COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date: 1/7/2014
Reporting Month: January

**Carrier Information**

<table>
<thead>
<tr>
<th>Company Name</th>
<th>Mountain Rural Telephone Cooperative Corporation, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Address</td>
<td>P.O. Box 399, West Liberty, Kentucky 41472</td>
</tr>
<tr>
<td>Telephone / Fax</td>
<td>Telephone: (606) 743-3121 Fax: (606) 743-2891</td>
</tr>
<tr>
<td>Vendor Number</td>
<td>610467317</td>
</tr>
</tbody>
</table>

**Classification**

Please Circle One

- TIEC
- CLEC
- Cellular
- PCS

**Monthly Access Line Data**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
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<tbody>
<tr>
<td>1. Total Access Lines in Service</td>
<td>14,783</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>$1,182.64</td>
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<tr>
<td>4. Number of Access Lines Receiving Lifeline Support</td>
<td>1,871</td>
</tr>
<tr>
<td>5. Amount of Reimbursement Requested from Kentucky USF</td>
<td>$6,548.50</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: Angie Pennington  
Title: Office Manager

(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

Date 2/4/2014  Reporting Month  February

Carrier Information

<table>
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<tr>
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<tr>
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<td>610467317</td>
</tr>
</tbody>
</table>

Classification

Please Circle One  ILEC  CLEC  Cellular,  PCS

Monthly Access Line Data

1. Total Access Lines in Service........................................... 14,664
2. Surcharge Per Access Line.............................................. $0.08
3. Amount of Surcharge Remitted to Kentucky USF.................. $1,173.12
4. Number of Access Lines Receiving Lifeline Support........ 1,850
5. Amount of Reimbursement Requested from Kentucky USF........ $6,475.00

Signature Block

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

Company Official     Lisa Nickell     Title    Accounting Supervisor
(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:
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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 3/3/2014
Reporting Month March

Carrier Information

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</table>

Classification
Please Circle One

ILEC
CLEC
Cellular
PCS

Monthly Access Line Data

1. Total Access Lines in Service................................................. 14,701
2. Surcharge Per Access Line...................................................... $0.08
3. Amount of Surcharge Remitted to Kentucky USF............................. $1,176.08
4. Number of Access Lines Receiving Lifeline Support........................ 1,861
5. Amount of Reimbursement Requested from Kentucky USF....................... $6,513.50

Signature Block

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

Company Official Lisa Nickell Title Accounting Supervisor
(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
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Revised 03-13-2008
**Case No. 2016-00059**  
**Exhibit A**  
**KUSF Reimbursement Forms**

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

**Date** 4/3/2014  
**Reporting Month** April

<table>
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Fax: (606) 743-2891 |
| **Vendor Number** | 810467317 |

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

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<td><strong>1. Total Access Lines in Service</strong></td>
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<tr>
<td><strong>2. Surcharge Per Access Line</strong></td>
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<tr>
<td><strong>3. Amount of Surcharge Remitted to Kentucky USF</strong></td>
</tr>
<tr>
<td><strong>4. Number of Access Lines Receiving Lifeline Support</strong></td>
</tr>
<tr>
<td><strong>5. Amount of Reimbursement Requested from Kentucky USF</strong></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**  
Lisa Nickell  
Title  
Accounting Supervisor  
Company Official  
(Signed)

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

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ATTN: KY USF  
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Frankfort, KY 40601

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Kentucky Public Service Commission  
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P.O. Box 615  
Frankfort, KY 40602

Revised 03-13-2008
Date 6/6/2014  
Reporting Month May  

Carrier Information  
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</table>

Classification  
Please Circle One  
ILEC  
CLEC  
Cellular  
PCS

Monthly Access Line Data  

<p>| | |</p>
<table>
<thead>
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<tr>
<td>1. Total Access Lines in Service</td>
<td>14,704</td>
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<tr>
<td>2. Surcharge Per Access Line</td>
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<tr>
<td>3. Amount of Surcharge Remitted to Kentucky USF</td>
<td>$1,176.32</td>
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<tr>
<td>4. Number of Access Lines Receiving Lifeline Support</td>
<td>1,868</td>
</tr>
<tr>
<td>5. Amount of Reimbursement Requested from Kentucky USF</td>
<td>$6,538.00</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 Lisa Nickell  
Accounting Supervisor (Printed)  
Title Company Official (Signed)

Make check payable to: "Kentucky State Treasurer" and send with this report to:  
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Revised 03-13-2008
**COMMONWEALTH OF KENTUCKY**

**UNIVERSAL SERVICE FUND**

**Case No. 2016-00059**

**Exhibit A**

**KUSF Reimbursement Forms**

---

**Date** 6/6/2014  
**Reporting Month** June

<table>
<thead>
<tr>
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</table>
| **Telephone / Fax** | Telephone: (606) 743-3121  
Fax: (606) 743-2891 |
| **Vendor Number** | 610467317 |

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

---

**Monthly Access Line Data**

1. Total Access Lines in Service .................................................. 14,687
2. Surcharge Per Access Line .................................................. $0.08
3. Amount of Surcharge Remitted to Kentucky USF .................. $1,174.96
4. Number of Access Lines Receiving Lifeline Support ............... 1,857
5. Amount of Reimbursement Requested from Kentucky USF ......... $6,499.50

---

**Signature Block**

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

Lisa Nickell  
Accounting Supervisor

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
Case No. 2016-00059
Exhibit A
KUSF Reimbursement Forms

COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date 6/7/2014 Reporting Month July

Carrier Information

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<tr>
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<td>610467317</td>
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</tbody>
</table>

Classification
Please Circle One  ILEC  CLEC  Cellular  PCS

Monthly Access Line Data

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Total Access Lines in Service</td>
<td>14,610</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>$1,168.80</td>
</tr>
<tr>
<td>4. Number of Access Lines Receiving Lifeline Support</td>
<td>1,845</td>
</tr>
<tr>
<td>5. Amount of Reimbursement Requested from Kentucky USF</td>
<td>$6,457.50</td>
</tr>
</tbody>
</table>

Signature Block

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.
Lisa Nickell  Accounting Manager
Company Official  Title  Company Official  (Signed)
(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

Send a copy of this report to:
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211 Sower Blvd.
P.O. Box 615
Frankfort, KY 40602

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

Date 05/2014  Reporting Month August

Carrier Information

<table>
<thead>
<tr>
<th>Company Name</th>
<th>Mountain Rural Telephone Cooperative Corporation, Inc.</th>
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</thead>
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</tr>
<tr>
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</tr>
<tr>
<td>Vendor Number</td>
<td>610467317</td>
</tr>
</tbody>
</table>

Classification

Please Circle One  
ILEC  CLEC  Cellular  PCS

Monthly Access Line Data

1. Total Access Lines in Service: 14,602
2. Surcharge Per Access Line: $0.08
3. Amount of Surcharge Remitted to Kentucky USF: $1,168.16
4. Number of Access Lines Receiving Lifeline Support: 1,817
5. Amount of Reimbursement Requested from Kentucky USF: $6,359.50

Signature Block

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.  
Lisa Nickell  Accounting Manager
(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: Jim Stevens  
211 Sower Blvd.  
P.O. Box 615  
Frankfort, KY 40602

Revised 03-13-2008
# Carrier Information

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<tr>
<td>Vendor Number</td>
<td>610467317</td>
</tr>
</tbody>
</table>

# Classification

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

# Monthly Access Line Data

1. Total Access Lines in Service: 14,610
2. Surcharge Per Access Line: $0.08
3. Amount of Surcharge Remitted to Kentucky USF: $1,168.80
4. Number of Access Lines Receiving Lifeline Support: 1,799
5. Amount of Reimbursement Requested from Kentucky USF: $6,266.50

# Signature Block

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

**Company Official**: Lisa Nickell  
**Title**: Accounting Manager  
**Company**:  
**(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

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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**

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

**Date**: 10/7/2014  
**Reporting Month**: October

### Carrier Information

<table>
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| Telephone / Fax               | Telephone: (606) 743-3121  
Fax: (606) 743-2891            |
| Vendor Number                 | 610467317                                              |

### Classification

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

### Monthly Access Line Data

1. **Total Access Lines in Service**: 14,590
2. **Surcharge Per Access Line**: $0.08
3. **Amount of Surcharge Remitted to Kentucky USF**: $1,167.20
4. **Number of Access Lines Receiving Lifeline Support**: 1,809
5. **Amount of Reimbursement Requested from Kentucky USF**: $6,331.50

### Signature Block

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

**Company Official**: Lisa Nickell  
**Title**: Accounting Manager  
**Signed**: [Signature]

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:

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

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

**Date:** 11/10/2014  
**Reporting Month:** November

### Carrier Information

<table>
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### Classification

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

### Monthly Access Line Data

1. Total Access Lines in Service: 14,597
2. Surcharge Per Access Line: $0.08
3. Amount of Surcharge Remitted to Kentucky USF: $1,167.76
4. Number of Access Lines Receiving Lifeline Support: 1,784
5. Amount of Reimbursement Requested from Kentucky USF: $5,244.00

### Signature Block

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

**Company Official:** Lisa Nickell  
**Title:** Accounting Manager  
**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  
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P.O. Box 615  
Frankfort, KY 40602

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

**Case No. 2016-00059**

**Exhibit A**

**KUSF Reimbursement Forms**

---

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<tr>
<td>Vendor Number</td>
<td>610467317</td>
</tr>
</tbody>
</table>

### Classification

- **Class**: ILEC
- **CLEC**: 
- **Cellular**: 
- **PCS**: 

---

### Monthly Access Line Data

1. **Total Access Lines in Service**: 14,545
2. **Surcharge Per Access Line**: $0.08
3. **Amount of Surcharge Remitted to Kentucky USF**: $1,163.60
4. **Number of Access Lines Receiving Lifeline Support**: 1,799
5. **Amount of Reimbursement Requested from Kentucky USF**: $6,296.50

---

**Signature Block**

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

**Company Official**: Lisa Nickell  
**Title**: Accounting Manager  
**Company**:  

(Signed)

---

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

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Frankfort, KY 40601

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Revised 03-13-2008
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### Classification
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- PCS

### Monthly Access Line Data

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<th></th>
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<tbody>
<tr>
<td>1. Total Access Lines in Service</td>
<td>14,554</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>$1,164.32</td>
</tr>
<tr>
<td>4. Number of Access Lines Receiving Lifeline Support</td>
<td>1,796</td>
</tr>
<tr>
<td>5. Amount of Reimbursement Requested from Kentucky USF</td>
<td>$6,286.00</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: Lisa Nickell  
Title: Accounting Manager  
(Signed)

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

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

<table>
<thead>
<tr>
<th>Date</th>
<th>Reporting Month</th>
</tr>
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<tbody>
<tr>
<td>2/6/2015</td>
<td>February</td>
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**Carrier Information**

<table>
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<td>Company Address</td>
<td>P.O. Box 399, West Liberty, Kentucky 41472</td>
</tr>
<tr>
<td>Telephone/Fax</td>
<td>Telephone: (606) 743-3121 Fax: (606) 743-2891</td>
</tr>
<tr>
<td>Vendor Number</td>
<td>610467317</td>
</tr>
</tbody>
</table>

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

**Monthly Access Line Data**

<table>
<thead>
<tr>
<th>Description</th>
<th>Value</th>
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<tbody>
<tr>
<td>Total Access Lines in Service</td>
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<tr>
<td>Surcharge Per Access Line</td>
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<td>Amount of Surcharge Remitted to Kentucky USF</td>
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<tr>
<td>Number of Access Lines Receiving Lifeline Support</td>
<td>1,616</td>
</tr>
<tr>
<td>Amount of Reimbursement Requested from Kentucky USF</td>
<td>$5,656.00</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:  
Lisa Nickell  
Title: Accounting Manager  
(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

<table>
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<tr>
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<td>610467317</td>
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</tbody>
</table>

### Classification

Please Circle One: LEC, CLEC, Cellular, PCS

### Monthly Access Line Data

1. Total Access Lines in Service: 14,562
2. Surcharge Per Access Line: $0.08
3. Amount of Surcharge Remitted to Kentucky USF: $1,164.96
4. Number of Access Lines Receiving Lifeline Support: 1,667
5. Amount of Reimbursement Requested from Kentucky USF: $5,834.50

### Signature Block

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

Company Official: Lisa Nickell  
Title: Accounting Manager  
(Signed)

---

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

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Revised 03-13-2008
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<td>Vendor Number</td>
<td>610467317</td>
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</table>

**Classification**

- ILEC

**Monthly Access Line Data**

1. Total Access Lines in Service: 14,585
2. Surcharge Per Access Line: $0.08
3. Amount of Surcharge Remitted to Kentucky USF: $1,166.80
4. Number of Access Lines Receiving Lifeline Support: 1,695
5. Amount of Reimbursement Requested from Kentucky USF: $5,932.50

**Signature Block**

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

Company Official: Lisa Nickell  Title: Accounting Manager

(Signed)

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

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Capitol Annex, Room 488A
Frankfort, KY 40601

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

Revised 03-13-2008
Date: 5/6/2015  Reporting Month: May

### Carrier Information

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### Classification

Please Circle One: ILEC  CLEC  Cellular  PCS

### Monthly Access Line Data

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<tr>
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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>
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<td>4. Number of Access Lines Receiving Lifeline Support</td>
<td>1,711</td>
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<td>5. Amount of Reimbursement Requested from Kentucky USF</td>
<td>$5,988.50</td>
</tr>
</tbody>
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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: Lisa Nickell  Title: Accounting Manager  Company Official: (Signed)

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

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

Date 6/3/2015

<table>
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<td>4. Number of Access Lines Receiving Lifeline Support</td>
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<td>Company Official</td>
</tr>
<tr>
<td>Title</td>
</tr>
<tr>
<td>(Printed)</td>
</tr>
<tr>
<td>(Signed)</td>
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Finance and Administration Cabinet
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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** 7/7/2015  
**Reporting Month** July

### Carrier Information

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</table>
| Telephone / Fax | Telephone: (606) 743-3121  
Fax: (606) 743-2891 |
| Vendor Number | 610467317 |

### Classification

- [ ] ILEC  
- [ ] CLEC  
- [ ] Cellular  
- [x] PCS

### Monthly Access Line Data

1. Total Access Lines in Service ...................................................... 14,623
2. Surcharge Per Access Line .......................................................... $0.08
3. Amount of Surcharge Remitted to Kentucky USF ............................. $1,169.84
4. Number of Access Lines Receiving Lifeline Support ........................ 1,703
5. Amount of Reimbursement Requested from Kentucky USF ..................... $5,960.50

### Signature Block

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

Company Official: Lisa Nickell  
Title: Accounting Manager  
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 Sievens  
211 Sower Blvd.  
P.O. Box 615  
Frankfort, KY 40602

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

Date 8/7/2015  
Reporting Month August

---

### Carrier Information

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| Telephone / Fax                     | Telephone: (606) 743-3121  
Fax: (606) 743-2891                  |
| Vendor Number                       | 610467317                                             |

---

### Classification

- [ ] ILEC  
- [X] CLEC  
- [ ] Cellular  
- [ ] PCS

---

### Monthly Access Line Data

1. Total Access Lines in Service: 14,558
2. Surcharge Per Access Line: $0.08
3. Amount of Surcharge Remitted to Kentucky USF: $1,164.64
4. Number of Access Lines Receiving Lifeline Support: 1,710
5. Amount of Reimbursement Requested from Kentucky USF: $5,985.00

---

### Signature Block

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

Company Official: Lisa Nickell  
Title: Accounting Manager  
(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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Revised 03-13-2008
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### Classification

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

### Monthly Access Line Data

<table>
<thead>
<tr>
<th>1. Total Access Lines in Service</th>
<th>14,602</th>
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<tr>
<td>2. Surcharge Per Access Line</td>
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<td>3. Amount of Surcharge Remitted to Kentucky USF</td>
<td>$1,168.16</td>
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<tr>
<td>4. Number of Access Lines Receiving Lifeline Support</td>
<td>1,721</td>
</tr>
<tr>
<td>5. Amount of Reimbursement Requested from Kentucky USF</td>
<td>$6,023.50</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: Lisa Nickell (Printed)
Title: Accounting Manager
Company Official: [Signature]

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

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Revised 03-13-2008
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</tbody>
</table>

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

### Monthly Access Line Data

1. Total Access Lines in Service ........................................... 14,601
2. Surcharge Per Access Line ................................................... $0.08
3. Amount of Surcharge Remitted to Kentucky USF ...................... $1,168.08
4. Number of Access Lines Receiving Lifeline Support ................. 1,712
5. Amount of Reimbursement Requested from Kentucky USF .......... $5,992.00

### Signature Block

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

Company Official: Lisa Nickell  
Title: Accounting Manager

(Signed)

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Finance and Administration Cabinet  
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702 Capital Ave.  
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211 Sower Blvd.  
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Revised 03-13-2008
**COMMONWEALTH OF KENTUCKY**
**UNIVERSAL SERVICE FUND**

**Date**: 11/6/2015

**Carrier Information**

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**Classification**

- [ ] ILEC
- [ ] CLEC
- [ ] Cellular
- [ ] PCS

**Monthly Access Line Data**

1. Total Access Lines in Service................................. 14,571
2. Surcharge Per Access Line.................................. $0.08
3. Amount of Surcharge Remitted to Kentucky USF............ $1,165.68
4. Number of Access Lines Receiving Lifeline Support...... 1,695
5. Amount of Reimbursement Requested from Kentucky USF.... $5,932.50

**Signature Block**

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

Company Official: Lisa Nickell  Title: Accounting Manager  (Printed)

(Signed)

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

Date 12/4/2015 Reporting Month December

Carrier Information

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<td>Vendor Number</td>
<td>610467317</td>
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Classification

Please Circle One

ILEC CLEC Cellular PCS

Monthly Access Line Data

1. Total Access Lines in Service ........................................ 14,550
2. Surcharge Per Access Line ................................................ $0.08
3. Amount of Surcharge Remitted to Kentucky USF .............. $1,164.00
4. Number of Access Lines Receiving Lifeline Support .......... 1,707
5. Amount of Reimbursement Requested from Kentucky USF .... $5,974.50

Signature Block

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

Company Official | Lisa Nickell  
(Printed) 
Title | Accounting Manager 

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Revised 03-13-2008
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### Classification

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

### Monthly Access Line Data

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<td>1. Total Access Lines in Service</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>$1,166.96</td>
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<tr>
<td>4. Number of Access Lines Receiving Lifeline Support</td>
<td>1,518</td>
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<tr>
<td>5. Amount of Reimbursement Requested from Kentucky USF</td>
<td>$5,313.00</td>
</tr>
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</table>

### Signature Block

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Company Official: Lisa Nickell  
Title: Accounting Manager  
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Revised 03-13-2008
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</table>

**Classification**

Circle One: 
- [ ] LEC 
- [ ] CLEC 
- [ ] Cellular 
- [ ] PCS

**Monthly Access Line Data**

1. Total Access Lines in Service: 14,541
2. Surcharge Per Access Line: $0.08
3. Amount of Surcharge Remitted to Kentucky USF: $1,163.28
4. Number of Access Lines Receiving Lifeline Support: 1,555
5. Amount of Reimbursement Requested from Kentucky USF: $5,442.50

**Signature Block**

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

Company Official: Lisa Nickell  Title: Accounting Manager

(Signed)

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## Classification

- **ILEC**
- CLEC
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- PCS

## Monthly Access Line Data

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<th>Description</th>
<th>Value</th>
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<td>Amount of Surcharge Remitted to Kentucky USF</td>
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<tr>
<td>Number of Access Lines Receiving Lifeline Support</td>
<td>1,567</td>
</tr>
<tr>
<td>Amount of Reimbursement Requested from Kentucky USF</td>
<td>$5,484.50</td>
</tr>
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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:** Lisa Nickell
- **Title:** Accounting Manager
- **Company Name:** Mountain Rural Telephone Cooperative Corporation, Inc.

(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

Revised 02-15-2016
**COMMONWEALTH OF KENTUCKY**
**UNIVERSAL SERVICE FUND**

**Carrier Information**

<table>
<thead>
<tr>
<th>Company Name</th>
<th>Mountain Rural Telephone Cooperative Corporation, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Address</td>
<td>P.O. Box 399, West Liberty, Kentucky 41472</td>
</tr>
<tr>
<td>Telephone / Fax</td>
<td>Telephone: (606) 743-3121 Fax: (606) 743-2891</td>
</tr>
<tr>
<td>Vendor Number</td>
<td>610467317</td>
</tr>
</tbody>
</table>

**Classification**

Please Circle One
- ILEC
- CLEC
- Cellular
- PCS

**Monthly Access Line Data**

1. Total Access Lines in Service ........................................... 14,644

2. Surcharge Per Access Line .................................................. $0.14

3. Amount of Surcharge Remitted to Kentucky USF .......................... $2,050.16

4. Number of Access Lines Receiving Lifeline Support ...................... 1,587

5. Amount of Reimbursement Requested from Kentucky USF ................. $5,554.50

**Signature Block**

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

*Lisa Nickell*

Accounting Manager

Company Official          Title          Company Official (Signed)
(Printed)

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