EXHIBIT 9
**Carrier Information**

<table>
<thead>
<tr>
<th>Company Name</th>
<th>North Central Telephone Cooperative, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Address</td>
<td>P O Box 70 872 Hwy. 52 By-Pass E, Lafayette, TN 37083</td>
</tr>
<tr>
<td>Telephone / Fax</td>
<td>(615) 666-2151 / (615) 666-6118</td>
</tr>
<tr>
<td>Vendor Number</td>
<td></td>
</tr>
</tbody>
</table>

**Classification**

<table>
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<tr>
<th>Please Circle One</th>
<th>ILEC</th>
<th>CLEC</th>
<th>Cellular</th>
<th>PCS</th>
</tr>
</thead>
</table>

**Monthly Access Line Data**

1. Total Access Lines in Service................................. 4,629
2. Surcharge Per Access Line.................................. $0.08
3. Amount of Surcharge Remitted to Kentucky USF............... $370.32
4. Number of Access Lines Receiving Lifeline Support........ 296
5. Amount of Reimbursement Requested from Kentucky USF ...... $1,036.00

**Signature Block**

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

Company Official __Kim Marsh__ Title __Accountant__ 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
# KUSF Reimbursement Forms

**Case No. 2016-00059**
**Exhibit A**

## Carrier Information

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</tr>
</tbody>
</table>

## Classification

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

## Monthly Access Line Data

1. Total Access Lines in Service……………………………………… 4,650
2. Surcharge Per Access Line……………………………………… $0.08
3. Amount of Surcharge Remitted to Kentucky USF………………. $372.00
4. Number of Access Lines Receiving Lifeline Support……………. 295
5. Amount of Reimbursement Requested from Kentucky USF………. $1,032.50

## Signature Block

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

Company Official: Kim Marsh  Title: Accountant  Company Official: Kim Marsh (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:

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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**

<table>
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<th>Reporting Month</th>
<th>March 2014</th>
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**COMMONWEALTH OF KENTUCKY**  
**UNIVERSAL SERVICE FUND**

**Carrier Information**

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</tr>
</tbody>
</table>

**Classification**

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

**Monthly Access Line Data**

1. Total Access Lines in Service ............................................... 4,669
2. Surcharge Per Access Line ...................................................... $0.08
3. Amount of Surcharge Remitted to Kentucky USF ................................ $373.52
4. Number of Access Lines Receiving Lifeline Support ......................... 292
5. Amount of Reimbursement Requested from Kentucky USF ........................ $1,022.00

**Signature Block**

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

Company Official __Kim Marsh_____ Title __Accountant_____ Company Official __Kim Marsh_____  
(Printed)  
(Signed)

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

Finance and Administration Cabinet  
ATTN: KY USF  
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Revised 03-13-2008
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### Classification

- ILEC
- CLEC
- Cellular
- PCS

### Monthly Access Line Data

1. Total Access Lines in Service...
   - 4,672

2. Surcharge Per Access Line...
   - $0.08

3. Amount of Surcharge Remitted to Kentucky USF...
   - $373.76

4. Number of Access Lines Receiving Lifeline Support...
   - 289

5. Amount of Reimbursement Requested from Kentucky USF...
   - $1,011.50

### Signature Block

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

Company Official: Kim Marsh | Title: Accountant | Company Official: [Signature]

(Printed)

---

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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</table>

### Classification

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

### Monthly Access Line Data

1. **Total Access Lines in Service**.......................... 4,641
2. **Surcharge Per Access Line**.......................... $0.08
3. **Amount of Surcharge Remitted to Kentucky USF**.......................... $371.28
4. **Number of Access Lines Receiving Lifeline Support**.......................... 285
5. **Amount of Reimbursement Requested from Kentucky USF**.......................... $997.50

### Signature Block

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

**Company Official** __Kim Marsh__  
**Title** Accountant  
**Company Official** __Kim Marsh__ (Signed)

---

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

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## Carrier Information

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</table>

## Classification

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

## Monthly Access Line Data

1. Total Access Lines in Service.................................................. 4,626
2. Surcharge Per Access Line.......................................................... $0.08
3. Amount of Surcharge Remitted to Kentucky USF................................ $370.08
4. Number of Access Lines Receiving Lifeline Support.......................... 283
5. Amount of Reimbursement Requested from Kentucky USF....................... $990.50

## Signature Block

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

Company Official: Kim Marsh  Title: Accountant  Company Official: Kim Marsh (Signed)

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<tr>
<td>1. Total Access Lines in Service</td>
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<tr>
<td>4. Number of Access Lines Receiving Lifeline Support</td>
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<tr>
<td>5. Amount of Reimbursement Requested from Kentucky USF</td>
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Revised 03-13-2008
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</tr>
<tr>
<td>Vendor Number</td>
<td></td>
</tr>
</tbody>
</table>

### Classification

- ILEC
- CLEC
- Cellular
- PCS

### Monthly Access Line Data

1. Total Access Lines in Service........................................... 4,613
2. Surcharge Per Access Line.................................................. $0.08
3. Amount of Surcharge Remitted to Kentucky USF........................ $369.04
4. Number of Access Lines Receiving Lifeline Support................... 287
5. Amount of Reimbursement Requested from Kentucky USF............... $1,004.50

### Signature Block

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

Company Official **Kim Marsh**
Title **Accountant**
Company Official **Kim Marsh**
(Printed)
(Signed)

Make check payable to: “Kentucky State Treasurer” and send with 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: 09/22/14

**Carrier Information**

<table>
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</tr>
</tbody>
</table>

**Classification**

Please Circle One: ILEC, CLEC, Cellular, PCS

**Monthly Access Line Data**

<table>
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<tr>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Total Access Lines in Service</td>
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</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>$368.16</td>
</tr>
<tr>
<td>4. Number of Access Lines Receiving Lifeline Support</td>
<td>285</td>
</tr>
<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.

Company Official: Kim Marsh
Title: Accountant
Company Official: [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

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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____10/21/14_______ Reporting Month___October 2014_____

Carrier Information

Company Name North Central Telephone Cooperative, Inc.
Company Address P O Box 70 872 Hwy. 52 By-Pass E, Lafayette, TN 37083
Telephone / Fax (615) 666-2151 / (615) 666-6118
Vendor Number

Classification
Please Circle One ILEC CLEC Cellular PCS

Monthly Access Line Data

1. Total Access Lines in Service.................. 4,603
2. Surcharge Per Access Line.................. $0.08
3. Amount of Surcharge Remitted to Kentucky USF........ $368.24
4. Number of Access Lines Receiving Lifeline Support......... 277
5. Amount of Reimbursement Requested from Kentucky USF..... $969.50

Signature Block

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

Company Official ___Kim Marsh___ Title___Accountant_______ Company Official ___Kim Marsh___
(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: 12/16/14

Reporting Month: November 2014

### Carrier Information

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</tr>
</tbody>
</table>

### Classification

Please Circle One

- ILEC
- CLEC
- Cellular
- PCS

### Monthly Access Line Data

1. Total Access Lines in Service: 4,609
2. Surcharge Per Access Line: $0.08
3. Amount of Surcharge Remitted to Kentucky USF: $368.72
4. Number of Access Lines Receiving Lifeline Support: 250
5. Amount of Reimbursement Requested from Kentucky USF: $875.00

### Signature Block

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

Company Official: Kim Marsh
Title: Accountant
Company Official: Kim Marsh
(Printed)
(Signed)

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

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211 Sower Blvd.
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Revised 03-13-2008
**COMMONWEALTH OF KENTUCKY**
**UNIVERSAL SERVICE FUND**

**Date** 12/16/14  
**Reporting Month** December 2014

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<th><strong>Carrier Information</strong></th>
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<tr>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Total Access Lines in Service</strong></td>
<td>4,624</td>
</tr>
<tr>
<td><strong>2. Surcharge Per Access Line</strong></td>
<td>$0.08</td>
</tr>
<tr>
<td><strong>3. Amount of Surcharge Remitted to Kentucky USF</strong></td>
<td>$369.92</td>
</tr>
<tr>
<td><strong>4. Number of Access Lines Receiving Lifeline Support</strong></td>
<td>244</td>
</tr>
<tr>
<td><strong>5. Amount of Reimbursement Requested from Kentucky USF</strong></td>
<td>$854.00</td>
</tr>
</tbody>
</table>

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

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Frankfort, KY 40602

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

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

---

**Date** __02/03/15___  
Reporting Month__January 2015___

---

### Carrier Information

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</tbody>
</table>

---

### Classification

Please Circle One  
ILEC  
CLEC  
Cellular  
PCS

---

### Monthly Access Line Data

1. Total Access Lines in Service ........................................... 4,655
2. Surcharge Per Access Line .................................................. $0.08
3. Amount of Surcharge Remitted to Kentucky USF ...................... $372.40
4. Number of Access Lines Receiving Lifeline Support ................ 244
5. Amount of Reimbursement Requested from Kentucky USF ............ $854.00

---

### Signature Block

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

Company Official: Kim Marsh  
Title: Accountant  
Company Official: Kim Marsh  
(Printed)  
(Signed)

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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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### Classification

- **ILEC**
- **CLEC**
- **Cellular**
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### Monthly Access Line Data

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<tr>
<td>2. Surcharge Per Access Line</td>
<td>$0.08</td>
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<tr>
<td>3. Amount of Surcharge Remitted to Kentucky USF</td>
<td>$368.96</td>
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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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</table>

### Signature Block

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

Company Official: Kim Marsh  
Title: Accountant  
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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<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 ........................................... 4,663
2. Surcharge Per Access Line ................................................ $0.08
3. Amount of Surcharge Remitted to Kentucky USF ........................ $373.04
4. Number of Access Lines Receiving Lifeline Support .................. 241
5. Amount of Reimbursement Requested from Kentucky USF ............... $843.50

### Signature Block

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

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</table>

### Classification

Please Circle One: ILEC  CLEC  Cellular  PCS

### Monthly Access Line Data

1. Total Access Lines in Service: 4,656
2. Surcharge Per Access Line: $0.08
3. Amount of Surcharge Remitted to Kentucky USF: $372.48
4. Number of Access Lines Receiving Lifeline Support: 235
5. Amount of Reimbursement Requested from Kentucky USF: $822.50

### Signature Block

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

Company Official: Kim Marsh
Title: Accountant
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.
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Frankfort, KY 40601

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Frankfort, KY 40602

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

COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date 05/28/15  Reporting Month May 2015

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### Monthly Access Line Data

1. Total Access Lines in Service ........................................ 4,655
2. Surcharge Per Access Line ........................................... $0.08
3. Amount of Surcharge Remitted to Kentucky USF ................ $372.40
4. Number of Access Lines Receiving Lifeline Support ........ 225
5. Amount of Reimbursement Requested from Kentucky USF .... $787.50

### Signature Block

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

Company Official __Kim Marsh__
Title __Accountant__
Company Official __(Signed)__

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

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

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

Date: 07/21/15

**Carrier Information**

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</tbody>
</table>

**Classification**

Please Circle One: ILEC  CLEC  Cellular  PCS

**Monthly Access Line Data**

1. Total Access Lines in Service: 4,652
2. Surcharge Per Access Line: $0.08
3. Amount of Surcharge Remitted to Kentucky USF: $372.16
4. Number of Access Lines Receiving Lifeline Support: 222
5. Amount of Reimbursement Requested from Kentucky USF: $777.00

**Signature Block**

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

Company Official: Kim Marsh
Title: Accountant

(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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P.O. Box 615
Frankfort, KY 40602

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

Date 08/13/15  
Reporting Month August 2015

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#### Carrier Information

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#### Monthly Access Line Data

1. Total Access Lines in Service ......................................................... 4,626
2. Surcharge Per Access Line .......................................................... $0.08
3. Amount of Surcharge Remitted to Kentucky USF ................................ $370.08
4. Number of Access Lines Receiving Lifeline Support ............................ 221
5. Amount of Reimbursement Requested from Kentucky USF ........................ $773.50

---

#### Signature Block

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

Company Official: Kim Marsh  
Title: Accountant  
Company Official: [Signature]

---

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

Finance and Administration Cabinet  
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Revised 03-13-2008
**COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND**

Date __________ 10 05 15 __________

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**Classification**

Please Circle One

- ILEC
- CLEC
- Cellular
- PCS

**Monthly Access Line Data**

1. Total Access Lines in Service .............................................. 4,641
2. Surcharge Per Access Line .................................................. $0.08
3. Amount of Surcharge Remitted to Kentucky USF ........................... $371.28
4. Number of Access Lines Receiving Lifeline Support ..................... 213
5. Amount of Reimbursement Requested from Kentucky USF ................ $745.50

**Signature Block**

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

Company Official __Kim Marsh__
Title __Accountant__
Company Official __[Signature]__
(Printed)
(Signed)

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Revised 03-13-2008
**COMMONWEALTH OF KENTUCKY**

**UNIVERSAL SERVICE FUND**

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

**Date** 11 06 15
**Reporting Month** October 2015

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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: Kim Marsh  
Title: Accountant  
Company Official: Jim Button  
(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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Revised 03-13-2008
**Case No. 2016-00059**  
**Exhibit A**  
**KUSF Reimbursement Forms**

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### Monthly Access Line Data

1. Total Access Lines in Service ........................................... 4,627
2. Surcharge Per Access Line .................................................. $0.08
3. Amount of Surcharge Remitted to Kentucky USF ....................... $370.16
4. Number of Access Lines Receiving Lifeline Support ................ 185
5. Amount of Reimbursement Requested from Kentucky USF ........... $647.50

### Signature Block

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

Company Official __Kim Button____ Title __Accountant____ Company Official __Kim Button____

(Printed) (Signed)

---

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

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Revised 03-13-2008
Date: 12/29/15
Reporting Month: December 2015

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Classification
Please Circle One
ILEC   CLEC   Cellular   PCS

Monthly Access Line Data

1. Total Access Lines in Service: 4,631
2. Surcharge Per Access Line: $0.08
3. Amount of Surcharge Remitted to Kentucky USF: $370.48
4. Number of Access Lines Receiving Lifeline Support: 188
5. Amount of Reimbursement Requested from Kentucky USF: $658.00

Signature Block

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

Company Official: Kim Button  Title: Accountant  Company Official: [Signature]
(Printed)

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

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

**Date: 01 27 16**  
**Reporting Month: January 2016**

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### Monthly Access Line Data

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<th>Value</th>
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<td>1. Total Access Lines in Service</td>
<td>4,616</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>$369.28</td>
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<td>4. Number of Access Lines Receiving Lifeline Support</td>
<td>188</td>
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**Company Official** __Kim Button__  
**Title** Accountant  
**(Printed)**  
**Company Official** __Kim Button__  
**(Signed)**

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

**Date** 03 01 16
**Reporting Month** February 2016

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**Classification**

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

---

**Monthly Access Line Data**

1. Total Access Lines in Service................................. 4,668
2. Surcharge Per Access Line.................................... $0.08
3. Amount of Surcharge Remitted to Kentucky USF.............. $373.44
4. Number of Access Lines Receiving Lifeline Support.......... 185
5. Amount of Reimbursement Requested from Kentucky USF........ $647.50

---

**Signature Block**

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

Company Official: Kim Button
Title: Accountant
Company Official: Kim Button
(Signed)

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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**

Date: 04/04/16

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**Classification**

Please Circle One

| ILEC | CLEC | Cellular | PCS |

**Monthly Access Line Data**

1. Total Access Lines in Service................................................. 4,688
2. Surcharge Per Access Line...................................................... $0.08
3. Amount of Surcharge Remitted to Kentucky USF.............................. $375.04
4. Number of Access Lines Receiving Lifeline Support....................... 182
5. Amount of Reimbursement Requested from Kentucky USF.................... $637.00

**Signature Block**

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

Company Official:_Kim Button_ Title:_Accountant_ Company Official:

(Signed)

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