

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.

Theodore W Heckmann

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

Kathleen M. Campbell
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

KUSF Proceeding 2016-00059

Data Request Response Question 4

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.

KUSF Proceeding 2016-00059

Data Request Response Question 5

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.

KUSF Proceeding 2016-00059

Data Request Response Question 6

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.

KUSF Proceeding 2016-00059

Data Request Response Question 8

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.

KUSF Proceeding 2016-00059

Data Request Response Question 3

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.

KUSF Proceeding 2016-00059

Data Request Response Question 4

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
UNIVERSAL SERVICE FUND

Date 2/25/2014

Reporting Month January-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
Vendor Number	

Classification Please Circle One	<input checked="" type="radio"/> ILEC	<input type="radio"/> CLEC	<input type="radio"/> Cellular	<input type="radio"/> PCS
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Monthly Access Line Data		
1. Total Access Lines in Service.....	<u>90,317</u>	A
2. Surcharge Per Access Line.....	<u>\$0.08</u>	
3. Amount of Surcharge Remitted to Kentucky USF.....	<u>\$6,663.12</u>	B
4. Number of Access Lines Receiving Lifeline Support.....	<u>1,129</u>	
5. Amount of Reimbursement Requested from Kentucky USF.....	<u>\$3,951.50</u>	

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 <u>Tom Paolucci</u> (Printed)	Title <u>CBT Asst Controller</u>	Company Official (Signed)

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

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

Send a copy of this report to:

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



COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date 3/20/2014

Reporting Month February-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
Vendor Number	

Classification Please Circle One	ILEC	CLEC	Cellular	PCS
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Monthly Access Line Data		
1. Total Access Lines in Service.....	<u>89,752</u>	A
2. Surcharge Per Access Line.....	<u>\$0.08</u>	
3. Amount of Surcharge Remitted to Kentucky USF.....	<u>\$6,357.75</u>	B
4. Number of Access Lines Receiving Lifeline Support.....	<u>1,134</u>	
5. Amount of Reimbursement Requested from Kentucky USF.....	<u>\$3,969.00</u>	

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.

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 Frankfort, KY 40602



COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date 4/19/2014 Reporting Month March-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
Vendor Number	

Classification Please Circle One	<input checked="" type="radio"/> ILEC	<input type="radio"/> CLEC	<input type="radio"/> Cellular	<input type="radio"/> PCS
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Monthly Access Line Data		
1.	Total Access Lines in Service.....	<u>89,208</u> A
2.	Surcharge Per Access Line.....	<u>\$0.08</u>
3.	Amount of Surcharge Remitted to Kentucky USF.....	<u>\$6,626.67</u> B
4.	Number of Access Lines Receiving Lifeline Support.....	<u>1,120</u>
5.	Amount of Reimbursement Requested from Kentucky USF.....	<u>\$3,920.00</u>

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.

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Frankfort, KY 40602



**COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND**

Date 5/20/2014

Reporting Month April-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
Vendor Number	

Classification Please Circle One	<input checked="" type="radio"/> ILEC	<input type="radio"/> CLEC	<input type="radio"/> Cellular	<input type="radio"/> PCS
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Monthly Access Line Data		
1. Total Access Lines in Service.....	<u>87,271</u>	A
2. Surcharge Per Access Line.....	<u>\$0.08</u>	
3. Amount of Surcharge Remitted to Kentucky USF.....	<u>\$5,790.47</u>	B
4. Number of Access Lines Receiving Lifeline Support.....	<u>1,098</u>	
5. Amount of Reimbursement Requested from Kentucky USF.....	<u>\$3,843.00</u>	

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		
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Company Official <u>Tom Paolucci</u> (Printed)	Title <u>CBT Asst Controller</u>	Company Official (Signed)

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 P.O. Box 615
 Frankfort, KY 40602



COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date 6/18/2014


Reporting Month May-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
Vendor Number	

Classification Please Circle One	<u>ILEC</u>	CLEC	Cellular	PCS
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Monthly Access Line Data			
1.	Total Access Lines in Service.....	<u>86,615</u>	A
2.	Surcharge Per Access Line.....	<u>\$0.08</u>	
3.	Amount of Surcharge Remitted to Kentucky USF.....	<u>\$6,396.95</u>	B
4.	Number of Access Lines Receiving Lifeline Support.....	<u>1,060</u>	
5.	Amount of Reimbursement Requested from Kentucky USF.....	<u>\$3,710.00</u>	

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.

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	(Printed)	Company Official	
			(Signed)

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Frankfort, KY 40602



**COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND**

Date 7/16/2014 Reporting Month June-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
Vendor Number	

Classification Please Circle One	ILEC	CLEC	Cellular	PCS
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Monthly Access Line Data		
1. Total Access Lines in Service.....	<u>86,162</u>	A
2. Surcharge Per Access Line.....	<u>\$0.08</u>	
3. Amount of Surcharge Remitted to Kentucky USF.....	<u>\$6,325.58</u>	B
4. Number of Access Lines Receiving Lifeline Support.....	<u>977</u>	
5. Amount of Reimbursement Requested from Kentucky USF.....	<u>\$3,419.50</u>	

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.

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 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
Vendor Number	

Classification Please Circle One	ILEC	CLEC	Cellular	PCS
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Monthly Access Line Data		
1. Total Access Lines in Service.....	<u>85,529</u>	A
2. Surcharge Per Access Line.....	<u>\$0.08</u>	
3. Amount of Surcharge Remitted to Kentucky USF.....	<u>\$6,324.64</u>	B
4. Number of Access Lines Receiving Lifeline Support.....	<u>959</u>	
5. Amount of Reimbursement Requested from Kentucky USF.....	<u>\$3,356.50</u>	

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.

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 Frankfort, KY 40602



**COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND**

Date 9/20/2014

Reporting Month August-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
Vendor Number	

Classification Please Circle One	<input checked="" type="radio"/> ILEC	<input type="radio"/> CLEC	<input type="radio"/> Cellular	<input type="radio"/> PCS
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Monthly Access Line Data		
1. Total Access Lines in Service.....	<u>84,995</u>	A
2. Surcharge Per Access Line.....	<u>\$0.08</u>	
3. Amount of Surcharge Remitted to Kentucky USF.....	<u>\$6,293.28</u>	B
4. Number of Access Lines Receiving Lifeline Support.....	<u>933</u>	
5. Amount of Reimbursement Requested from Kentucky USF.....	<u>\$3,265.50</u>	

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		
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Company Official <u>Tom Paolucci</u> (Printed)	Title <u>CBT Asst Controller</u>	Company Official (Signed)

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**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) 381-6117
Vendor Number	

Classification Please Circle One	ILEC	CLEC	Cellular	PCS
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Monthly Access Line Data		
1. Total Access Lines in Service.....	<u>84,347</u>	A
2. Surcharge Per Access Line.....	<u>\$0.08</u>	
3. Amount of Surcharge Remitted to Kentucky USF.....	<u>\$6,234.73</u>	B
4. Number of Access Lines Receiving Lifeline Support.....	<u>906</u>	
5. Amount of Reimbursement Requested from Kentucky USF.....	<u>\$3,171.00</u>	

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.

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 Frankfort, KY 40602



**COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND**

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) 397-6963 / Fax (513) 381-6117
Vendor Number	

Classification Please Circle One	<u>ILEC</u>	CLEC	Cellular	PCS
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Monthly Access Line Data			
1.	Total Access Lines in Service.....	<u>83,811</u>	A
2.	Surcharge Per Access Line.....	<u>\$0.08</u>	
3.	Amount of Surcharge Remitted to Kentucky USF.....	<u>\$6,113.96</u>	B
4.	Number of Access Lines Receiving Lifeline Support.....	<u>871</u>	
5.	Amount of Reimbursement Requested from Kentucky USF.....	<u>\$3,048.50</u>	

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	<u>Tom Paolucci</u>	Title	<u>CBT Asst Controller</u>
	(Printed)	Company Official	 (Signed)

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Frankfort, KY 40601

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



**COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND**

Date 4/27/2016

Reporting Month November-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
Vendor Number	

Classification Please Circle One	<u>ILEC</u>	CLEC	Cellular	PCS
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Monthly Access Line Data		
1. Total Access Lines in Service.....	<u>84,298</u>	A
2. Surcharge Per Access Line.....	<u>\$0.08</u>	
3. Amount of Surcharge Remitted to Kentucky USF.....	<u>\$6,268.71</u>	B
4. Number of Access Lines Receiving Lifeline Support.....	<u>844</u>	
5. Amount of Reimbursement Requested from Kentucky USF.....	<u>\$2,954.00</u>	

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.

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Company Official <u>Tom Paolucci</u> (Printed)	Title <u>CBT Asst Controller</u>	Company Official <u></u> (Signed)

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COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date 1/27/2015

Reporting Month December-15

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
Vendor Number	

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

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

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.

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COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date 2/21/2015

Reporting Month January-15

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
Vendor Number	

Classification Please Circle One	ILEC	CLEC	Cellular	PCS
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Monthly Access Line Data		
1. Total Access Lines in Service.....	<u>82,957</u>	A
2. Surcharge Per Access Line.....	<u>\$0.08</u>	
3. Amount of Surcharge Remitted to Kentucky USF.....	<u>\$6,152.23</u>	B
4. Number of Access Lines Receiving Lifeline Support.....	<u>699</u>	
5. Amount of Reimbursement Requested from Kentucky USF.....	<u>\$2,446.50</u>	

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 <u>Tom Paolucci</u> (Printed)	Title <u>CBT Asst Controller</u>	Company Official (Signed)

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

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

Send a copy of this report to:

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



COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date 3/19/2015

Reporting Month February-15

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
Vendor Number	

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

Monthly Access Line Data		
1. Total Access Lines in Service.....	<u>82,011</u>	A
2. Surcharge Per Access Line.....	<u>\$0.08</u>	
3. Amount of Surcharge Remitted to Kentucky USF.....	<u>\$6,020.97</u>	B
4. Number of Access Lines Receiving Lifeline Support.....	<u>683</u>	
5. Amount of Reimbursement Requested from Kentucky USF.....	<u>\$2,390.50</u>	

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.

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COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date 4/22/2015

Reporting Month March-15

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
Vendor Number	

Classification Please Circle One	ILEC	CLEC	Cellular	PCS
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Monthly Access Line Data		
1. Total Access Lines in Service.....	<u>81,312</u>	A
2. Surcharge Per Access Line.....	<u>\$0.08</u>	
3. Amount of Surcharge Remitted to Kentucky USF.....	<u>\$5,848.16</u>	B
4. Number of Access Lines Receiving Lifeline Support.....	<u>671</u>	
5. Amount of Reimbursement Requested from Kentucky USF.....	<u>\$2,348.50</u>	

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.

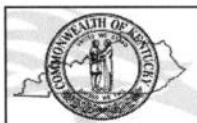
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COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date 5/23/2015

Reporting Month April-15

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
Vendor Number	

Classification Please Circle One	ILEC	CLEC	Cellular	PCS
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Monthly Access Line Data		
1. Total Access Lines in Service.....	<u>80,844</u>	A
2. Surcharge Per Access Line.....	<u>\$0.08</u>	
3. Amount of Surcharge Remitted to Kentucky USF.....	<u>\$5,022.19</u>	B
4. Number of Access Lines Receiving Lifeline Support.....	<u>647</u>	
5. Amount of Reimbursement Requested from Kentucky USF.....	<u>\$2,264.50</u>	

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		
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**COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND**

Date 6/25/2015

Reporting Month May-15

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
Vendor Number	

Classification Please Circle One	<input checked="" type="radio"/> ILEC	<input type="radio"/> CLEC	<input type="radio"/> Cellular	<input type="radio"/> PCS
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Monthly Access Line Data		
1. Total Access Lines in Service.....	<u>80,341</u>	A
2. Surcharge Per Access Line.....	<u>\$0.08</u>	
3. Amount of Surcharge Remitted to Kentucky USF.....	<u>\$5,768.24</u>	B
4. Number of Access Lines Receiving Lifeline Support.....	<u>634</u>	
5. Amount of Reimbursement Requested from Kentucky USF.....	<u>\$2,219.00</u>	

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		
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COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date 7/18/2015 Reporting Month June-15

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
Vendor Number	

Classification Please Circle One	<u>ILEC</u>	CLEC	Cellular	PCS
-------------------------------------	-------------	------	----------	-----

Monthly Access Line Data		
1. Total Access Lines in Service.....	<u>79,721</u>	A
2. Surcharge Per Access Line.....	<u>\$0.08</u>	
3. Amount of Surcharge Remitted to Kentucky USF.....	<u>\$5,826.60</u>	B
4. Number of Access Lines Receiving Lifeline Support.....	<u>620</u>	
5. Amount of Reimbursement Requested from Kentucky USF.....	<u>\$2,170.00</u>	

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		
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COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date 8/26/2015

Reporting Month July-15

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
Vendor Number	

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

Monthly Access Line Data		
1. Total Access Lines in Service.....	<u>78,596</u>	A
2. Surcharge Per Access Line.....	<u>\$0.08</u>	
3. Amount of Surcharge Remitted to Kentucky USF.....	<u>\$4,035.29</u>	B
4. Number of Access Lines Receiving Lifeline Support.....	<u>604</u>	
5. Amount of Reimbursement Requested from Kentucky USF.....	<u>\$2,114.00</u>	

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.

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**COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND**

Date 4/27/2016

Reporting Month August-15

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
Vendor Number	

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

Monthly Access Line Data		
1. Total Access Lines in Service.....	<u>78,183</u>	A
2. Surcharge Per Access Line.....	<u>\$0.08</u>	
3. Amount of Surcharge Remitted to Kentucky USF.....	<u>\$5,759.00</u>	B
4. Number of Access Lines Receiving Lifeline Support.....	<u>587</u>	
5. Amount of Reimbursement Requested from Kentucky USF.....	<u>\$2,054.50</u>	

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		
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**COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND**

Date 10/22/2015 Reporting Month September-15

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
Vendor Number	

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

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

**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		
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Company Official <u>Tom Paolucci</u> (Printed)	Title <u>CBT Asst Controller</u>	Company Official <u></u> (Signed)

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Frankfort, KY 40602



COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date 11/18/2015

Reporting Month October-15

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
Vendor Number	

Classification Please Circle One	<u>ILEC</u>	CLEC	Cellular	PCS
-------------------------------------	-------------	------	----------	-----

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

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		
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Company Official <u>Tom Paolucci</u> (Printed)	Title <u>CBT Asst Controller</u>	Company Official (Signed)

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Frankfort, KY 40602



COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date 12/12/2015

Reporting Month November-15

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
Vendor Number	

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

Monthly Access Line Data		
1. Total Access Lines in Service.....	<u>77,726</u>	A
2. Surcharge Per Access Line.....	<u>\$0.08</u>	
3. Amount of Surcharge Remitted to Kentucky USF.....	<u>\$5,726.17</u>	B
4. Number of Access Lines Receiving Lifeline Support.....	<u>576</u>	
5. Amount of Reimbursement Requested from Kentucky USF.....	<u>\$2,016.00</u>	

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		
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COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date 1/26/2016

Reporting Month December-15

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
Vendor Number	

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

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

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		
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COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date 2/20/2016

Reporting Month January-16

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
Vendor Number	

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

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

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		
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COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date 3/29/2016

Reporting Month February-16

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
Vendor Number	

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

Monthly Access Line Data		
1. Total Access Lines in Service.....	<u>75,311</u>	A
2. Surcharge Per Access Line.....	<u>\$0.08</u>	
3. Amount of Surcharge Remitted to Kentucky USF.....	<u>\$5,451.33</u>	B
4. Number of Access Lines Receiving Lifeline Support.....	<u>492</u>	
5. Amount of Reimbursement Requested from Kentucky USF.....	<u>\$1,722.00</u>	

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		
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**COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND**

Date 4/22/2016

Reporting Month March-16


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
Vendor Number	

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

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

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			
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	(Printed)	Company Official	
			(Signed)

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Exhibit 2

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

(7) Filing Information

Company Legal Name:	Cincinnati Bell Telephone LLC (OH)	a) Submission Date	02/04/2014
Contact Name:	Susan George	b) Data Month	January 2014
Mailing Address:	221 E. 4th St	c) Type of Filing (check one)	Original <input checked="" type="checkbox"/> Revision <input type="checkbox"/>
	Cincinnati, OH 45201		
Telephone Number:	513-397-6503	d) State Reporting	KENTUCKY
Fax Number:			
E-mail Address:	susan.george@cinbell.com		

Lifeline

	(a) # Lifeline Subscribers	(b) Lifeline Support/ Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>1129</u>	x \$ <u>9.25</u>	= \$ <u>10443</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
Total Federal Lifeline Support Claimed (10)			\$ <u>10443</u>

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)
(not to exceed \$100)

Total Connection Charges Waived (16) \$ 0.0

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

(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.

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02/04/2014

Susan George

DATE

OFFICER SIGNATURE

Division Controller

Susan George

OFFICER TITLE

OFFICER NAME

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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

(7) Filing Information

Company Legal Name:	Cincinnati Bell Telephone LLC (OH)	a) Submission Date	05/15/2014
Contact Name:	Susan George	b) Data Month	February 2014
Mailing Address:	221 E. Fourth St	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	Cincinnati, OH 45201		
Telephone Number:	513-397-6503	d) State Reporting	KENTUCKY
Fax Number:			
E-mail Address:	susan.george@cinbell.com		

Lifeline

	(a) # Lifeline Subscribers	(b) Lifeline Support/ Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>1120</u>	x \$ <u>9.25</u>	= \$ <u>10360</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
Total Federal Lifeline Support Claimed (10)			\$ <u>10360</u>

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)
(not to exceed \$100)

Total Connection Charges Waived (16) \$ 0.0

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

(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.

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05/15/2014

Susan George

DATE

OFFICER SIGNATURE

CBT Division Controller

Susan George

OFFICER TITLE

OFFICER NAME

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LIFELINE WORKSHEET

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

(7) Filing Information

Company Legal Name:	Cincinnati Bell Telephone LLC (OH)	a) Submission Date	05/15/2014
Contact Name:	Susan George	b) Data Month	March 2014
Mailing Address:	221 E. Fourth	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	Cincinnati, OH 45201		
Telephone Number:	513-397-6503	d) State Reporting	KENTUCKY
Fax Number:			
E-mail Address:	susan.george@cinbell.com		

Lifeline

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>1031</u>	x \$ <u>9.25</u>	= \$ <u>9537</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
Total Federal Lifeline Support Claimed (10)			\$ <u>9537</u>

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)
(not to exceed \$100)

Total Connection Charges Waived (16) \$ 0.0

Deferred Interest (17) \$ 0.00

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

ETC Payment

Total Lifeline \$ 9537 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 9537

(20) CERTIFICATIONS AND SIGNATURES

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05/15/2014

Susan George

DATE

OFFICER SIGNATURE

CBT Division Controller

Susan George

OFFICER TITLE

OFFICER NAME

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LIFELINE WORKSHEET

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

(7) Filing Information

Company Legal Name:	Cincinnati Bell Telephone LLC (OH)	a) Submission Date	06/20/2014
Contact Name:	Susan George	b) Data Month	April 2014
Mailing Address:	221 E. Fourth St	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	Cincinnati, OH 45201		
Telephone Number:	513-397-6503	d) State Reporting	KENTUCKY
Fax Number:			
E-mail Address:	susan.george@cinbell.com		

Lifeline

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>1021</u>	x \$ <u>9.25</u>	= \$ <u>9444</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
Total Federal Lifeline Support Claimed (10)			\$ <u>9444</u>

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)
(not to exceed \$100)

Total Connection Charges Waived (16) \$ 0.0

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

(20) CERTIFICATIONS AND SIGNATURES

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06/20/2014

Susan George

DATE

OFFICER SIGNATURE

Sr Director

Susan George

OFFICER TITLE

OFFICER NAME

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LIFELINE WORKSHEET

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(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

Company Legal Name:	Cincinnati Bell Telephone LLC (OH)	a) Submission Date	06/20/2014
Contact Name:	Susan George	b) Data Month	May 2014
Mailing Address:	221 E. Fourth	c) Type of Filing (check one)	Original <input checked="" type="checkbox"/> Revision <input type="checkbox"/>
	Cincinnati, OH 45201		
Telephone Number:	513-397-6503	d) State Reporting	KENTUCKY
Fax Number:			
E-mail Address:	susan.george@cinbell.com		

Lifeline

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>991</u>	x \$ <u>9.25</u>	= \$ <u>9167</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
Total Federal Lifeline Support Claimed (10)			\$ <u>9167</u>

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)
(not to exceed \$100)

Total Connection Charges Waived (16) \$ 0.0

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

(20) CERTIFICATIONS AND SIGNATURES

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06/20/2014

Susan George

DATE

OFFICER SIGNATURE

Sr Director

Susan George

OFFICER TITLE

OFFICER NAME

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LIFELINE WORKSHEET

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(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

Company Legal Name:	Cincinnati Bell Telephone LLC (OH)	a) Submission Date	09/05/2014
Contact Name:	susan george	b) Data Month	June 2014
Mailing Address:	221 E. Fourth St	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	Cincinnati, OH 45201		
Telephone Number:	513-397-6503	d) State Reporting	KENTUCKY
Fax Number:			
E-mail Address:	susan.george@cinbell.com		

Lifeline

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>912</u>	x \$ <u>9.25</u>	= \$ <u>8436</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
Total Federal Lifeline Support Claimed			(10) \$ <u>8436</u>

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)
(not to exceed \$100)

Total Connection Charges Waived (16) \$ 0.0

Deferred Interest (17) \$ 0.00

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

ETC Payment

Total Lifeline \$ 8436 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 8436

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09/05/2014

Susan George

DATE

OFFICER SIGNATURE

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OFFICER TITLE

OFFICER NAME

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LIFELINE WORKSHEET

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

(7) Filing Information

Company Legal Name:	Cincinnati Bell Telephone LLC (OH)	a) Submission Date	08/04/2015
Contact Name:	susan george	b) Data Month	July 2015
Mailing Address:	221 E. Fourth St	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	Cincinnati, OH 45202		
Telephone Number:	5133976503	d) State Reporting	KENTUCKY
Fax Number:			
E-mail Address:	susan.george@cinbell.com		

Lifeline

	(a) # Lifeline Subscribers	(b) Lifeline Support/ Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>594</u>	x \$ <u>9.25</u>	= \$ <u>5495</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
Total Federal Lifeline Support Claimed (10)			\$ <u>5495</u>

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)
(not to exceed \$100)

Total Connection Charges Waived (16) \$ 0.0

Deferred Interest (17) \$ 0.00

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

(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.

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08/04/2015

Susan George

DATE

OFFICER SIGNATURE

Sr Director Accounting

Susan George

OFFICER TITLE

OFFICER NAME

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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

(7) Filing Information

Company Legal Name:	Cincinnati Bell Telephone LLC (OH)	a) Submission Date	10/08/2014
Contact Name:	Susan George	b) Data Month	August 2014
Mailing Address:	221 E. Fourth St	c) Type of Filing (check one)	Original <input checked="" type="checkbox"/> Revision <input type="checkbox"/>
	Cincinnati, OH 45202		
Telephone Number:	513-397-6503	d) State Reporting	KENTUCKY
Fax Number:			
E-mail Address:	susan.george@cinbell.com		

Lifeline

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>933</u>	x \$ <u>9.25</u>	= \$ <u>8630</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
Total Federal Lifeline Support Claimed (10)			\$ <u>8630</u>

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)
(not to exceed \$100)

Total Connection Charges Waived (16) \$ 0.0

Deferred Interest (17) \$ 0.00

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

ETC Payment

Total Lifeline \$ 8630 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 8630

(20) CERTIFICATIONS AND SIGNATURES

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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.

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10/08/2014

Susan George

DATE

OFFICER SIGNATURE

Sr Director - Accounting

Susan George

OFFICER TITLE

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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

(7) Filing Information

Company Legal Name:	Cincinnati Bell Telephone LLC (OH)	a) Submission Date	10/08/2014
Contact Name:	Susan George	b) Data Month	September 2014
Mailing Address:	221 E. Fourth St	c) Type of Filing (check one)	Original <input checked="" type="checkbox"/> Revision <input type="checkbox"/>
	Cincinnati, OH 45202		
Telephone Number:	513-397-6503	d) State Reporting	KENTUCKY
Fax Number:			
E-mail Address:	susan.george@cinbell.com		

Lifeline

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>906</u>	x \$ <u>9.25</u>	= \$ <u>8381</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
Total Federal Lifeline Support Claimed (10)			\$ <u>8381</u>

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)
(not to exceed \$100)

Total Connection Charges Waived (16) \$ 0.0

Deferred Interest (17) \$ 0.00

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

ETC Payment

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

Total Dollars (19) \$ 8381

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Susan George

DATE

OFFICER SIGNATURE

Sr Director - Accounting

Susan George

OFFICER TITLE

OFFICER NAME

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(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

Company Legal Name:	Cincinnati Bell Telephone LLC (OH)	a) Submission Date	12/03/2014
Contact Name:	Susan George	b) Data Month	October 2014
Mailing Address:	221 E. Fourth	c) Type of Filing (check one)	Original <input checked="" type="checkbox"/> Revision <input type="checkbox"/>
	Cincinnati, OH 45201		
Telephone Number:	513-397-6503	d) State Reporting	KENTUCKY
Fax Number:			
E-mail Address:	susan.george@cinbell.com		

Lifeline

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>831</u>	x \$ <u>9.25</u>	= \$ <u>7687</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
Total Federal Lifeline Support Claimed (10)			\$ <u>7687</u>

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)
(not to exceed \$100)

Total Connection Charges Waived (16) \$ 0.0

Deferred Interest (17) \$ 0.00

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

ETC Payment

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

Total Dollars (19) \$ 7687

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

(20) CERTIFICATIONS AND SIGNATURES

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12/03/2014

Susan George

DATE

OFFICER SIGNATURE

Sr Director Acctg

Susan George

OFFICER TITLE

OFFICER NAME

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LIFELINE WORKSHEET

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(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

Company Legal Name:	Cincinnati Bell Telephone LLC (OH)	a) Submission Date	02/06/2015
Contact Name:	Susan George	b) Data Month	November 2014
Mailing Address:	221 E. Fourth St	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	Cincinnati, OH 45201		
Telephone Number:	513-397-6503		
Fax Number:			
E-mail Address:	susan.george@cinbell.com		

Lifeline

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>819</u>	x \$ <u>9.25</u>	= \$ <u>7576</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u>	= \$ <u>0</u>
			(not to exceed \$34.25)
			Total Federal Lifeline Support Claimed (10) \$ <u>7576</u>

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)
(not to exceed \$100)

Total Connection Charges Waived (16) \$ 0.0

Deferred Interest (17) \$ 0.00

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

ETC Payment

Total Lifeline \$ 7576 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 7576

(20) CERTIFICATIONS AND SIGNATURES

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02/06/2015

Susan George

DATE

OFFICER SIGNATURE

Sr Director

Susan George

OFFICER TITLE

OFFICER NAME

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LIFELINE WORKSHEET

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

(7) Filing Information

Company Legal Name:	Cincinnati Bell Telephone LLC (OH)	a) Submission Date	02/06/2015
Contact Name:	susan george	b) Data Month	December 2014
Mailing Address:	221 E. Fourth St	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	Cincinnati, OH 45202		
Telephone Number:	513-397-6503	d) State Reporting	KENTUCKY
Fax Number:			
E-mail Address:	susan.george@cinbell.com		

Lifeline

	(a) # Lifeline Subscribers	(b) Lifeline Support/ Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>679</u>	x \$ <u>9.25</u>	= \$ <u>6281</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
Total Federal Lifeline Support Claimed (10)			\$ <u>6281</u>

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)
(not to exceed \$100)

Total Connection Charges Waived (16) \$ 0.0

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

(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

Susan George

DATE

OFFICER SIGNATURE

Sr Director

Susan George

OFFICER TITLE

OFFICER NAME

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LIFELINE WORKSHEET

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

(7) Filing Information

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

Lifeline

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>664</u>	x \$ <u>9.25</u>	= \$ <u>6142</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u>	= \$ <u>0</u>
			(not to exceed \$34.25)
			Total Federal Lifeline Support Claimed (10) \$ <u>6142</u>

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)
(not to exceed \$100)

Total Connection Charges Waived (16) \$ 0.0

Deferred Interest (17) \$ 0.00

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

ETC Payment

Total Lifeline \$ 6142 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 6142

(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.

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04/15/2015

Susan George

DATE

OFFICER SIGNATURE

Sr Director Accounting

Susan George

OFFICER TITLE

OFFICER NAME

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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

(7) Filing Information

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

Lifeline

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>663</u>	x \$ <u>9.25</u>	= \$ <u>6133</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
Total Federal Lifeline Support Claimed (10)			\$ <u>6133</u>

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)
(not to exceed \$100)

Total Connection Charges Waived (16) \$ 0.0

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

(20) CERTIFICATIONS AND SIGNATURES

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04/15/2015

Susan George

DATE

OFFICER SIGNATURE

Sr Director Accounting

Susan George

OFFICER TITLE

OFFICER NAME

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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

(7) Filing 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)	Original Revision <input checked="" type="checkbox"/>
	Cincinnati, OH 45201		
Telephone Number:	5133976503	d) State Reporting	KENTUCKY
Fax Number:			
E-mail Address:	susan.george@cinbell.com		

Lifeline

	(a) # Lifeline Subscribers	(b) Lifeline Support/ Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>648</u>	x \$ <u>9.25</u>	= \$ <u>5994</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
Total Federal Lifeline Support Claimed (10)			\$ <u>5994</u>

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)
(not to exceed \$100)

Total Connection Charges Waived (16) \$ 0.0

Deferred Interest (17) \$ 0.00

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

(20) CERTIFICATIONS AND SIGNATURES

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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.

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05/28/2015

Susan George

DATE

OFFICER SIGNATURE

Sr Director General Account

Susan George

OFFICER TITLE

OFFICER NAME

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LIFELINE WORKSHEET

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(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

Company Legal Name:	Cincinnati Bell Telephone LLC (OH)	a) Submission Date	05/14/2015
Contact Name:	susan george	b) Data Month	April 2015
Mailing Address:	221 EFourth St	c) Type of Filing (check one) Original <input checked="" type="checkbox"/> Revision <input type="checkbox"/>	
	Cincinnati, OH 45201		
Telephone Number:	5133976503	d) State Reporting	KENTUCKY
Fax Number:			
E-mail Address:	susan.george@cinbell.com		

Lifeline

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>629</u>	x \$ <u>9.25</u>	= \$ <u>5818</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
Total Federal Lifeline Support Claimed (10)			\$ <u>5818</u>

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)
(not to exceed \$100)

Total Connection Charges Waived (16) \$ 0.0

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

(20) CERTIFICATIONS AND SIGNATURES

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05/14/2015

Susan George

DATE

OFFICER SIGNATURE

Sr Director General Account

Susan George

OFFICER TITLE

OFFICER NAME

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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

(7) Filing Information

Company Legal Name:	Cincinnati Bell Telephone LLC (OH)	a) Submission Date	06/05/2015
Contact Name:	susan george	b) Data Month	May 2015
Mailing Address:	221 EFourth St	c) Type of Filing (check one) Original <input checked="" type="checkbox"/> Revision <input type="checkbox"/>	
	Cincinnati, OH 45201		
Telephone Number:	5133976503	d) State Reporting	KENTUCKY
Fax Number:			
E-mail Address:	susan.george@cinbell.com		

Lifeline

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>613</u>	x \$ <u>9.25</u>	= \$ <u>5670</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
Total Federal Lifeline Support Claimed (10)			\$ <u>5670</u>

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)
(not to exceed \$100)

Total Connection Charges Waived (16) \$ 0.0

Deferred Interest (17) \$ 0.00

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

ETC Payment

Total Lifeline \$ 5670 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 5670

(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.

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06/05/2015

Susan George

DATE

OFFICER SIGNATURE

Sr Director General Account

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.

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LIFELINE WORKSHEET

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

(7) Filing Information

Company Legal Name:	Cincinnati Bell Telephone LLC (OH)	a) Submission Date	08/04/2015
Contact Name:	susan george	b) Data Month	June 2015
Mailing Address:	221 E. Fourth St	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	Cincinnati, OH 45202		
Telephone Number:	5133976503	d) State Reporting	KENTUCKY
Fax Number:			
E-mail Address:	susan.george@cinbell.com		

Lifeline

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>605</u>	x \$ <u>9.25</u>	= \$ <u>5596</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
Total Federal Lifeline Support Claimed (10)			\$ <u>5596</u>

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)
(not to exceed \$100)

Total Connection Charges Waived (16) \$ 0.0

Deferred Interest (17) \$ 0.00

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

ETC Payment

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

Total Dollars (19) \$ 5596

(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.

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08/04/2015

Susan George

DATE

OFFICER SIGNATURE

Sr Director Accounting

Susan George

OFFICER TITLE

OFFICER NAME

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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

(7) Filing Information

Company Legal Name:	Cincinnati Bell Telephone LLC (OH)	a) Submission Date	08/04/2015
Contact Name:	susan george	b) Data Month	July 2015
Mailing Address:	221 E. Fourth St	c) Type of Filing (check one)	Original <input checked="" type="checkbox"/> Revision <input type="checkbox"/>
	Cincinnati, OH 45202		
Telephone Number:	5133976503	d) State Reporting	KENTUCKY
Fax Number:			
E-mail Address:	susan.george@cinbell.com		

Lifeline

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>594</u>	x \$ <u>9.25</u>	= \$ <u>5495</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
Total Federal Lifeline Support Claimed (10)			\$ <u>5495</u>

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)
(not to exceed \$100)

Total Connection Charges Waived (16) \$ 0.0

Deferred Interest (17) \$ 0.00

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

(20) CERTIFICATIONS AND SIGNATURES

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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.

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08/04/2015

Susan George

DATE

OFFICER SIGNATURE

Sr Director Accounting

Susan George

OFFICER TITLE

OFFICER NAME

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LIFELINE WORKSHEET

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

(7) Filing Information

Company Legal Name:	Cincinnati Bell Telephone LLC (OH)	a) Submission Date	09/04/2015
Contact Name:	susan george	b) Data Month	August 2015
Mailing Address:	221 E. Fourth St	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	Cincinnati, OH 45202		
Telephone Number:	5133976503	d) State Reporting	KENTUCKY
Fax Number:			
E-mail Address:	susan.george@cinbell.com		

Lifeline

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>573</u>	x \$ <u>9.25</u>	= \$ <u>5300</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
Total Federal Lifeline Support Claimed (10)			\$ <u>5300</u>

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)
(not to exceed \$100)

Total Connection Charges Waived (16) \$ 0.0

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

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09/04/2015

Susan George

DATE

OFFICER SIGNATURE

Sr Director Accounting

Susan George

OFFICER TITLE

OFFICER NAME

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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

(7) Filing 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) Original <input checked="" type="checkbox"/> Revision <input type="checkbox"/>	
	Cincinnati, OH 45202		
Telephone Number:	5133976503	d) State Reporting	KENTUCKY
Fax Number:			
E-mail Address:	susan.george@cinbell.com		

Lifeline

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>560</u>	x \$ <u>9.25</u>	= \$ <u>5180</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
Total Federal Lifeline Support Claimed (10)			\$ <u>5180</u>

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)
(not to exceed \$100)

Total Connection Charges Waived (16) \$ 0.0

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

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10/13/2015

Susan George

DATE

OFFICER SIGNATURE

Sr Director Accounting

Susan George

OFFICER TITLE

OFFICER NAME

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LIFELINE WORKSHEET

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

(7) Filing Information

Company Legal Name:	Cincinnati Bell Telephone LLC (OH)	a) Submission Date	11/05/2015
Contact Name:	susan george	b) Data Month	October 2015
Mailing Address:	221 E. Fourth St	c) Type of Filing (check one)	Original <input checked="" type="checkbox"/> Revision <input type="checkbox"/>
	Cincinnati, OH 45202		
Telephone Number:	5133976503	d) State Reporting	KENTUCKY
Fax Number:			
E-mail Address:	susan.george@cinbell.com		

Lifeline

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>550</u>	x \$ <u>9.25</u>	= \$ <u>5088</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
Total Federal Lifeline Support Claimed (10)			\$ <u>5088</u>

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)
(not to exceed \$100)

Total Connection Charges Waived (16) \$ 0.0

Deferred Interest (17) \$ 0.00

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

ETC Payment

Total Lifeline \$ 5088 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 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.

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11/05/2015

Susan George

DATE

OFFICER SIGNATURE

Sr Director Accounting

Susan George

OFFICER TITLE

OFFICER NAME

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LIFELINE WORKSHEET

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

(7) Filing Information

Company Legal Name:	Cincinnati Bell Telephone LLC (OH)	a) Submission Date	12/29/2015
Contact Name:	susan george	b) Data Month	November 2015
Mailing Address:	221 E. Fourth St	c) Type of Filing (check one)	Original <input checked="" type="checkbox"/> Revision <input type="checkbox"/>
	Cincinnati, OH 45201		
Telephone Number:	5133976503	d) State Reporting	KENTUCKY
Fax Number:			
E-mail Address:	susan.george@cinbell.com		

Lifeline

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>547</u>	x \$ <u>9.25</u>	= \$ <u>5060</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
Total Federal Lifeline Support Claimed (10)			\$ <u>5060</u>

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)
(not to exceed \$100)

Total Connection Charges Waived (16) \$ 0.0

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.

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12/29/2015

Susan George

DATE

OFFICER SIGNATURE

Sr Director Accounting

Susan George

OFFICER TITLE

OFFICER NAME

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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

(7) Filing Information

Company Legal Name:	Cincinnati Bell Telephone LLC (OH)	a) Submission Date	01/27/2016
Contact Name:	susan george	b) Data Month	December 2015
Mailing Address:	221 E. Fourth St	c) Type of Filing (check one)	Original <input checked="" type="checkbox"/> Revision <input type="checkbox"/>
	Cincinnati, OH 45201		
Telephone Number:	5133976503	d) State Reporting	KENTUCKY
Fax Number:			
E-mail Address:	susan.george@cinbell.com		

Lifeline

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>494</u>	x \$ <u>9.25</u>	= \$ <u>4570</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
Total Federal Lifeline Support Claimed (10)			\$ <u>4570</u>

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)
(not to exceed \$100)

Total Connection Charges Waived (16) \$ 0.0

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

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(20) CERTIFICATIONS AND SIGNATURES

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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.

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01/27/2016

Susan George

DATE

OFFICER SIGNATURE

Sr Director Accounting

Susan George

OFFICER TITLE

OFFICER NAME

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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

(7) Filing Information

Company Legal Name:	Cincinnati Bell Telephone LLC (OH)	a) Submission Date	02/18/2016
Contact Name:	susan george	b) Data Month	January 2016
Mailing Address:	221 E. Fourth St	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	Cincinnati, OH 45202		
Telephone Number:	5133976503	d) State Reporting	KENTUCKY
Fax Number:			
E-mail Address:	susan.george@cinbell.com		

Lifeline

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>487</u>	x \$ <u>9.25</u>	= \$ <u>4505</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
Total Federal Lifeline Support Claimed (10)			\$ <u>4505</u>

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)
(not to exceed \$100)

Total Connection Charges Waived (16) \$ 0.0

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

(20) CERTIFICATIONS AND SIGNATURES

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02/18/2016

Susan George

DATE

OFFICER SIGNATURE

Sr Director Accounting

Susan George

OFFICER TITLE

OFFICER NAME

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LIFELINE WORKSHEET

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

(7) Filing Information

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

Lifeline

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>484</u>	x \$ <u>9.25</u>	= \$ <u>4477</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
Total Federal Lifeline Support Claimed (10)			\$ <u>4477</u>

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)
(not to exceed \$100)

Total Connection Charges Waived (16) \$ 0.0

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

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(20) CERTIFICATIONS AND SIGNATURES

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03/09/2016

Susan George

DATE

OFFICER SIGNATURE

Sr Director Accounting

Susan George

OFFICER TITLE

OFFICER NAME

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LIFELINE WORKSHEET

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

(7) Filing Information

Company Legal Name:	Cincinnati Bell Telephone LLC (OH)	a) Submission Date	04/14/2016
Contact Name:	susan george	b) Data Month	March 2016
Mailing Address:	221 E. Fourth St	c) Type of Filing (check one)	Original <input checked="" type="checkbox"/> Revision <input type="checkbox"/>
	Cincinnati, OH 45201		
Telephone Number:	5133976503	d) State Reporting	KENTUCKY
Fax Number:			
E-mail Address:	susan.george@cinbell.com		

Lifeline

	(a) # Lifeline Subscribers	(b) Lifeline Support/ Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>488</u>	x \$ <u>9.25</u>	= \$ <u>4514</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
Total Federal Lifeline Support Claimed (10)			\$ <u>4514</u>

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)
(not to exceed \$100)

Total Connection Charges Waived (16) \$ 0.0

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

(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

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 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-PERF, 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.

The foregoing Notice is required by the Privacy Act of 1974, Pub. L. No. 93-579, December 31, 1974, 5 U.S.C. Section 552, and the Paperwork Reduction Act of 1995, Pub. L. No. 104-13, 44 U.S.C. Section 3501, et seq.