ck. # 54104
 Approved By [Signature]
 Vendor # 11850

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 <u>Debbie Smith</u> (Printed)	Title <u>ACT BOOKKEEPER</u> Company Official <u>Debbie Smith</u> (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



COMMONWEALTH OF KENTUCKY
 UNIVERSAL SERVICE FUND

Date OCTOBER 31, 2014

Reporting Month OCTOBER, 2014

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

Vendor # 4840
 Approved By [Signature]
 CK # [Blank]
 Account # 100.08
 Date 10/20/14

Monthly Access Line Data		PAID
1. Total Access Lines in Service.....	5265	
2. Surcharge Per Access Line.....	\$0.08	
3. Amount of Surcharge Remitted to Kentucky USF.....	421.20	
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 <u>Debra Smith</u> (Printed)	Title <u>Act. Bookkeeper</u>	Company Official <u>Debra Smith</u> (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

4840
401016

Case No. 2016-00059
Exhibit A
KUSF Reimbursement Forms



COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

PAID

Date

Account # 401016

Ck. # 53706

Approved By [Signature]

Vendor # 4840

Date SEPTEMBER 30, 2014

Reporting Month SEPTEMBER, 2014

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	
1. Total Access Lines in Service.....	5268
2. Surcharge Per Access Line.....	\$0.08
3. Amount of Surcharge Remitted to Kentucky USF.....	421.44
4. Number of Access Lines Receiving Lifeline Support.....	320
5. Amount of Reimbursement Requested from Kentucky USF.....	1120.00

Signature Block	
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.	
Company Official <u>Debbie Smith</u> (Printed)	Title <u>Act. Treasurer</u> Company Official <u>Debbie Smith</u> (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



COMMONWEALTH OF KENTUCKY
 UNIVERSAL SERVICE FUND

Date AUGUST 27, 2014

Reporting Month AUGUST, 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	PAID		
Please Circle One	ILEC	CLEC	Cellular
			Account # <u>401016</u> Date <u>8/27/14</u>

Monthly Access Line Data		OKS# <u>23479</u>
1. Total Access Lines in Service.....	5,264	Approved By <u>[Signature]</u>
2. Surcharge Per Access Line.....	\$0.08	Vendor # <u>59</u>
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.	
Company Official <u>Debbie Smith</u> Title <u>Acct. BOOKKEEPER</u>	Company Official <u>[Signature]</u>
(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



COMMONWEALTH OF KENTUCKY
 UNIVERSAL SERVICE FUND

Date JULY 31, 2014

Reporting Month JULY, 2014

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	

PAID
 Account # 401016 Date 7/31/14
 Ck. # 53276
 Approved By [Signature]
 Vendor # 4880

Classification			
Please Circle One	<input checked="" type="radio"/> ILEC	<input type="radio"/> CLEC	<input type="radio"/> Cellular

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

Signature Block	
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.	
Company Official <u>Debbie Smith</u> (Printed)	Title <u>Act Bookkeeper</u> Company Official <u>Debbie Smith</u> (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

Account # 4020-16 Date 6/30/14
 Ck. # 5308
 Approved By [Signature]
 Vendor # 4340



COMMONWEALTH OF KENTUCKY
 UNIVERSAL SERVICE FUND

Date JUNE 30, 2014

Reporting Month JUNE, 2014

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	I L E C	C L E C	C e l l u l a r	P C S

Monthly Access Line Data	
1. Total Access Lines in Service.....	<u>5317</u>
2. Surcharge Per Access Line.....	<u>\$0.08</u>
3. Amount of Surcharge Remitted to Kentucky USF.....	<u>425.36</u>
4. Number of Access Lines Receiving Lifeline Support.....	<u>332</u>
5. Amount of Reimbursement Requested from Kentucky USF.....	<u>1162.00</u>

Signature Block	
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.	
<u>[Signature]</u> Company Official (Printed)	<u>[Signature]</u> 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



COMMONWEALTH OF KENTUCKY
 UNIVERSAL SERVICE FUND

Date MAY 30, 2014

Reporting Month MAY, 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
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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 # 6010 Date 5/30/14
 Signature Block

Ck. # 5293

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

Approved By Debbie Smith Title Vendor Company Official 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 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 APRIL 30, 2014

Reporting Month APRIL, 2014

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

Signature Block	
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.	
Company Official <u>Debbie Smith</u> (Printed)	Title <u>ACT BOOKKEEPER</u> Company Official <u>[Signature]</u> (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

PAID
4/30/14 Date
 Account # 4010-16
 Ck. # 52710
 Approved By [Signature]
 Vendor # 4840

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 MARCH 31, 2014

Reporting Month MARCH, 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	<input type="radio"/> ILEC	<input type="radio"/> CLEC	<input type="radio"/> Cellular	<input type="radio"/> PCS
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Monthly Access Line Data	
1. Total Access Lines in Service.....	<u>5353</u>
2. Surcharge Per Access Line.....	<u>\$0.08</u>
3. Amount of Surcharge Remitted to Kentucky USF.....	<u>428.24</u>
4. Number of Access Lines Receiving Lifeline Support.....	<u>345</u>
5. Amount of Reimbursement Requested from Kentucky USF.....	<u>1207.50</u>

Signature Block	
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.	
Company Official <u>Debbie Smith</u> (Printed)	Title <u>Act. Bookkeeper</u> Company Official <u>Debbie Smith</u> (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

PAID
 Account # 401016 Date 3/31/14
 CK. # 52524
 Approved By [Signature]
 Voucher # 4840

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 28, 2014

Reporting Month FEBRUARY, 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
Vendor Number	

Classification Please Circle One	<input checked="" type="radio"/> ILEC	<input type="radio"/> CLEC	<input type="radio"/> Cellular	<input type="radio"/> PCS
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Monthly Access Line Data	
1. Total Access Lines in Service.....	<u>5368</u>
2. Surcharge Per Access Line.....	<u>\$0.08</u>
3. Amount of Surcharge Remitted to Kentucky USF.....	<u>429.44</u>
4. Number of Access Lines Receiving Lifeline Support.....	<u>335</u>
5. Amount of Reimbursement Requested from Kentucky USF.....	<u>1172.50</u>

Signature Block	
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.	
Company Official <u>Debbie Smith</u> (Printed)	Title <u>Act. Bookkeeper</u> Company Official <u>Debbie Smith</u> (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

PAID
 Account # 4010-16
 Date 2/28/14
 Ck. # 52330
 Approved By [Signature]
 Vendor # 1040

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

4846
 4010.16



COMMONWEALTH OF KENTUCKY
 UNIVERSAL SERVICE FUND

Date January 30, 2014

Reporting Month January, 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
Vendor Number	

Classification Please Circle One	<input type="radio"/> ILEC	<input type="radio"/> CLEC	<input type="radio"/> Cellular	<input type="radio"/> PCS
-------------------------------------	----------------------------	----------------------------	--------------------------------	---------------------------

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

Signature Block	
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.	
Company Official <u>Debbie Smith</u> (Printed)	Title <u>Act. Bookkeeper</u> Company Official <u>Debbie Smith</u> (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

Account # 4010.16 Date 1/31/14
 Ck. # 52141
 Approved By [Signature]
 Vendor # 4840

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