COMMONWEALTH OF KENTUCKY

BEFORE THE PUBLIC SERVICE COMMISSION

In the Matter of:

AN INQUIRY INTO THE STATE ) CASE NO.
UNIVERSAL SERVICE FUND ) 2016-00059

RESPONSES OF CINCINNATI BELL TELEPHONE COMPANY LLC TO
COMMISSION STAFF’S FIRST REQUEST FOR INFORMATION
TO ALL PARTIES OF RECORD

For its responses to the Commission Staff’s First Request for Information to All Parties of Record, Cincinnati Bell Telephone Company LLC (“CBT”) states as follows:

Requests for Information to Parties that Received Payment
from the Kentucky Universal Service Fund ("KUSF")
VERIFICATION OF

STATE OF OHIO )
SS: )
COUNTY OF HAMILTON )

Theodore W. Heckmann, Managing Director of Regulatory & Gov’t Affairs for Cincinnati Bell Telephone Company LLC (“CBT”) being duly sworn states that he supervised the preparation of the response on behalf of CBT, and that the response is true and accurate to the best of his knowledge, information and belief, formed after a reasonable inquiry.

[Signature]

Sworn to and subscribed before me this 26th day of April, 2016.

[Signature]
Notary Public

KATHLEEN M. CAMPBELL
Notary Public, State of Ohio
My Commission Expires 10-14-2018
KUSF Proceeding 2016-00059

Data Request Response Question 1
1. Provide the KUSF reimbursement forms submitted to the Commission and the Department of Finance and Administration from January 2014 to the present.

**RESPONSE:** See KUSF Forms Attached as Exhibit 1
KUSF Proceeding 2016-00059

Data Request Response Question 2
2. Provide the Federal Communication Commission ("FCC") Form 497 submitted to the FCC from January 2014 to the present.

**RESPONSE:** See 497 forms Attached as Exhibit 2
KUSF Proceeding 2016-00059

Data Request Response Question 3
3. Refer to the Lifeline plans you filed with the Commission with your Application for Designation as an Eligible Telecommunications Carrier ("ETC"). State whether there have been changes to these Lifeline plans since the Commission entered an Order designating you as an ETC for the purpose of offering Lifeline service in Kentucky. If there have been changes to the Lifeline plans, provide: **As the ILEC, Cincinnati Bell was not required to apply for ETC designation.**

a. Copies of all Lifeline plans currently offered to Kentucky subscribers.

**RESPONSE: NA**

b. For each new or modified Lifeline plan, explain in detail:

   (1) How the current Lifeline plan modifies the Lifeline plan in effect when you were designated as an ETC;

   **RESPONSE: NA**

   (2) Whether the current Lifeline plan was offered in addition to Lifeline plans in effect when you were designated as an ETC.

   **RESPONSE: NA**

c. An explanation for why existing Lifeline plans were changed or additional Lifeline plans were added.

   **RESPONSE: NA**
4. If the Commission’s decision is to maintain state Lifeline support for only voice service describe how that decision would affect whether and how you provide Lifeline service in Kentucky.

**RESPONSE:** The decision to maintain state Lifeline support for only voice service will not affect how Cincinnati Bell currently provides Lifeline service.
5. Identify any cost-effective procedures that you believe should be implemented by the Commission to increase oversight of the Lifeline program.

**RESPONSE:** Cincinnati Bell believes that NLAD is both working and efficient. No additional oversight is necessary as it would create an unnecessary expense.
6. If the Commission's decision is to change the amount of Lifeline support, state how soon upon the issuance of an Order by the Commission changing the Lifeline support amount that you are or anticipate being able to implement the changes on customer bills.

**RESPONSE:** Cincinnati Bell can implement the Commission's order on the next bill cycle (typically 30-45 days).
KUSF Proceeding 2016-00059

Data Request Response Question 7
7. Provide, in detail, the methods employed to verify the eligibility of customers who participate in the Lifeline program.

**RESPONSE:** The Detail Active Subscriber Report is downloaded monthly from the National Lifeline Accountability Database (NLAD) and is compared against Cincinnati Bell’s active subscriber report where the Lifeline discount has been applied to Kentucky residents within Cincinnati Bell’s ILEC footprint. The subscribers that match both reports are the numbers reported monthly. Cincinnati Bell assures that it obtains proper documentation and verifies eligibility in NLAD before claiming any reimbursement.
8. State whether you have been subjected to FCC investigation, action, and/or penalties relating to participation in the Lifeline program. If you have been so subjected, provide in detail, including citations to the FCC action, the investigation, action, and/or penalties to which you were subjected.

RESPONSE: No
KUSF Proceeding 2016-00059

Data Request Response Question 9
9. Describe, in detail, your current marketing programs for Lifeline service in Kentucky, including, but not limited to, person-to-person sales.

**RESPONSE:** Cincinnati Bell markets Lifeline through social service organizations, its website, white pages and through personal contact with customers at its business offices.
KUSF Proceeding 2016-00059

Data Request Response Question 1
Requests for Information to All Parties

1. Provide the KUSF reimbursement forms submitted to the Commission and the Department of Finance and Administration from January 2014 to the present.

   RESPONSE: See KUSF Forms Attached as Exhibit 1
KUSF Proceeding 2016-00059

Data Request Response Question 2
2. Explain how the total number of subscriber lines is calculated for the KUSF reimbursement form when a new customer receives service in the middle of a month.

**RESPONSE:** Cincinnati Bell uses a date certain at the end of the month. Anyone who enrolls during the month is counted during that month. Conversely, anyone that drops off during the month is not counted.
3. Explain how the total number of subscriber lines is calculated for the KUSF reimbursement form when a customer leaves in the middle of a month.

**RESPONSE:** Please see response to Question 2 above.
4. Explain how the KUSF surcharge remittance is calculated when you experience a bad debt. Explain whether none of the surcharge amount or the full surcharge amount billed to, but not paid by, the customer is remitted.

**RESPONSE:** When the customer is deemed bad debt the account is disconnected. The subscriber is no longer reported in the active subscriber database and subsequently removed from NLAD and are no longer counted for reimbursement. The KUSF remittance then ceases for that subscriber.
KUSF Proceeding 2016-00059

Data Request Response Question 5
5. State whether you believe the Commission should wait until the FCC's investigation of Lifeline Reform is concluded before rendering a decision in this proceeding and explain the basis for your response.

**RESPONSE:** Assuming the Commission is going to continue the statewide Lifeline program Cincinnati Bell believes the Commission should wait on the FCC ruling. This will cause less confusion for the customer and eases the administration and implementation by all Lifeline providers.
KUSF Proceeding 2016-00059

Data Request Response Question 6
6. State how soon upon the issuance of an Order by the Commission changing the KUSF surcharge that you are or anticipate being able to implement the changes on customer bills. If it differs by type of account, provide the information for each type of account, along with the number of access lines for each account type.

**RESPONSE:** Assuming the surcharge applies equally to all access lines as it does today for all CBT's customers, Cincinnati Bell can implement the Commission's order on the next bill cycle (typically 30-45 days).
Exhibit 1
**COMMONWEALTH OF KENTUCKY\nUNIVERSAL SERVICE FUND**

**Date** 2/25/2014  
**Reporting Month** January-14

### Carrier Information

<table>
<thead>
<tr>
<th>Company Name</th>
<th>Cincinnati Bell Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Address</td>
<td>221 East Fourth Street, ML 103-1145  P.O. Box 2301 Cincinnati, OH 45201-2301</td>
</tr>
<tr>
<td>Telephone/Fax</td>
<td>Telephone (513) 397-6963 / Fax (513) 381-6117</td>
</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: 90,317
2. Surcharge Per Access Line: $0.08
3. Amount of Surcharge Remitted to Kentucky USF: $6,663.12
4. Number of Access Lines Receiving Lifeline Support: 1,129
5. Amount of Reimbursement Requested from Kentucky USF: $3,951.50

**A** = The total quantity of access lines billed the Kentucky USF surcharge.

**B** = The total dollar amount of Kentucky USF surcharge billed, net of uncollectibles.

### Signature Block

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

**Company Official** Tom Paolucci  
**Title** CBT Asst Controller  
**Company Official** (Signed)

Send a copy of this report to:

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

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 408A  
Frankfort, KY 40601
Date: 3/20/2014  Reporting Month: February-14

### Carrier Information

<table>
<thead>
<tr>
<th>Company Name</th>
<th>Cincinnati Bell Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Address</td>
<td>221 East Fourth Street, ML 103-1145 P.O. Box 2301 Cincinnati, OH 45291-2301</td>
</tr>
<tr>
<td>Telephone/Fax</td>
<td>Telephone (513) 397-6963 / Fax (513) 381-6117</td>
</tr>
<tr>
<td>Vendor Number</td>
<td></td>
</tr>
</tbody>
</table>

### Classification

Please Circle One

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

### Monthly Access Line Data

1. **Total Access Lines in Service**: 89,752
2. **Surcharge Per Access Line**: $0.08
3. **Amount of Surcharge Remitted to Kentucky USF**: $6,367.75
4. **Number of Access Lines Receiving Lifeline Support**: 1,134
5. **Amount of Reimbursement Requested from Kentucky USF**: $3,968.00

**A** = The total quantity of access lines billed the Kentucky USF surcharge.

**B** = The total dollar amount of Kentucky USF surcharge billed, net of uncollectibles.

### Signature Block

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

- **Company Official**: Tom Paolucci
- **Title**: CBT Asset Controller
- **Company Official (Signed)**: 

### Instructions

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

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

Send a copy of this report to:

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

<table>
<thead>
<tr>
<th>Company Name</th>
<th>Cincinnati Bell Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Address</td>
<td>221 East Fourth Street, ML 103-1145 P.O. Box 2301 Cincinnati, OH 45201-2301</td>
</tr>
<tr>
<td>Telephone/Fax</td>
<td>Telephone (513) 397-6963 / Fax (513) 381-6117</td>
</tr>
<tr>
<td>Vendor Number</td>
<td></td>
</tr>
</tbody>
</table>

### Classification

Please Circle One:  
- [ ] ILEC  
- [ ] CLFC  
- [X] Cellular  
- [ ] PCS

### Monthly Access Line Data

1. Total Access Lines in Service: 89,208 A
2. Surcharge Per Access Line: $0.08
3. Amount of Surcharge Remitted to Kentucky USF: $6,626.67 B
4. Number of Access Lines Receiving Lifeline Support: 1,120
5. Amount of Reimbursement Requested from Kentucky USF: $3,920.00

**A** = The total quantity of access lines billed the Kentucky USF surcharge.
**B** = The total dollar amount of Kentucky USF surcharge billed, net of uncollectibles.

### Signature Block

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

Company Official: **Tom Paolucci**  
(Printed)  
Title: **CBT Asst Controller**  
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 ____________________ Reporting Month ________________

Carrier Information

Company Name: Cincinnati Bell Telephone
Company Address: 221 East Fourth Street, ML 103-1145, P.O. Box 2301, Cincinnati, OH 45201-2301
Telephone/Fax: Telephone (513) 397-6963 / Fax (513) 381-6117

Classification
Please Circle One
ILEC  CLEC  Cellular  PCS

Monthly Access Line Data

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Total Access Lines in Service</td>
<td>87,271</td>
</tr>
<tr>
<td>2.</td>
<td>Surcharge Per Access Line</td>
<td>$0.08</td>
</tr>
<tr>
<td>3.</td>
<td>Amount of Surcharge Remitted to Kentucky USF</td>
<td>$5,790.47</td>
</tr>
<tr>
<td>4.</td>
<td>Number of Access Lines Receiving Lifeline Support</td>
<td>1,098</td>
</tr>
<tr>
<td>5.</td>
<td>Amount of Reimbursement Requested from Kentucky USF</td>
<td>$3,843.00</td>
</tr>
</tbody>
</table>

A = The total quantity of access lines billed the Kentucky USF surcharge.
B = The total dollar amount of Kentucky USF surcharge billed, net of uncollectibles.

Signature Block

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

Company Official: Tom Paolucci
Title: CBT Asst Controller

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**: 6/18/2014
**Reporting Month**: May-14

### Carrier Information

<table>
<thead>
<tr>
<th>Company Name</th>
<th>Cincinnati Bell Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Address</td>
<td>221 East Fourth Street, ML 103-1145  P.O. Box 2301  Cincinnati, OH 45201-2301</td>
</tr>
<tr>
<td>Telephone/Fax</td>
<td>Telephone (513) 397-6963 / Fax (513) 381-5117</td>
</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 .......................................................... 86,615 A
2. Surcharge Per Access Line ................................................................. $0.08
3. Amount of Surcharge Remitted to Kentucky USF .................................. $6,396.95 B
4. Number of Access Lines Receiving Lifeline Support ............................. 1,060
5. Amount of Reimbursement Requested from Kentucky USF ....................... $3,710.00

- **A** = The total quantity of access lines billed the Kentucky USF surcharge.
- **B** = The total dollar amount of Kentucky USF surcharge billed, net of uncollectibles.

### Signature Block

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

- **Company Official**: Tom Paolucci
- **Title**: CBT Asst Controller
- **Company Official (Signed)**: 

### Make check payble 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  7/16/2014  Reporting Month  June-14

<table>
<thead>
<tr>
<th>Carrier Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Name</td>
</tr>
<tr>
<td>Company Address</td>
</tr>
<tr>
<td>Telephone/Fax</td>
</tr>
<tr>
<td>Vendor Number</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Classification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please Circle One</td>
</tr>
</tbody>
</table>

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

A = The total quantity of access lines billed the Kentucky USF surcharge.
B = The total dollar amount of Kentucky USF surcharge billed, net of uncollectibles.

Signature Block

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

Company Official: **Tom Paolucci**  
(Printed)  
Title: **CBT Asst Controller**  
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.
Capital 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 8/19/2014 Reporting Month July-14

Carrier Information

Company Name: Cincinnati Bell Telephone
Company Address: 221 East Fourth Street, ML 103-1145  P.O. Box 2301  Cincinnati, OH 45201-2301
Telephone/Fax: Telephone (513) 397-6963 / Fax (513) 381-6117

Classification
Please Circle One: ILEC  CLEC  Cellular  PCS

Monthly Access Line Data

1. Total Access Lines in Service: 85,529
2. Surcharge Per Access Line: $0.08
3. Amount of Surcharge Remitted to Kentucky USF: $6,324.64
4. Number of Access Lines Receiving Lifeline Support: 959
5. Amount of Reimbursement Requested from Kentucky USF: $3,366.50

A = The total quantity of access lines billed the Kentucky USF surcharge.
B = The total dollar amount of Kentucky USF surcharge billed, net of uncollectibles.

Signature Block

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

Company Official: Tom Paolucci
(Printed) Title: CBT Asst Controller

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**: 9/20/2014  
**Reporting Month**: August-14

### Carrier Information

<table>
<thead>
<tr>
<th>Company Name</th>
<th>Cincinnati Bell Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Address</td>
<td>221 East Fourth Street, ML 103-1145 P.O. Box 2301 Cincinnati, OH 45201-2301</td>
</tr>
<tr>
<td>Telephone/Fax</td>
<td>Telephone (513) 397-6963 / Fax (513) 381-6117</td>
</tr>
</tbody>
</table>

### Classification

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

### Monthly Access Line Data

1. **Total Access Lines in Service** 84,995 A
2. **Surcharge Per Access Line** 0.08
3. **Amount of Surcharge Remitted to Kentucky USF** 6,293.28 B
4. **Number of Access Lines Receiving Lifeline Support** 933
5. **Amount of Reimbursement Requested from Kentucky USF** 3,265.50

**A** = The total quantity of access lines billed the Kentucky USF surcharge.  
**B** = The total dollar amount of Kentucky USF surcharge billed, net of uncollectibles.

### Signature Block

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

Company Official: **Tom Paolucci**  
Title: **CTA Asst Controller**  
Company Official: **[Signature]**

### Instructions

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 Sover Blvd.  
P.O. Box 615  
Frankfort, KY 40602
COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date: 10/25/2014
Reporting Month: September-14

Carrier Information

Company Name: Cincinnati Bell Telephone
Company Address: 221 East Fourth Street, ML 103-1145 P.O. Box 2301 Cincinnati, OH 45201-2301
Telephone/Fax: Telephone (513) 397-6963 / Fax (513) 381-8117

Classification
Please Circle One
ILEC
CLEC
Cellular
PCS

Monthly Access Line Data

1. Total Access Lines in Service: 84,347 A
2. Surcharge Per Access Line: $0.08
3. Amount of Surcharge Remitted to Kentucky USF: $6,234.73 B
4. Number of Access Lines Receiving Lifeline Support: 906
5. Amount of Reimbursement Requested from Kentucky USF: $3,171.00

A = The total quantity of access lines billed the Kentucky USF surcharge.
B = The total dollar amount of Kentucky USF surcharge billed, net of uncollectibles.

Signature Block

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

Company Official: Tom Paolucci
(Printed) Title: CBT Asst Controller
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
Date: 11/20/2014  
Reporting Month: October-14

**Carrier Information**

- **Company Name**: Cincinnati Bell Telephone
- **Company Address**: 221 East Fourth Street, ML 103-1145  P.O. Box 2301  Cincinnati, OH 45201-2301
- **Telephone/Fax**: Telephone (513) 397-6863 / Fax (513) 381-6117

**Classification**

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

**Monthly Access Line Data**

1. **Total Access Lines in Service**: 83,811  
   - **A**
2. **Surcharge Per Access Line**: $0.08
3. **Amount of Surcharge Remitted to Kentucky USF**: $6,113.96  
   - **B**
4. **Number of Access Lines Receiving Lifeline Support**: 871
5. **Amount of Reimbursement Requested from Kentucky USF**: $3,048.50

A = The total quantity of access lines billed the Kentucky USF surcharge.  
B = The total dollar amount of Kentucky USF surcharge billed, net of uncollectibles.

**Signature Block**

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

- **Company Official**: Tom Paolucci  
  - **Title**: CBT Asst Controller  
  - **(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
**COMMONWEALTH OF KENTUCKY**  
**UNIVERSAL SERVICE FUND**

**Date** 4/27/2016  
**Reporting Month** November-14

**Carrier Information**

<table>
<thead>
<tr>
<th>Company Name</th>
<th>Cincinnati Bell Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Address</td>
<td>221 East Fourth Street, ML 103-1145  P.O. Box 2301  Cincinnati, OH 45201-2301</td>
</tr>
<tr>
<td>Telephone/Fax</td>
<td>Telephone (513) 397-6963 / Fax (513) 381-6117</td>
</tr>
<tr>
<td>Vendor Number</td>
<td></td>
</tr>
</tbody>
</table>

**Classification**

Please Circle One  
ILEC  
CLEC  
Cellular  
PCS

**Monthly Access Line Data**

1. Total Access Lines in Service ........................................ $64,296  
2. Surcharge Per Access Line ........................................ $0.08  
3. Amount of Surcharge Remitted to Kentucky USF ................. $6,268.71  
4. Number of Access Lines Receiving Lifeline Support .......... 844  
5. Amount of Reimbursement Requested from Kentucky USF ....... $2,954.00

**A** = The total quantity of access lines billed the Kentucky USF surcharge.  
**B** = The total dollar amount of Kentucky USF surcharge billed, net of uncollectibles.

**Signature Block**

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

Company Official **Tom Paolucci**  
(Printed)  
Title **CBT Asst Controller**

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
**Carrier Information**

<table>
<thead>
<tr>
<th>Company Name</th>
<th>Cincinnati Bell Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Address</td>
<td>221 East Fourth Street, ML 103-1145 P.O. Box 2301 Cincinnati, OH 45201-2301</td>
</tr>
<tr>
<td>Telephone/Fax</td>
<td>Telephone (513) 397-6963 / Fax (513) 381-6117</td>
</tr>
</tbody>
</table>

**Classification**

Please Circle One:
- [ ] ILEC
- [ ] CLEC
- [ ] Cellular
- [ ] PCS

**Monthly Access Line Data**

1. Total Access Lines in Service: __________________________ 83,762  A
2. Surcharge Per Access Line: __________________________ $0.08
3. Amount of Surcharge Remitted to Kentucky USF: __________________________ $6,081.86  B
4. Number of Access Lines Receiving Lifeline Support: __________________________ 716
5. Amount of Reimbursement Requested from Kentucky USF: __________________________ $2,506.00

A = The total quantity of access lines billed the Kentucky USF surcharge.
B = The total dollar amount of Kentucky USF surcharge billed, net of uncollectibles.

**Signature Block**

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

Company Official: **Tom Paolucci**  
(Printed)  
Title: **CBT Asst Controller**  
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** 2/21/2015  **Reporting Month** January-15

### Carrier Information

<table>
<thead>
<tr>
<th>Company Name</th>
<th>Cincinnati Bell Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Address</td>
<td>221 East Fourth Street, ML 103-1145 P.O. Box 2301 Cincinnati, OH 45201-2301</td>
</tr>
<tr>
<td>Telephone/Fax</td>
<td>Telephone (513) 397-6963 / Fax (513) 381-6117</td>
</tr>
</tbody>
</table>

### Classification

- [ ] 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>82,957 A</td>
</tr>
<tr>
<td>2. Surchage Per Access Line</td>
<td>$0.08</td>
</tr>
<tr>
<td>3. Amount of Surcharge Remitted to Kentucky USF</td>
<td>$6,152.23 B</td>
</tr>
<tr>
<td>4. Number of Access Lines Receiving Lifeline Support</td>
<td>699</td>
</tr>
<tr>
<td>5. Amount of Reimbursement Requested from Kentucky USF</td>
<td>$2,446.50</td>
</tr>
</tbody>
</table>

**A** = The total quantity of access lines billed the Kentucky USF surcharge.  
**B** = The total dollar amount of Kentucky USF surcharge billed, net of uncollectibles.

### Signature Block

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

**Company Official**: Tom Paolucci  
**Title**: CBT Asst Controller  
**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** 3/19/2015  
**Reporting Month** February-15

<table>
<thead>
<tr>
<th>Carrier Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Company Name</strong></td>
</tr>
<tr>
<td><strong>Company Address</strong></td>
</tr>
<tr>
<td><strong>Telephone/Fax</strong></td>
</tr>
</tbody>
</table>

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

### Monthly Access Line Data

1. Total Access Lines in Service: 82,011 A  
2. Surcharge Per Access Line: $0.68  
3. Amount of Surcharge Remitted to Kentucky USF: $6,020.97 B  
4. Number of Access Lines Receiving Lifeline Support: 683  
5. Amount of Reimbursement Requested from Kentucky USF: $2,390.50

**A** = The total quantity of access lines billed the Kentucky USF surcharge.  
**B** = The total dollar amount of Kentucky USF surcharge billed, net of uncollectibles.

### Signature Block

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

Company Official: **Tom Paolucci**  
(Printed) **CBT Asst Controller**  
(Signed) **Company Official**

---

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** 4/22/2015  **Reporting Month** March-15

### Carrier Information

<table>
<thead>
<tr>
<th>Company Name</th>
<th>Cincinnati Bell Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Address</td>
<td>221 East Fourth Street, ML 103-1145 P.O. Box 2301 Cincinnati, OH 45201-2301</td>
</tr>
<tr>
<td>Telephone/Fax</td>
<td>Telephone (513) 397-6963 / Fax (513) 381-6117</td>
</tr>
<tr>
<td>Vendor Number</td>
<td></td>
</tr>
</tbody>
</table>

### Classification

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

### Monthly Access Line Data

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Total Access Lines in Service</td>
<td>81,312</td>
<td>A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Surcharge Per Access Line</td>
<td>$0.08</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Amount of Surcharge Remitted to Kentucky USF</td>
<td>$5,848.16</td>
<td>B</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Number of Access Lines Receiving Lifeline Support</td>
<td>671</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Amount of Reimbursement Requested from Kentucky USF</td>
<td>$2,348.50</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**A** = The total quantity of access lines billed the Kentucky USF surcharge.

**B** = The total dollar amount of Kentucky USF surcharge billed, net of uncollectibles.

### Signature Block

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

Company Official **Tom Paolucci**
(Printed)

Title **CBT Asst Controller**

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 copy of this report to:

Kentucky Public Service Commission
ATTN: Jim Stevens
211 Sower Blvd.
P.O. Box 615
Frankfort, KY 40602
Date 5/23/2015
Reporting Month April-15

**Carrier Information**

<table>
<thead>
<tr>
<th>Company Name</th>
<th>Cincinnati Bell Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Address</td>
<td>221 East Fourth Street, ML 103-1145  P.O. Box 2301  Cincinnati, OH 45201-2301</td>
</tr>
<tr>
<td>Telephone/Fax</td>
<td>Telephone (513) 397-6963 / Fax (513) 381-5117</td>
</tr>
</tbody>
</table>

**Classification**
Please Circle One
- [ ] ILEC
- [ ] CLEC
- [ ] Cellular
- [ ] PCS

**Monthly Access Line Data**

1. Total Access Lines in Service................................................. 80,844 A
2. Surcharge Per Access Line........................................................ 0.08
3. Amount of Surcharge Remitted to Kentucky USF........................................... $5,022.19 B
4. Number of Access Lines Receiving Lifeline Support............................ 647
5. Amount of Reimbursement Requested from Kentucky USF........................................... $2,264.50

**A** = The total quantity of access lines billed the Kentucky USF surcharge.

**B** = The total dollar amount of Kentucky USF surcharge billed, net of uncollectibles.

**Signature Block**

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

Company Official: **Tom Paolucci**
_Title: CBT Asst Controller_
(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:

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

<table>
<thead>
<tr>
<th>Company Name</th>
<th>Cincinnati Bell Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Address</td>
<td>221 East Fourth Street, ML 103-1145 P.O. Box 2301 Cincinnati, OH 45201-2301</td>
</tr>
<tr>
<td>Telephone/Fax</td>
<td>Telephone (513) 397-6963 / Fax (513) 381-6117</td>
</tr>
<tr>
<td>Vendor Number</td>
<td></td>
</tr>
</tbody>
</table>

**Classification**

Please Circle One
- [ILEC]  
- [CLEC]  
- [Cellular]  
- [PCS]

**Monthly Access Line Data**

<table>
<thead>
<tr>
<th>Description</th>
<th>Quantity</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Access Lines in Service</td>
<td></td>
<td>80,341</td>
</tr>
<tr>
<td>Surcharge Per Access Line</td>
<td></td>
<td>$0.08</td>
</tr>
<tr>
<td>Amount of Surcharge Remitted to Kentucky USF</td>
<td></td>
<td>$5,768.24</td>
</tr>
<tr>
<td>Number of Access Lines Receiving Lifeline Support</td>
<td></td>
<td>634</td>
</tr>
<tr>
<td>Amount of Reimbursement Requested from Kentucky USF</td>
<td></td>
<td>$2,219.00</td>
</tr>
</tbody>
</table>

A = The total quantity of access lines billed the Kentucky USF surcharge.
B = The total dollar amount of Kentucky USF surcharge billed, net of uncollectibles.

**Signature Block**

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

Company Official: **Tom Paolucci**  
(Printed)  
Title: **CBT Asst Controller**  
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 7/18/2015 Reporting Month June-15

<table>
<thead>
<tr>
<th>Carrier Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Name: Cincinnati Bell Telephone</td>
</tr>
<tr>
<td>Company Address: 221 East Fourth Street, ML 103-1145 P.O. Box 2301 Cincinnati, OH 45201-2301</td>
</tr>
<tr>
<td>Telephone/Fax: Telephone (513) 397-6963 / Fax (513) 381-6117</td>
</tr>
<tr>
<td>Vendor Number:</td>
</tr>
</tbody>
</table>

Classification
Please Circle One

ILEC CLEC Cellular PCS

<table>
<thead>
<tr>
<th>Monthly Access Line Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Total Access Lines in Service: 79,721 A</td>
</tr>
<tr>
<td>2. Surcharge Per Access Line: $0.08</td>
</tr>
<tr>
<td>3. Amount of Surcharge Remitted to Kentucky USF: $5,826.80 B</td>
</tr>
<tr>
<td>4. Number of Access Lines Receiving Lifeline Support: 620</td>
</tr>
<tr>
<td>5. Amount of Reimbursement Requested from Kentucky USF: $2,170.00</td>
</tr>
</tbody>
</table>

A = The total quantity of access lines billed the Kentucky USF surcharge.
B = The total dollar amount of Kentucky USF surcharge billed, net of uncollectibles.

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

Company Official: Tom Paolucci
(Printed) CBT Asst Controller
Title

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**

**Carrier Information**

Company Name: Cincinnati Bell Telephone
Company Address: 221 East Fourth Street, ML 103-1145, P.O. Box 2301, Cincinnati, OH 45201-2301
Telephone/Fax: Telephone (513) 397-6963, Fax (513) 381-6117

**Classification**

Please Circle One: ILEC  CLEC  Cellular  PCS

**Monthly Access Line Data**

1. Total Access Lines in Service: 78,596
2. Surcharge Per Access Line: $0.08
3. Amount of Surcharge Remitted to Kentucky USF: $4,035.29
4. Number of Access Lines Receiving Lifeline Support: 604
5. Amount of Reimbursement Requested from Kentucky USF: $2,114.00

A = The total quantity of access lines billed the Kentucky USF surcharge.
B = The total dollar amount of Kentucky USF surcharge billed, net of uncollectibles.

**Signature Block**

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

Company Official: **Tom Paolucci**  Title: **CBT Asst Controller**  Company Official: **(Signed)**

**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 Stover
211 Sower Blvd.
P.O. Box 615
Frankfort, KY 40602
### Carrier Information

<table>
<thead>
<tr>
<th>Company Name</th>
<th>Cincinnati Bell Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Address</td>
<td>221 East Fourth Street, ML 103-1145  P.O. Box 2301 Cincinnati, OH 45201-2301</td>
</tr>
<tr>
<td>Telephone/Fax</td>
<td>Telephone (513) 397-6963 / Fax (513) 381-6117</td>
</tr>
</tbody>
</table>

### Classification

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

### Monthly Access Line Data

<table>
<thead>
<tr>
<th>Description</th>
<th>Quantity/Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Total Access Lines in Service</td>
<td>78,183 A</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>$5,759.00 B</td>
</tr>
<tr>
<td>4. Number of Access Lines Receiving Lifeline Support</td>
<td>587</td>
</tr>
<tr>
<td>5. Amount of Reimbursement Requested from Kentucky USF</td>
<td>$2,054.50</td>
</tr>
</tbody>
</table>

**A** = The total quantity of access lines billed the Kentucky USF surcharge.

**B** = The total dollar amount of Kentucky USF surcharge billed, net of uncollectibles.

### Signature Block

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

Company Official **Tom Paolucci**

Title **CBT Asst Controller**

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
### COMMONWEALTH OF KENTUCKY
### UNIVERSAL SERVICE FUND

**Date:** 10/22/2015  
**Reporting Month:** September-15

<table>
<thead>
<tr>
<th>Carrier Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Company Name:</strong> Cincinnati Bell Telephone</td>
</tr>
<tr>
<td><strong>Company Address:</strong> 221 East Fourth Street, ML 103-1145 P.O. Box 2301 Cincinnati, OH 45201-2301</td>
</tr>
<tr>
<td><strong>Telephone/Fax:</strong> Telephone (513) 397-6963 / Fax (513) 381-6117</td>
</tr>
</tbody>
</table>

### Classification

Please Circle One

- ILEC
- CLEC
- Cellular
- PCS

### Monthly Access Line Data

1. **Total Access Lines in Service:** 77,726 A
2. **Surcharge Per Access Line:** $0.08
3. **Amount of Surcharge Remitted to Kentucky USF:** $5,762.47 B
4. **Number of Access Lines Receiving Lifeline Support:** 576
5. **Amount of Reimbursement Requested from Kentucky USF:** $0.00

_A = The total quantity of access lines billed the Kentucky USF surcharge._

_B = The total dollar amount of Kentucky USF surcharge billed, net of uncollectibles._

### Signature Block

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

- **Company Official:** Tom Paolucci  
  **Title:** CBT Asset Controller  
  **(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
COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date 11/18/2015 Reporting Month October-15

Carrier Information

<table>
<thead>
<tr>
<th>Company Name</th>
<th>Cincinnati Bell Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Address</td>
<td>221 East Fourth Street, ML 103-1145  P.O. Box 2301  Cincinnati, OH 45201-2301</td>
</tr>
<tr>
<td>Telephone/Fax</td>
<td>Telephone (513) 397-6963 / Fax (513) 381-6117</td>
</tr>
</tbody>
</table>

Classification
Please Circle One

| ILEC | CLEC | Cellular | PCS |

Monthly Access Line Data

1. Total Access Lines in Service .................................................. 77,412 A
2. Surcharge Per Access Line .......................................................... $0.08
3. Amount of Surcharge Remitted to Kentucky USF .................................. $5,563.49 B
4. Number of Access Lines Receiving Lifeline Support ................................ 565
5. Amount of Reimbursement Requested from Kentucky USF ................................ $1,977.50

A = The total quantity of access lines billed the Kentucky USF surcharge.
B = The total dollar amount of Kentucky USF surcharge billed, net of uncollectibles.

Signature Block

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

Company Official Tom Paolucci
(Printed) Title CBT Asst Controller
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 12/12/2015 Reporting Month November-15

Carrier Information

<table>
<thead>
<tr>
<th>Company Name</th>
<th>Cincinnati Bell Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Address</td>
<td>221 East Fourth Street, ML 103-1145 P.O. Box 2301 Cincinnati, OH 45201-2301</td>
</tr>
<tr>
<td>Telephone/Fax</td>
<td>Telephone (513) 397-6963 / Fax (513) 381-6117</td>
</tr>
</tbody>
</table>

Classification
Please Circle One

ILEC  CLEC  Cellular  PCS

Monthly Access Line Data

1. Total Access Lines in Service .................................................. 77,726 A

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

3. Amount of Surcharge Remitted to Kentucky USF ............................ $5,726.17 B

4. Number of Access Lines Receiving Lifeline Support ..................... 576

5. Amount of Reimbursement Requested from Kentucky USF ................. $2,016.00

A = The total quantity of access lines billed the Kentucky USF surcharge.
B = The total dollar amount of Kentucky USF surcharge billed, net of uncollectibles.

Signature Block

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

Company Official Tom Paolucci (Printed) Title CBT Asst Controller 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 1/26/2016  Reporting Month December-15

Carrier Information

<table>
<thead>
<tr>
<th>Company Name</th>
<th>Cincinnati Bell Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Address</td>
<td>221 East Fourth Street, ML 103-1145  P.O. Box 2301  Cincinnati, OH 45201-2301</td>
</tr>
<tr>
<td>Telephone/Fax</td>
<td>Telephone (513) 397-6963 / Fax (513) 381-6117</td>
</tr>
</tbody>
</table>

Classification
Please Circle One  ILEC  CLEC  Cellular  PCS

Monthly Access Line Data

1. Total Access Lines in Service ................................................. 76,472 A
2. Surcharge Per Access Line ......................................................... $0.08
3. Amount of Surcharge Remitted to Kentucky USF .......................... $5,628.93 B
4. Number of Access Lines Receiving Lifeline Support ..................... 492
5. Amount of Reimbursement Requested from Kentucky USF ................ $1,722.00

A = The total quantity of access lines billed the Kentucky USF surcharge.
B = The total dollar amount of Kentucky USF surcharge billed, net of uncollectibles.

Signature Block

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

Company Official  Tom Paolucci  Title  CBT Asst Controller  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
**Carried Information**

<table>
<thead>
<tr>
<th>Company Name</th>
<th>Cincinnati Bell Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Address</td>
<td>221 East Fourth Street, ML 103-1145  P.O. Box 2301  Cincinnati, OH 45201-2301</td>
</tr>
<tr>
<td>Telephone/Fax</td>
<td>Telephone (513) 397-6963 / Fax (513) 381-6117</td>
</tr>
<tr>
<td>Vendor Number</td>
<td></td>
</tr>
</tbody>
</table>

**Classification**

Please Circle One

ILEC  CLEC  Cellular  PCS

**Monthly Access Line Data**

1. Total Access Lines in Service .................................................. 76,018  A
2. Surcharge Per Access Line ........................................................ 0.08
3. Amount of Surcharge Remitted to Kentucky USF .......................... $5,599.63  B
4. Number of Access Lines Receiving Lifeline Support ....................... 492
5. Amount of Reimbursement Requested from Kentucky USF ................. $1,722.00

**Signature Block**

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

Company Official: **Tom Paolucci**
Title: **CBT Asset Controller**
(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**: 3/29/2016  
**Reporting Month**: February-16

## Carrier Information

<table>
<thead>
<tr>
<th>Type</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Name</td>
<td>Cincinnati Bell Telephone</td>
</tr>
<tr>
<td>Company Address</td>
<td>221 East Fourth Street, ML 103-1145 P.O. Box 2301 Cincinnati, OH 45201-2301</td>
</tr>
<tr>
<td>Telephone/Fax</td>
<td>Telephone (513) 397-5983 / Fax (513) 381-6117</td>
</tr>
</tbody>
</table>

## Classification

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

## Monthly Access Line Data

<table>
<thead>
<tr>
<th>Description</th>
<th>Quantity/Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Total Access Lines in Service</td>
<td>75,311</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>$5,451.33</td>
</tr>
<tr>
<td>4. Number of Access Lines Receiving Lifeline Support.</td>
<td>492</td>
</tr>
<tr>
<td>5. Amount of Reimbursement Requested from Kentucky USF</td>
<td>$1,722.00</td>
</tr>
</tbody>
</table>

A = The total quantity of access lines billed the Kentucky USF surcharge.  
B = The total dollar amount of Kentucky USF surcharge billed, net of uncollectibles.

## Signature Block

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

Company Official: **Tom Paolucci**  
Title: **CBT Asst Controller**  
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 Sover Blvd.  
P.O. Box 615  
Frankfort, KY 40602
### Carrier Information

<table>
<thead>
<tr>
<th>Company Name</th>
<th>Cincinnati Bell Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Address</td>
<td>221 East Fourth Street, ML 103-1145</td>
</tr>
<tr>
<td>Telephone/Fax</td>
<td>Telephone (513) 397-6963 / Fax (513) 381-6117</td>
</tr>
</tbody>
</table>

### Classification

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

### Monthly Access Line Data

1. Total Access Lines in Service: 74,983 A
2. Surcharge Per Access Line: $0.08 B
3. Amount of Surcharge Remitted to Kentucky USF: $5,432.06 B
4. Number of Access Lines Receiving Lifeline Support: 494
5. Amount of Reimbursement Requested from Kentucky USF: $1,729.00

\[ A = \text{The total quantity of access lines billed the Kentucky USF surcharge.} \]
\[ B = \text{The total dollar amount of Kentucky USF surcharge billed, net of uncollectibles.} \]

### Signature Block

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

Company Official: Tom Paolucci  
Title: CBT Asst Controller  
(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
Exhibit 2
FCC Form 497  
April 2012 Edition

LIFELINE WORKSHEET

(1) USAC Service Provider Identification Number  143001687  
(2) Study Area Code  265061

(3) Filer 499 ID  805713  
(4) Technology Type (check one)  
Wireline [x]  
Wireless [ ]

(5) ETC Designation Type (Check one):  
Lifeline Only [x]  
High Cost/Low Income [x]

(6) Organization Information

<table>
<thead>
<tr>
<th>Company Legal Name:</th>
<th>Cincinnati Bell Telephone LLC (OH)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact Name:</td>
<td>Susan George</td>
</tr>
<tr>
<td>Mailing Address:</td>
<td>221 E. 4th St.</td>
</tr>
<tr>
<td></td>
<td>Cincinnati, OH 45201</td>
</tr>
<tr>
<td>Telephone Number:</td>
<td>513-397-6503</td>
</tr>
<tr>
<td>Fax Number:</td>
<td></td>
</tr>
<tr>
<td>E-mail Address:</td>
<td><a href="mailto:susan.george@cinbell.com">susan.george@cinbell.com</a></td>
</tr>
</tbody>
</table>

(7) Filing Information

<table>
<thead>
<tr>
<th>Submission Date</th>
<th>02/04/2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data Month</td>
<td>January 2014</td>
</tr>
<tr>
<td>Type of Filing</td>
<td>Original Revision [x]</td>
</tr>
<tr>
<td>State Reporting</td>
<td>KENTUCKY</td>
</tr>
</tbody>
</table>

**Lifeline**

<table>
<thead>
<tr>
<th>Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support</th>
<th>(a) # Lifeline Subscribers</th>
<th>(b) Lifeline Support/Subscriber Support</th>
<th>(c) Total Lifeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>(8) 1129</td>
<td>x $ 9.25</td>
<td>= $ 10443</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Tribal Low-Income Subscribers Receiving federal Lifeline Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>(9) 0</td>
</tr>
</tbody>
</table>

Total Federal Lifeline Support Claimed (10) $ 10443

**Toll Limitation Services (TLS)**

Cost of Providing TLS per Subscriber (the lesser of incremental cost or $3 in 2012 / $2 in 2013) (11) 0.000000

Number of TLS Subscribers (12) 0

Total TLS Support Claimed (13) $ 0

**Tribal Link Up (Available only to ETCs receiving High Cost support)**

Number of Connections Waived (14) 0

Charges Waived per Connection (15) $ 0.00 (for multiple rates, use an average amount)

Total Connection Charges Waived (16) $ 0

Deferred Interest (17) $ 0.00

Total Tribal Link Up Support Claimed (18) $ 0

**ETC Payment**

Total Lifeline $ 10443  
Total TLS $ 0  
Total Tribal Link Up $ 0

Total Dollars (19) $ 10443

If you have any questions, please call USAC at (866) 873-4727 Toll Free
(20) CERTIFICATIONS AND SIGNATURES

I certify that my company will pass through the full amount of all Non-Tribal and Tribal federal Lifeline support for which it seeks reimbursement, as well as all applicable intrastate Lifeline support, to all qualifying low-income subscribers by an equivalent reduction in the subscriber's monthly bill for voice telephony service, or by offering a pre-paid wireless plan that includes a set number of minutes of use per month.

I certify that my company is in compliance with all of the Lifeline program rules, and, to the extent required, have obtained valid certifications for each subscriber for whom my company seeks reimbursement.

Based on the information known to me or provided to me by employees responsible for the preparation of the data being submitted, I certify under penalty of perjury that the data contained in this form has been examined and reviewed and is true, accurate, and complete.

I acknowledge the Fund Administrator's authority to request additional supporting information as may be necessary.

Persons willfully making false statements on this form can be punished by fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. §1001.

02/04/2014

Susan George

DATE

Division Controller

OFFICER SIGNATURE

Susan George

OFFICER TITLE

OFFICER NAME

NOTICE: To implement section 254 of the Communications Act of 1934, as amended, the Federal Communications Commission has adopted changes to the federal low-income programs.

The following worksheet provides the means by which eligible telecommunications carriers will be reimbursed by the Universal Service Administrative Company (USAC) for their participation in these programs. Failing to collect the information, or collecting it less frequently, would prevent the Commission from implementing sections 214 and 254 of the Act, would thwart Congress' goals of providing affordable service and access to advanced services throughout the nation, and would result in eligible telecommunications carriers not receiving universal service support reimbursements in a timely fashion.

We have estimated that each response to this collection of information will take, on average, three hours for each respondent. Our estimate includes the time to read this data request, review existing records, gather and maintain required data, and complete and review the response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, AMD-PERM, Washington, D.C. 20554, Paperwork Reduction Project (3060-0819). We will also accept your comments on the burden estimate via the Internet if you send them to PRA@fcc.gov. Please DO NOT SEND the data requested to this e-mail address.

Remember -- An agency may not conduct or sponsor, and a person is not required to respond to a collection of information sponsored by the Federal government unless it displays a currently valid OMB control number. This information collection has been assigned OMB Control Number: 3060-0819.

The FCC is authorized under the Communications Act of 1934, as amended, to collect the information we request in this form. If we believe there may be a violation or a potential violation of a FCC statute, regulation, rule or order, your worksheet may be referred to the Federal, state or local agency responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation or order. In certain cases, the information in your worksheets may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC; or (c) the United States Government is a party of a proceeding before the body or has an interest in the proceeding.

If you do not provide the information we request on the form, the FCC may delay processing of your worksheet or may return your worksheet without action.

## Lifeline Worksheet

<table>
<thead>
<tr>
<th>Company Legal Name:</th>
<th>Cincinnati Bell Telephone LLC (OH)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact Name:</td>
<td>Susan George</td>
</tr>
<tr>
<td>Mailing Address:</td>
<td>221 E. Fourth St</td>
</tr>
<tr>
<td></td>
<td>Cincinnati, OH 45201</td>
</tr>
<tr>
<td>Telephone Number:</td>
<td>513-397-6503</td>
</tr>
<tr>
<td>Fax Number:</td>
<td></td>
</tr>
<tr>
<td>E-mail Address:</td>
<td><a href="mailto:susan.george@cinbell.com">susan.george@cinbell.com</a></td>
</tr>
</tbody>
</table>

### Lifeline

<table>
<thead>
<tr>
<th>Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support</th>
<th>(a) # Lifeline Subscribers</th>
<th>(b) Lifeline Support/Subscriber Support</th>
<th>(c) Total Lifeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>(8)</td>
<td>1120</td>
<td>x $ 9.25</td>
<td>$ 10360</td>
</tr>
<tr>
<td>Tribal Low-Income Subscribers Receiving federal Lifeline Support</td>
<td>(9)</td>
<td>x $ 0.00</td>
<td>$ 0</td>
</tr>
</tbody>
</table>

**Total Federal Lifeline Support Claimed (10) $ 10360**

### Toll Limitation Services (TLS)

- **Cost of Providing TLS per Subscriber (11)**: 0.000000
- **Number of TLS Subscribers (12)**: 0

**Total TLS Support Claimed (13) $ 0**

### Tribal Link Up (Available only to ETCs receiving High Cost support)

- **Number of Connections Waived (14)**: 0
- **Charges Waived per Connection (15)**: $ 0.00

**Total Connection Charges Waived (16) $ 0**

**Deferred Interest (17) $ 0.00**

**Total Tribal Link Up Support Claimed (18) $ 0**

### ETC Payment

- **Total Lifeline $ 10360**
- **Total TLS $ 0**
- **Total Tribal Link Up $ 0**

**Total Dollars (19) $ 10360**

*If you have any questions, please call USAC at (866) 873-4727 Toll Free*
(20) CERTIFICATIONS AND SIGNATURES

I certify that my company will pass through the full amount of all Non-Tribal and Tribal federal Lifeline support for which it seeks reimbursement, as well as all applicable intrastate Lifeline support, to all qualifying low-income subscribers by an equivalent reduction in the subscriber’s monthly bill for voice telephony service, or by offering a pre-paid wireless plan that includes a set number of minutes of use per month.

I certify that my company is in compliance with all of the Lifeline program rules, and, to the extent required, have obtained valid certifications for each subscriber for whom my company seeks reimbursement.

Based on the information known to me or provided to me by employees responsible for the preparation of the data being submitted, I certify under penalty of perjury that the data contained in this form has been examined and reviewed and is true, accurate, and complete.

I acknowledge the Fund Administrator’s authority to request additional supporting information as may be necessary.

Persons willfully making false statements on this form can be punished by fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. §1001.

05/15/2014

Susan George

DATE

OFFICER SIGNATURE

CBT Division Controller

OFFICER TITLE

Susan George

OFFICER NAME

NOTICE: To implement section 254 of the Communications Act of 1934, as amended, the Federal Communications Commission has adopted changes to the federal low-income programs.

The following worksheet provides the means by which eligible telecommunications carriers will be reimbursed by the Universal Service Administrative Company (USAC) for their participation in these programs. Failing to collect the information, or collecting it less frequently, would prevent the Commission from implementing sections 214 and 254 of the Act, would thwart Congress’ goals of providing affordable service and access to advanced services throughout the nation, and would result in eligible telecommunications carriers not receiving universal service support reimbursements in a timely fashion.

We have estimated that each response to this collection of information will take, on average, three hours for each respondent. Our estimate includes the time to read this data request, review existing records, gather and maintain required data, and complete and review the response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, AMD-Perm, Washington, D.C. 20554, Paperwork Reduction Project (3060-0819). We will also accept your comments on the burden estimate via the Internet if you send them to PRA@fcc.gov. Please DO NOT SEND the data requested to this e-mail address.

Remember -- An agency may not conduct or sponsor, and a person is not required to respond to a collection of information sponsored by the Federal government unless it displays a currently valid OMB control number. This information collection has been assigned OMB Control Number: 3060-0819.

The FCC is authorized under the Communications Act of 1934, as amended, to collect the information we request in this form. If we believe there may be a violation or a potential violation of a FCC statute, regulation, rule or order, your worksheet may be referred to the Federal, state or local agency responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation or order. In certain cases, the information in your worksheets may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC; or (c) the United States Government is a party of a proceeding before the body or has an interest in the proceeding.

If you do not provide the information we request on the form, the FCC may delay processing of your worksheet or may return your worksheet without action.

## LIFELINE WORKSHEET

(1) USAC Service Provider Identification Number **143001687**
(2) Study Area Code **265061**
(3) Filer 499 ID **805713**
(4) Technology Type (check one): **Wireline** ☑ **Wireless** ☐
(5) ETC Designation Type (Check one): **Lifeline Only** ☑ **High Cost/Low Income** ☑

### Organization Information

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Legal Name</td>
<td>Cincinnati Bell Telephone LLC (OH)</td>
</tr>
<tr>
<td>Contact Name</td>
<td>Susan George</td>
</tr>
<tr>
<td>Mailing Address</td>
<td>221 E. Fourth</td>
</tr>
<tr>
<td>Mailing Address</td>
<td>Cincinnati, OH 45201</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>513-397-6503</td>
</tr>
<tr>
<td>Fax Number</td>
<td></td>
</tr>
<tr>
<td>E-mail Address</td>
<td><a href="mailto:susan.george@cinbell.com">susan.george@cinbell.com</a></td>
</tr>
</tbody>
</table>

### Filing Information

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Submission Date</td>
<td>05/15/2014</td>
</tr>
<tr>
<td>b) Data Month</td>
<td>March 2014</td>
</tr>
<tr>
<td>c) Type of Filing (check one)</td>
<td>Original Revision ☑</td>
</tr>
<tr>
<td>d) State Reporting</td>
<td>KENTUCKY</td>
</tr>
</tbody>
</table>

### Lifeline

#### Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support

(8) **1031**

\[ \text{(a) # Lifeline Subscribers} \times \text{($9.25$)} = \text{($9,537$)} \]

#### Tribal Low-Income Subscribers Receiving federal Lifeline Support

(9) **0**

\[ \text{(not to exceed $34.25$)} \]

Total Federal Lifeline Support Claimed (10) **$9,537**

### Toll Limitation Services (TLS)

\[ \text{Cost of Providing TLS per Subscriber} = \text{($0.00000$)} \]

Number of TLS Subscribers (12) **0**

Total TLS Support Claimed (13) **$0**

### Tribal Link Up (Available only to ETCs receiving High Cost support)

Number of Connections Waived (14) **0**

\[ \text{(for multiple rates, use an average amount)} \]

Charges Waived per Connection (15) **$0.00**

\[ \text{(not to exceed $100$)} \]

Total Connection Charges Waived (16) **$0.00**

Deferred Interest (17) **$0.00**

Total Tribal Link Up Support Claimed (18) **$0**

### ETC Payment

Total Lifeline **$9,537**

Total TLS **$0**

Total Tribal Link Up **$0**

Total Dollars (19) **$9,537**

*If you have any questions, please call USAC at (866) 873-4727 Toll Free*
(20) CERTIFICATIONS AND SIGNATURES

I certify that my company will pass through the full amount of all Non-Tribal and Tribal federal Lifeline support for which it seeks reimbursement, as well as all applicable intrastate Lifeline support, to all qualifying low-income subscribers by an equivalent reduction in the subscriber's monthly bill for voice telephony service, or by offering a pre-paid wireless plan that includes a set number of minutes of use per month.

I certify that my company is in compliance with all of the Lifeline program rules, and, to the extent required, have obtained valid certifications for each subscriber for whom my company seeks reimbursement.

Based on the information known to me or provided to me by employees responsible for the preparation of the data being submitted, I certify under penalty of perjury that the data contained in this form has been examined and reviewed and is true, accurate, and complete.

I acknowledge the Fund Administrator's authority to request additional supporting information as may be necessary.

Persons willfully making false statements on this form can be punished by fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. §1001.

05/15/2014

Susan George

DATE

OFFICER SIGNATURE

CBT Division Controller

OFFICER TITLE

Susan George

OFFICER NAME

NOTICE: To implement section 254 of the Communications Act of 1934, as amended, the Federal Communications Commission has adopted changes to the federal low-income programs.

The following worksheet provides the means by which eligible telecommunications carriers will be reimbursed by the Universal Service Administrative Company (USAC) for their participation in these programs. Failing to collect the information, or collecting it less frequently, would prevent the Commission from implementing sections 214 and 254 of the Act, would thwart Congress' goals of providing affordable service and access to advanced services throughout the nation, and would result in eligible telecommunications carriers not receiving universal service support reimbursements in a timely fashion.

We have estimated that each response to this collection of information will take, on average, three hours for each respondent. Our estimate includes the time to read this data request, review existing records, gather and maintain required data, and complete and review the response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, AMD-Perm, Washington, D.C. 20554, Paperwork Reduction Project (3060-0819). We will also accept your comments on the burden estimate via the Internet if you send them to PRA@fcc.gov. Please DO NOT SEND the data requested to this e-mail address.

Remember: An agency may not conduct or sponsor, and a person is not required to respond to a collection of information sponsored by the Federal government unless it displays a currently valid OMB control number. This information collection has been assigned OMB Control Number: 3060-0819.

The FCC is authorized under the Communications Act of 1934, as amended, to collect the information we request in this form. If we believe there may be a violation or a potential violation of a FCC statute, regulation, rule or order, your worksheet may be referred to the Federal, state or local agency responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation or order. In certain cases, the information in your worksheet may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC, or (b) any employee of the FCC, or (c) the United States Government is a party of a proceeding before the body or has an interest in the proceeding.

If you do not provide the information we request on the form, the FCC may delay processing of your worksheet or may return your worksheet without action.

LIFELINE WORKSHEET

(1) USAC Service Provider Identification Number 143001687
(2) Study Area Code 265061
(3) Filer 499 ID 805713
(4) Technology Type (check one) Wireline [ ] Wireless [ ]
(5) ETC Designation Type (Check one): Lifeline Only [ ] High Cost/Low Income [ ]

(6) Organization Information

<table>
<thead>
<tr>
<th>Company Legal Name:</th>
<th>Cincinnati Bell Telephone LLC (OH)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact Name:</td>
<td>Susan George</td>
</tr>
<tr>
<td>Mailing Address:</td>
<td>221 E. Fourth St</td>
</tr>
<tr>
<td></td>
<td>Cincinnati, OH 45201</td>
</tr>
<tr>
<td>Telephone Number:</td>
<td>513-397-6503</td>
</tr>
<tr>
<td>Fax Number:</td>
<td></td>
</tr>
<tr>
<td>E-mail Address:</td>
<td><a href="mailto:susan.george@cinbell.com">susan.george@cinbell.com</a></td>
</tr>
</tbody>
</table>

(7) Filing Information

<table>
<thead>
<tr>
<th>a) Submission Date</th>
<th>06/20/2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>b) Data Month</td>
<td>April 2014</td>
</tr>
<tr>
<td>c) Type of Filing</td>
<td>Original Revision [ ]</td>
</tr>
<tr>
<td></td>
<td>(check one)</td>
</tr>
<tr>
<td>d) State Reporting</td>
<td>KENTUCKY</td>
</tr>
</tbody>
</table>

LifeLine

(a) # Lifeline Subscribers
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support

| (8) | 1021 |

(b) Lifeline Support/Subscriber Support

| x $ | 9.25 |

(c) Total Lifeline

| = $ | 9444 |

Toll Limitation Services (TLS)

Cost of Providing TLS per Subscriber

| (11) | 0.00000 |

(Number the lesser of incremental cost or $3 in 2012 / $2 in 2013)

Number of TLS Subscribers

| (12) | 0 |

Total TLS Support Claimed

| (13) | $0 |

Tribal Link Up (Available only to ETCs receiving High Cost support)

Number of Connections Waived

| (14) | 0 |

Charges Waived per Connection

| (15) | $0.00 |

(for multiple rates, use an average amount)

Total Connection Charges Waived

| (16) | $0.00 |

Deferred Interest

| (17) | $0.00 |

Total Tribal Link Up Support Claimed

| (18) | $0 |

ETC Payment

Total Lifeline $9444

Total TLS $0

Total Tribal Link Up $0

Total Dollars (19) $9444

If you have any questions, please call USAC at (866) 873-4727 Toll Free
(20) CERTIFICATIONS AND SIGNATURES

I certify that my company will pass through the full amount of all Non-Tribal and Tribal federal Lifeline support for which it seeks reimbursement, as well as all applicable intrastate Lifeline support, to all qualifying low-income subscribers by an equivalent reduction in the subscriber's monthly bill for voice telephony service, or by offering a pre-paid wireless plan that includes a set number of minutes of use per month.

I certify that my company is in compliance with all of the Lifeline program rules, and, to the extent required, have obtained valid certifications for each subscriber for whom my company seeks reimbursement.

Based on the information known to me or provided to me by employees responsible for the preparation of the data being submitted, I certify under penalty of perjury that the data contained in this form has been examined and reviewed and is true, accurate, and complete.

I acknowledge the Fund Administrator's authority to request additional supporting information as may be necessary.

Persons willfully making false statements on this form can be punished by fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. §1001.

06/20/2014 ________________________________ Susan George

DATE OFFICER SIGNATURE

Sr Director ________________________________ Susan George

OFFICER TITLE OFFICER NAME

NOTICE: To implement section 254 of the Communications Act of 1934, as amended, the Federal Communications Commission has adopted changes to the federal low-income programs.

The following worksheet provides the means by which eligible telecommunications carriers will be reimbursed by the Universal Service Administrative Company (USAC) for their participation in these programs. Failing to collect the information, or collecting it less frequently, would prevent the Commission from implementing sections 214 and 254 of the Act, would thwart Congress' goals of providing affordable service and access to advanced services throughout the nation, and would result in eligible telecommunications carriers not receiving universal service support reimbursements in a timely fashion.

We have estimated that each response to this collection of information will take, on average, three hours for each respondent. Our estimate includes the time to read this data request, review existing records, gather and maintain required data, and complete and review the response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, AMD-Perm, Washington, D.C. 20554, Paperwork Reduction Project (3060-0819). We will also accept your comments on the burden estimate via the Internet if you send them to PRA@fcc.gov. Please DO NOT SEND the data requested to this e-mail address.

Remember -- An agency may not conduct or sponsor, and a person is not required to respond to a collection of information sponsored by the Federal government unless it displays a currently valid OMB control number. This information collection has been assigned OMB Control Number 3060-0819.

The FCC is authorized under the Communications Act of 1934, as amended, to collect the information we request in this form. If we believe there may be a violation or a potential violation of a FCC statute, regulation, rule or order, your worksheet may be referred to the Federal, state or local agency responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation or order. In certain cases, the information in your worksheet may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC; or (c) the United States Government is a party of a proceeding before the body or has an interest in the proceeding.

If you do not provide the information we request on the form, the FCC may delay processing of your worksheet or may return your worksheet without action.

**LIFELINE WORKSHEET**

(1) USAC Service Provider Identification Number 143001687
(2) Study Area Code 265061

(3) Filer 499 ID 805713
(4) Technology Type (check one)  Wireline [✓]  Wireless [ ]

(5) ETC Designation Type (Check one):  Lifeline Only [ ]  High Cost/Low Income [✓]

(6) Organization Information

<table>
<thead>
<tr>
<th>Company Legal Name:</th>
<th>Cincinnati Bell Telephone LLC (OH)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact Name:</td>
<td>Susan George</td>
</tr>
<tr>
<td>Mailing Address:</td>
<td>221 E. Fourth</td>
</tr>
<tr>
<td>Telephone Number:</td>
<td>Cincinnati, OH 45201</td>
</tr>
<tr>
<td>Fax Number:</td>
<td>513-397-6503</td>
</tr>
<tr>
<td>E-mail Address:</td>
<td><a href="mailto:susan.george@cinbell.com">susan.george@cinbell.com</a></td>
</tr>
</tbody>
</table>

(7) Filing Information

<table>
<thead>
<tr>
<th>a) Submission Date</th>
<th>May 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>b) Data Month</td>
<td></td>
</tr>
<tr>
<td>c) Type of Filing</td>
<td></td>
</tr>
<tr>
<td>d) State Reporting</td>
<td>KENTUCKY</td>
</tr>
</tbody>
</table>

**Lifeline**

<table>
<thead>
<tr>
<th>(a) # Lifeline Subscribers</th>
<th>(b) Lifeline Support/ Subscriber Support</th>
<th>(c) Total Lifeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support</td>
<td>991 x $9.25 = $9,167</td>
<td></td>
</tr>
<tr>
<td>Tribal Low-Income Subscribers Receiving federal Lifeline Support</td>
<td>0 x $0.00 = $0</td>
<td></td>
</tr>
</tbody>
</table>

**Toll Limitation Services (TLS)**

<table>
<thead>
<tr>
<th>(11) Cost of Providing TLS per Subscriber</th>
<th>0.000000</th>
</tr>
</thead>
<tbody>
<tr>
<td>(the lesser of incremental cost or $3 in 2012 /$2 in 2013)</td>
<td></td>
</tr>
</tbody>
</table>

| (12) Number of TLS Subscribers | 0 |

Total TLS Support Claimed (13) $0

**Tribal Link Up** (Available only to ETCs receiving High Cost support)

| (14) Number of Connections Waived | 0 |
| (15) Charges Waived per Connection | $0.00 (for multiple rates, use an average amount) |
| (not to exceed $100) | |

Total Connection Charges Waived (16) $0

Deferred Interest (17) $0.00

Total Tribal Link Up Support Claimed (18) $0

**ETC Payment**

| Total Lifeline $9167 | Total TLS $0 | Total Tribal Link Up $0 |

Total Dollars (19) $9167

If you have any questions, please call USAC at (866) 873-4727 Toll Free
(20) CERTIFICATIONS AND SIGNATURES

I certify that my company will pass through the full amount of all Non-Tribal and Tribal federal Lifeline support for which it seeks reimbursement, as well as all applicable intrastate Lifeline support, to all qualifying low-income subscribers by an equivalent reduction in the subscriber’s monthly bill for voice telephony service, or by offering a pre-paid wireless plan that includes a set number of minutes of use per month.

I certify that my company is in compliance with all of the Lifeline program rules, and, to the extent required, have obtained valid certifications for each subscriber for whom my company seeks reimbursement.

Based on the information known to me or provided to me by employees responsible for the preparation of the data being submitted, I certify under penalty of perjury that the data contained in this form has been examined and reviewed and is true, accurate, and complete.

I acknowledge the Fund Administrator’s authority to request additional supporting information as may be necessary.

Persons willfully making false statements on this form can be punished by fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. §1001.

06/20/2014

Susan George

DATE

Sr Director

OFFICER TITLE

NOTICE: To implement section 254 of the Communications Act of 1934, as amended, the Federal Communications Commission has adopted changes to the federal low-income programs.

The following worksheet provides the means by which eligible telecommunications carriers will be reimbursed by the Universal Service Administrative Company (USAC) for their participation in these programs. Failing to collect the information, or collecting it less frequently, would prevent the Commission from implementing sections 214 and 254 of the Act, would thwart Congress' goals of providing affordable service and access to advanced services throughout the nation, and would result in eligible telecommunications carriers not receiving universal service support reimbursements in a timely fashion.

We have estimated that each response to this collection of information will take, on average, three hours for each respondent. Our estimate includes the time to read this data request, review existing records, gather and maintain required data, and complete and review the response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, AMD-PRM, Washington, D.C. 20554, Paperwork Reduction Project (3060-0819). We will also accept your comments on the burden estimate via the Internet if you send them to PRA@fcc.gov. Please DO NOT SEND the data requested to this e-mail address.

Remember – An agency may not conduct or sponsor a collection of information sponsored by the Federal government unless it displays a currently valid OMB control number. This information collection has been assigned OMB Control Number: 3060-0819.

The FCC is authorized under the Communications Act of 1934, as amended, to collect the information we request in this form. If we believe there may be a violation or a potential violation of a FCC statute, regulation, rule or order, your worksheet may be referred to the Federal, state or local agency responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation or order. In certain cases, the information in your worksheets may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC; or (c) the United States Government is a party of a proceeding before the body or has an interest in the proceeding.

If you do not provide the information we request on the form, the FCC may delay processing of your worksheet or may return your worksheet without action.

**LIFELINE WORKSHEET**

(1) USAC Service Provider Identification Number **143001687**  
(2) Study Area Code **265061**  
(3) Filer 499 ID **805713**  
(4) Technology Type (check one) Wireline ☑  Wireless ☐  
(5) ETC Designation Type (Check one): Lifeline Only ☐  High Cost/Low Income ☑  
(6) Organization Information  
- **Company Legal Name:** Cincinnati Bell Telephone LLC (OH)  
- **Contact Name:** susan george  
- **Mailing Address:** 221 E. Fourth St, Cincinnati, OH 45201  
- **Telephone Number:** 513-397-6503  
- **Fax Number:**  
- **E-mail Address:** susan.george@cinbell.com  
(7) Filing Information  
- **Submission Date:** 09/05/2014  
- **Data Month:** June 2014  
- **State Reporting:** KENTUCKY  

### Lifeline

<table>
<thead>
<tr>
<th>(8) Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support</th>
<th></th>
<th>(9) Tribal Low-Income Subscribers Receiving federal Lifeline Support</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong># Lifeline Subscribers</strong></td>
<td><strong># Lifeline Support/ Subscriber Support</strong></td>
<td><strong>Total Lifeline</strong></td>
<td></td>
</tr>
<tr>
<td><strong>912</strong></td>
<td><strong>$ 9.25</strong></td>
<td><strong>$ 8436</strong></td>
<td></td>
</tr>
<tr>
<td><strong>0</strong></td>
<td><strong>$ 0.00</strong></td>
<td><strong>$ 0</strong></td>
<td></td>
</tr>
</tbody>
</table>

**Total Federal Lifeline Support Claimed** **(10) $ 8436**

### Toll Limitation Services (TLS)

(11) Cost of Providing TLS per Subscriber  
(12) Number of TLS Subscribers  

(13) **Total TLS Support Claimed** **(13) $ 0**

### Tribal Link Up (Available only to ETCs receiving High Cost support)

(14) Number of Connections Waived  
(15) Charges Waived per Connection  

(16) **Total Connection Charges Waived** **$ 0**  
(17) Deferred Interest  

(18) **Total Tribal Link Up Support Claimed** **(18) $ 0**

### ETC Payment

(19) **Total Dollars** **(19) $ 8436**

**If you have any questions, please call USAC at (866) 873-4727 Toll Free**
(20) CERTIFICATIONS AND SIGNATURES

I certify that my company will pass through the full amount of all Non-Tribal and Tribal federal Lifeline support for which it seeks reimbursement, as well as all applicable intrastate Lifeline support, to all qualifying low-income subscribers by an equivalent reduction in the subscriber’s monthly bill for voice telephony service, or by offering a pre-paid wireless plan that includes a set number of minutes of use per month.

I certify that my company is in compliance with all of the Lifeline program rules, and, to the extent required, have obtained valid certifications for each subscriber for whom my company seeks reimbursement.

Based on the information known to me or provided to me by employees responsible for the preparation of the data being submitted, I certify under penalty of perjury that the data contained in this form has been examined and reviewed and is true, accurate, and complete.

I acknowledge the Fund Administrator’s authority to request additional supporting information as may be necessary.

Persons willfully making false statements on this form can be punished by fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. §1001.

09/05/2014

Susan George

DATE

OFFICER SIGNATURE

Sr Director

Susan George

OFFICER TITLE

OFFICER NAME

NOTICE: To implement section 254 of the Communications Act of 1934, as amended, the Federal Communications Commission has adopted changes to the federal low-income programs.

The following worksheet provides the means by which eligible telecommunications carriers will be reimbursed by the Universal Service Administrative Company (USAC) for their participation in these programs. Failing to collect the information, or collecting it less frequently, would prevent the Commission from implementing sections 214 and 254 of the Act, would thwart Congress’ goals of providing affordable service and access to advanced services throughout the nation, and would result in eligible telecommunications carriers not receiving universal service support reimbursements in a timely fashion.

We have estimated that each response to this collection of information will take, on average, three hours for each respondent. Our estimate includes the time to read this data request, review existing records, gather and maintain required data, and complete and review the response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, ALM-PERM, Washington, D.C. 20554, Paperwork Reduction Project (3060-0819). We will also accept your comments on the burden estimate through the Internet if you send them to PRA@fcc.gov. Please DO NOT SEND the data requested to this e-mail address.

Remember — An agency may not conduct or sponsor, and a person is not required to respond to a collection of information sponsored by the Federal government unless it displays a currently valid OMB control number. This information collection has been assigned OMB Control Number: 3060-0819.

The FCC is authorized under the Communications Act of 1934, as amended, to collect the information we request in this form. If we believe there may be a violation or a potential violation of a FCC statute, regulation, rule or order, your worksheet may be referred to the Federal, state or local agency responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation or order. In certain cases, the information in your worksheet may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC, (b) any employee of the FCC, or (c) the United States Government is a party of a proceeding before the body or has an interest in the proceeding.

If you do not provide the information we request on the form, the FCC may delay processing of your worksheet or may return your worksheet without action.

**LIFELINE WORKSHEET**

(1) USAC Service Provider Identification Number: 143001687

(2) Study Area Code: 265061

(3) Filer 499 ID: 805713

(4) Technology Type (check one): Wireline [☑] Wireless [ ]

(5) ETC Designation Type (check one): Lifeline Only [ ] High Cost/Low Income [☑]

(6) Organization Information

<table>
<thead>
<tr>
<th>Company Legal Name:</th>
<th>Cincinnati Bell Telephone LLC (OH)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact Name:</td>
<td>susan george</td>
</tr>
<tr>
<td>Mailing Address:</td>
<td>221 E. Fourth St</td>
</tr>
<tr>
<td></td>
<td>Cincinnati, OH 45202</td>
</tr>
<tr>
<td>Telephone Number:</td>
<td>5133976503</td>
</tr>
<tr>
<td>Fax Number:</td>
<td></td>
</tr>
<tr>
<td>E-mail Address:</td>
<td><a href="mailto:susan.george@cinbell.com">susan.george@cinbell.com</a></td>
</tr>
</tbody>
</table>

(7) Filing Information

<table>
<thead>
<tr>
<th>a) Submission Date:</th>
<th>08/04/2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>b) Data Month:</td>
<td>July 2015</td>
</tr>
<tr>
<td>c) Type of Filing (check one):</td>
<td>Original Revision [☑]</td>
</tr>
<tr>
<td>d) State Reporting:</td>
<td>KENTUCKY</td>
</tr>
</tbody>
</table>

**Lifeline**

<table>
<thead>
<tr>
<th>(a) # Lifeline Subscribers</th>
<th>(b) Lifeline Support/ Subscriber Support</th>
<th>(c) Total Lifeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support</td>
<td>594</td>
<td>x $9.25</td>
</tr>
<tr>
<td>Tribal Low-Income Subscribers Receiving federal Lifeline Support</td>
<td>0</td>
<td>x $0.00</td>
</tr>
</tbody>
</table>

Total Federal Lifeline Support Claimed: (10) $5495

**Toll Limitation Services (TLS)**

| Cost of Providing TLS per Subscriber (the lesser of incremental cost or $3 in 2012 / $2 in 2013): | 0.000000 |
| Number of TLS Subscribers: | 0 |

Total TLS Support Claimed: (13) $0

**Tribal Link Up (Available only to ETCs receiving High Cost support)**

<table>
<thead>
<tr>
<th>Number of Connections Waived</th>
<th>Charges Waived per Connection (for multiple rates, use an average amount)</th>
<th>Total Connection Charges Waived</th>
<th>Deferred Interest</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>$0.00</td>
<td>$0</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

Total Tribal Link Up Support Claimed: (18) $0

**ETC Payment**

Total Lifeline: $5495
Total TLS: $0
Total Tribal Link Up: $0
Total Dollars: (19) $5495

If you have any questions, please call USAC at (866) 873-4727 Toll Free
(20) CERTIFICATIONS AND SIGNATURES

I certify that my company will pass through the full amount of all Non-Tribal and Tribal federal Lifeline support for which it seeks reimbursement, as well as all applicable intrastate Lifeline support, to all qualifying low-income subscribers by an equivalent reduction in the subscriber's monthly bill for voice telephony service, or by offering a pre-paid wireless plan that includes a set number of minutes of use per month.

I certify that my company is in compliance with all of the Lifeline program rules, and, to the extent required, have obtained valid certifications for each subscriber for whom my company seeks reimbursement.

Based on the information known to me or provided to me by employees responsible for the preparation of the data being submitted, I certify under penalty of perjury that the data contained in this form has been examined and reviewed and is true, accurate, and complete.

I acknowledge the Fund Administrator's authority to request additional supporting information as may be necessary.

Persons willfully making false statements on this form can be punished by fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. §1001.

08/04/2015

DATE

Sr Director Accounting

OFFICER TITLE

NOTICE: To implement section 254 of the Communications Act of 1934, as amended, the Federal Communications Commission has adopted changes to the federal low-income programs.

The following worksheet provides the means by which eligible telecommunications carriers will be reimbursed by the Universal Service Administrative Company (USAC) for their participation in these programs. Failing to collect the information, or collecting it less frequently, would prevent the Commission from implementing sections 214 and 254 of the Act, would thwart Congress' goals of providing affordable service and access to advanced services throughout the nation, and would result in eligible telecommunications carriers not receiving universal service support reimbursements in a timely fashion.

We have estimated that each response to this collection of information will take, on average, three hours for each respondent. Our estimate includes the time to read this data request, review existing records, gather and maintain required data, and complete and review the response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, AMD-PERM, Washington, D.C. 20554, Paperwork Reduction Project (3060-0819). We will also accept your comments on the burden estimate via the Internet if you send them to PRA@fcc.gov. Please DO NOT SEND the data requested to this e-mail address.

Remember--An agency may not conduct or sponsor, and a person is not required to respond to a collection of information sponsored by the Federal government unless it displays a currently valid OMB control number. This information collection has been assigned OMB Control Number: 3060-0819.

The FCC is authorized under the Communications Act of 1934, as amended, to collect the information we request in this form. If we believe there may be a violation or a potential violation of a FCC statute, regulation, rule or order, your worksheet may be referred to the Federal, state or local agency responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation or order. In certain cases, the information in your worksheets may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC, or (b) any employee of the FCC, or (c) the United States Government is a party of a proceeding before the body or has an interest in the proceeding.

If you do not provide the information we request on the form, the FCC may delay processing of your worksheet or may return your worksheet without action.

# Lifeline Worksheet

**USAC Service Provider Identification Number**: 143001687

**Study Area Code**: 265061

**Filer 499 ID**: 805713

**Technology Type (check one)**: Wireline [✓] Wireless [ ]

**ETC Designation Type (check one)**: Lifeline Only [ ] High Cost/Low Income [✓]

### Organization Information
- **Company Legal Name**: Cincinnati Bell Telephone LLC (OH)
- **Contact Name**: Susan George
- **Mailing Address**: 221 E. Fourth St, Cincinnati, OH 45202
- **Telephone Number**: 513-397-6503
- **Fax Number**: 
- **E-mail Address**: susan.george@cinbell.com

### Filing Information
- **Submission Date**: 10/08/2014
- **Data Month**: August 2014
- **State Reporting**: KENTUCKY

## Lifeline

### Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support
- **(8)** 933
- **(b)** $9.25
- **(c)** $8630

### Tribal Low-Income Subscribers Receiving federal Lifeline Support
- **(9)** 0
- **(b)** $0.00
- **(c)** $0

**Total Federal Lifeline Support Claimed**: $8630

## Toll Limitation Services (TLS)

- **Cost of Providing TLS per Subscriber**: $0.00 (the lesser of incremental cost or $3 in 2012, $2 in 2013)
- **Number of TLS Subscribers**: 0

**Total TLS Support Claimed**: $0

## Tribal Link Up (Available only to ETCs receiving High Cost support)

- **Number of Connections Waived**: 0
- **Charges Waived per Connection**: $0.00

**Total Connection Charges Waived**: $0

** Deferred Interest**: $0

**Total Tribal Link Up Support Claimed**: $0

## ETC Payment

- **Total Lifeline**: $8630
- **Total TLS**: $0
- **Total Tribal Link Up**: $0

**Total Dollars**: $8630

---

*If you have any questions, please call USAC at (866) 873-4727 Toll Free*
(20) CERTIFICATIONS AND SIGNATURES

I certify that my company will pass through the full amount of all Non-Tribal and Tribal federal Lifeline support for which it seeks reimbursement, as well as all applicable intrastate Lifeline support, to all qualifying low-income subscribers by an equivalent reduction in the subscriber’s monthly bill for voice telephony service, or by offering a pre-paid wireless plan that includes a set number of minutes of use per month.

I certify that my company is in compliance with all of the Lifeline program rules, and, to the extent required, have obtained valid certifications for each subscriber for whom my company seeks reimbursement.

Based on the information known to me or provided to me by employees responsible for the preparation of the data being submitted, I certify under penalty of perjury that the data contained in this form has been examined and reviewed and is true, accurate, and complete.

I acknowledge the Fund Administrator’s authority to request additional supporting information as may be necessary.

Persons willfully making false statements on this form can be punished by fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. §1001.

10/08/2014 ____________________________________________________________________________________________

Susan George

DATE OFFICER SIGNATURE

Sr Director - Accounting ____________________________________________________________________________________________

Susan George

OFFICER TITLE OFFICER NAME

NOTICE: To implement section 254 of the Communications Act of 1934, as amended, the Federal Communications Commission has adopted changes to the federal low-income programs.

The following worksheet provides the means by which eligible telecommunications carriers will be reimbursed by the Universal Service Administrative Company (USAC) for their participation in these programs. Failing to collect the information, or collecting it less frequently, would prevent the Commission from implementing sections 214 and 254 of the Act, would thwart Congress’ goals of providing affordable service and access to advanced services throughout the nation, and would result in ineligible telecommunications carriers not receiving universal service support reimbursements in a timely fashion.

We have estimated that each response to this collection of information will take, on average, three hours for each respondent. Our estimate includes the time to read this data request, review existing records, gather and maintain required data, and complete and review the response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, ADR-Perm, Washington, D.C. 20554, Paperwork Reduction Project (3060-0819). We will also accept your comments on the burden estimate via the Internet if you send them to PRA@fcc.gov. Please DO NOT SEND the data requested to this e-mail address.

Remember -- An agency may not conduct or sponsor, and a person is not required to respond to a collection of information sponsored by the Federal government unless it displays a currently valid OMB control number. This information collection has been assigned OMB Control Number: 3060-0819.

The FCC is authorized under the Communications Act of 1934, as amended, to collect the information we request in this form. If we believe there may be a violation or a potential violation of a FCC statute, regulation, rule or order, your worksheet may be referred to the Federal, state or local agency responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation or order. In certain cases, the information in your worksheets may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC; or (c) the United States Government is a party of a proceeding before the body or has an interest in the proceeding.

If you do not provide the information we request on the form, the FCC may delay processing of your worksheet or may return your worksheet without action.

LIFELINE WORKSHEET

(1) USAC Service Provider Identification Number 143001687

(2) Study Area Code 265061

(3) Filer 499 ID 805713

(4) Technology Type (check one) Wireless ☒ Wireless ☐

(5) ETC Designation Type (Check one): Lifeline Only ☐ High Cost/Low Income ☒

(6) Organization Information

Company Legal Name: Cincinnati Bell Telephone LLC (OH) contact Name: Susan George
Mailing Address: 221 E. Fourth St Cincinnati, OH 45202
Telephone Number: 513-397-6503
Fax Number: 
E-mail Address: susan.george@cinbell.com

(7) Filing Information

a) Submission Date 10/08/2014
b) Data Month September 2014
c) Type of Filing (check one) Original Revision ☒
d) State Reporting KENTUCKY

Lifeline

(a) # Lifeline Subscribers 906
(b) Lifeline Support/Subscriber Support $9.25
(c) Total Lifeline $8381

(8) Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support
(9) Tribal Low-Income Subscribers Receiving federal Lifeline Support

Toll Limitation Services (TLS)

Cost of Providing TLS per Subscriber 0.000000 (the lesser of incremental cost or $3 in 2012 / $2 in 2013)
Number of TLS Subscribers 0
Total TLS Support Claimed 0

Tribal Link Up (Available only to ETCs receiving High Cost support)

Number of Connections Waived 0
Charges Waived per Connection $0.00 (for multiple rates, use an average amount)
Total Connection Charges Waived $0.00
Deferred Interest 0.00
Total Tribal Link Up Support Claimed 0

ETC Payment

Total Lifeline $8381 Total TLS $0 Total Tribal Link Up $0
Total Dollars 8381

If you have any questions, please call USAC at (866) 873-4727 Toll Free
(20) CERTIFICATIONS AND SIGNATURES

I certify that my company will pass through the full amount of all Non-Tribal and Tribal federal Lifeline support for which it seeks reimbursement, as well as all applicable intrastate Lifeline support, to all qualifying low-income subscribers by an equivalent reduction in the subscriber’s monthly bill for voice telephony service, or by offering a pre-paid wireless plan that includes a set number of minutes of use per month.

I certify that my company is in compliance with all of the Lifeline program rules, and, to the extent required, have obtained valid certifications for each subscriber for whom my company seeks reimbursement.

Based on the information known to me or provided to me by employees responsible for the preparation of the data being submitted, I certify under penalty of perjury that the data contained in this form has been examined and reviewed and is true, accurate, and complete.

I acknowledge the Fund Administrator’s authority to request additional supporting information as may be necessary.

Persons willfully making false statements on this form can be punished by fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. §1001.

10/08/2014

Susan George

DATE

Sr Director - Accounting

OFFICER TITLE

Susan George

OFFICER SIGNATURE

OFFICER NAME

NOTICE: To implement section 254 of the Communications Act of 1934, as amended, the Federal Communications Commission has adopted changes to the federal low-income programs.

The following worksheet provides the means by which eligible telecommunications carriers will be reimbursed by the Universal Service Administrative Company (USAC) for their participation in these programs. Failing to collect the information, or collecting it less frequently, would prevent the Commission from implementing sections 214 and 254 of the Act, would thwart Congress’ goals of providing affordable service and access to advanced services throughout the nation, and would result in eligible telecommunications carriers not receiving universal service support reimbursements in a timely fashion.

We have estimated that each response to this collection of information will take, on average, three hours for each respondent. Our estimate includes the time to read this data request, review existing records, gather and maintain required data, and complete and review the response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, AMD-PERM, Washington, D.C. 20554, Paperwork Reduction Project (3060-0819). We will also accept your comments on the burden estimate via the Internet if you send them to PRA@fcc.gov. Please DO NOT SEND the data requested to this e-mail address.

Remember — An agency may not conduct or sponsor, and a person is not required to respond to a collection of information sponsored by the Federal government unless it displays a currently valid OMB control number. This information collection has been assigned OMB Control Number: 3060-0819.

The FCC is authorized under the Communications Act of 1934, as amended, to collect the information we request in this form. If we believe there may be a violation or a potential violation of a FCC statute, regulation, rule or order, your worksheet may be referred to the Federal, state or local agency responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation or order. In certain cases, the information in your worksheets may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC; or (c) the United States Government is a party of a proceeding before the body or has an interest in the proceeding.

If you do not provide the information we request on the form, the FCC may delay processing of your worksheet or may return your worksheet without action.

(1) USAC Service Provider Identification Number 143001687
(2) Study Area Code 265061
(3) Filer 499 ID 805713
(4) Technology Type (check one) Wireline ☑  Wireless ☐
(5) ETC Designation Type (Check one): Lifeline Only ☐  High Cost/Low Income ☑
(6) Organization Information

<table>
<thead>
<tr>
<th>Company Legal Name:</th>
<th>Cincinnati Bell Telephone LLC (OH)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact Name:</td>
<td>Susan George</td>
</tr>
<tr>
<td>Mailing Address:</td>
<td>221 E. Fourth</td>
</tr>
<tr>
<td></td>
<td>Cincinnati, OH 45201</td>
</tr>
<tr>
<td>Telephone Number:</td>
<td>513-397-6503</td>
</tr>
<tr>
<td>Fax Number:</td>
<td></td>
</tr>
<tr>
<td>E-mail Address:</td>
<td><a href="mailto:susan.george@cinbell.com">susan.george@cinbell.com</a></td>
</tr>
</tbody>
</table>

(7) Filing Information

<table>
<thead>
<tr>
<th>a) Submission Date</th>
<th>12/03/2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>b) Data Month</td>
<td>October 2014</td>
</tr>
<tr>
<td>c) Type of Filing</td>
<td>Original Revision ☑</td>
</tr>
<tr>
<td>d) State Reporting</td>
<td>KENTUCKY</td>
</tr>
</tbody>
</table>

**Lifeline**

| Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support |
|---------------------------|-----------------------------|
| (8) 831                   | x $ 9.25                    |

<table>
<thead>
<tr>
<th>Tribal Low-Income Subscribers Receiving federal Lifeline Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>(9) 0</td>
</tr>
</tbody>
</table>

(c) Total Lifeline

<table>
<thead>
<tr>
<th>831</th>
<th>$7687</th>
</tr>
</thead>
</table>

**Toll Limitation Services (TLS)**

Cost of Providing TLS per Subscriber (the lesser of incremental cost or $3 in 2012/$2 in 2013)

| 0.000000 |

Number of TLS Subscribers

| 0 |

Total TLS Support Claimed

| 0 |

**Tribal Link Up (Available only to ETCs receiving High Cost support)**

Number of Connections Waived

| 0 |

Charges Waived per Connection

| 0.00 |

Total Connection Charges Waived

| 0.00 |

Deferred Interest

| 0.00 |

Total Tribal Link Up Support Claimed

| 0 |

**ETC Payment**

Total Lifeline $7687  Total TLS $0  Total Tribal Link Up $0

Total Dollars

| 7687 |

If you have any questions, please call USAC at (866) 873-4727 Toll Free.
(20) CERTIFICATIONS AND SIGNATURES

I certify that my company will pass through the full amount of all Non-Tribal and Tribal federal Lifeline support for which it seeks reimbursement, as well as all applicable intrastate Lifeline support, to all qualifying low-income subscribers by an equivalent reduction in the subscriber’s monthly bill for voice telephony service, or by offering a pre-paid wireless plan that includes a set number of minutes of use per month.

I certify that my company is in compliance with all of the Lifeline program rules, and, to the extent required, have obtained valid certifications for each subscriber for whom my company seeks reimbursement.

Based on the information known to me or provided to me by employees responsible for the preparation of the data being submitted, I certify under penalty of perjury that the data contained in this form has been examined and reviewed and is true, accurate, and complete.

I acknowledge the Fund Administrator’s authority to request additional supporting information as may be necessary.

Persons willfully making false statements on this form can be punished by fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. §1001.

12/03/2014

Susan George

DATE

Sr Director Acctg

OFFICER TITLE

OFFICER SIGNATURE

Susan George

OFFICER NAME

NOTICE: To implement section 254 of the Communications Act of 1934, as amended, the Federal Communications Commission has adopted changes to the federal low-income programs.

The following worksheet provides the means by which eligible telecommunications carriers will be reimbursed by the Universal Service Administrative Company (USAC) for their participation in these programs. Failing to collect the information, or collecting it less frequently, would prevent the Commission from implementing sections 214 and 254 of the Act, would thwart Congress’ goals of providing affordable service and access to advanced services throughout the nation, and would result in eligible telecommunications carriers not receiving universal service support reimbursements in a timely fashion.

We have estimated that each response to this collection of information will take, on average, three hours for each respondent. Our estimate includes the time to read this data request, review existing records, gather and maintain required data, and complete and review the response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, AMD-Perm, Washington, D.C. 20554, Paperwork Reduction Project (3060-0819). We will also accept your comments on the burden estimate via the Internet if you send them to PRA@fcc.gov. Please DO NOT SEND the data requested to this e-mail address.

Remember – An agency may not conduct or sponsor, and a person is not required to respond to a collection of information sponsored by the Federal government unless it displays a currently valid OMB control number. This information collection has been assigned OMB Control Number: 3060-0819.

The FCC is authorized under the Communications Act of 1934, as amended, to collect the information we request in this form. If we believe there may be a violation or a potential violation of a FCC statute, regulation, rule or order, your worksheet may be referred to the Federal, state or local agency responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation or order. In certain cases, the information in your worksheets may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC, or (b) any employee of the FCC; or (c) the United States Government is a party of a proceeding before the body or has an interest in the proceeding.

If you do not provide the information we request on the form, the FCC may delay processing of your worksheet or may return your worksheet without action.

**LIFELINE WORKSHEET**

1. **USAC Service Provider Identification Number**: 143001687
2. **Study Area Code**: 265061
3. **Filer 499 ID**: 805713
4. **Technology Type (check one)**: Wireline [✓] Wireless [ ]
5. **ETC Designation Type (Check one)**: Lifeline Only [ ] High Cost/Low Income [✓]
6. **Organization Information**
   - **Company Legal Name**: Cincinnati Bell Telephone LLC (OH)
   - **Contact Name**: Susan George
   - **Mailing Address**: 221 E. Fourth St, Cincinnati, OH 45201
   - **Telephone Number**: 513-397-6503
   - **Fax Number**:
   - **E-mail Address**: susan.george@cinbell.com
7. **Filing Information**
   - **Submission Date**: 02/06/2015
   - **Data Month**: November 2014
   - **Type of Filing (check one)**: Original [✓]
   - **State Reporting**: KENTUCKY

---

**Lifeline**

(a) # Lifeline Subscribers
(b) Lifeline Support/Subscriber Support
(c) Total Lifeline

- **Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support**
  - (8) 819
  - $9.25
  - $7,576
- **Tribal Low-Income Subscribers Receiving federal Lifeline Support**
  - (9) 0
  - $0

**Total Federal Lifeline Support Claimed (10)** $7,576

---

**Toll Limitation Services (TLS)**

- **Cost of Providing TLS per Subscriber**: 0.000000
- **Number of TLS Subscribers**: 0

**Total TLS Support Claimed (13)** $0

---

**Tribal Link Up (Available only to ETCs receiving High Cost support)**

- **Number of Connections Waived**: 0
- **Charges Waived per Connection**: $0.00

**Total Connection Charges Waived**

- **Deferred Interest**: $0.00

**Total Tribal Link Up Support Claimed (18)** $0

---

**ETC Payment**

- **Total Lifeline $7,576**
- **Total TLS $0**
- **Total Tribal Link Up $0**

**Total Dollars (19)** $7,576

*If you have any questions, please call USAC at (866) 873-4727 Toll Free*
(20) CERTIFICATIONS AND SIGNATURES

I certify that my company will pass through the full amount of all Non-Tribal and Tribal federal Lifeline support for which it seeks reimbursement, as well as all applicable intrastate Lifeline support, to all qualifying low-income subscribers by an equivalent reduction in the subscriber's monthly bill for voice telephony service, or by offering a pre-paid wireless plan that includes a set number of minutes of use per month.

I certify that my company is in compliance with all of the Lifeline program rules, and, to the extent required, have obtained valid certifications for each subscriber for whom my company seeks reimbursement.

Based on the information known to me or provided to me by employees responsible for the preparation of the data being submitted, I certify under penalty of perjury that the data contained in this form has been examined and reviewed and is true, accurate, and complete.

I acknowledge the Fund Administrator's authority to request additional supporting information as may be necessary.

Persons willfully making false statements on this form can be punished by fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. §1001.

02/06/2015

DATE

Susan George

OFFICER SIGNATURE

Sr Director

OFFICER TITLE

Susan George

OFFICER NAME

NOTICE: To implement section 254 of the Communications Act of 1934, as amended, the Federal Communications Commission has adopted changes to the federal low-income programs.

The following worksheet provides the means by which eligible telecommunications carriers will be reimbursed by the Universal Service Administrative Company (USAC) for their participation in these programs. Failing to collect the information, or collecting it less frequently, would prevent the Commission from implementing sections 214 and 254 of the Act, would thwart Congress' goals of providing affordable service and access to advanced services throughout the nation, and would result in eligible telecommunications carriers not receiving universal service support reimbursements in a timely fashion.

We have estimated that each response to this collection of information will take, on average, three hours for each respondent. Our estimate includes the time to read this data request, review existing records, gather and maintain required data, and complete and review the response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, AMD-Perm, Washington, D.C. 20554, Paperwork Reduction Project (3060-0819). We will also accept your comments on the burden estimate via the Internet if you send them to PRA@fcc.gov. Please DO NOT SEND the data requested to this e-mail address.

Remember -- An agency may not conduct or sponsor, and a person is not required to respond to a collection of information sponsored by the Federal government unless it displays a currently valid OMB control number. This information collection has been assigned OMB Control Number: 3060-0819.

The FCC is authorized under the Communications Act of 1934, as amended, to collect the information we request in this form. If we believe there may be a violation or a potential violation of a FCC statute, regulation, rule or order, your worksheet may be referred to the Federal, state or local agency responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation or order. In certain cases, the information in your worksheets may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC; or (c) the United States Government is a party of a proceeding before the body or has an interest in the proceeding.

If you do not provide the information we request on the form, the FCC may delay processing of your worksheet or may return your worksheet without action.

FCC Form 497
April 2012 Edition

LIFELINE WORKSHEET

(1) USAC Service Provider Identification Number 143001687
(2) Study Area Code 265061

(3) Filer 499 ID 805713
(4) Technology Type (check one) Wireline ☑ Wireless ☐

(5) ETC Designation Type (Check one): Lifeline Only ☐ High Cost/Low Income ☑

(6) Organization Information

<table>
<thead>
<tr>
<th>Company Legal Name:</th>
<th>Cincinnati Bell Telephone LLC (OH)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact Name:</td>
<td>susan george</td>
</tr>
<tr>
<td>Mailing Address:</td>
<td>221 E. Fourth St</td>
</tr>
<tr>
<td></td>
<td>Cincinnati, OH 45202</td>
</tr>
<tr>
<td>Telephone Number:</td>
<td>513-397-6503</td>
</tr>
<tr>
<td>Fax Number:</td>
<td></td>
</tr>
<tr>
<td>E-mail Address:</td>
<td><a href="mailto:susan.george@cinbell.com">susan.george@cinbell.com</a></td>
</tr>
</tbody>
</table>

(7) Filing Information

<table>
<thead>
<tr>
<th>a) Submission Date</th>
<th>02/06/2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>b) Data Month</td>
<td>December 2014</td>
</tr>
<tr>
<td>c) Type of Filing (check one)</td>
<td>Original Revision</td>
</tr>
<tr>
<td>d) State Reporting</td>
<td>KENTUCKY</td>
</tr>
</tbody>
</table>

**Lifeline**

Non-Tribal Low-income Subscribers
Receiving federal Lifeline Support

| (8) | 679 | x | $9.25 | = $6281 |

Tribal Low-Income Subscribers
Receiving federal Lifeline Support

| (9) | 0 | x | $0.00 | = $0 |

Total Federal Lifeline Support Claimed (10) $6281

**Toll Limitation Services (TLS)**

Cost of Providing TLS per Subscriber (11) 0.000000
(the lesser of incremental cost or $3 in 2012, $2 in 2013)

Number of TLS Subscribers (12) 0

Total TLS Support Claimed (13) $0

**Tribal Link Up (Available only to ETCs receiving High Cost support)**

Number of Connections Waived (14) 0
Charges Waived per Connection (15) $0.00 (for multiple rates, use an average amount)

Total Connection Charges Waived (16) $0
Deferred Interest (17) $0.00

Total Tribal Link Up Support Claimed (18) $0

**ETC Payment**

Total Lifeline $6281 Total TLS $0 Total Tribal Link Up $0

Total Dollars (19) $6281

*If you have any questions, please call USAC at (866) 873-4727 Toll Free*
(20) CERTIFICATIONS AND SIGNATURES

I certify that my company will pass through the full amount of all Non-Tribal and Tribal federal Lifeline support for which it seeks reimbursement, as well as all applicable intrastate Lifeline support, to all qualifying low-income subscribers by an equivalent reduction in the subscriber's monthly bill for voice telephony service, or by offering a pre-paid wireless plan that includes a set number of minutes of use per month.

I certify that my company is in compliance with all of the Lifeline program rules, and, to the extent required, have obtained valid certifications for each subscriber for whom my company seeks reimbursement.

Based on the information known to me or provided to me by employees responsible for the preparation of the data being submitted, I certify under penalty of perjury that the data contained in this form has been examined and reviewed and is true, accurate, and complete.

I acknowledge the Fund Administrator's authority to request additional supporting information as may be necessary.

Persons willfully making false statements on this form can be punished by fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. §1001.

02/06/2015

DATE

Sr Director

OFFICER TITLE

Susan George

OFFICER SIGNATURE

OFFICER NAME

NOTICE: To implement section 254 of the Communications Act of 1934, as amended, the Federal Communications Commission has adopted changes to the federal low-income programs.

The following worksheet provides the means by which eligible telecommunications carriers will be reimbursed by the Universal Service Administrative Company (USAC) for their participation in these programs. Failing to collect the information, or collecting it less frequently, would prevent the Commission from implementing sections 214 and 219 of the Act, would thwart Congress' goals of providing affordable service and access to advanced services throughout the nation, and would result in eligible telecommunications carriers not receiving universal service support reimbursements in a timely fashion.

We have estimated that each response to this collection of information will take, on average, three hours for each respondent. Our estimate includes the time to read this data request, review existing records, gather and maintain required data, and complete and review the response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, AMD-PERM, Washington, D.C. 20554, Paperwork Reduction Project (3060-0819). We will also accept your comments on the burden estimate via the Internet if you send them to PRA@fcc.gov. Please DO NOT SEND the data requested to this e-mail address.

Remember -- An agency may not conduct or sponsor, and a person is not required to respond to a collection of information sponsored by the Federal government unless it displays a currently valid OMB control number. This information collection has been assigned OMB Control Number: 3060-0819.

The FCC is authorized under the Communications Act of 1934, as amended, to collect the information we request in this form. If we believe there may be a violation or a potential violation of a FCC statute, regulation, rule or order, your worksheet may be referred to the Federal, state or local agency responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation or order. In certain cases, the information in your worksheets may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC; or (c) the United States Government is a party of a proceeding before the body or has an interest in the proceeding.

If you do not provide the information we request on the form, the FCC may delay processing of your worksheet or may return your worksheet without action.

(1) USAC Service Provider Identification Number: 143001687  
(2) Study Area Code: 265061

(3) Filer 499 ID: 805713  
(4) Technology Type (check one): Wireline □ Wireless □

(5) ETC Designation Type (check one): Lifeline Only □ High Cost/Low Income □

(6) Organization Information

<table>
<thead>
<tr>
<th>Company Legal Name:</th>
<th>Cincinnati Bell Telephone LLC (OH)</th>
<th>(a) Submission Date</th>
<th>04/15/2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact Name:</td>
<td>susan george</td>
<td>(b) Data Month</td>
<td>January 2015</td>
</tr>
<tr>
<td>Mailing Address:</td>
<td>221 E. Fourth St</td>
<td>(c) Type of Filing</td>
<td>Original</td>
</tr>
<tr>
<td></td>
<td>Cincinnati, OH 45201</td>
<td>(check one)</td>
<td>Revision</td>
</tr>
<tr>
<td>Telephone Number:</td>
<td>5133976503</td>
<td>(d) State Reporting</td>
<td>KENTUCKY</td>
</tr>
<tr>
<td>Fax Number:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E-mail Address:</td>
<td><a href="mailto:susan.george@cinbell.com">susan.george@cinbell.com</a></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Lifeline**

(a) # Lifeline Subscribers: 664  
(b) Lifeline Support/Subscriber Support: $9.25  
(c) Total Lifeline: $6,142

Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support:

(8) 664 × $9.25 = $6,142

Tribal Low-Income Subscribers Receiving federal Lifeline Support:

(9) 0 × $0.00 = $0

Total Federal Lifeline Support Claimed (10): $6,142

**Toll Limitation Services (TLS)**

Cost of Providing TLS per Subscriber: $0.00

(11) The lesser of incremental cost or $3 in 2012 / $2 in 2013

Number of TLS Subscribers: 0

Total TLS Support Claimed (13): $0

**Tribal Link Up** (Available only to ETCs receiving High Cost support)

Number of Connections Waived: 0

Charges Waived per Connection: $0.00

(15) (not to exceed $100)

Total Connection Charges Waived: $0

Deferred Interest: $0

Total Tribal Link Up Support Claimed (18): $0

**ETC Payment**

Total Lifeline $6,142  
Total TLS $0  
Total Tribal Link Up $0

Total Dollars (19): $6,142

If you have any questions, please call USAC at (866) 873-4727 Toll Free
(20) CERTIFICATIONS AND SIGNATURES

I certify that my company will pass through the full amount of all Non-Tribal and Tribal federal Lifeline support for which it seeks reimbursement, as well as all applicable intrastate Lifeline support, to all qualifying low-income subscribers by an equivalent reduction in the subscriber’s monthly bill for voice telephony service, or by offering a pre-paid wireless plan that includes a set number of minutes of use per month.

I certify that my company is in compliance with all of the Lifeline program rules, and, to the extent required, have obtained valid certifications for each subscriber for whom my company seeks reimbursement.

Based on the information known to me or provided to me by employees responsible for the preparation of the data being submitted, I certify under penalty of perjury that the data contained in this form has been examined and reviewed and is true, accurate, and complete.

I acknowledge the Fund Administrator’s authority to request additional supporting information as may be necessary.

Persons willfully making false statements on this form can be punished by fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. §1001.

04/15/2015

Susan George

DATE

Sr Director Accounting

OFFICER TITLE

Susan George

OFFICER NAME

NOTICE: To implement section 254 of the Communications Act of 1934, as amended, the Federal Communications Commission has adopted changes to the federal low-income programs.

The following worksheet provides the means by which eligible telecommunications carriers will be reimbursed by the Universal Service Administrative Company (USAC) for their participation in these programs. Failing to collect the information, or collecting it less frequently, would prevent the Commission from implementing sections 214 and 254 of the Act, would thwart Congress’ goals of providing affordable service and access to advanced services throughout the nation, and would result in eligible telecommunications carriers not receiving universal service support reimbursements in a timely fashion.

We have estimated that each response to this collection of information will take, on average, three hours for each respondent. Our estimate includes the time to read this data request, review existing records, gather and maintain required data, and complete and review the response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, AMD-PERM, Washington, D.C. 20554, Paperwork Reduction Project (3060-0819). We will also accept your comments on the burden estimate via the Internet at http://www.fcc.gov/privacy/; or please send them to PRA@fcc.gov. Please do not send the data requested to this e-mail address.

Remember -- An agency may not conduct or sponsor, and a person is not required to respond to a collection of information sponsored by the Federal government unless it displays a currently valid OMB control number. This information collection has been assigned OMB Control Number: 3060-0819.

The FCC is authorized under the Communications Act of 1934, as amended, to collect the information we request in this form. If we believe there may be a violation or a potential violation of a FCC statute, regulation, rule or order, your worksheet may be referred to the Federal, state or local agency responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation or order. In certain cases, the information in your worksheets may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC; or (c) the United States Government is a party of a proceeding before the body or has an interest in the proceeding.

If you do not provide the information we request on the form, the FCC may delay processing of your worksheet or may return your worksheet without action.

**LIFELINE WORKSHEET**

(1) USAC Service Provider Identification Number 143001687

(2) Study Area Code 265061

(3) Filer 499 ID 805713

(4) Technology Type (check one) Wireline ☒ Wireless ☐

(5) ETC Designation Type (Check one): Lifeline Only ☐ High Cost/Low Income ☒

(6) Organization Information

<table>
<thead>
<tr>
<th>Company Legal Name:</th>
<th>Cincinnati Bell Telephone LLC (OH)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact Name:</td>
<td>susan george</td>
</tr>
<tr>
<td>Mailing Address:</td>
<td>221 E. Fourth St</td>
</tr>
<tr>
<td></td>
<td>Cincinnati, OH 45201</td>
</tr>
<tr>
<td>Telephone Number:</td>
<td>5133976503</td>
</tr>
<tr>
<td>Fax Number:</td>
<td>E-mail Address: <a href="mailto:susan.george@cinbell.com">susan.george@cinbell.com</a></td>
</tr>
</tbody>
</table>

(7) Filing Information

<table>
<thead>
<tr>
<th>Submission Date</th>
<th>Data Month</th>
<th>Type of Filing</th>
<th>State Reporting</th>
</tr>
</thead>
<tbody>
<tr>
<td>04/15/2015</td>
<td>February 2015</td>
<td>Original Revision</td>
<td>KENTUCKY</td>
</tr>
</tbody>
</table>

**Lifeline**

(a) # Lifeline Subscribers

<table>
<thead>
<tr>
<th>Subscribers</th>
<th>(b) Lifeline Support</th>
<th>(c) Total Lifeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>(8) 663</td>
<td>x $ 9.25</td>
<td>= $ 6133</td>
</tr>
<tr>
<td>(9) 0</td>
<td>x $ 0.00</td>
<td>= $ 0</td>
</tr>
<tr>
<td></td>
<td>(not to exceed $34.25)</td>
<td></td>
</tr>
</tbody>
</table>

Total Federal Lifeline Support Claimed (10) $ 6133

**Toll Limitation Services (TLS)**

| Cost of Providing TLS per Subscriber | (11) 0.000000 |
| (the lesser of incremental cost or $3 in 2012 / $2 in 2013) |

Number of TLS Subscribers (12) 0

Total TLS Support Claimed (13) $ 0

**Tribal Link Up** (Available only to ETCs receiving High Cost support)

Number of Connections Waived (14) 0

Charges Waived per Connection (15) $ 0.00 (for multiple rates, use an average amount)

Total Connection Charges Waived (16) $ 0

Deferred Interest (17) $ 0.00

Total Tribal Link Up Support Claimed (18) $ 0

**ETC Payment**

Total Lifeline $ 6133

Total TLS $ 0

Total Tribal Link Up $ 0

Total Dollars (19) $ 6133

If you have any questions, please call USAC at (866) 873-4727 Toll Free
(20) CERTIFICATIONS AND SIGNATURES

I certify that my company will pass through the full amount of all Non-Tribal and Tribal federal Lifeline support for which it seeks reimbursement, as well as all applicable intrastate Lifeline support, to all qualifying low-income subscribers by an equivalent reduction in the subscriber's monthly bill for voice telephony service, or by offering a pre-paid wireless plan that includes a set number of minutes of use per month.

I certify that my company is in compliance with all of the Lifeline program rules, and, to the extent required, have obtained valid certifications for each subscriber for whom my company seeks reimbursement.

Based on the information known to me or provided to me by employees responsible for the preparation of the data being submitted, I certify under penalty of perjury that the data contained in this form has been examined and reviewed and is true, accurate, and complete.

I acknowledge the Fund Administrator’s authority to request additional supporting information as may be necessary.

Persons willfully making false statements on this form can be punished by fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. §1001.

04/15/2015

Susan George

DATE

Sr. Director Accounting

OFFICER TITLE

Susan George

OFFICER SIGNATURE

OFFICER NAME

NOTICE: To implement section 254 of the Communications Act of 1934, as amended, the Federal Communications Commission has adopted changes to the federal low-income programs.

The following worksheet provides the means by which eligible telecommunications carriers will be reimbursed by the Universal Service Administrative Company (USAC) for their participation in these programs. Failing to collect the information, or collecting it less frequently, would prevent the Commission from implementing sections 214 and 254 of the Act, would thwart Congress’ goals of providing affordable service and access to advanced services throughout the nation, and would result in eligible telecommunications carriers not receiving universal service support reimbursements in a timely fashion.

We have estimated that each response to this collection of information will take, on average, three hours for each respondent. Our estimate includes the time to read this data request, review existing records, gather and maintain required data, and complete and review the response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, AMD-SRM, Washington, D.C. 20554, Paperwork Reduction Project (3060-0819). We will also accept your comments on the burden estimate via the Internet if you send them to PRA@fcc.gov. Please DO NOT SEND the data requested to this e-mail address.

Remember: An agency may not conduct or sponsor, and a person is not required to respond to a collection of information sponsored by the Federal government unless it displays a currently valid OMB control number. This information collection has been assigned OMB Control Number: 3060-0819.

The FCC is authorized under the Communications Act of 1934, as amended, to collect the information we request in this form. If we believe there may be a violation or a potential violation of a FCC statute, regulation, rule or order, your worksheet may be referred to the Federal, state or local agency responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation or order. In certain cases, the information in your worksheets may be disclosed to the Department of Justice or a court or administrative body when (a) the FCC; or (b) any employee of the FCC; or (c) the United States Government is a party of a proceeding before the body or has an interest in the proceeding.

If you do not provide the information we request on the form, the FCC may delay processing of your worksheet or may return your worksheet without action.

LIFELINE WORKSHEET

(1) USAC Service Provider Identification Number 143001687  
(2) Study Area Code 265061  
(3) Filer 499 ID 805713  
(4) Technology Type (check one) Wireline ☑ Wireless □  
(5) ETC Designation Type (Check one): Lifeline Only □ High Cost/Low Income ☑  
(6) Organization Information  
| Company Legal Name: | Cincinnati Bell Telephone LLC (OH)  | a) Submission Date | 05/28/2015  |
| Contact Name: | susan george  | b) Data Month | March 2015  |
| Mailing Address: | 221 EFourth St  | c) Type of Filing (check one) |  
| | Cincinnati, OH 45201  | Original Revision |  
| Telephone Number: | 5133976503  | d) State Reporting | KENTUCKY  |
| Fax Number: |  
| E-mail Address: | susan.george@cinbell.com  |

Lifeline

<table>
<thead>
<tr>
<th>Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support</th>
<th>(a) # Lifeline Subscribers</th>
<th>(b) Lifeline Support/Subscriber Support</th>
<th>(c) Total Lifeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>648</td>
<td>$ 9.25</td>
<td>$ 5994</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Tribal Low-Income Subscribers Receiving federal Lifeline Support</th>
<th>(8)</th>
<th>(9)</th>
<th>(10)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>$ 0.00</td>
<td>$ 0</td>
<td></td>
</tr>
</tbody>
</table>

Total Federal Lifeline Support Claimed (10) $ 5994

Toll Limitation Services (TLS)

<table>
<thead>
<tr>
<th>Cost of Providing TLS per Subscriber</th>
<th>(11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.000000</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Number of TLS Subscribers</th>
<th>(12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

Total TLS Support Claimed (13) $ 0

Tribal Link Up (Available only to ETCs receiving High Cost support)

<table>
<thead>
<tr>
<th>Number of Connections Waived</th>
<th>(14)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Charges Waived per Connection</th>
<th>(15)</th>
</tr>
</thead>
<tbody>
<tr>
<td>$ 0.00</td>
<td></td>
</tr>
</tbody>
</table>

Total Connection Charges Waived (16) $ 0

Deferred Interest (17) $ 0

Total Tribal Link Up Support Claimed (18) $ 0

ETC Payment

Total Lifeline $ 5994  
Total TLS $ 0  
Total Tribal Link Up $ 0  
Total Dollars (19) $ 5994

If you have any questions, please call USAC at (866) 873-4727 Toll Free
(20) CERTIFICATIONS AND SIGNATURES

I certify that my company will pass through the full amount of all Non-Tribal and Tribal federal Lifeline support for which it seeks reimbursement, as well as all applicable intrastate Lifeline support, to all qualifying low-income subscribers by an equivalent reduction in the subscriber's monthly bill for voice telephony service, or by offering a pre-paid wireless plan that includes a set number of minutes of use per month.

I certify that my company is in compliance with all of the Lifeline program rules, and, to the extent required, have obtained valid certifications for each subscriber for whom my company seeks reimbursement.

Based on the information known to me or provided to me by employees responsible for the preparation of the data being submitted, I certify under penalty of perjury that the data contained in this form has been examined and reviewed and is true, accurate, and complete.

I acknowledge the Fund Administrator's authority to request additional supporting information as may be necessary.

Persons willfully making false statements on this form can be punished by fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. §1001.

05/28/2015

DATE

Sr Director General Account

OFFICER TITLE

Susan George

OFFICER SIGNATURE

Susan George

OFFICER NAME

NOTICE: To implement section 254 of the Communications Act of 1934, as amended, the Federal Communications Commission has adopted changes to the federal low-income programs.

The following worksheet provides the means by which eligible telecommunications carriers will be reimbursed by the Universal Service Administrative Company (USAC) for their participation in these programs. Failing to collect the information, or collecting it less frequently, would prevent the Commission from implementing sections 214 and 254 of the Act, thereby thwart Congress' goals of providing affordable service and access to advanced services throughout the nation, and would result in eligible telecommunications carriers not receiving universal service support reimbursements in a timely fashion.

We have estimated that each response to this collection of information will take, on average, three hours for each respondent. Our estimate includes the time to read this data request, review existing records, gather and maintain required data, and complete and review the response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, AMD-PERM, Washington, D.C. 20554, Paperwork Reduction Project (3060-0819). We will also accept your comments on the burden estimate via the Internet if you send them to PRA@fcc.gov. Please DO NOT SEND the data requested to this e-mail address.

Remember -- An agency may not conduct or sponsor, and a person is not required to respond to a collection of information sponsored by the Federal government unless it displays a currently valid OMB control number. This information collection has been assigned OMB Control Number: 3060-0819.

The FCC is authorized under the Communications Act of 1934, as amended, to collect the information we request in this form. If we believe there may be a violation or a potential violation of a FCC statute, regulation, rule or order, your worksheet may be referred to the Federal, state or local agency responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation or order. In certain cases, the information in your worksheets may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC, (b) any employee of the FCC, or (c) the United States Government is a party of a proceeding before the body or has an interest in the proceeding.

If you do not provide the information we request on the form, the FCC may delay processing of your worksheet or may return your worksheet without action.

LIFELINE WORKSHEET

(1) USAC Service Provider Identification Number 143001687
(2) Study Area Code 265061

(3) Filer 499 ID 805713
(4) Technology Type (check one) Wireline ☑ Wireless ☐

(5) ETC Designation Type (Check one): Lifeline Only ☐ High Cost/Low Income ☑

(6) Organization Information

<table>
<thead>
<tr>
<th>Company Legal Name:</th>
<th>Cincinnati Bell Telephone LLC (OH)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact Name:</td>
<td>susan george</td>
</tr>
<tr>
<td>Mailing Address:</td>
<td>221 EFourth St</td>
</tr>
<tr>
<td></td>
<td>Cincinnati, OH 45201</td>
</tr>
<tr>
<td>Telephone Number:</td>
<td>5133976503</td>
</tr>
<tr>
<td>Fax Number:</td>
<td></td>
</tr>
<tr>
<td>E-mail Address:</td>
<td><a href="mailto:susan.george@cinbell.com">susan.george@cinbell.com</a></td>
</tr>
</tbody>
</table>

(7) Filing Information

<table>
<thead>
<tr>
<th>a) Submission Date</th>
<th>05/14/2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>b) Data Month</td>
<td>April 2015</td>
</tr>
<tr>
<td>c) Type of Filing</td>
<td>Original Revision</td>
</tr>
<tr>
<td>Original Revision</td>
<td></td>
</tr>
<tr>
<td>d) State Reporting</td>
<td>KENTUCKY</td>
</tr>
</tbody>
</table>

Lifeline

Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support

<table>
<thead>
<tr>
<th>(8) Subscribers</th>
<th>x $ 9.25</th>
<th>= $ 5818</th>
</tr>
</thead>
</table>

Tribal Low-Income Subscribers Receiving federal Lifeline Support

<table>
<thead>
<tr>
<th>(9) Subscribers</th>
<th>x $ 0.00</th>
<th>= $ 0</th>
</tr>
</thead>
</table>

Total Federal Lifeline Support Claimed (10) $ 5818

Toll Limitation Services (TLS)

Cost of Providing TLS per Subscriber (11) 0.000000

Number of TLS Subscribers (12) 0

Total TLS Support Claimed (13) $ 0

Tribal Link Up (Available only to ETCs receiving High Cost support)

Number of Connections Waived (14) 0

Charges Waived per Connection (15) $ 0.00

(for multiple rates, use an average amount)

Total Connection Charges Waived (16) $ 0.00

Deferred Interest (17) $ 0.00

Total Tribal Link Up Support Claimed (18) $ 0

ETC Payment

Total Lifeline $ 5818

Total TLS $ 0

Total Tribal Link Up $ 0

Total Dollars (19) $ 5818

If you have any questions, please call USAC at (866) 873-4727 Toll Free
(20) CERTIFICATIONS AND SIGNATURES

I certify that my company will pass through the full amount of all Non-Tribal and Tribal federal Lifeline support for which it seeks reimbursement, as well as all applicable intrastate Lifeline support, to all qualifying low-income subscribers by an equivalent reduction in the subscriber's monthly bill for voice telephony service, or by offering a pre-paid wireless plan that includes a set number of minutes of use per month.

I certify that my company is in compliance with all of the Lifeline program rules, and, to the extent required, have obtained valid certifications for each subscriber for whom my company seeks reimbursement.

Based on the information known to me or provided to me by employees responsible for the preparation of the data being submitted, I certify under penalty of perjury that the data contained in this form has been examined and reviewed and is true, accurate, and complete.

I acknowledge the Fund Administrator’s authority to request additional supporting information as may be necessary.

Persons willfully making false statements on this form can be punished by fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. §1001.

05/14/2015  ______________________________________

DATE  Susan George

Sr Director General Account

OFFICER TITLE

OFFICER SIGNATURE  Susan George

OFFICER NAME

NOTICE: To implement section 254 of the Communications Act of 1934, as amended, the Federal Communications Commission has adopted changes to the federal low-income programs.

The following worksheet provides the means by which eligible telecommunications carriers will be reimbursed by the Universal Service Administrative Company (USAC) for their participation in these programs. Failing to collect the information, or collecting it less frequently, would prevent the Commission from implementing sections 214 and 254 of the Act, would thwart Congress' goals of providing affordable service and access to advanced services throughout the nation, and would result in eligible telecommunications carriers not receiving universal service support reimbursements in a timely fashion.

We have estimated that each response to this collection of information will take, on average, three hours for each respondent. Our estimate includes the time to read this data request, review existing records, gather and maintain required data, and complete and review the response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, AMD-PERM, Washington, D.C. 20554, Paperwork Reduction Project (3060-0819). We will also accept your comments on the burden estimate via the internet if you send them to PRA@fcc.gov. Please DO NOT SEND the data requested to this e-mail address.

Remember -- An agency may not conduct or sponsor, and a person is not required to respond to a collection of information sponsored by the Federal government unless it displays a currently valid OMB control number. This information collection has been assigned OMB Control Number: 3060-0819.

The FCC is authorized under the Communications Act of 1934, as amended, to collect the information we request in this form. If we believe there may be a violation or a potential violation of a FCC statute, regulation, rule or order, your worksheet may be referred to the Federal, state or local agency responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation or order. In certain cases, the information in your worksheets may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC, or (b) any employee of the FCC, or (c) the United States Government is a party of a proceeding before the body or has an interest in the proceeding.

If you do not provide the information we request on the form, the FCC may delay processing of your worksheet or may return your worksheet without action.

**LIFELINE WORKSHEET**

(1) USAC Service Provider Identification Number 143001687  
(2) Study Area Code 265061

(3) Filer 499 ID 805713  
(4) Technology Type (check one): Wireline ☑  Wireless ☐

(5) ETC Designation Type (Check one): Lifeline Only ☐  High Cost/Low Income ☑

### Organization Information

<table>
<thead>
<tr>
<th>Company Legal Name:</th>
<th>Cincinnati Bell Telephone LLC (OH)</th>
<th>Contact Name:</th>
<th>susan george</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mailing Address:</td>
<td>221 EFourth St</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Telephone Number:</td>
<td>5133976503</td>
<td>Fax Number:</td>
<td></td>
</tr>
<tr>
<td>E-mail Address:</td>
<td><a href="mailto:susan.george@cinbell.com">susan.george@cinbell.com</a></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Filing Information

<table>
<thead>
<tr>
<th>Submission Date:</th>
<th>06/05/2015</th>
<th>Data Month:</th>
<th>May 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of Filing:</td>
<td>Original Revision ☑</td>
<td></td>
<td></td>
</tr>
<tr>
<td>State Reporting:</td>
<td>KENTUCKY</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Lifeline

- **Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support**
  - (8) 613 subscribers  
  - $9.25 per subscriber  
  - Total Lifeline: $5670

- **Tribal Low-Income Subscribers Receiving federal Lifeline Support**
  - (9) 0 subscribers  
  - Total Lifeline: $0

### Toll Limitation Services (TLS)

- **Cost of Providing TLS per Subscriber**
  - (11) $0.00000  
  - (the lesser of incremental cost or $3 in 2012 / $2 in 2013)

- **Number of TLS Subscribers**
  - (12) 0

### Tribal Link Up (Available only to ETCs receiving High Cost support)

- **Number of Connections Waived**
  - (14) 0

- **Charges Waived per Connection**
  - (15) $0.00  
  - (for multiple rates, use an average amount)

### ETC Payment

- **Total Lifeline**: $5670  
- **Total TLS**: $0  
- **Total Tribal Link Up**: $0  
- **Total Dollars**: $5670

*If you have any questions, please call USAC at (866) 873-4727 Toll Free*
(20) CERTIFICATIONS AND SIGNATURES

I certify that my company will pass through the full amount of all Non-Tribal and Tribal federal Lifeline support for which it seeks reimbursement, as well as all applicable intrastate Lifeline support, to all qualifying low-income subscribers by an equivalent reduction in the subscriber's monthly bill for voice telephony service, or by offering a pre-paid wireless plan that includes a set number of minutes of use per month.

I certify that my company is in compliance with all of the Lifeline program rules, and, to the extent required, have obtained valid certifications for each subscriber for whom my company seeks reimbursement.

Based on the information known to me or provided to me by employees responsible for the preparation of the data being submitted, I certify under penalty of perjury that the data contained in this form has been examined and reviewed and is true, accurate, and complete.

I acknowledge the Fund Administrator's authority to request additional supporting information as may be necessary.

Persons willfully making false statements on this form can be punished by fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. §1001.

06/05/2015

Susan George

DATE

Sr Director General Account

OFFICER SIGNATURE

Susan George

OFFICER TITLE

NOTICE: To implement section 254 of the Communications Act of 1934, as amended, the Federal Communications Commission has adopted changes to the federal low-income programs.

The following worksheet provides the means by which eligible telecommunications carriers will be reimbursed by the Universal Service Administrative Company (USAC) for their participation in these programs. Failing to collect the information, or collecting it less frequently, would prevent the Commission from implementing sections 214 and 254 of the Act, would thwart Congress' goals of providing affordable service and access to advanced services throughout the nation, and would result in eligible telecommunications carriers not receiving universal service support reimbursements in a timely fashion.

We have estimated that each response to this collection of information will take, on average, three hours for each respondent. Our estimate includes the time to read this data request, review existing records, gather and maintain required data, and complete and review the response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, PRA-Perm, Washington, D.C. 20554, Paperwork Reduction Project (3056-0819). We will also accept your comments on the burden estimate via the Internet if you send them to PRA@fcc.gov. Please DO NOT SEND the data requested to this e-mail address.

Remember -- An agency may not conduct or sponsor, and a person is not required to respond to a collection of information sponsored by the Federal government unless it displays a currently valid OMB control number. This information collection has been assigned OMB Control Number: 3056-0819.

The FCC is authorized under the Communications Act of 1934, as amended, to collect the information we request in this form. If we believe there may be a violation or a potential violation of a FCC statute, regulation, rule or order, your worksheet may be referred to the Federal, state or local agency responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation or order. In certain cases, the information in your worksheets may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC; or (c) the United States Government is a party of a proceeding before the body or has an interest in the proceeding.

If you do not provide the information we request on the form, the FCC may delay processing of your worksheet or may return your worksheet without action.

LIFELINE WORKSHEET

(1) USAC Service Provider Identification Number 143001687

(2) Study Area Code 265061

(3) Filer 499 ID 805713

(4) Technology Type (check one) Wireline ☑️ Wireless ☐

(5) ETC Designation Type (Check one): Lifeline Only ☐ High Cost/Low Income ☑️

(6) Organization Information

Company Legal Name: Cincinnati Bell Telephone LLC (OH)
Contact Name: susan george
Mailing Address: 221 E. Fourth St
Cincinnati, OH 45202
Telephone Number: 5133976503
Fax Number: E-mail Address: susan.george@cinbell.com

(7) Filing Information

a) Submission Date 08/04/2015
b) Data Month June 2015
c) Type of Filing (check one) Original Revision ☑️
d) State Reporting KENTUCKY

Lifeline

Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support

<table>
<thead>
<tr>
<th>Subscribers</th>
<th>Support</th>
<th>Total Lifeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>605</td>
<td>$ 9.25</td>
<td>$ 5596</td>
</tr>
</tbody>
</table>

Total Federal Lifeline Support Claimed $ 5596

Toll Limitation Services (TLS)

Cost of Providing TLS per Subscriber (the lesser of incremental cost or $3 in 2012 /$2 in 2013)

<table>
<thead>
<tr>
<th>Subscribers</th>
<th>Support</th>
<th>Total TLS Support Claimed</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>$ 0.00</td>
<td>$ 0</td>
</tr>
</tbody>
</table>

Total TLS Support Claimed $ 0

Tribal Link Up (Available only to ETCs receiving High Cost support)

Number of Connections Waived

<table>
<thead>
<tr>
<th>Charges Waived per Connection</th>
<th>Total Connection Charges Waived</th>
<th>Deferred Interest</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>$ 0.00</td>
<td>$ 0.00</td>
</tr>
</tbody>
</table>

Total Tribal Link Up Support Claimed $ 0

ETC Payment

Total Lifeline $ 5596 Total TLS $ 0 Total Tribal Link Up $ 0

Total Dollars (19) $ 5596

If you have any questions, please call USAC at (866) 873-4727 Toll Free
(20) CERTIFICATIONS AND SIGNATURES

I certify that my company will pass through the full amount of all Non-Tribal and Tribal federal Lifeline support for which it seeks reimbursement, as well as all applicable intrastate Lifeline support, to all qualifying low-income subscribers by an equivalent reduction in the subscriber’s monthly bill for voice telephony service, or by offering a pre-paid wireless plan that includes a set number of minutes of use per month.

I certify that my company is in compliance with all of the Lifeline program rules, and, to the extent required, have obtained valid certifications for each subscriber for whom my company seeks reimbursement.

Based on the information known to me or provided to me by employees responsible for the preparation of the data being submitted, I certify under penalty of perjury that the data contained in this form has been examined and reviewed and is true, accurate, and complete.

I acknowledge the Fund Administrator’s authority to request additional supporting information as may be necessary.

Persons willfully making false statements on this form can be punished by fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. §1001.

08/04/2015

Susan George

DATE

Sr Director Accounting

OFFICER TITLE

Susan George

OFFICER SIGNATURE

OFFICER NAME

NOTICE: To implement section 254 of the Communications Act of 1934, as amended, the Federal Communications Commission has adopted changes to the federal low-income programs.

The following worksheet provides the means by which eligible telecommunications carriers will be reimbursed by the Universal Service Administrative Company (USAC) for their participation in these programs. Failing to collect the information, or collecting it less frequently, would prevent the Commission from implementing sections 214 and 254 of the Act, would thwart Congress’ goals of providing affordable service and access to advanced services throughout the nation, and would result in eligible telecommunications carriers not receiving universal service support reimbursements in a timely fashion.

We have estimated that each response to this collection of information will take, on average, three hours for each respondent. Our estimate includes the time to read this data request, review existing records, gather and maintain required data, and complete and review the response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, AMD-PERM, Washington, D.C. 20554, Paperwork Reduction Project (3060-0819). We will also accept your comments on the burden estimate via the Internet if you send them to PRA@fcc.gov. Please DO NOT SEND the data requested to this e-mail address.

Remember – An agency may not conduct or sponsor, and a person is not required to respond to a collection of information sponsored by the Federal government unless it displays a currently valid OMB control number. This information collection has been assigned OMB Control Number: 3060-0819.

The FCC is authorized under the Communications Act of 1934, as amended, to collect the information we request in this form. If we believe there may be a violation or a potential violation of a FCC statute, regulation, rule or order, your worksheet may be referred to the Federal, state or local agency responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation or order. In certain cases, the information in your worksheets may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC; or (c) the United States Government is a party of a proceeding before the body or has an interest in the proceeding.

If you do not provide the information we request on the form, the FCC may delay processing of your worksheet or may return your worksheet without action.

**LIFELINE WORKSHEET**

(1) USAC Service Provider Identification Number: 143001687

(2) Study Area Code: 265061

(3) Filer 499 ID: 805713

(4) Technology Type (check one): Wireline [✓] Wireless [ ]

(5) ETC Designation Type (Check one): Lifeline Only [ ] High Cost/Low Income [✓]

(6) Organization Information

<table>
<thead>
<tr>
<th>Company Legal Name:</th>
<th>Cincinnati Bell Telephone LLC (OH)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact Name:</td>
<td>susan george</td>
</tr>
<tr>
<td>Mailing Address:</td>
<td>221 E. Fourth St</td>
</tr>
<tr>
<td></td>
<td>Cincinnati, OH 45202</td>
</tr>
<tr>
<td>Telephone Number:</td>
<td>5133976503</td>
</tr>
<tr>
<td>Fax Number:</td>
<td></td>
</tr>
<tr>
<td>E-mail Address:</td>
<td><a href="mailto:susan.george@cinbell.com">susan.george@cinbell.com</a></td>
</tr>
</tbody>
</table>

(7) Filing Information

<table>
<thead>
<tr>
<th>a) Submission Date</th>
<th>08/04/2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>b) Data Month</td>
<td>July 2015</td>
</tr>
<tr>
<td>c) Type of Filing</td>
<td>Original Revision [✓]</td>
</tr>
<tr>
<td>d) State Reporting</td>
<td>KENTUCKY</td>
</tr>
</tbody>
</table>

---

**Lifeline**

<table>
<thead>
<tr>
<th>(a) # Lifeline Subscribers</th>
<th>(b) Lifeline Support/ Subscriber Support</th>
<th>(c) Total Lifeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support</td>
<td>594</td>
<td>x $ 9.25</td>
</tr>
<tr>
<td>Tribal Low-Income Subscribers Receiving federal Lifeline Support</td>
<td>0</td>
<td>x $ 0.00</td>
</tr>
</tbody>
</table>

Total Federal Lifeline Support Claimed: $ 5495

---

**Toll Limitation Services (TLS)**

Cost of Providing TLS per Subscriber: 0.000000

Number of TLS Subscribers: 0

Total TLS Support Claimed: $ 0

---

**Tribal Link Up** (Available only to ETCs receiving High Cost support)

Number of Connections Waived: 0

Charges Waived per Connection: $ 0.00

Total Connection Charges Waived: 0.0

Deferred Interest: 0.00

Total Tribal Link Up Support Claimed: $ 0

---

**ETC Payment**

Total Lifeline: $ 5495

Total TLS: $ 0

Total Tribal Link Up: $ 0

Total Dollars: $ 5495

---

*If you have any questions, please call USAC at (866) 873-4727 Toll Free*
(20) CERTIFICATIONS AND SIGNATURES

I certify that my company will pass through the full amount of all Non-Tribal and Tribal federal Lifeline support for which it seeks reimbursement, as well as all applicable intrastate Lifeline support, to all qualifying low-income subscribers by an equivalent reduction in the subscriber's monthly bill for voice telephony service, or by offering a pre-paid wireless plan that includes a set number of minutes of use per month.

I certify that my company is in compliance with all of the Lifeline program rules, and, to the extent required, have obtained valid certifications for each subscriber for whom my company seeks reimbursement.

Based on the information known to me or provided to me by employees responsible for the preparation of the data being submitted, I certify under penalty of perjury that the data contained in this form has been examined and reviewed and is true, accurate, and complete.

I acknowledge the Fund Administrator's authority to request additional supporting information as may be necessary.

Persons willfully making false statements on this form can be punished by fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. §1001.

08/04/2015

DATE

Sr Director Accounting

OFFICER TITLE

Susan George

OFFICER SIGNATURE

OFFICER NAME

NOTICE: To implement section 254 of the Communications Act of 1934, as amended, the Federal Communications Commission has adopted changes to the federal low-income programs.

The following worksheet provides the means by which eligible telecommunications carriers will be reimbursed by the Universal Service Administrative Company (USAC) for their participation in these programs. Failing to collect the information, or collecting it less frequently, would prevent the Commission from implementing sections 214 and 254 of the Act, would thwart Congress' goals of providing affordable service and access to advanced services throughout the nation, and would result in eligible telecommunications carriers not receiving universal service support reimbursements in a timely fashion.

We have estimated that each response to this collection of information will take, on average, three hours for each respondent. Our estimate includes the time to read this data request, review existing records, gather and maintain required data, and complete and review the response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, AMD-Perm, Washington, D.C. 20554, Paperwork Reduction Project (3060-0819). We will also accept your comments on the burden estimate via the Internet if you send them to PRA@fcc.gov. Please DO NOT SEND the data requested to this e-mail address.

Remember — An agency may not conduct or sponsor, and a person is not required to respond to a collection of information sponsored by the Federal government unless it displays a currently valid OMB control number. This information collection has been assigned OMB Control Number: 3060-0819.

The FCC is authorized under the Communications Act of 1934, as amended, to collect the information we request in this form. If we believe there may be a violation or a potential violation of a FCC statute, regulation, rule or order, your worksheet may be referred to the Federal, state or local agency responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation or order. In certain cases, the information in your worksheets may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC; or (c) the United States Government is a party of a proceeding before the body or has an interest in the proceeding.

If you do not provide the information we request on the form, the FCC may delay processing of your worksheet or may return your worksheet without action.

| (1) USAC Service Provider Identification Number | 143001687 |
| (2) Study Area Code | 265061 |
| (3) Filer 499 ID | 805713 |
| (4) Technology Type (check one) | Wireline ☑ Wireless ☐ |
| (5) ETC Designation Type (Check one): | Lifeline Only ☐ High Cost/Low Income ☑ |
| (6) Organization Information | Company Legal Name: Cincinnati Bell Telephone LLC (OH) |
| | Contact Name: susan george |
| | Mailing Address: 221 E. Fourth St |
| | Telephone Number: 5133976503 |
| | Fax Number: |
| | E-mail Address: susan.george@cinbell.com |
| (7) Filing Information | a) Submission Date: 09/04/2015 |
| | b) Data Month: August 2015 |
| | c) Type of Filing (check one) |
| | Original Revision ☑ |
| | d) State Reporting: KENTUCKY |

**Lifeline**

| Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support | (8) 573 | (b) Lifeline Support/Subscriber Support | (c) Total Lifeline |
| | | x $ 9.25 | = $ 5300 |
| Tribal Low-Income Subscribers Receiving federal Lifeline Support | (9) 0 | x $ 0.00 | = $ 0 |

**Toll Limitation Services (TLS)**

| Cost of Providing TLS per Subscriber (the lesser of incremental cost or $3 in 2012/$2 in 2013) | (11) 0.000000 |
| Number of TLS Subscribers | (12) 0 |

**Total TLS Support Claimed** (13) $ 0

**Tribal Link Up (Available only to ETCs receiving High Cost support)**

| Number of Connections Waived | (14) 0 |
| Charges Waived per Connection (for multiple rates, use an average amount) | (15) $ 0.00 |

| Total Connection Charges Waived | (16) $ 0.00 |
| Deferred Interest | (17) $ 0.00 |

**Total Tribal Link Up Support Claimed** (18) $ 0

**ETC Payment**

| Total Lifeline | $ 5300 |
| Total TLS | $ 0 |
| Total Tribal Link Up | $ 0 |

**Total Dollars** (19) $ 5300

*If you have any questions, please call USAC at (866) 873-4727 Toll Free*
(20) CERTIFICATIONS AND SIGNATURES

I certify that my company will pass through the full amount of all Non-Tribal and Tribal federal Lifeline support for which it seeks reimbursement, as well as all applicable intrastate Lifeline support, to all qualifying low-income subscribers by an equivalent reduction in the subscriber's monthly bill for voice telephony service, or by offering a pre-paid wireless plan that includes a set number of minutes of use per month.

I certify that my company is in compliance with all of the Lifeline program rules, and, to the extent required, have obtained valid certifications for each subscriber for whom my company seeks reimbursement.

Based on the information known to me or provided to me by employees responsible for the preparation of the data being submitted, I certify under penalty of perjury that the data contained in this form has been examined and reviewed and is true, accurate, and complete.

I acknowledge the Fund Administrator's authority to request additional supporting information as may be necessary.

Persons willfully making false statements on this form can be punished by fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. §1001.

09/04/2015

Susan George

DATE

Sr Director Accounting

OFFICER TITLE

OFFICER SIGNATURE

Susan George

OFFICER NAME

NOTICE: To implement section 254 of the Communications Act of 1934, as amended, the Federal Communications Commission has adopted changes to the federal low-income programs.

The following worksheet provides the means by which eligible telecommunications carriers will be reimbursed by the Universal Service Administrative Company (USAC) for their participation in these programs. Failing to collect the information, or collecting it less frequently, would prevent the Commission from implementing sections 214 and 254 of the Act, would thwart Congress' goals of providing affordable service and access to advanced services throughout the nation, and would result in eligible telecommunications carriers not receiving universal service support reimbursements in a timely fashion.

We have estimated that each response to this collection of information will take, on average, three hours for each respondent. Our estimate includes the time to read this data request, review existing records, gather and maintain required data, and complete and review the response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, AMD-PERM, Washington, D.C. 20554, Paperwork Reduction Project (3060-0819). We will also accept your comments on the burden estimate via the Internet if you send them to PRA@fcc.gov. Please DO NOT SEND the data requested to this e-mail address.

Remember -- An agency may not conduct or sponsor, and a person is not required to respond to a collection of information sponsored by the Federal government unless it displays a currently valid OMB control number. This information collection has been assigned OMB Control Number: 3060-0819.

The FCC is authorized under the Communications Act of 1934, as amended, to collect the information we request in this form. If we believe there may be a violation or a potential violation of a FCC statute, regulation, rule or order, your worksheet may be referred to the Federal, state or local agency responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation or order. In certain cases, the information in your worksheets may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) the United States Government is a party of a proceeding before the body or has an interest in the proceeding.

If you do not provide the information we request on the form, the FCC may delay processing of your worksheet or may return your worksheet without action.

FCC Form 497  
April 2012 Edition

LIFELINE WORKSHEET  
OMB Approval  
3060-0019  
Avg. Burden Est. per Respondent: 2.5 Hrs.

| (1) USAC Service Provider Identification Number | 143001687 | (2) Study Area Code | 265061 |
| (3) Filer 499 ID | 805713 | (4) Technology Type (check one) | Wireline | Wireless |
| (5) ETC Designation Type (Check one): | Lifeline Only | High Cost/Low Income |
| (6) Organization Information | | |
| Company Legal Name: | Cincinnati Bell Telephone LLC (OH) | a) Submission Date | 10/13/2015 |
| Contact Name: | susan george | b) Data Month | September 2015 |
| Mailing Address: | 221 E. Fourth St | c) Type of Filing (check one) | |
| | Cincinnati, OH 45202 | d) State Reporting | KENTUCKY |
| Telephone Number: | 5133976503 | |
| Fax Number: | | |
| E-mail Address: | susan.george@cinbell.com | |

**Lifeline**

<table>
<thead>
<tr>
<th>(a) # Lifeline Subscribers</th>
<th>(b) Lifeline Support/Subscriber Support</th>
<th>(c) Total Lifeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support</td>
<td>(8) 560 x $ 9.25 = $ 5180</td>
<td></td>
</tr>
<tr>
<td>Tribal Low-Income Subscribers Receiving federal Lifeline Support</td>
<td>(9) 0 x $ 0.00 = $ 0</td>
<td></td>
</tr>
<tr>
<td>Total Federal Lifeline Support Claimed</td>
<td>(10) $ 5180</td>
<td></td>
</tr>
</tbody>
</table>

**Toll Limitation Services (TLS)**

| (11) Cost of Providing TLS per Subscriber | (the lesser of incremental cost or $3 in 2012 / $2 in 2013) | 0.000000 |
| Number of TLS Subscribers | (12) 0 | |
| Total TLS Support Claimed | (13) $ 0 | |

**Tribal Link Up (Available only to ETCs receiving High Cost support)**

| Number of Connections Waived | Charges Waived per Connection (for multiple rates, use an average amount) | (14) 0 | (15) $ 0.00 (not to exceed $100) |
| Total Connection Charges Waived | (16) $ 0.00 | |
| Deferred Interest | (17) $ 0.00 | |
| Total Tribal Link Up Support Claimed | (18) $ 0 | |

**ETC Payment**

Total Lifeline $ 5180 Total TLS $ 0 Total Tribal Link Up $ 0 Total Dollars (19) $ 5180

*If you have any questions, please call USAC at (866) 873-4727 Toll Free*
(20) CERTIFICATIONS AND SIGNATURES

I certify that my company will pass through the full amount of all Non-Tribal and Tribal federal Lifeline support for which it seeks reimbursement, as well as all applicable intrastate Lifeline support, to all qualifying low-income subscribers by an equivalent reduction in the subscriber's monthly bill for voice telephony service, or by offering a pre-paid wireless plan that includes a set number of minutes per month.

I certify that my company is in compliance with all of the Lifeline program rules, and, to the extent required, have obtained valid certifications for each subscriber for whom my company seeks reimbursement.

Based on the information known to me or provided to me by employees responsible for the preparation of the data being submitted, I certify under penalty of perjury that the data contained in this form has been examined and reviewed and is true, accurate, and complete.

I acknowledge the Fund Administrator's authority to request additional supporting information as may be necessary.

Persons willfully making false statements on this form can be punished by fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. §1001.

10/13/2015

DATE

Susan George

OFFICER SIGNATURE

Sr Director Accounting

OFFICER TITLE

Susan George

OFFICER NAME

NOTICE: To implement section 254 of the Communications Act of 1934, as amended, the Federal Communications Commission has adopted changes to the federal low-income programs.

The following worksheet provides the means by which eligible telecommunications carriers will be reimbursed by the Universal Service Administrative Company (USAC) for their participation in these programs. Failing to collect the information, or collecting it less frequently, would prevent the Commission from implementing sections 214 and 254 of the Act, would thwart Congress’ goals of providing affordable service and access to advanced services throughout the nation, and would result in eligible telecommunications carriers not receiving universal service support reimbursements in a timely fashion.

We have estimated that each response to this collection of information will take, on average, three hours for each respondent. Our estimate includes the time to read this data request, review existing records, gather and maintain required data, and complete and review the response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, AMD-PERM, Washington, D.C. 20554, Paperwork Reduction Project (3060-0819). We will also accept your comments on the burden estimate via the Internet if you send them to PRA@fcc.gov. Please DO NOT SEND the data requested to this e-mail address.

Remember -- An agency may not conduct or sponsor, and a person is not required to respond to a collection of information sponsored by the Federal government unless it displays a currently valid OMB control number. This information collection has been assigned OMB Control Number: 3060-0819.

The FCC is authorized under the Communications Act of 1934, as amended, to collect the information we request in this form. If we believe there may be a violation or a potential violation of a FCC statute, regulation, rule or order, your worksheet may be referred to the Federal, state or local agency responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation or order. In certain cases, the information in your worksheet may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC, or (b) any employee of the FCC, or (c) the United States Government is a party of a proceeding before the body or has an interest in the proceeding.

If you do not provide the information we request on the form, the FCC may delay processing of your worksheet or may return your worksheet without action.

### Lifeline Worksheet

**USAC Service Provider Identification Number**: 143001687

**Study Area Code**: 265061

**Filer 499 ID**: 805713

**Technology Type**:
- Wireline [x]
- Wireless [ ]

**ETC Designation Type**:
- Lifeline Only [ ]
- High Cost/Low Income [x]

**Organization Information**

<table>
<thead>
<tr>
<th>Company Legal Name</th>
<th>Cincinnati Bell Telephone LLC (OH)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact Name</td>
<td>susan george</td>
</tr>
<tr>
<td>Mailing Address</td>
<td>221 E. Fourth St</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>5133976503</td>
</tr>
<tr>
<td>Fax Number</td>
<td></td>
</tr>
<tr>
<td>E-mail Address</td>
<td><a href="mailto:susan.george@cinbell.com">susan.george@cinbell.com</a></td>
</tr>
</tbody>
</table>

**Filing Information**

<table>
<thead>
<tr>
<th>Submission Date</th>
<th>11/05/2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data Month</td>
<td>October 2015</td>
</tr>
<tr>
<td>Type of Filing</td>
<td>Original Revision</td>
</tr>
<tr>
<td>State Reporting</td>
<td>KENTUCKY</td>
</tr>
</tbody>
</table>

### Lifeline

**Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support**

<table>
<thead>
<tr>
<th>Subscribers</th>
<th>550</th>
<th>$0.9260</th>
<th>$5088</th>
</tr>
</thead>
</table>

**Tribal Low-Income Subscribers Receiving federal Lifeline Support**

<table>
<thead>
<tr>
<th>Subscribers</th>
<th>0</th>
<th>$0.00</th>
<th>$0</th>
</tr>
</thead>
</table>

**Total Federal Lifeline Support Claimed**: $5088

### Toll Limitation Services (TLS)

**Cost of Providing TLS per Subscriber (the lesser of incremental cost or $3 in 2012 / $2 in 2013)**

<table>
<thead>
<tr>
<th>Number of TLS Subscribers</th>
<th>0</th>
</tr>
</thead>
</table>

**Total TLS Support Claimed**: $0

### Tribal Link Up (Available only to ETCs receiving High Cost support)

**Number of Connections Waived**: 0

**Charges Waived per Connection**: $0.00

**Total Connection Charges Waived**: $0.00

**Deferred Interest**: $0.00

**Total Tribal Link Up Support Claimed**: $0

### ETC Payment

**Total Lifeline**: $5088

**Total TLS**: $0

**Total Tribal Link Up**: $0

**Total Dollars**: $5088

---

*If you have any questions, please call USAC at (866) 873-4727 Toll Free*
(20) CERTIFICATIONS AND SIGNATURES

I certify that my company will pass through the full amount of all Non-Tribal and Tribal federal Lifeline support for which it seeks reimbursement, as well as all applicable intrastate Lifeline support, to all qualifying low-income subscribers by an equivalent reduction in the subscriber’s monthly bill for voice telephony service, or by offering a pre-paid wireless plan that includes a set number of minutes of use per month.

I certify that my company is in compliance with all of the Lifeline program rules, and, to the extent required, have obtained valid certifications for each subscriber for whom my company seeks reimbursement.

Based on the information known to me or provided to me by employees responsible for the preparation of the data being submitted, I certify under penalty of perjury that the data contained in this form has been examined and reviewed and is true, accurate, and complete.

I acknowledge the Fund Administrator’s authority to request additional supporting information as may be necessary.

Persons willfully making false statements on this form can be punished by fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. §1001.

11/05/2015

DATE

Sr Director Accounting

Sr Officer Accounting

OFFICER TITLE

OFFICER SIGNATURE

OFFICER NAME

NOTICE: To implement section 254 of the Communications Act of 1934, as amended, the Federal Communications Commission has adopted changes to the federal low-income programs.

The following worksheet provides the means by which eligible telecommunications carriers will be reimbursed by the Universal Service Administrative Company (USAC) for their participation in these programs. Failing to collect the information, or collecting it less frequently, would prevent the Commission from implementing sections 214 and 254 of the Act, would thwart Congress' goals of providing affordable service and access to advanced services throughout the nation, and would result in eligible telecommunications carriers not receiving universal service support reimbursements in a timely fashion.

We have estimated that each response to this collection of information will take, on average, three hours for each respondent. Our estimate includes the time to read this data request, review existing records, gather and maintain required data, and complete and review the response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, AMD-PERM, Washington, D.C. 20554, Paperwork Reduction Project (3060-0819). We will also accept your comments on the burden estimate via the Internet if you send them to PRA@fcc.gov. Please DO NOT SEND the data requested to this e-mail address.

Remember -- An agency may not conduct or sponsor, and a person is not required to respond to a collection of information sponsored by the Federal government unless it displays a currently valid OMB control number. This information collection has been assigned OMB Control Number: 3060-0819.

The FCC is authorized under the Communications Act of 1934, as amended, to collect the information we request in this form. If we believe there may be a violation or a potential violation of a FCC statute, regulation, rule or order, your worksheet may be referred to the Federal, state or local agency responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation or order. In certain cases, the information in your worksheets may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC; or (c) the United States Government is a party of a proceeding before the body or has an interest in the proceeding.

If you do not provide the information we request on the form, the FCC may delay processing of your worksheet or may return your worksheet without action.

(1) USAC Service Provider Identification Number 143001687
(2) Study Area Code 265061

(3) Filer 499 ID 805713
(4) Technology Type (check one) Wireline □ Wireless □

(5) ETC Designation Type (Check one): Lifeline Only □ High Cost/Low Income □

(6) Organization Information
Company Legal Name: Cincinnati Bell Telephone LLC (OH)
Contact Name: susan george
Mailing Address: 221 E. Fourth St
Telephone Number: 5133976503
Fax Number:
E-mail Address: susan.george@cinbell.com

(7) Filing Information
a) Submission Date 12/29/2015
b) Data Month November 2015
c) Type of Filing (check one) Original □ Revision □
d) State Reporting KENTUCKY

Lifeline

(a) # Lifeline Subscribers
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support 547
Tribal Low-Income Subscribers Receiving federal Lifeline Support 0

(b) Lifeline Support/Subscriber Support
x $ 9.25 $ 5060
x $ 0.00 $ 0

(c) Total Lifeline
(8) 547 x $ 9.25 $ 5060
(9) 0 x $ 0.00 $ 0
Total Federal Lifeline Support Claimed (10) $ 5060

Toll Limitation Services (TLS)

Cost of Providing TLS per Subscriber (the lesser of incremental cost or $3 in 2012 /$2 in 2013) 0.000000

Number of TLS Subscribers
(11) 0
Total TLS Support Claimed (13) $ 0

Tribal Link Up (Available only to ETCs receiving High Cost support)

Number of Connections Waived
(14) 0
Charges Waived per Connection (not to exceed $100)
(15) $ 0.00
Total Connection Charges Waived (16) $ 0.00
Deferred Interest (17) $ 0.00
Total Tribal Link Up Support Claimed (18) $ 0

ETC Payment

Total Lifeline $ 5060 Total TLS $ 0 Total Tribal Link Up $ 0
Total Dollars (19) $ 5060

If you have any questions, please call USAC at (866) 873-4727 Toll Free
(20) CERTIFICATIONS AND SIGNATURES

I certify that my company will pass through the full amount of all Non-Tribal and Tribal federal Lifeline support for which it seeks reimbursement, as well as all applicable intrastate Lifeline support, to all qualifying low-income subscribers by an equivalent reduction in the subscriber’s monthly bill for voice telephony service, or by offering a pre-paid wireless plan that includes a set number of minutes of use per month.

I certify that my company is in compliance with all of the Lifeline program rules, and, to the extent required, have obtained valid certifications for each subscriber for whom my company seeks reimbursement.

Based on the information known to me or provided to me by employees responsible for the preparation of the data being submitted, I certify under penalty of perjury that the data contained in this form has been examined and reviewed and is true, accurate, and complete.

I acknowledge the Fund Administrator’s authority to request additional supporting information as may be necessary.

Persons willfully making false statements on this form can be punished by fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. §1001.

12/29/2015

Susan George

DATE

Officer Signature

Sr Director Accounting

Officer Title

Susan George

Officer Name

NOTICE: To implement section 254 of the Communications Act of 1934, as amended, the Federal Communications Commission has adopted changes to the federal low-income programs.

The following worksheet provides the means by which eligible telecommunications carriers will be reimbursed by the Universal Service Administrative Company (USAC) for their participation in these programs. Failing to collect the information, or collecting it less frequently, would prevent the Commission from implementing sections 214 and 254 of the Act, would thwart Congress’ goals of providing affordable service and access to advanced services throughout the nation, and would result in eligible telecommunications carriers not receiving universal service support reimbursements in a timely fashion.

We have estimated that each response to this collection of information will take, on average, three hours for each respondent. Our estimate includes the time to read this data request, review existing records, gather and maintain required data, and complete and review the response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, AMD-PERM, Washington, D.C. 20554, Paperwork Reduction Project (3060-0819). We will also accept your comments on the burden estimate via the Internet if you send them to PRA@fcc.gov. Please DO NOT SEND the data requested to this e-mail address.

Remember -- An agency may not conduct or sponsor, and a person is not required to respond to a collection of information sponsored by the Federal government unless it displays a currently valid OMB control number. This information collection has been assigned OMB Control Number: 3060-0819.

The FCC is authorized under the Communications Act of 1934, as amended, to collect the information we request in this form. If we believe there may be a violation or a potential violation of a FCC statute, regulation, rule or order, your worksheet may be referred to the Federal, state or local agency responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation or order. In certain cases, the information in your worksheets may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC; or (c) the United States Government is a party of a proceeding before the body or has an interest in the proceeding. If you do not provide the information we request in the form, the FCC may delay processing of your worksheet or may return your worksheet without action.

**LIFELINE WORKSHEET**

(1) USAC Service Provider Identification Number 143001687

(2) Study Area Code 265061

(3) Filer 999 ID 805713

(4) Technology Type (check one) Wireline ☑ Wireless ☐

(5) ETC Designation Type (Check one): Lifeline Only ☐ High Cost/Low Income ☑

(6) Organization Information

<table>
<thead>
<tr>
<th>Company Legal Name:</th>
<th>Cincinnati Bell Telephone LLC (OH)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact Name:</td>
<td>susan george</td>
</tr>
<tr>
<td>Mailing Address:</td>
<td>221 E. Fourth St</td>
</tr>
<tr>
<td>Telephone Number:</td>
<td>Cincinnati, OH 45201</td>
</tr>
<tr>
<td>Fax Number:</td>
<td>5133976503</td>
</tr>
<tr>
<td>E-mail Address:</td>
<td><a href="mailto:susan.george@cinbell.com">susan.george@cinbell.com</a></td>
</tr>
</tbody>
</table>

(7) Filing Information

- Submission Date: 01/27/2016
- Data Month: December 2015
- Type of Filing (check one): Original Revision ☑
- State Reporting: KENTUCKY

**Lifeline**

<table>
<thead>
<tr>
<th>Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support</th>
<th>(a) # Lifeline Subscribers</th>
<th>(b) Lifeline Support/Subscriber Support</th>
<th>(c) Total Lifeline</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(8) 494</td>
<td>$ 9.25 x</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>$ 4570</td>
<td></td>
</tr>
</tbody>
</table>

| Tribal Low-Income Subscribers Receiving federal Lifeline Support     | (9) 0                       | $ 0.00 x                           |
|                                                                     |                             | $ 0                                  |

Total Federal Lifeline Support Claimed (10) $ 4570

**Toll Limitation Services (TLS)**

Cost of Providing TLS per Subscriber (the lesser of incremental cost or $3 in 2012 /$2 in 2013)

Number of TLS Subscribers (12) 0

Total TLS Support Claimed (13) $ 0

**Tribal Link Up** (Available only to ETCs receiving High Cost support)

Number of Connections Waived (14) 0

Charges Waived per Connection (15) $ 0.00 (for multiple rates, use an average amount)

Total Connection Charges Waived (16) $ 0

Deferred Interest (17) $ 0.00

Total Tribal Link Up Support Claimed (18) $ 0

**ETC Payment**

Total Lifeline $ 4570  Total TLS $ 0  Total Tribal Link Up $ 0

Total Dollars (19) $ 4570

If you have any questions, please call USAC at (866) 873-4727 Toll Free
(20) CERTIFICATIONS AND SIGNATURES

I certify that my company will pass through the full amount of all Non-Tribal and Tribal federal Lifeline support for which it seeks reimbursement, as well as all applicable intrastate Lifeline support, to all qualifying low-income subscribers by an equivalent reduction in the subscriber’s monthly bill for voice telephony service, or by offering a pre-paid wireless plan that includes a set number of minutes of use per month.

I certify that my company is in compliance with all of the Lifeline program rules, and, to the extent required, have obtained valid certifications for each subscriber for whom my company seeks reimbursement.

Based on the information known to me or provided to me by employees responsible for the preparation of the data being submitted, I certify under penalty of perjury that the data contained in this form has been examined and reviewed and is true, accurate, and complete.

I acknowledge the Fund Administrator’s authority to request additional supporting information as may be necessary.

Persons willfully making false statements on this form can be punished by fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. §1001.

01/27/2016

Susan George

DATE

Sr Director Accounting

OFFICER TITLE

Susan George

OFFICER Signature

OFFICER NAME

NOTICE: To implement section 254 of the Communications Act of 1934, as amended, the Federal Communications Commission has adopted changes to the federal low-income programs.

The following worksheet provides the means by which eligible telecommunications carriers will be reimbursed by the Universal Service Administrative Company (USAC) for their participation in these programs. Failing to collect the information, or collecting it less frequently, would prevent the Commission from implementing sections 214 and 254 of the Act, would thwart Congress’ goals of providing affordable service and access to advanced services throughout the nation, and would result in eligible telecommunications carriers not receiving universal service support reimbursements in a timely fashion.

We have estimated that each response to this collection of information will take, on average, three hours for each respondent. Our estimate includes the time to read this data request, review existing records, gather and maintain required data, and complete and review the response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, AMD-PERM, Washington, D.C. 20554, Paperwork Reduction Project (3060-0819). We will also accept your comments on the burden estimate via the Internet if you send them to PRA@fcc.gov. Please DO NOT SEND the data requested to this e-mail address.

Remember -- An agency may not conduct or sponsor, and a person is not required to respond to a collection of information sponsored by the Federal government unless it displays a currently valid OMB control number. This information collection has been assigned OMB Control Number: 3060-0819.

The FCC is authorized under the Communications Act of 1934, as amended, to collect the information we request in this form. If we believe there may be a violation or a potential violation of a FCC statute, regulation, rule or order, your worksheet may be referred to the Federal, state or local agency responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation or order. In certain cases, the information in your worksheets may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC, or (c) the United States Government is a party of a proceeding before the body or has an interest in the proceeding.

If you do not provide the information we request on the form, the FCC may delay processing of your worksheet or may return your worksheet without action.

LIFELINE WORKSHEET

(1) USAC Service Provider Identification Number: 143001687
(2) Study Area Code: 265061
(3) Filer 499 ID: 805713
(4) Technology Type (check one): Wireline □ Wireless □
(5) ETC Designation Type (check one): Lifeline Only □ High Cost/Low Income □
(6) Organization Information

| Company Legal Name: | Cincinnati Bell Telephone LLC (OH) |
| Contact Name:       | susan george                         |
| Mailing Address:    | 221 E. Fourth St, Cincinnati, OH 45202 |
| Telephone Number:   | 5133976503                           |
| Fax Number:         | E-mail Address: susan.george@cinbell.com |

(7) Filing Information

| a) Submission Date: | 02/18/2016 |
| b) Data Month:      | January 2016 |
| c) Type of Filing (check one): Original Revision □ |
| d) State Reporting: | KENTUCKY |

### Lifeline

<table>
<thead>
<tr>
<th>Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support</th>
<th>(a) # Lifeline Subscribers</th>
<th>(b) Lifeline Support/Subscriber Support</th>
<th>(c) Total Lifeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>(8) 487</td>
<td>x $ 9.25</td>
<td>= $ 4505</td>
<td></td>
</tr>
</tbody>
</table>

| Tribal Low-Income Subscribers Receiving federal Lifeline Support     | (9) 0                       | (not to exceed $34.25)                 | $ 0                |

Total Federal Lifeline Support Claimed (10) $ 4505

### Toll Limitation Services (TLS)

| Cost of Providing TLS per Subscriber (the lesser of incremental cost or $3 in 2012 /$2 in 2013) | (11) 0.000000 |
| Number of TLS Subscribers | (12) 0 |

Total TLS Support Claimed (13) $ 0

### Tribal Link Up (Available only to ETCs receiving High Cost support)

| Number of Connections Waived | (14) 0 |
| Charges Waived per Connection | (15) $ 0.00 (for multiple rates, use an average amount) |

Total Connection Charges Waived (16) $ 0.00

Deferred Interest (17) $ 0.00

Total Tribal Link Up Support Claimed (18) $ 0

### ETC Payment

Total Lifeline $ 4505 Total TLS $ 0 Total Tribal Link Up $ 0

Total Dollars (19) $ 4505

If you have any questions, please call USAC at (866) 873-4727 Toll Free.
(20) CERTIFICATIONS AND SIGNATURES

I certify that my company will pass through the full amount of all Non-Tribal and Tribal federal Lifeline support for which it seeks reimbursement, as well as all applicable intrastate Lifeline support, to all qualifying low-income subscribers by an equivalent reduction in the subscriber’s monthly bill for voice telephony service, or by offering a pre-paid wireless plan that includes a set number of minutes of use per month.

I certify that my company is in compliance with all of the Lifeline program rules, and, to the extent required, have obtained valid certifications for each subscriber for whom my company seeks reimbursement.

Based on the information known to me or provided to me by employees responsible for the preparation of the data being submitted, I certify under penalty of perjury that the data contained in this form has been examined and reviewed and is true, accurate, and complete.

I acknowledge the Fund Administrator’s authority to request additional supporting information as may be necessary.

Persons willfully making false statements on this form can be punished by fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. §1001.

02/18/2016

SUSAN GEORGE

DATE

OFFICER SIGNATURE

Sr Director Accounting

OFFICER TITLE

OFFICER NAME

NOTICE: To implement section 254 of the Communications Act of 1934, as amended, the Federal Communications Commission has adopted changes to the federal low-income programs.

The following worksheet provides the means by which eligible telecommunications carriers will be reimbursed by the Universal Service Administrative Company (USAC) for their participation in these programs. Failing to collect the information, or collecting it less frequently, would prevent the Commission from implementing sections 214 and 264 of the Act, which would thwart Congress’ goals of providing affordable service and access to advanced services throughout the nation, and would result in eligible telecommunications carriers not receiving universal service support reimbursements in a timely fashion.

We have estimated that each response to this collection of information will take, on average, three hours for each respondent. Our estimate includes the time to read this data request, review existing records, gather and maintain required data, and complete and review the response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, AMD-PRM, Washington, D.C. 20554, Paperwork Reduction Project (3060-0819). We will also accept your comments on the burden estimate via the Internet if you send them to PRA@fcc.gov. Please DO NOT SEND the data requested to this e-mail address.

Remember -- An agency may not conduct or sponsor, and a person is not required to respond to a collection of information sponsored by the Federal government unless it displays a currently valid OMB control number. This information collection has been assigned OMB Control Number: 3060-0819.

The FCC is authorized under the Communications Act of 1934, as amended, to collect the information we request in this form. If we believe there may be a violation or a potential violation of a FCC statute, regulation, rule or order, your worksheet may be referred to the Federal, state or local agency responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation or order. In certain cases, the information in your worksheets may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC; or (c) the United States Government is a party of a proceeding before the body or has an interest in the proceeding.

If you do not provide the information we request on the form, the FCC may delay processing of your worksheet or may return your worksheet without action.

(1) USAC Service Provider Identification Number 143001687  (2) Study Area Code 265061
(3) Filer 499 ID 805713  (4) Technology Type (check one) Wireline ☑ Wireless ☐
(5) ETC Designation Type (Check one): Lifeline Only ☐ High Cost/Low Income ☑
(6) Organization Information (7) Filing Information

<table>
<thead>
<tr>
<th>Company Legal Name:</th>
<th>Cincinnati Bell Telephone LLC (OH)</th>
<th>a) Submission Date</th>
<th>03/09/2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact Name:</td>
<td>susan george</td>
<td>b) Data Month</td>
<td>February 2016</td>
</tr>
<tr>
<td>Mailing Address:</td>
<td>221 E. Fourth St</td>
<td>c) Type of Filing (check one)</td>
<td>Original Revision ☑</td>
</tr>
<tr>
<td></td>
<td>Cincinnati, OH 45202</td>
<td>d) State Reporting</td>
<td>KENTUCKY</td>
</tr>
<tr>
<td>Telephone Number:</td>
<td>5133976503</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fax Number:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E-mail Address:</td>
<td><a href="mailto:susan.george@cinbell.com">susan.george@cinbell.com</a></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Lifeline

<table>
<thead>
<tr>
<th>Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support</th>
<th>(a) # Lifeline Subscribers</th>
<th>(b) Lifeline Support/Subscriber Support</th>
<th>(c) Total Lifeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>(8) 484</td>
<td>$ 9.25</td>
<td>= $ 4477</td>
<td></td>
</tr>
<tr>
<td>Tribal Low-Income Subscribers Receiving federal Lifeline Support</td>
<td>(9) 0</td>
<td>(not to exceed $34.25) = $ 0</td>
<td></td>
</tr>
</tbody>
</table>

**Total Federal Lifeline Support Claimed** (10) $ 4477

### Toll Limitation Services (TLS)

Cost of Providing TLS per Subscriber (the lesser of incremental cost or $3 in 2012 /$2 in 2013) (11) 0.000000
Number of TLS Subscribers (12) 0

**Total TLS Support Claimed** (13) $ 0

### Tribal Link Up (Available only to ETCs receiving High Cost support)

Number of Connections Waived (14) 0
Charges Waived per Connection (15) $ 0.00 (for multiple rates, use an average amount)
Total Connection Charges Waived (16) $ 0.00
Deferred Interest (17) $ 0.00

**Total Tribal Link Up Support Claimed** (18) $ 0

### ETC Payment

Total Lifeline $ 4477
Total TLS $ 0
Total Tribal Link Up $ 0

**Total Dollars** (19) $ 4477

*If you have any questions, please call USAC at (866) 873-4727 Toll Free*
(20) CERTIFICATIONS AND SIGNATURES

I certify that my company will pass through the full amount of all Non-Tribal and Tribal federal Lifeline support for which it seeks reimbursement, as well as all applicable intrastate Lifeline support, to all qualifying low-income subscribers by an equivalent reduction in the subscriber's monthly bill for voice telephony service, or by offering a pre-paid wireless plan that includes a set number of minutes of use per month.

I certify that my company is in compliance with all of the Lifeline program rules, and, to the extent required, have obtained valid certifications for each subscriber for whom my company seeks reimbursement.

Based on the information known to me or provided to me by employees responsible for the preparation of the data being submitted, I certify under penalty of perjury that the data contained in this form has been examined and reviewed and is true, accurate, and complete.

I acknowledge the Fund Administrator's authority to request additional supporting information as may be necessary.

Persons willfully making false statements on this form can be punished by fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

03/09/2016

DATE

Sr Director Accounting

OFFICER TITLE

Susan George

OFFICER SIGNATURE

Susan George

OFFICER NAME

NOTICE: To implement section 254 of the Communications Act of 1934, as amended, the Federal Communications Commission has adopted changes to the federal low-income programs.

The following worksheet provides the means by which eligible telecommunications carriers will be reimbursed by the Universal Service Administrative Company (USAC) for their participation in these programs. Failing to collect the information, or collecting it less frequently, would prevent the Commission from implementing sections 214 and 254 of the Act, would thwart Congress' goals of providing affordable service and access to advanced services throughout the nation, and would result in eligible telecommunications carriers not receiving universal service support reimbursements in a timely fashion.

We have estimated that each response to this collection of information will take, on average, three hours for each respondent. Our estimate includes the time to read this data request, review existing records, gather and maintain required data, and complete and review the response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, AMD-PERM, Washington, D.C. 20554, Paperwork Reduction Project (3060-0819). We will also accept your comments on the burden estimate via the Internet if you send them to PRA@fcc.gov. Please DO NOT SEND the data requested to this e-mail address.

Remember -- An agency may not conduct or sponsor, and a person is not required to respond to a collection of information sponsored by the Federal government unless it displays a currently valid OMB control number. This information collection has been assigned OMB Control Number: 3060-0819.

If you do not provide the information we request on the form, the FCC may delay processing of your worksheet or may return your worksheet without action.

LIFELINE WORKSHEET

(1) USAC Service Provider Identification Number 143001687
(2) Study Area Code 265061
(3) Filer 499 ID 805713
(4) Technology Type (check one) Wireline □ Wireless □
(5) ETC Designation Type (Check one): Lifeline Only □ High Cost/Low Income □
(6) Organization Information

<table>
<thead>
<tr>
<th>Company Legal Name:</th>
<th>Cincinnati Bell Telephone LLC (OH)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact Name:</td>
<td>susan george</td>
</tr>
<tr>
<td>Mailing Address:</td>
<td>221 E. Fourth St</td>
</tr>
<tr>
<td></td>
<td>Cincinnati, OH 45201</td>
</tr>
<tr>
<td>Telephone Number:</td>
<td>5133976503</td>
</tr>
<tr>
<td>Fax Number:</td>
<td></td>
</tr>
<tr>
<td>E-mail Address:</td>
<td><a href="mailto:susan.george@cinbell.com">susan.george@cinbell.com</a></td>
</tr>
</tbody>
</table>

(7) Filing Information

a) Submission Date 04/14/2016
b) Data Month March 2016
c) Type of Filing
Original Revision □
d) State Reporting KENTUCKY

Lifeline

(a) # Lifeline Subscribers | (b) Lifeline Support/Subscriber Support | (c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support
(8) 488 □ x $ 9.25 $ 4514
Tribal Low-Income Subscribers Receiving federal Lifeline Support
(9) 0 □ x $ 0.00 $ 0

Total Federal Lifeline Support Claimed (10) $ 4514

Toll Limitation Services (TLS)

Cost of Providing TLS per Subscriber (11) 0.000000
(the lesser of incremental cost or $3 in 2012/$2 in 2013)

Number of TLS Subscribers (12) 0

Total TLS Support Claimed (13) $ 0

Tribal Link Up (Available only to ETCs receiving High Cost support)

Number of Connections Waived (14) 0
Charges Waived per Connection (15) $ 0.00 (for multiple rates, use an average amount)

Total Connection Charges Waived (16) $ 0
Deferred Interest (17) $ 0.00

Total Tribal Link Up Support Claimed (18) $ 0

ETC Payment

Total Lifeline $ 4514
Total TLS $ 0
Total Tribal Link Up $ 0
Total Dollars (19) $ 4514

If you have any questions, please call USAC at (866) 873-4727 Toll Free
(20) CERTIFICATIONS AND SIGNATURES

I certify that my company will pass through the full amount of all Non-Tribal and Tribal federal Lifeline support for which it seeks reimbursement, as well as all applicable intrastate Lifeline support, to all qualifying low-income subscribers by an equivalent reduction in the subscriber's monthly bill for voice telephony service, or by offering a pre-paid wireless plan that includes a set number of minutes of use per month.

I certify that my company is in compliance with all of the Lifeline program rules, and, to the extent required, have obtained valid certifications for each subscriber for whom my company seeks reimbursement.

Based on the information known to me or provided to me by employees responsible for the preparation of the data being submitted, I certify under penalty of perjury that the data contained in this form has been examined and reviewed and is true, accurate, and complete.

I acknowledge the Fund Administrator's authority to request additional supporting information as may be necessary.

Persons willfully making false statements on this form can be punished by fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. §1001.

04/14/2016

susan george

DATE

Sr Director Accounting

OFFICER TITLE

OFFICER SIGNATURE

susan george

OFFICER NAME

NOTICE: To implement section 254 of the Communications Act of 1934, as amended, the Federal Communications Commission has adopted changes to the federal low-income programs.

The following worksheet provides the means by which eligible telecommunications carriers will be reimbursed by the Universal Service Administrative Company (USAC) for their participation in these programs. Failing to collect the information, or collecting it less frequently, would prevent the Commission from implementing sections 214 and 254 of the Act, would thwart Congress' goals of providing affordable service and access to advanced services throughout the nation, and would result in eligible telecommunications carriers not receiving universal service support reimbursements in a timely fashion.

We have estimated that each response to this collection of information will take, on average, three hours for each respondent. Our estimate includes the time to read this data request, review existing records, gather and maintain required data, and complete and review the response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, AMD-PERM, Washington, D.C. 20554, Paperwork Reduction Project (3060-0819). We will also accept your comments on the burden estimate via the Internet if you send them to PRA@fcc.gov. Please DO NOT SEND the data requested to this e-mail address.

Remember -- An agency may not conduct or sponsor, and a person is not required to respond to a collection of information sponsored by the Federal government unless it displays a currently valid OMB control number. This information collection has been assigned OMB Control Number: 3060-0819.

The FCC is authorized under the Communications Act of 1934, as amended, to collect the information we request in this form. If we believe there may be a violation or a potential violation of a FCC statute, regulation, rule or order, your worksheet may be referred to the Federal, state or local agency responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation or order. In certain cases, the information in your worksheets may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC; or (c) the United States Government is a party of a proceeding before the body or has an interest in the proceeding.

If you do not provide the information we request on the form, the FCC may delay processing of your worksheet or may return your worksheet without action.