EXHIBIT 9



Date02/13/14				Reportir	ng Month Ja	inuary 2014	
		Car	rier Information				ı,
Company Name	North Central	Telephone	Cooperative,	Inc.			
Company Address	P O Box 70	872 Hwy.	. 52 By-Pass	Ε,	Lafayette	TN 370)83
Telephone / Fax	(615) 666-215	1 / (615)	666-6118				
Vendor Number			-				
Classification Please Circle One	ILEC	CLEC	Cellular	PCS			
		Monthl	y Access Line Da	ıta			
Total Access I	Lines in Service				4,629		
2. Surcharge Per	Access Line				\$0.08		
3. Amount of Sur	charge Remitted to I	Kentucky USF.			\$370.32		
4. Number of Ac	cess Lines Receiving	Lifeline Suppo	ort		296		-s
5. Amount of Re	imbursement Reques	ted from Kentu	cky USF	··· <u> </u>	_\$1,036.00_		
		Si	gnature Block		7.00		
I hereby attest that the i	nformation reported	herein is true ar	nd accurate to the	best of my	y knowledge.	. /	
Company OfficialK	Cim Marsh (Printed)	TitleAcc	countant	Comp	oany Official_	Kim (Sig	ned)

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:



Date02/20/14	Reporting Month February 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 CEllular PCS
	Monthly Access Line Data
Total Access I	
2. Surcharge Per	Access Line
3. Amount of Sur	charge Remitted to Kentucky USF\$372.00
4. Number of Acc	cess Lines Receiving Lifeline Support295
5. Amount of Rei	imbursement Requested from Kentucky USF\$1,032.50
	Signature Block
I hereby attest that the in	nformation reported herein is true and accurate to the best of my knowledge.
Company OfficialK	Cim Marsh TitleAccountant Company Official Kum Marsh (Signed)
Make check payable to	o: "Kentucky

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:



Date03/10/14	Reporting Month March 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
Total Access I	ines in Service4,669
2. Surcharge Per	Access Line
3. Amount of Sun	charge Remitted to Kentucky USF
4. Number of Ac	cess Lines Receiving Lifeline Support292
5. Amount of Re	mbursement Requested from Kentucky USF\$1,022.00
	Signature Block
	nformation reported herein is true and accurate to the best of my knowledge.
Company OfficialK	(Printed) Title Accountant Company Official Kin Waish (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:



Date04/23/14	Reporting Month April 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 L	ines in Service4,672
2. Surcharge Per	Access Line <u>\$0.08</u>
3. Amount of Sur	charge Remitted to Kentucky USF\$373.76
4. Number of Acc	eess Lines Receiving Lifeline Support289
5. Amount of Rei	mbursement Requested from Kentucky USF\$1,011.50
	Signature Block
I hereby attest that the in	nformation reported herein is true and accurate to the best of my knowledge.
Company OfficialK	1-/

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

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



Date06/05/14	Reporting Month May 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	
Total Access I	Lines in Service4,641	
2. Surcharge Per	Access Line	
3. Amount of Sur	charge Remitted to Kentucky USF	
4. Number of Acc	cess Lines Receiving Lifeline Support285	
5. Amount of Rei	mbursement Requested from Kentucky USF\$997.50	,
	Signature Block	
I hereby attest that the i	nformation reported herein is true and accurate to the best of my knowledge.	
Company OfficialK	Cim Marsh TitleAccountant Company Official Kim \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	-

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:



Date07/03/14		Reporting MonthJune 2014
	Carrier Information	
Company Name	North Central Telephone Cooperative, Ir	nc.
Company Address	P O Box 70 872 Hwy. 52 By-Pass E	Lafayette, TN 37083
Telephone / Fax	(615) 666-2151 / (615) 666-6118	Larayotto, TTV 07000
Vendor Number	(0.0) 000 2101 / (0.0) 000 0110	
Classification		
Please Circle One	(ILEC) CLEC Cellular	PCS
	Monthly Agass Line Date	
	Monthly Access Line Data	1
1. Total Access I	Lines in Service	4,626
2. Surcharge Per	Access Line	. \$0.08_
3. Amount of Sur	rcharge Remitted to Kentucky USF	\$370.08
4. Number of Ac	ccess Lines Receiving Lifeline Support	283
5. Amount of Re	imbursement Requested from Kentucky USF	. \$990.50
	Signature Block	
I hereby attest that the i	information reported herein is true and accurate to the b	pest of my knowledge.
Company Officialk	Kim MarshTitleAccountant (Printed)	Company Official Kim Wush (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:



Date07/21/14		Reporting MonthJuly 2014
	Carrier Info	rmation
Company Name	North Central Telephone Coope	erative, Inc.
Company Address	P O Box 70 872 Hwy. 52 By	y-Pass E, Lafayette, TN 37083
Telephone / Fax	(615) 666-2151 / (615) 666-6	118
Vendor Number		
Classification Please Circle One	ILEC CLEC Cell	ular PCS
	Monthly Acces	s Line Data
1. Total Access I	Lines in Service	4,599
2. Surcharge Per	Access Line	\$0.08_
3. Amount of Su	rcharge Remitted to Kentucky USF	\$367.92
4. Number of Ac	cess Lines Receiving Lifeline Support	281
5. Amount of Re	imbursement Requested from Kentucky USI	\$983.50
	Signature	Block
I hereby attest that the i	information reported herein is true and accur	ate to the best of my knowledge.
Company Officialk	Cim MarshTitleAccountant (Printed)	Company Official Kin Maisl (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:



Date08/27/14	-			Report	ing Month_August 2014	
		(Carrier Information			
Company Name	North Centr	al Telephon	e Cooperative	, Inc.		
Company Address	P O Box 70	872 Hv	vy. 52 By-Pass	Б.,	Lafayette, TN 37083	
Telephone / Fax	(615) 666-2	151 / (61	5) 666-6118			
Vendor Number						
Classification Please Circle One	ILEC	CLEC	Cellular	PCS		
		Mon	nthly Access Line D	Pata		
Total Access I	_ines in Service			···· <u> </u>	4,613	
2. Surcharge Per	Access Line				\$0.08_	
3. Amount of Sui	rcharge Remitted	o Kentucky US	SF		\$369.04	
4. Number of Ac	cess Lines Receiv	ing Lifeline Su	pport		287	
5. Amount of Re	imbursement Requ	ıested from Ke	ntucky USF	••••	\$1,004.50	
			Signature Block			
I hereby attest that the i	nformation reporte	ed herein is true	e and accurate to th	e best of r	ny knowledge.	
Company Officialk	Cim Marsh(Printed)	Title	Accountant	Con	npany Official Kim Warsh (Signed)	_
Make check payable t	o: "Kentucky				Sand a conv of this range the	一 7

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

Capitol Annex, Room 488A Frankfort, KY 40601 Send a copy of this report to:



Date	09/22/14	Reporting Month_September 2014
		Carrier Information
	Company Name	North Central Telephone Cooperative, Inc.
C	ompany Address	P O Box 70 872 Hwy. 52 By-Pass E, Lafayette, TN 37083
	Telephone / Fax	(615) 666-2151 / (615) 666-6118
	Vendor Number	
	sification se Circle One	TLEC CLEC Cellular PCS
1 Icas	se chele one	(TILLE) CLEC Cellular PCS
		Monthly Access Line Data
1.	Total Access I	4,602
2.	Surcharge Per	Access Line
3.	Amount of Su	rcharge Remitted to Kentucky USF\$368.16
4.	Number of Ac	cess Lines Receiving Lifeline Support285
5.	Amount of Re	imbursement Requested from Kentucky USF\$997.50
		Signature Block
I her	eby attest that the	nformation reported herein is true and accurate to the best of my knowledge.
	pany OfficialI	

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:



Date10/21/14	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
Total Access I	4,603
2. Surcharge Per	Access Line
3. Amount of Su	rcharge Remitted to Kentucky USF\$368.24
4. Number of Ac	cess Lines Receiving Lifeline Support277277
5. Amount of Re	imbursement Requested from Kentucky USF\$969.50
	Signature Block
I hereby attest that the Company Official1	Information reported herein is true and accurate to the best of my knowledge. 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 488A Frankfort, KY 40601 Send a copy of this report to:



Date12/16/14				Reportin	ng MonthNovember 2014
		C	arrier Information		
				-	
Company Name	North Centra	l Telephone	Cooperative,	Inc.	
Company Address	P O Box 70	872 Hw	y. 52 By-Pass	Ε,	Lafayette, TN 37083
Telephone / Fax	(615) 666-21	51 / (615) 666-6118		
Vendor Number		-			

Classification Please Circle One	ILEC	CLEC	Cellular	PCS	
					26
		Mont	hly Access Line Da	ıta	
Total Access I	ines in Service				4,609
					\$0.08
3. Amount of Su	rcharge Remitted to	Kentucky USI	F		\$368.72
4. Number of Ac	cess Lines Receivii	ng Lifeline Sup	port		250
5. Amount of Re	imbursement Requ	ested from Ken	tucky USF		\$875.00
	W. C.	****			
			Signature Block		
I hereby attest that the i	nformation reported	d herein is true	and accurate to the	best of m	y knowledge.
Company OfficialI	Cim Marsh(Printed)	TitleA	ecountant	Com	pany Official Kim Mash (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:



Date12/16/14				Reporting MonthDecember 2014	
p 					
		Car	rrier Information		
Company Name	North Central	Telephone	Cooperative, I	, Inc.	
Company Address	P O Box 70	872 Hwv	. 52 By-Pass I	s E, Lafayette, TN 37083	
Telephone / Fax	(615) 666-215		-	zalayotto, 117 07000	
Vendor Number	(0.0) 000 2.0	(0.0)			
CI IS	-				
Classification Please Circle One	ILEC	CLEC	Cellular	PCS	
		Month	ly Access Line Da	Ooto	
		Month		Pata	
1. Total Access I	Lines in Service		***************************************	4,624	
2. Surcharge Per	Access Line			<u>\$0.08</u>	
3. Amount of Su	rcharge Remitted to	Kentucky USF		\$369.92	
4. Number of Ac	cess Lines Receivin	g Lifeline Supp	ort	244	
5. Amount of Re	imbursement Reque	sted from Kenti	ucky USF	\$854.00	
			*	0.000	
		S	Signature Block		
I hereby attest that the	information reported	l herein is true a	and accurate to the	ne best of my knowledge.	
Company OfficialI	Kim Marsh (Printed)	TitleAc	ccountant	Company Official Rum Marsh	
	(Timou)			(orgined)	

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:



Date02/03/15			Reporting MonthJanuary 2015	
		Carrier Information	1	
Company Name	North Central	Telephone Cooperative	e, Inc.	
Company Address	P O Box 70	872 Hwy. 52 By-Pass	s E, Lafayette, TN 37083	
Telephone / Fax	(615) 666-215	51 / (615) 666-6118		
Vendor Number				
Classification Please Circle One	ILEC	CLEC Cellular	PCS	
		_		
		Monthly Access Line I	Data	
Total Access I	Lines in Service		4,655	
2. Surcharge Per	Access Line			
3. Amount of Sun	rcharge Remitted to	Kentucky USF	\$372.40	
4. Number of Ac	cess Lines Receiving	g Lifeline Support	244	
5. Amount of Re.	imbursement Reques	sted from Kentucky USF	\$854.00	
Signature Block				
I hereby attest that the i	nformation reported	herein is true and accurate to th		
Company OfficialK	(Printed)	TitleAccountant	Company Official Kir Mash (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:



Date02/19/15			Reporting Month_February 2015
		Carrier Information	1
Company Name	North Central	Telephone Cooperative	, Inc.
Company Address	P O Box 70	872 Hwy. 52 By-Pass	s E, Lafayette, TN 37083
Telephone / Fax	(615) 666-215	1 / (615) 666-6118	
Vendor Number			
Classification Please Circle One	ILEC	CLEC Cellular	PCS
		Monthly Access Line I	Data
Total Access I	ines in Service		4,612
2. Surcharge Per	Access Line		
3. Amount of Sur	charge Remitted to K	Kentucky USF	\$368.96
4. Number of Acc	cess Lines Receiving	Lifeline Support	244
5. Amount of Rei	mbursement Request	ted from Kentucky USF	\$854.00
		Signature Block	
I hereby attest that the in	nformation reported l	herein is true and accurate to th	be best of my knowledge.
Company OfficialK	im Marsh(Printed)	TitleAccountant	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:



Date03/13/15	Reporting Month_March 2015				
	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				
Total Access I	Lines in Service				
i e	Access Line				
	rcharge Remitted to Kentucky USF\$373.04				
4. Number of Ac	cess Lines Receiving Lifeline Support241				
5. Amount of Re	imbursement Requested from Kentucky USF\$843.50				
Signature Block					
I hereby attest that the i	I hereby attest that the information reported herein is true and accurate to the best of my knowledge.				
Company Officialk	Cim MarshTitleAccountantCompany Official mash (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:



Date04 29 15	Reporting Month_April 2015
	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
2. Surcharge Per	Access Line
3. Amount of Su	archarge Remitted to Kentucky USF\$372.48
4. Number of A	ccess Lines Receiving Lifeline Support235
5. Amount of Ro	eimbursement 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 TitleAccountant Company Official The Marsh (Printed) (Signed)
Make check payable	to: "Kantuelay

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



Date05/28/15	Reporting Month_May 2015				
9	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				
Total Access I					
2. Surcharge Per	Access Line				
3. Amount of Sur	charge Remitted to Kentucky USF\$371.76				
4. Number of Ac	4. Number of Access Lines Receiving Lifeline Support232				
5. Amount of Reimbursement Requested from Kentucky USF\$812.00					
	Signature Block				
I hereby attest that the i Company Officialk	Cim Marsh TitleAccountant 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:



Date07.01/15				Reporti	ng MonthJune 2015
		(Carrier Information		
Company Name	North Centra	l Telephon	e Cooperative	Inc.	
Company Address	P O Box 70	872 Hv	vy. 52 By-Pass	Ε,	Lafayette, TN 37083
Telephone / Fax Vendor Number	(615) 666-21	51 / (615	5) 666-6118		
vendor Number					
Classification					
Classification Please Circle One	ILEC	CLEC	Cellular	PCS	
		Mon	thly Access Line D	ata	
Total Access L	ines in Service				4,655
2. Surcharge Per	Access Line	• • • • • • • • • • • • • • • • • • • •			\$0.08_
					\$372.40
					225
5. Amount of Rei	mbursement Reque	ested from Ker	ntucky USF		\$787.50
			Signature Block		
I hereby attest that the in				e best of m	y knowledge.
Company OfficialK	im Marsh (Printed)	Title <i>A</i>	Accountant	Com	pany Official (Signed)
Make check payable to	o: "Kentucky				

Send a copy of this report to:

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

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

report to:

ATTN: KY USF

State Treasurer" and send with this

Finance and Administration Cabinet



Date07 21 15	Reporting Month_July 2015
	Carrier Information
Company Name	North Central Telephone Cooperative, Inc.
Company Address Telephone / Fax	P O Box 70 872 Hwy. 52 By-Pass E, Lafayette, TN 37083 (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
2. Surcharge Per	Access Line <u>\$0.08</u>
3. Amount of Su	rcharge Remitted to Kentucky USF\$372.16
4. Number of Ac	cess Lines Receiving Lifeline Support222
5. Amount of Re	rimbursement 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 MarshTitleAccountantCompany Official (Signed) (Signed)

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

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



Date08/13/15		Reporting Month_August 2015
	Carrier Information	
Company Name	North Central Telephone Cooperative, Ir	nc.
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	a
1. Total Access	Lines in Service.	. 4,626
	er Access Line	
	urcharge Remitted to Kentucky USF	30000000000000000000000000000000000000
	ccess Lines Receiving Lifeline Support	
	eimbursement Requested from Kentucky USF	
	Signature Block	
I hereby attest that the Company Official	information reported herein is true and accurate to the b Kim MarshTitleAccountant (Printed)	Company Official (Signed)
Make check payable State Treasurer" and		Send a copy of this report to:

State Treasurer" and send with this

Finance and Administration Cabinet

Capitol Annex, Room 488A Frankfort, KY 40601

report to:

ATTN: KY USF

702 Capital Ave.

Kentucky Public Service Commission

ATTN: Jim Stevens

Frankfort, KY 40602

211 Sower Blvd.

P.O. Box 615



Date10 05 15				Reporting Month_September 2015
		Ca	arrier Information	
Company Name	North Centr	al Telephone	Cooperative,	Inc.
Company Address	P O Box 70	872 Hwy	/. 52 By-Pass	E, Lafayette, TN 37083
Telephone / Fax	(615) 666-2	151 / (615)	666-6118	
Vendor Number				
Classification Please Circle One	ILEC	CLEC	Cellular	PCS
		Month	nly Access Line Da	ata
Total Access I	ines in Service			4,641
2. Surcharge Per	Access Line	*****************		\$0.08
3. Amount of Sun	charge Remitted	to Kentucky USF	••••••	\$371.28
4. Number of Ac	cess Lines Receiv	ing Lifeline Supp	ort	213
5. Amount of Re	imbursement Req	uested from Kenti	ucky USF	\$745.50
			ignature Block	
I hereby attest that the i	nformation report	ed herein is true a	and accurate to the	best of my knowledge.
Company Officialk	(Printed)	TitleAc	ecountant	Company Official Kin Butter (Signed)
Make check payable t	ov "V antualis			

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:



Date11 06 15	Reporting Month_October 2015		
	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		
Total Access I			
	Access Line		
3. Amount of Sun	charge Remitted to Kentucky USF\$372.64		
4. Number of Access Lines Receiving Lifeline Support212			
5. Amount of Reimbursement Requested from Kentucky USF			
	Signature Block		
I hereby attest that the i	nformation reported herein is true and accurate to the best of my knowledge.		
Company Officialk	(Printed) Title Accountant Company Official Jun Butten (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:



Date11/30/15	Reporting N	Month_November 2015		
	Carrier Information			
Company Name	North Central Telephone Cooperative, Inc.			
Company Address	P O Box 70 872 Hwy. 52 By-Pass E, L	afayette, TN 37083		
Telephone / Fax	(615) 666-2151 / (615) 666-6118	200.01000		
Vendor Number				
Classification Please Circle One	ILEC CLEC Cellular PCS			
	Monthly Access Line Data			
Total Access I	Lines in Service	4,627		
	Access Line			
Amount of Surcharge Remitted to Kentucky USF				
4. Number of Ac	cess Lines Receiving Lifeline Support	_185		
5. Amount of Reimbursement Requested from Kentucky USF\$647.50				
Signature Block				
I hereby attest that the i	information reported herein is true and accurate to the best of my k	nowledge.		
Company Officialk	(Printed) Title Accountant Company	Official Him Bettlere (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:



Date12/29/15	Reporting Month_December 2015				
	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				
Total Access I					
	Access Line				
5. Amount of Reimbursement Requested from Kentucky USF\$658.00					
	Signature Block				
I hereby attest that the in	nformation reported herein is true and accurate to the best of my knowledge.				
Company OfficialK	Cim Button TitleAccountant Company Official \(\frac{\partial}{\partial}{\partial}\) \(\frac{\partial}{\partial}\) (Signed)	_			
Males cheek payable t					

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:



Date01 27 16	Reporting Month_January 2016							
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) 666-21		5) 666-6118					
Vendor Number								
Classification Please Circle One	ILEC	CLEC	Cellular	PCS				
		Mon	nthly Access Line D	Data				
Total Access I	ines in Service				4 616			
1. Total Access Lines in Service								
Amount of Surcharge Remitted to Kentucky USF								
4. Number of Access Lines Receiving Lifeline Support								
5. Amount of Reimbursement Requested from Kentucky USF\$658.00								
	ř	-						
			Signature Block					
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.								
Company Officialk					1 1/	(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:



Date03 01 16	Reporting Month_February 2016	Reporting Month_February 2016						
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							
Total Access I	Lines in Service							
2. Surcharge Per	er Access Line							
3. Amount of Surcharge Remitted to Kentucky USF\$373.44								
4. Number of Access Lines Receiving Lifeline Support185								
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 OfficialI	Kim ButtonTitleAccountantCompany Official htm Treet (Signed)	lon						

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:



Date04/04/16	(**	Reporti	porting Month_March 2016				
		Car	rier Information				
Company Name	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			
		-					
		Monthl	y Access Line Da	ata			
Total Access I	Lines in Service				4,688		
2. Surcharge Per Access Line							
3. Amount of Surcharge Remitted to Kentucky USF\$375.04							
4. Number of Access Lines Receiving Lifeline Support182							
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 OfficialK	Cim Button(Printed)	TitleAcco	ountant	Comp	pany Official Jun 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 Send a copy of this report to: