COMMONWEALTH OF KENTUCKY

BEFORE THE PUBLIC SERVICE COMMISSION

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

In the Matter of:

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

ATE 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 <u>264</u> day of April, 2016.

Kathleen M. Compbell
Notary Public

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

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

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

- 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

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

RESPONSE: NA

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

<u>RESPONSE</u>: The decision to maintain state Lifeline support for only voice service will not affect how Cincinnati Bell currently provides Lifeline service.

 Identify any cost-effective procedures that you believe should be implemented by the Commission to increase oversight of the Lifeline program.

<u>RESPONSE</u>: Cincinnati Bell believes that NLAD is both working and efficient. No additional oversight is necessary as it would create an unnecessary expense.

6. If the Commission's decision is to change the amount of Lifeline support, state how soon upon the issuance of an Order by the Commission changing the Lifeline support amount that you are or anticipate being able to implement the changes on customer bills.

<u>RESPONSE</u>: Cincinnati Bell can implement the Commission's order on the next bill cycle (typically 30-45 days).

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

RESPONSE: The Detail Active Subscriber Report is downloaded monthly from the National Lifeline Accountability Database (NLAD) and is compared against Cincinnati Bell's active subscriber report where the Lifeline discount has been applied to Kentucky residents within Cincinnati Bell's ILEC footprint. The subscribers that match both reports are the numbers reported monthly. Cincinnati Bell assures that it obtains proper documentation and verifies eligibility in NLAD before claiming any reimbursement.

8. State whether you have been subjected to FCC investigation, action, and/or penalties relating to participation in the Lifeline program. If you have been so subjected, provide in detail, including citations to the FCC action, the investigation, action, and/or penalties to which you were subjected.

RESPONSE: No

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

<u>RESPONSE</u>: Cincinnati Bell markets Lifeline through social service organizations, its website, white pages and through personal contact with customers at its business offices.

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

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

RESPONSE: Cincinnati Bell uses a date certain at the end of the month. Anyone who enrolls during the month is counted during that month. Conversely, anyone that drops off during the month is not counted.

3. Explain how the total number of subscriber lines is calculated for the KUSF reimbursement form when a customer leaves in the middle of a month.

RESPONSE: Please see response to Question 2 above.

4. Explain how the KUSF surcharge remittance is calculated when you experience a bad debt. Explain whether none of the surcharge amount or the full surcharge amount billed to, but not paid by, the customer is remitted.

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

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.

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



UNIVERSAL SERVICE FUND

Date <u>2/25/2014</u>		Reporting Month_	Januar	y-14
	Carrier Information			
	Camer Information			
Company Name Cincinnat	ti Bell Telephone			
Company Adress 221 East F	Fourth Street, ML 103-1145	P.O. Box 2301	Cincinnati, OH 4	5201-2301
Telephone/Fax Telephon	e (513) 397-6963 / Fax (5°	13) 381-6117		
Vendor Number				
Classification HPC	, area	0.1.1	naa	
Please Circle One ILEC) CLEC	Cellular	PCS	
	Monthly Access Line Da	ita		
Total Access Lines in Service			90,317	_A
Surcharge Per Access Line			\$0.08	
 Amount of Surcharge Remitted to K 	Lentucky USF		\$6,663.12	_B
Number of Access Lines Receiving	Lifeline Support		1,129	_
5. Amount of Reimbursement Request	ted from Kentucky USF	······	\$3,951.50	_
A = The total quantity of access lii	nes billed the Kentucky U	SF surcharge.		
B = The total dollar amount of Ke			ectibles.	
	Signature Block			
I hereby attest that the information reported her	ein is true and accurate to the	best of my knowled;	ge.	2-2
Company Official Tom Paolucci	Title CBT Asst Contr	roller Compar	ny Official	ek Harl
(Printed)			(Signed)	
Make check payable to: "Kentucky	1	Send a conv	of this report to:	
State Treasurer" and send with this				
report to:		Kentucky Pul	olic Service Commiss	ion
		ATTN: Jim St		
Finance and Administration Cabinet		211 Sower Bly	rd.	
ATTN: KY USF		P.O. Box 615	40,000	
702 Capital Ave.		Frankfort, KY	40602	
Capitol Annex, Room 488A Frankfort, KY 40601				
11414010,111 40001	i			



Date	3/20/2014			Reporting Month	February-14	
			Carrier Information			
C	ompany Name Ci	ncinnati Bell Tel	ephone			
Co	ompany Adress 22	1 East Fourth St	reet, ML 103-1145	P.O. Box 2301 Cir	ncinnati, OH 45201-2301	
7	Γelephone/Fax Te	lephone (513) 39	97-6963 / Fax (513) 381-6117		
V	endor Number					
lassificat	tion					
lease Cir		ILEC	CLEC	Cellular	PCS	
		Moi	nthly Access Line Data	a		
1.	Total Access Lines in Service	e	***************************************		89,752 A	
2.	Surcharge Per Access Line				\$0.08	
3.	Amount of Surcharge Remit	ted to Kentucky US	SF		\$6,357.75 B	
4.	Number of Access Lines Re	eiving Lifeline Su	pport		1,134	
5.	Amount of Reimbursement I	Requested from Ke	ntucky USF		\$3,969.00	
	The total quantity of acc				···	
	- The total dollar amount	of Kentucky OSI		net of unconectible	5.	
		75200 88 8101	Signature Block	2 KM 2000		
hereby at	ttest that the information report	ed herein is true an	d accurate to the best	of my knowledge.	2/13/22	
Con	npany Official Tom Paolucc (Printed)	Ti	tle CBT Asst Contr	<u>roller</u> Company	Official (Signed)	
	ck payable to: "Kentucky			Send a copy of t	his report to:	
tate Treasurer" and send with this			Kentucky Public	Kentucky Public Service Commission		
				ATTN: Jim Stev	vens	
inance and Administration Cabinet TTN: KY USF				211 Sower Blvd.		
2 Capita				P.O. Box 615 Frankfort, KY	10602	
	nnex, Room 488A			rankion, KT	7002	
	KY 40601					

Frankfort, KY 40601



Date		4/19/2014		Reporting Month	Marc	h-14	
			Carrier Information	on			
	Company Name	Cincinnati Be	ell Telephone				
(Company Adress	221 East Fou	rth Street, ML 103-1	1145 P.O. Box 2301	Cincinnati, OH	45201-2301	
	Telephone/Fax						
	Vendor Number						
Classi	ification						
	Circle One	ILEC	CLEC	Cellular	PCS		
			Monthly Access Line	e Data			
1.	. Total Acces	s Lines in Service	***************************************		89,208	A	
2.	2. Surcharge Per Access Line				\$0.08	_	
3. Amount of Surcharge Remitted to Kentucky USF					\$6,626.67	_в	
4.	Number of Access Lines Receiving Lifeline Support					_	
5.	Amount of I	Reimbursement Requested t		\$3,920.00	_		
		quantity of access lines dollar amount of Kentuc			tibles		
			Signature Block		, di Di C S.		
			-				
I hereb	by attest that the i	nformation reported herein	s true and accurate to	the best of my knowledge		232	
(Company Official	Tom Paolucci (Printed)	Title CBT Asst Co	<u>Company</u>	Official (Signed)		
Make	check payable to:	"Kentucky		Send a copy of	this report to:		
	State Treasurer" and send with this						
report to:				tucky Public Service Commission			
r:				ATTN: Jim Stevens			
	Finance and Administration Cabinet ATTN: KYUSF				211 Sower Blvd.		
					P.O. Box 615		
702 Capital Ave.				Frankfort, KY	40002		



Date _	5/20/2	2014		Reporting Month_	Apri	1-14
				77214232311		
			Carrier Information			
Comp	oany Name	Cincinnati Bell	Telephone			
Comp	any Adress	221 East Fourth	Street, ML 103-1145	P.O. Box 2301	Cincinnati, OH 452	201-2301
Tele	ephone/Fax	Telephone (513)	397-6963 / Fax (51	3) 381-6117		
Vend	or Number					
Cl. :C:						
Classification Please Circle		ILEC	CLEC	Cellular	PCS	
		1	Monthly Access Line D	ata		
1. 7	Total Access Lines	in Service			87,271	A
2. \$	Surcharge Per Acco	ess Line			\$0.08	_
3. A	Amount of Surchar	ge Remitted to Kentucky	USF		\$5,790.47	в
4. N	Number of Access	Lines Receiving Lifeline	Support		1,098	
5. A	Amount of Reimbu	rsement Requested from	Kentucky USF		\$3,843.00	
		ty of access lines bill amount of Kentucky l			hles	
			Signature Block	,		
I hereby attes	t that the informati	ion reported herein is true		et of my knowledge		
	ny Official Tom I				ny Official	422
Compa	(Printe		Title CBT Asst Con	troller Compa	(Signed)	The state of the s
	ayable to: "Kentuc			Send a copy of	of this report to:	
State Treasure	er" and send with t	inis				

report to:

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



Date	6/18/2014		Reporting Month	May-1	4
		Carrier Information			
Company Nan	ne Cincinnati Be	II Telephone			
Company Adre	ss 221 East Fou	rth Street, ML 103-114	5 P.O. Box 2301 Cin	cinnati, OH 4520	1-2301
Telephone/Fa	ax Telephone (5	13) 397-6963 / Fax (51	3) 381-6117		
Vendor Numb	er				
Classification					
Please Circle One	(ILEC)	CLEC	Cellular	PCS	
		Monthly Access Line D	ata		
Total Acc	ess Lines in Service			86,615	_A
Surcharge	Per Access Line			\$0.08	-
3. Amount o	f Surcharge Remitted to Kentu	cky USF		\$6,396.95	В
4. Number o	f Access Lines Receiving Lifel	ine Support		1,060	_
5. Amount o	f Reimbursement Requested from	om Kentucky USF		\$3,710.00	-
	I quantity of access lines t I dollar amount of Kentuck			S.	
		Signature Block			
hereby attest that the	information reported herein is	true and accurate to the be	st of my knowledge.		
-	al Tom Paolucci	Title CBT Asst Con		Official	3-72-2
	(Printed)			(Signed)	
Make check payable to State Treasurer" and se			Send a copy of the	is report to:	
and readers and se					

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

Frankfort, KY 40602

Capitol Annex, Room 488A Frankfort, KY 40601

ATTN: KY USF 702 Capital Ave.

Finance and Administration Cabinet

report to:

Date 7/16/2014		Reporting Month	June-14
	Carrier Information		
Company Name Cincir	nnati Bell Telephone		
200		555 0004 00	
Company Adress 221 Ea	ast Fourth Street, ML 103-1145	P.O. Box 2301 Cin	cinnati, OH 45201-2301
Telephone/Fax Teleph	hone (513) 397-6963 / Fax (513	3) 381-6117	
Vendor Number			
Fa:			
Classification Please Circle One	CLEC	Cellular	PCS
	Monthly Access Line Da	ıta	
Total Access Lines in Service			86,162 A
Surcharge Per Access Line			\$0.08
##. 1			
 Amount of Surcharge Remitted t 	to Kentucky USF		\$6,325.58 B
Number of Access Lines Receiv	ing Lifeline Support		977
 Amount of Reimbursement Requ 	uested from Kentucky USF		\$3,419.50
A = The total quantity of access	s lines billed the Kentucky USF	surcharge	
B = The total dollar amount of h			3.
	Signature Block		
I hereby attest that the information reported h	nerein is true and accurate to the bes	t of my knowledge	
			- Chia
Company Official Tom Paolucci (Printed)	Title CBT Asst Cont	croller Company (Official (Signed)
No. 100 August 1			
Make check payable to: "Kentucky State Treasurer" and send with this		Send a copy of th	is report to:
report to:		Kentucky Public	Service Commission
Finance and Administration Cabinet		ATTN: Jim Steve 211 Sower Blvd.	ens
ATTN: KY USF		P.O. Box 615	
702 Capital Ave.		Frankfort, KY 40	0602
Capitol Annex, Room 488A			
Frankfort, KY 40601			

COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

ate	8/19	9/2014		Reporting Month	July	r-14
			Carrier Information	n		
C	ompany Name	Cincinnati Be	ell Telephone			
Co	ompany Adress	221 East Fou	rth Street, ML 103-11	45 P.O. Box 2301 Ci	ncinnati, OH 45	201-2301
	Telephone/Fax	Telephone (5	613) 397-6963 / Fax (513) 381-6117		
V	endor Number					
assifica ease Cir	tion rcle One	ILEC	CLEC	Cellular	PCS	
			Monthly Access Line	Data		
1.	Total Access Line	es in Service			85,529	A
2.	Surcharge Per Ac	ecess Line		<u> </u>	\$0.08	
3.	Amount of Surch	arge Remitted to Kentu	cky USF		\$6,324.64	в
4.	Number of Acces	s Lines Receiving Lifel	ine Support	<u> </u>	959	
5.	Amount of Reimb	oursement Requested fro	om Kentucky USF		\$3,356.50	
Α =	= The total quan	tity of access lines b	oilled the Kentucky U	SF surcharge.		
В:	= The total dollar	r amount of Kentuck	y USF surcharge bill	ed, net of uncollectible	es.	
			Signature Block			
ereby at	ttest that the informa	ation reported herein is	true and accurate to the b	est of my knowledge.		//
Con	mpany Official Tom (Prin		Title CBT Asst Co	ontroller Company	Official (Signed)	Lis Pe

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:



ate	9/20/2014	Re	eporting Month	Augus	st-14
		Carrier Information			
C	Company Name Cincin	nati Bell Telephone			
Co	ompany Adress 221 Ea	st Fourth Street, ML 103-1145 P.	.O. Box 2301 Cir	ncinnati, OH 452	01-2301
	Telephone/Fax Teleph	one (513) 397-6963 / Fax (513) 3	81-6117		
V	endor Number				
assifica ease Cir	rcle One ILE	CLEC	Cellular	PCS	
		Monthly Access Line Data			
1.	Total Access Lines in Service			84,995	A
2.	Surcharge Per Access Line			\$0.08	
3.	Amount of Surcharge Remitted to	Kentucky USF		\$6,293.28	_в
4.	Number of Access Lines Receivi	ng Lifeline Support		933	_
5.	Amount of Reimbursement Requ	ested from Kentucky USF		\$3,265.50	
A :		lines billed the Kentucky USF su			
В:	= The total dollar amount of K	entucky USF surcharge billed, ne	et of uncollectible	S.	
		Signature Block			
ereby a	attest that the information reported he	erein is true and accurate to the best of i	my knowledge.		//
	mpany Official Tom Paolucci	Title CBT Asst Controlle	er Company	Official Che	13722
Cor	(Printed)			(Signed)	

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

Finance and Administration Cabinet

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

Frankfort, KY 40601

Frankfort, KY 40

Kentucky Public Service Commission

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



Date	1	0/25/2014		Reporting Month	Septem	ber-14
			Carrier Information			-
(Company Name	Cincinnati B	ell Telephone			
C	ompany Adress	221 East Fo	urth Street, ML 103-1145	P.O. Box 2301 Cir	ncinnati, OH 452	01-2301
	Telephone/Fax	Telephone (513) 397-6963 / Fax (513	3) 381-6117		
\	Vendor Number					
Classifica Please Ci	ation ircle One	ILEC	CLEC	Cellular	PCS	
			Monthly Access Line Da	ta		
1.	Total Access	Lines in Service			84,347	A
2.	Surcharge Pe	r Access Line		<u> </u>	\$0.08	_
3.	Amount of Su	urcharge Remitted to Kent	ucky USF	<u> </u>	\$6,234.73	_B
4.	Number of A	ccess Lines Receiving Life	eline Support		906	_
5.	Amount of Re	eimbursement Requested f	rom Kentucky USF	<u> </u>	\$3,171.00	_
			billed the Kentucky USF ky USF surcharge billed		· ·	
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Signature Block	, net or unconcension		
I hereby :	attest that the info	ormation reported herein is	true and accurate to the best	of my knowledge		
Age.	ompany Official				occia Che	222
Co	-	Printed)	Title CBT Asst Cont	roller Company	(Signed)	
State Trea report to:	and Administratio	with this		Kentucky Public ATTN: Jim Stev 211 Sower Blvd P.O. Box 615 Frankfort, KY 4	Service Commissions	ion
Capitol A	Annex, Room 488 t, KY 40601	A				



Date		11/20/2014		Reporting Month _	October-14
			Carrier Information		
	Company Name	Cincinnati B	Bell Telephone		
	Company Adress	221 East Fo	urth Street, ML 103-1145	P.O. Box 2301	Cincinnati, OH 45201-2301
	Telephone/Fax	Telephone ((513) 397-6963 / Fax (513) 381-6117	
	Vendor Number				
C1 10					
Classifi Please (cation Circle One	ILEC	CLEC	Cellular	PCS
			Monthly Access Line Dat	a	
1.	Total Access	Lines in Service			83,811 A
2.	Surcharge Pe	r Access Line		<u> </u>	\$0.08
3.	Amount of S	urcharge Remitted to Kent	tucky USF		\$6,113.96 B
4.	Number of A	ccess Lines Receiving Life	eline Support		871
5.	Amount of R	eimbursement Requested f	from Kentucky USF		\$3,048.50
			billed the Kentucky USF		oles.
			Signature Block		
I hereby	attest that the inf	ormation reported herein is	s true and accurate to the best	of my knowledge.	
С	Company Official	Tom Paolucci (Printed)	Title CBT Asst Contr	coller Compar	ny Official (Signed)
					(8)
	1 11 . 11	<u> </u>			0.1:
	heck payable to: " easurer" and send			Send a copy o	of this report to:
report to				Kentucky Pub	olic Service Commission
				ATTN: Jim St	
	and Administration	on Cabinet		211 Sower Bl	
	KY USF pital Ave.			P.O. Box 615 Frankfort, KY	
	Annex, Room 488	3A		I falklott, K i	10002
	rt KY 40601	600			

COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

4/27/2016		Reporting Month	Novemb	er-14
	Carrier Information			
Cincinnati E	Bell Telephone			
221 East Fo	urth Street, ML 103-114	5 P.O. Box 2301 Ci	incinnati, OH 452	01-2301
Telephone (513) 397-6963 / Fax (5	13) 381-6117		
ILEC	CLEC	Cellular	PCS	
	Monthly Access Line D	ata		
s Lines in Service			84,298	_A
er Access Line		<u> </u>	\$0.08	_
Surcharge Remitted to Kent	tucky USF	<u> </u>	\$6,268.71	_В
Access Lines Receiving Lif	eline Support		844	_
Reimbursement Requested	from Kentucky USF	<u> </u>	\$2,954.00	_
			los	
ional amount of Rentuc		d, het of unconection	es.	
			76	200
Tom Paolucci (Printed)	Title CBT Asst Con	troller Company	Official (Signed)	PANE
F	Cincinnati E 221 East For Telephone (ILEC SE Lines in Service	Cincinnati Bell Telephone 221 East Fourth Street, ML 103-114 Telephone (513) 397-6963 / Fax (5: Monthly Access Line Des Lines in Service	Carrier Information Cincinnati Bell Telephone 221 East Fourth Street, ML 103-1145 P.O. Box 2301 Cincinnation Telephone (513) 397-6963 / Fax (513) 381-6117 ILEC CLEC Cellular Monthly Access Line Data Such as Lines in Service	Carrier Information Cincinnati Bell Telephone 221 East Fourth Street, ML 103-1145 P.O. Box 2301 Cincinnati, OH 4520 Telephone (513) 397-6963 / Fax (513) 381-6117 LEC CLEC Cellular PCS Monthly Access Line Data St. Lines in Service

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



1/27/2015	Reportii	ng Month	Decem	iber-15
		3252		
	Carrier Information			
Company Name Cincinnati Bell Tel	lephone			
Company Adress 221 East Fourth St	treet, ML 103-1145 P.O. Bo	ox 2301 Cinci	nnati, OH 45	201-2301
Telephone/Fax Telephone (513) 3:	97-6963 / Fax (513) 381-61	17		
Vendor Number				
sification				
se Circle One ILEC	CLEC	Cellular	PCS	
Мо	onthly Access Line Data			
Total Access Lines in Service			83,762	A
2. Surcharge Per Access Line			\$0.08	
Amount of Surcharge Remitted to Kentucky U:	SF		\$6,081.86	в
4. Number of Access Lines Receiving Lifeline Su	ipport		716	
5. Amount of Reimbursement Requested from Ke	entucky USF		\$2,506.00	
A = The total quantity of access lines billed B = The total dollar amount of Kentucky US	the Kentucky USF surchar	ge.		
B = The total dollar amount of Rentucky 03	r surcharge billed, het or u	nconectibles.		
	Signature Block			
eby attest that the information reported herein is true ar	nd accurate to the best of my kno	owledge.		-
		2000 - 20 0 000	an Ch	1232 Z
	nd accurate to the best of my kno	owledge. Company Of	ficial (Signed)	***************************************

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

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

Frankfort, KY 40602

/2015		Reporting Month	January-15	
	Carrier Information			
Cincinnati Bell Te	elephone			
221 East Fourth	Street, ML 103-1145	P.O. Box 2301 Cinc	innati, OH 45201-230	01
Telephone (513)	397-6963 / Fax (51	3) 381-6117		
ILEC	CLEC	Cellular	PCS	
M	onthly Access Line Da	ata		
es in Service			82,957 A	
cess Line		······	\$0.08	
arge Remitted to Kentucky U	USF		\$6,152.23 B	
s Lines Receiving Lifeline S	Support		699	
ursement Requested from K	Kentucky USF		\$2,446.50	
	Signature Block			
tion reported herein is true	and accurate to the bes	t of my knowledge.		
Paolucci				尼
ted)			(Signed)	
1				
ucky this		Send a copy of thi	s report to:	
	Cincinnati Bell To 221 East Fourth STelephone (513) ILEC Mes in Service	Carrier Information Cincinnati Bell Telephone 221 East Fourth Street, ML 103-1145 Telephone (513) 397-6963 / Fax (51 ILEC CLEC Monthly Access Line Dates in Service	Cincinnati Bell Telephone 221 East Fourth Street, ML 103-1145 P.O. Box 2301 Cinc Telephone (513) 397-6963 / Fax (513) 381-6117 ILEC CLEC Cellular Monthly Access Line Data Is in Service	Carrier Information Cincinnati Bell Telephone 221 East Fourth Street, ML 103-1145 P.O. Box 2301 Cincinnati, OH 45201-23 Telephone (513) 397-6963 / Fax (513) 381-6117 ILEC CLEC Cellular PCS Monthly Access Line Data Is in Service

report to:

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

3/19	9/2015	Re	eporting Month	Febru	ary-15
	<u> </u>	Carrier Information			
Company Name	Cincinnati Bell	Telephone			
Company Adress	221 East Fourth	Street, ML 103-1145 P.	O. Box 2301 Cinc	innati, OH 45	201-2301
Telephone/Fax	Telephone (513)) 397-6963 / Fax (513) 38	31-6117		
Vendor Number					
ssification ase Circle One	ILEC	CLEC	Cellular	PCS	
	1	Monthly Access Line Data			
Total Access Lin	es in Service			82,011	A
2 4	D. in to V	Hor	<u> </u>	£0.000.07	
Amount of Surch	arge Remitted to Kentucky	USF		\$6,020.97	В
4. Number of Acces	s Lines Receiving Lifeline	Support		683	_
5. Amount of Reim	oursement Requested from	Kentucky USF		\$2,390.50	
		ed the Kentucky USF sur		:	
B = The total dolla	amount of Kentucky (USF surcharge billed, net	t of uncollectibles	•	
		Signature Block			
reby attest that the information	ation reported herein is true	e and accurate to the best of n	my knowledge.		77 _
	11-9800000000000000000000000000000000000	Title ODT AssA Controlle	er Company C	con the	GAR.
Company Official Ton	n Paolucci	Title CBT Asst Controlle	Company C	miciai	

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



Date	4/22/2015		Reporting Month	March-15
		Carrier Information	on	
(Company Name Cin	cinnati Bell Telephone		
C	Company Adress 221	East Fourth Street, ML 103-1	145 P.O. Box 2301 Cin	cinnati, OH 45201-2301
	Telephone/Fax Tele	ephone (513) 397-6963 / Fax ((513) 381-6117	
,	Vendor Number			
Classific Please C		LEC CLEC	Cellular	PCS
		Monthly Access Line	Data	
1.	Total Access Lines in Service			81,312 A
2.	Surcharge Per Access Line			\$0.08
3.	Amount of Surcharge Remitte	ed to Kentucky USF		\$5,848.16 B
4.	Number of Access Lines Reco	eiving Lifeline Support		671
5.	Amount of Reimbursement R	equested from Kentucky USF		\$2,348.50
		ess lines billed the Kentucky l of Kentucky USF surcharge bil		s.
	mo total donal dinodin c	Signature Block		<u></u>
I hereby	attest that the information reports	d herein is true and accurate to the		
	•			26302
Co	ompany Official Tom Paolucci (Printed)	Title CBT Asst C	ontroller Company	(Signed)
	eck payable to: "Kentucky easurer" and send with this		Send a copy of the	is report to:
report to:			Kentucky Public	Service Commission
Financa :	and Administration Cabinat		ATTN: Jim Steve	
ATTN: K	and Administration Cabinet CY USF		211 Sower Blvd. P.O. Box 615	
702 Capi			Frankfort, KY 4	0602
	Annex, Room 488A			
Frankfort	t, KY 40601			



e	5/23/2015	Reporting Month	April-15
	Carrier I	Information	
C	ompany Name Cincinnati Bell Telephone	9	
Co	empany Adress 221 East Fourth Street, M	IL 103-1145 P.O. Box 2301 Cincin	nati, OH 45201-2301
	Telephone/Fax Telephone (513) 397-6963		
	endor Number		
V	endor Number		
ssifica	/	CLEC Cellular	PCS
se Cii	the one	LEC Centular	103
	Monthly Ac	ccess Line Data	
1.	Total Access Lines in Service		80,844 A
2.	Surcharge Per Access Line		\$0.08
3.	Amount of Surcharge Remitted to Kentucky USF	\$	5,022.19 B
4.	Number of Access Lines Receiving Lifeline Support		647
5.	Amount of Reimbursement Requested from Kentucky	USF\$	2,264.50
Α:	= The total quantity of access lines billed the Ke	ntucky USF surcharge.	
В:	 The total dollar amount of Kentucky USF surch 	harge billed, net of uncollectibles.	
	Signat	ure Block	
reby a	ttest that the information reported herein is true and accur-	ate to the best of my knowledge.	
-	•	, ,	Chis De
	0.00 1 LT B L 1	T Asst Controller Company Off	10101
Cor	mpany Official Tom Paolucci Title CB7 (Printed)	Company on	(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

COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

Date	6/25/2015		Reporting Month	May-15
		Carrier Information		
	Company Name Cincinn	ati Bell Telephone		
	Company Adress 221 Eas	t Fourth Street, ML 103-114	5 P.O. Box 2301 Cinci	nnati, OH 45201-2301
	100 100 100 100 100 100 100 100 100 100	one (513) 397-6963 / Fax (51		
	Vendor Number		.,	
	render realiser			
Classif Please	Tication Circle One ILEC	CLEC	Cellular	PCS
		Monthly Access Line D	ata	
1.	Total Access Lines in Service			80,341 A
2.	Surcharge Per Access Line			\$0.08
3.	Amount of Surcharge Remitted to	Kentucky USF		\$5,768.24 B
4.	Number of Access Lines Receiving	g Lifeline Support		634
5.	Amount of Reimbursement Reque	sted from Kentucky USF		\$2,219.00
	A = The total quantity of access I B = The total dollar amount of Ke			
	The total delial amount of the	Signature Block	a, net of unconcension.	
I hereb	y attest that the information reported her	V/ V	st of my knowledge	
	Company Official Tom Paolucci			Train Character The Control of the C
	(Printed)	Title CBT Asst Con	Company Of	(Signed)
	heck payable to: "Kentucky reasurer" and send with this	\neg	Send a copy of this	report to:
report t			Kentucky Public Se	
Einona	e and Administration Cabinet		ATTN: Jim Stevens 211 Sower Blvd.	S
	KY USF		P.O. Box 615	
	pital Ave.		Frankfort, KY 406	02
	Annex, Room 488A			
Frankfo	ort, KY 40601			



Date	7/18/2015	_	Reporting Month	June-15
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_	Very March A	
		Carrier Information		
	Company Name Cincinna	ati Bell Telephone		
	Company Adress 221 East	Fourth Street, ML 103-1145	P.O. Box 2301 Cinci	nnati, OH 45201-2301
	Telephone/Fax Telepho	ne (513) 397-6963 / Fax (513)	381-6117	
	Vendor Number			
Classi	fication			
1000000	Circle One ILEC	CLEC	Cellular	PCS
-		Monthly Access Line Data		
1	. Total Access Lines in Service			79,721 A
2	Surcharge Per Access Line			\$0.08
3	. Amount of Surcharge Remitted to I	Centucky USF		\$5,826.60 B
4	Number of Access Lines Receiving	Lifeline Support		620
5	Amount of Reimbursement Reques	ted from Kentucky USF		\$2,170.00
	A = The total quantity of access li B = The total dollar amount of Ker			
		Signature Block		
1 herei	by attest that the information reported here	in is true and accurate to the best o	of my knowledge.	Z/13322
	Company Official Tom Paolucci (Printed)	Title CBT Asst Contro	Company O	fficial (Signed)
	(Frinted)			(Siglied)
	check payable to: "Kentucky	٦	Send a copy of this	report to:
State 7	Γreasurer" and send with this		Kentucky Public S	ervice Commission
report			ATTN: Jim Steven	
	ce and Administration Cabinet		211 Sower Blvd.	
	I: KY USF apital Ave.		P.O. Box 615 Frankfort, KY 406	502
	apitai Ave. ol Annex, Room 488A		Frankfort, KY 400	102
	fort, KY 40601			



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COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

Date	4/2//2016		Reporting Month _	August	-15
		Carrier Information			
Company Name	Cincinnati	Bell Telephone			
Company Adress	221 East F	ourth Street, ML 103-114	5 P.O. Box 2301	Cincinnati, OH 4520	1-2301
Telephone/Fax	Telephone	(513) 397-6963 / Fax (5	13) 381-6117		
Vendor Number					
Classification Please Circle One	ILEC	CLEC	Cellular	PCS	
		Monthly Access Line I	D ata		
Total Acces	s Lines in Service			78,183	_A
2. Surcharge P	'er Access Line			\$0.08	-
3. Amount of S	Surcharge Remitted to Ke	ntucky USF		\$5,759.00	_B
4. Number of A	Access Lines Receiving L	ifeline Support		587	_
5. Amount of I	Reimbursement Requested	d from Kentucky USF		\$2,054.50	-
		es billed the Kentucky US ucky USF surcharge bill		bles.	
		Signature Block			
I hereby attest that the in	formation reported herein	is true and accurate to the b	est of my knowledge.		-7
Company Official	Tom Paolucci (Printed)	Title CBT Asst Con	ntroller Compa	ny Official (Signed)	322

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

Finance and Administration Cabinet

ATTN: KY USF 702 Capital Ave.

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

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

Frankfort, KY 40602



Date	10/22/2015	<u> </u>	Reporting Month	September-15
		Carrier Informati	on	
(Company Name Cincinn	ati Bell Telephone		
C	ompany Adress 221 Eas	t Fourth Street, ML 103-1	145 P.O. Box 2301 Cincin	nnati, OH 45201-2301
	Telephone/Fax Telepho	one (513) 397-6963 / Fax	(513) 381-6117	
	Vendor Number			
Classifica	ation			
Please Ci	ircle One ILEC	CLEC	Cellular	PCS
		Monthly Access Line	e Data	
1.	Total Access Lines in Service			77,726 A
2.	Surcharge Per Access Line		******	\$0.08
3.	Amount of Surcharge Remitted to	Kentucky USF		\$5,762.47 B
4.	Number of Access Lines Receiving	g Lifeline Support		576
5.	Amount of Reimbursement Reques	sted from Kentucky USF		\$0.00
	= The total quantity of access II = The total dollar amount of Ke			
	- The total dollar allibuilt of Re	Signature Block		
		*		
hereby a	attest that the information reported her	ein is true and accurate to the	best of my knowledge.	2/3/32
Co	empany Official Tom Paolucci (Printed)	Title CBT Asst C	Company Off	(Signed)
	eck payable to: "Kentucky	٦	Send a copy of this	report to:
eport to:	asurer" and send with this		Kentucky Public Se	rvice Commission
			ATTN: Jim Stevens	
Inance a	and Administration Cabinet		211 Sower Blvd. P.O. Box 615	
02 Capi			Frankfort, KY 4060	02
Capitol A	Annex, Room 488A			500) Name
rankfort	t, KY 40601	1		



. –	11/18/2015			Reporting Month	Octob	per-15
			Carrier Informatio			
				1		
Comp	pany Name	Cincinnati Bell T	elephone			
Compa	any Adress	221 East Fourth	Street, ML 103-11	45 P.O. Box 2301 C	incinnati, OH 45	201-2301
Tele	phone/Fax	Telephone (513)	397-6963 / Fax (513) 381-6117		
Vende	or Number					
ssification			OL EG	0.11.1	n.co	
se Circle	One	ILEC	CLEC	Cellular	PCS	
		M	Ionthly Access Line	Data		
1. T	otal Access Lines in Ser	vice	*********************		77,412	A
2. S	urcharge Per Access Lin	e		·····	\$0.08	_
3. A	amount of Surcharge Ren	nitted to Kentucky	USF		\$5,563.49	в
4. N	Number of Access Lines	Receiving Lifeline S	Support		565	
5. A	amount of Reimbursemen	nt Requested from F	Kentucky USF	······	\$1,977.50	_
	he total quantity of a					
B = T	he total dollar amou	nt of Kentucky U	SF surcharge bill	ed, net of uncollectib	les.	
			Signature Block			
reby attest	that the information rep	orted herein is true	and accurate to the b	est of my knowledge.		3
			Title CBT Asst Co	ntroller Compan	y Official	133
Compa	ny Official Tom Paolu	CCI				

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:



COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

Date		12/12/2015			Reporting Month	Novem	ber-15
	54 03 3000 8000 80				10.000		
			Carrier	Information			
	Company Name	Cincinnati	Bell Telephor	пе			
(Company Adress	221 East Fo	ourth Street, I	ML 103-1145	P.O. Box 2301	Cincinnati, OH 452	201-2301
	Telephone/Fax	Telephone	(513) 397-696	33 / Fax (513)	381-6117		
	Vendor Number						
Classifi Please (cation Circle One	ILEC		CLEC	Cellular	PCS	
			Monthly A	ccess Line Data	1		
1.	Total Access	Lines in Service			***************************************	77,726	A
2.	Surcharge Pe	r Access Line				\$0.08	_
3.	Amount of S	urcharge Remitted to Ker	tucky USF			\$5,726.17	В
4.	Number of A	ccess Lines Receiving Li	feline Support			576	
5.	Amount of R	eimbursement Requested	from Kentucky	USF		\$2,016.00	_
		uantity of access line					
	= The total d	ollar amount of Kentu			net of uncollect	ibles.	
	20-10 Ex 1000-		Signa	nture Block			
I hereby	attest that the inf	ormation reported herein	is true and accu	rate to the best	of my knowledge.	7/	2-3
C	ompany Official	Tom Paolucci (Printed)	Title CB	T Asst Contr	oller Comp	oany Official (Signed)	mos Aus
		(Timed)				(Signed)	
Make of	and navable to: "	Vantualar			Cond o cons	of this concept to	

State Treasurer" and send with this report to:

Finance and Administration Cabinet ATTN: KY USF 702 Capital Ave.

Capitol Annex, Room 488A Frankfort, KY 40601

Send a copy of this report to:

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

Frankfort, KY 40602



Date	1/	26/2016		Reporting Month	December-15
			Carrier Information		
	Company Name	Cincinnati Bell	Telephone		
	Company Adress			P.O. Box 2301 Cir	ncinnati, OH 45201-2301
'					icimiati, 011 40201-2001
	Telephone/Fax	relephone (513) 397-6963 / Fax (513	3) 381-6117	
	Vendor Number				***************************************
Classifi	ication				
Please	Circle One	ILEC	CLEC	Cellular	PCS
		1	Monthly Access Line Dat	ta	
1.	Total Access L	ines in Service			76,472 A
2.	Surcharge Per	Access Line			\$0.08
3.	Amount of Sur	sharaa Bamittad ta Vantuala	LICE		\$5.620.02 P
3.	Amount of Sur	charge Remitted to Kentucky	USF		\$5,628.93 B
4.	Number of Acc	ess Lines Receiving Lifeline	Support		492
5.	Amount of Rei	mbursement Requested from	Kentucky USF		\$1,722.00
		intity of access lines bill			
	s = The total dol	lar amount of Kentucky	JSF surcharge billed	, net of uncollectible	9S.
			Signature Block		
I hereby	y attest that the infor	mation reported herein is true	e and accurate to the best	of my knowledge.	
	Company Official To	om Paolucci	Title CBT Asst Contr	roller Company	Official (Signed)
		rinted)	The ODT ASSESSME	Company	(Signed)
	heck payable to: "Ke	330 3 9 2 5 3 7 7 3 7		Send a copy of t	his report to:
report to	reasurer" and send w o:	ith this		Kentucky Public	Service Commission
				ATTN: Jim Stev	vens
	and Administration	Cabinet		211 Sower Blvd	
	KY USF pital Ave.			P.O. Box 615	10602
	Annex, Room 488A			Frankfort, KY	10002
	ort, KY 40601				



Date	2/20/2016		Reporting Month	January	-16
		Carrier Information			
C	Company Name Cincinnati	Bell Telephone			
Co	ompany Adress 221 East F	ourth Street, ML 103-1145	P.O. Box 2301 Ci	ncinnati, OH 4520	1-2301
	Telephone/Fax Telephone	(513) 397-6963 / Fax (51	3) 381-6117		
		(0.0) 00. 0000 / 144 (0.1	0) 001 0111		
V	rendor Number				
lassifica	ation				
ease Ci	rcle One ILEC	CLEC	Cellular	PCS	
		Monthly Access Line Da	ata		
1.	Total Access Lines in Service			76,018	_A
2.	Surcharge Per Access Line			\$0.08	
					-
3.	Amount of Surcharge Remitted to Ke	ntucky USF		\$5,599.63	_В
4.	Number of Access Lines Receiving L	ifeline Support		492	_
5.	Amount of Reimbursement Requested	from Kentucky USF		\$1.722.00	
Α.					_
	 The total quantity of access line The total dollar amount of Kento 			es.	
		Signature Block			
a a wallay i a	stoot that the information non-out of hands		1 - 6 1 - 1 - 1 - 1		
nereby a	attest that the information reported herein	is true and accurate to the bes	t of my knowledge.	76	300
Cor	mpany Official Tom Paolucci (Printed)	Title CBT Asst Cont	troller Company	Official (Signed)	
	(**************************************			(Signet)	
	ck payable to: "Kentucky asurer" and send with this		Send a copy of	this report to:	
port to:			Kentucky Publi	c Service Commissio	n
			ATTN: Jim Ste		
	nd Administration Cabinet		211 Sower Blv	d.	
TTN: K	NATIONAL DESCRIPTION OF THE PROPERTY OF THE PR		P.O. Box 615	2000200	
02 Capit			Frankfort, KY	40602	
	nnex, Room 488A				
ankfort,	, KY 40601				

Frankfort, KY 40601

Date	3/29/2016		Reporting Month	Februa	ary-16
		Carrier Information			
Company Name	Cincinnati Bell	Telephone			
Company Adress	221 East Fourth	n Street, ML 103-1145	5 P.O. Box 2301 Ci	ncinnati, OH 452	201-2301
Telephone/Fax	Telephone (513	s) 397-6963 / Fax (51	3) 381-6117		
Vendor Number					
assification					
ease Circle One	ILEC	CLEC	Cellular	PCS	
		Monthly Access Line Da	ata		
Total Access	Lines in Service	** ***		75,311	A
2. Surcharge Pe	r Access Line			\$0.08	
Amount of Surcharge Remitted to Kentucky USF				\$5,451.33	_в
4. Number of A	ccess Lines Receiving Lifeline	Support		492	_
5. Amount of R	eimbursement Requested from	Kentucky USF		\$1,722.00	_
A = The total qu B = The total do	uantity of access lines bill ollar amount of Kentucky	ed the Kentucky US USF surcharge billed	F surcharge. I, net of uncollectible	es.	
		Signature Block			
ereby attest that the infe	ormation reported herein is true	e and accurate to the bes	st of my knowledge.	70-700-00-0	
	Frinted)	Title CBT Asst Con	troller Company	Official (Signed)	13 B2
ake check payable to: "I ate Treasurer" and send port to:	-		Send a copy of	this report to:	ion
nance and Administration	on Cabinet		ATTN: Jim Ste 211 Sower Blvd P.O. Box 615	vens	ioil
2 Capital Ave.			Frankfort, KY	40602	

Capitol Annex, Room 488A Frankfort, KY 40601



Date 4/22/201	6		Reporting Month	March-16	j
		Carrier Information			
Company Name	Cincinnati Bell T	elephone			
Company Adress	221 East Fourth	Street, ML 103-1145	P.O. Box 2301 Ci	ncinnati, OH 45201-2	2301
Telephone/Fax		397-6963 / Fax (51			
Vendor Number	• • • • • • • • • • • • • • • • • • • •	· · · · · · · · · · · · · · · · · · ·	-		
Classification Please Circle One	ILEC	CLEC	Cellular	PCS	
	M	onthly Access Line Da	nta		
Total Access Lines in	Service			74,983 A	
Surcharge Per Access	Line			\$0.08	
Amount of Surcharge 1	Remitted to Kentucky I	USF	·····	\$5,432.06 E	3
Number of Access Lin	es Receiving Lifeline S	Support		494	
5. Amount of Reimburser	nent Requested from k	Centucky USF		\$1,729.00	
A = The total quantity of					
B = The total dollar am	ount of Kentucky U	SF surcharge billed	i, net of uncollectible	ðS.	
		Signature Block			
I hereby attest that the information	reported herein is true	and accurate to the bes	t of my knowledge.		7
Company Official Tom Pac	lucci	Title CBT Asst Cont	troller Company		422_
(Printed)				(Signed)	
Make check payable to: "Kentucky			Send a copy of	this report to:	
State Treasurer" and send with this report to:			Kentucky Publi	c Service Commission	
Topolitio.			ATTN: Jim Ste		
Finance and Administration Cabine	t		211 Sower Blvd		
ATTN: KY USF			P.O. Box 615		
702 Capital Ave.			Frankfort, KY	40602	

Exhibit 2

(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 (C	heck one): Lifelin	e Only 📮 📗	High	Cost/Low Income		
(6) Organization Information			(7)	Filing Information		
Company Legal Name:	Cincinnati Bell Tel	lephone LLC (OH)	a)	Submission Date 02	/04/2014	
Contact Name:	Susan George		b)	Data Month Jan	nuary 2014	
Mailing Address:	221 E. 4th St		c)	Type of Filing		
			1	(check one) Origin	nal 🔟	
	Cincinnati OII	45204	d)	State Reporting KF	sion 🛄	
Telephone Number:	Cincinnati, OH	45201	u,	State Reporting KE	NTUCKY	
Fax Number:	513-397-6503		1			
			-			
E-mail Address:	susan.george@	cinbell.com				
Lifeline						
		(a) # Lifeline		(b) Lifeline Support		
Non-Tribal Low-Income Subs	scribers	Subscribers		Subscriber Support		
Receiving federal Li	feline Support	(8) 1129		x \$9.25	= \$ <u>10443</u>	
Tribal Low-Income Subscribe	ers	(9) 0		_ x \$ 0.00 = \$ 0		
Receiving federal Li	feline Support		\$ \$35E	(not to exceed \$34.25)		
		То	tal F	ederal Lifeline Support	Claimed (10) \$ <u>10443</u>	
Toll Limitation Service	es (TLS)					
	•					
Cost of Providing TI (the lesser of incremental	S per Subscriber al cost or \$3 in 2012 /\$2 i	(11) 0.00000 in 2013)	00	_		
Number of TLS Subs	scribers	(12) <u>0</u>		_		
Triballink IIn (Accident	t - t - FTO			Total TLS Support C	Claimed (13) \$ 0	
Tribal Link Up (Availabl	e only to ETCs rece	eiving High Cost su	ppor	()		
Number of Connecti	ons Waived	(14) 0				
Charges Waived per				(for multiple rates, use a	an average amount)	
		(not to exceed \$100)				
Total Connection Ch	arges Waived	(16) \$ 0.0				
	J			_		
Deferred Interest		(17) \$ <u>0.00</u>		_		
		T	otal '	ribal Link Up Support (Claimed (18) \$ <u>0</u>	
ETC Payment						
Total Lifeline \$ 10443	Total TLS \$ 0		otal	Tribal Link Up \$ 0		
				Total Doll	lars (19) \$ 10443	

LIFELINE WORKSHEET

OMB Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs.

(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.

OFFICER TITLE	OFFICER NAME				
Division Controller	Susan George				
DATE	OFFICER SIGNATURE				
02/04/2014	Susan George				

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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(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	(6) Organization Information (7) Filing Information							
Company Legal Name:	Cincinnati Bell Te	lephone	e LLC (OH)	a)	Submission Date	05/15/2	2014	
Contact Name:	Susan George			b)	Data Month	Data Month February 2014		
Mailing Address:	221 E. Fourth S	St		c)	Type of Filing (check one)			
						Original Revision		
	Cincinnati, OH	45201		d)	State Reporting	KENTU	JCKY	
Telephone Number:	513-397-6503							
Fax Number:								
E-mail Address:	susan.george@	cinbe	II.com					
Lifeline								
			_ifeline		(b) Lifeline Sup Subscriber Sup		(c) Total Lifeline	
Non-Tribal Low-Income Sub Receiving federal Li		Subscribers (8) 1120			Maria de la companione		= \$ 10360	
-		10001000	(3-017-03-		x \$ 9.2	.5		
Tribal Low-Income Subscrib Receiving federal Li	57.50T	(9) <u>(</u>)		(not to exceed \$34.25)		= \$ 0	
	.,		То	tal F			ned (10) \$ <u>10360</u>	
Toll Limitation Service	es (TLS)							
			2 22 2 2 2					
Cost of Providing Ti (the lesser of increment	LS per Subscriber al cost or \$3 in 2012 /\$2	(11) in 2013)	0.00000	0	_			
Number of TLS Sub	scribers	(12)	0		_			
- 4 - 11 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1					Total TLS Supp	ort Claime	ed (13) \$ 0	
Tribal Link Up (Availab	le only to ETCs rece	eiving H	igh Cost su	opor	t)			
Number of Connect		(14)	0		_			
Charges Waived per	r Connection		0.00 exceed \$100)		(for multiple rates, use an average amount)			
		. •	*					
Total Connection Cl	narges Waived	(16) \$	0.0		_			
Deferred Interest		(17) \$	0.00					
			Т	otal '	Tribal Link Up Sup	port Claim	ed (18) \$ <u>0</u>	
ETC Payment								
Total Lifeline \$ 10360	Total TLS \$ 0		т	otal	Tribal Link Un \$ 0			
s successionalista I.							19) \$ 10360	

LIFELINE WORKSHEET

OMB Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs.

(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.

OFFICER TITLE	OFFICER NAME	
CBT Division Controller	Susan George	
DATE	OFFICER SIGNATURE	
05/15/2014	Susan George	
05/15/2014	0	

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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 Wireless								
(5) ETC Designation Type (C	heck one): Lifeline	Only [D F	ligh	Cost/Low Income			
(6) Organization Information				(7)	Filing Information			
Company Legal Name:	Cincinnati Bell Tel	ephone	LLC (OH)	a)	Submission Date	05/15/20	14	
Contact Name:	Susan George			b)	Data Month	March 20)14	
Mailing Address:	221 E. Fourth			c)	Type of Filing			
					(check one)	Original [7	
	0: : :: 011	15001		-11		COVISION L		
Telephone Number:	Cincinnati, OH 4	15201		d)	State Reporting	KENTUC	KY	
	513-397-6503							
Fax Number:								
E-mail Address:	susan.george@	cinbel	I.com					
Lifeline				•				
			ifeline		(b) Lifeline Sup		(c) Total Life	line
Non-Tribal Low-Income Sub	ecribare	Subsc	ribers		Subscriber Sup	port		
Receiving federal Li		(8) 1031			x \$9.25	5	= \$ 9537	
Tribal Low-Income Subscrib	ers	(9) 0			x \$ 0.00 = \$ 0			
Receiving federal Li	feline Support				(not to exceed \$34.25) Federal Lifeline Support Claimed (10) \$ 9537			,
			То	tal F	ederal Lifeline Sup	port Claimed	d (10) \$ 9537	
Toll Limitation Service	es (TLS)							
Cost of Providing TI (the lesser of incremental		(11) n 2013)	0.00000	0				
Number of TLS Sub	scribers	(12)	0					
					Total TLS Suppo	ort Claimed	(13) \$ <u>0</u>	
Tribal Link Up (Availabl	le only to ETCs rece	iving Hi	igh Cost su	opor	t)			
Number of Connecti	ons Waived	(14)	0					
Charges Waived per		(15) \$ 0.00			(for multiple rates, use an average amount		ge amount)	
		(not to e	exceed \$100)					
Total Connection Ch	narges Waived	(16) \$	0.0		_			
Deferred Interest		(17) \$	0.00					
					— 		n	
			Te	otal	ribal Link Up Supp	oort Claimed	(18) \$ <u>U</u>	
ETC Payment								
Total Lifeline \$ 9537	Total TLS \$ 0		т	otal	Tribal Link Up \$ 0		_	
						Dollars (19)	9537	
					Total	Dollars (19)	\$	

LIFELINE WORKSHEET

OMB Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs.

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OFFICER TITLE	OFFICER NAME					
CBT Division Controller	Susan George					
DATE	OFFICER SIGNATURE					
03/13/2014	Susan George					
05/15/2014	Susan Goorga					

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(3) Filer 499 ID 805713 (4) Technology Type (check one) Wireline Wireless						
(5) ETC Designation Type (C	heck one): Lifeline	Only 📮 🛚 H	ligh	Cost/Low Income		
(6) Organization Information			(7)	Filing Information		
Company Legal Name:	Cincinnati Bell Tel	ephone LLC (OH)	a)	Submission Date	06/20/2014	
Contact Name:	Susan George		b)	Data Month	April 2014	
Mailing Address:	221 E. Fourth S	t	c)	Type of Filing (check one)		
					Original 7	
	Cincinnati, OH 4	15201	d)	State Reporting	KENTUCKY	
Telephone Number:	513-397-6503					
Fax Number:						
E-mail Address:	susan.george@	cinbell.com				
Lifeline			33			
Literine		(a) # Lifeline		(b) Lifeline Sup	port/ (c) Total Lifeline	
Non-Tribal Low-Income Sub	ecribare	Subscribers		Subscriber Sup	pport	
Receiving federal Li		(8) 1021		x \$9.25	s = \$ <u>9444</u>	
Tribal Low-Income Subscrib	ers	(9) 0		x \$ 0.00	= \$ 0	
Receiving federal Li	feline Support	To	tal F	(not to exceed \$34.25) Federal Lifeline Support Claimed (10) \$ 9444		
T-1111-11-11-11-11-11-11-11-11-11-11-11-	(TI 0)			cuciui Eliciliic oup	ροιτ σιαιιίεα (10) φ <u>σ-4-4</u>	
Toll Limitation Servic	es (ILS)					
Cost of Providing TI (the lesser of incremental		(11) n 2013) 0.00000	0	_		
Number of TLS Sub	scribers	(12) <u>0</u>		_		
				Total TLS Supp	ort Claimed (13) \$ <u>0</u>	
Tribal Link Up (Availabl	e only to ETCs rece	iving High Cost su	opor	t)	•	
Number of Connecti		(14) 0		_		
Charges Waived per	Connection	(15) \$ <u>U.UU</u> (not to exceed \$100)		(for multiple rates, use an average amount)		
Total Connection Ch	arges Waived	(16) \$ <u>0.0</u>		_		
Deferred Interest		(17) \$ 0.00				
		Т	otal ⁻	ribal Link Up Supp	port Claimed (18) \$ 0	
ETC Payment						
Total Lifeline \$ 9444	Total TLS \$_0	т	otal	Tribal Link Up \$ 0		
<u> </u>					Dollars (19) \$ 9444	

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OFFICER TITLE	OFFICER NAME	
Sr Director	Susan George	
DATE	OFFICER SIGNATURE	
06/20/2014	Susan George	
06/20/2014	0	

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(1) USAC Service Provider Id	(1) USAC Service Provider Identification Number 143001687 (2) Study Area Code 265061					
(3) Filer 499 ID 805713 (4) Technology Type (check one) Wireline Wireless [Wireless	
(5) ETC Designation Type (C	heck one): Lifeline	e Only 📮 🔒	High	Cost/Low Income		
(6) Organization Information			(7)	Filing Information		
Company Legal Name:	Cincinnati Bell Tel	ephone LLC (OH)	a)	Submission Date	06/20/20)14
Contact Name:	Susan George		b)	Data Month	May 201	4
Mailing Address:	221 E. Fourth		c)	Type of Filing		
			1		Original	
	Cincinnati OU	45004	d)	State Reporting	Revision	
Telephone Number:	Cincinnati, OH	45201	u)	State Reporting	KENTU	JKY
Fax Number:	513-397-6503		-			
			-			
E-mail Address:	susan.george@	cinbell.com				
Lifeline						
		(a) # Lifeline		(b) Lifeline Sup		(c) Total Lifeline
Non-Tribal Low-Income Sub	scribers	Subscribers		Subscriber Sup	porτ	
Receiving federal Li	feline Support	(8) 991		x \$9.2	5	= \$ <u>9167</u>
Tribal Low-Income Subscrib	ers	(9) 0		x \$ 0.00 = \$ 0		= \$ 0
Receiving federal Li	feline Support	3 2 12 12 12 12 12 12 12 12 12 12 12 12 1		(not to exceed \$34.25)		
		То	tal F	ederal Lifeline Sup	port Claime	ed (10) \$ 9167
Toll Limitation Service	es (TLS)					
	(/					
Cost of Providing TI (the lesser of incremental	LS per Subscriber al cost or \$3 in 2012 /\$2 i	(11) 0.00000 in 2013)	0	_		
Number of TLS Sub	scribers	(12) <u>0</u>		_		
				Total TLS Supp	ort Claimed	(13) \$ <u>0</u>
Tribal Link Up (Availabl	le only to ETCs rece	eiving High Cost su	ppor	t)		
Number of Connecti	ons Waived	(14) 0		_		
Charges Waived per	Connection	(15) \$ <u>0.00</u>		(for multiple rates, use an average amount)		
		(not to exceed \$100)				
Total Connection Ch	narges Waived	(16) \$ 0.0		_		
Deferred Interest						
		2 20 10 1	C 50 300			0
		T	otal '	Гribal Link Up Տսր յ	port Claime	d (18) \$ <u>U</u>
ETC Payment						
Total Lifeline \$ 9167	Total TLS \$_0		otal	Tribal Link Up \$ 0		
				Total	Dollars (19)\$_5107

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06/20/2014	Susan George	
DATE	OFFICER SIGNATURE	
Sr Director	Susan George	
OFFICER TITLE	OFFICER NAME	

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(3) Filer 499 ID 805713		(4) Te	chnology Ty	pe (check one) Wire	line 🔽	Wireless 🔲
(5) ETC Designation Type (C	heck one): Lifeline	Only		ligh	Cost/Low Income		
(6) Organization Information				(7) I	Filing Information	1	
Company Legal Name:	Cincinnati Bell Tel	ephone	LLC (OH)	a)	Submission Date	09/05/2	2014
Contact Name:	susan george			b)	Data Month	June 20	014
Mailing Address:	221 E. Fourth S	t		c)	Type of Filing		
				1	(check one)	Original	
	0::	15004		-4\	Ctata Danastian	Revision	7
Telephone Number:	Cincinnati, OH 4	15201		d)	State Reporting	KENTU	JCKY
Fax Number:	513-397-6503			-			
rax Number.							
E-mail Address:	susan.george@	cinbel	II.com				
)						
Lifeline							
			ifeline cribers		(b) Lifeline Su Subscriber St		(c) Total Lifeline
Non-Tribal Low-Income Subs							
Receiving federal Li	feline Support	(8) 912			x \$9.	25	= \$ <u>8436</u>
Tribal Low-Income Subscrib	ers	(9) 0			_ x \$ <u>0.00</u> = \$ <u>0</u>		
Receiving federal Li	feline Support				(not to exceed \$34.25)		
			То	tal F	ederal Lifeline Su	ipport Claim	ned (10) \$ <u>8436</u>
Toll Limitation Servic	es (TLS)						
	(/						
Cost of Providing TI (the lesser of incremental		(11) n 2013)	0.00000	0			
Number of TLS Subs	scribers	(12)	0		_		
					Total TLS Sup	port Claime	ed (13) \$ 0
Tribal Link Up (Availabl	e only to ETCs rece	iving Hi	igh Cost su	opon	t)		
Number of Connecti	ons Waived	(14)	0		10		
Charges Waived per	Connection	(15) \$	0.00		(for multiple rates, use an average amount)		
		(not to	exceed \$100)				
Total Connection Ch	arges Waived	(16) \$	0.0		_		
Deferred lateres	100 - 100 -						
Deferred Interest		(17)\$	0.00		_		
			To	otal T	ribal Link Up Su	pport Claim	ed (18) \$ <u>0</u>
ETC Payment							
Total Lifeline \$ 8436	Total TLS \$_0		т	otal	Tribal Link Up \$	0	
					Tot	ai Dollars (1	9) \$ 8436

OMB Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs.

(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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09/05/2014	Susan George				
D. T. T.					
DATE	OFFICER SIGNATURE				
Sr Director	Susan George				
OFFICER TITLE	OFFICER NAME	_			

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OMB Approval 3060-0819

(1) USAC Service Provider Identification Number 143001687 (2) Study Area Code 265061						
(3) Filer 499 ID 805713		(4) Technology Ty	ype (check one) Wirelin	ne 🗹	Wireless 🔲
(5) ETC Designation Type (C	heck one): Lifeline	e Only 📮 🕒	High	Cost/Low Income		
(6) Organization Information			(7)	Filing Information		
Company Legal Name:	Cincinnati Bell Tel	ephone LLC (OH)	a)	Submission Date	08/04/20)15
Contact Name:	susan george		b)	Data Month	July 201	5
Mailing Address:	221 E. Fourth S	t	c)	Type of Filing (check one)		
					Original Revision	
	Cincinnati, OH	45202	d)	State Reporting	KENTU	CKY
Telephone Number:	5133976503					
Fax Number:						
E-mail Address:	susan.george@	cinbell.com				
Lifeline						
		(a) # Lifeline Subscribers		(b) Lifeline Sup Subscriber Sup		(c) Total Lifeline
Non-Tribal Low-Income Sub- Receiving federal Li		(8) 594		x \$ 9.2		= \$ 5495
Tribal Low-Income Subscrib		(9) 0				= \$ 0
Receiving federal Lifeline Support			4-15			
		10	otal F	ederai Lifeline Sup	port Claime	a (10) \$ <u>5495</u>
Toll Limitation Service	es (TLS)					
Cost of Providing TLS per Subscriber (11) (the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)						
Number of TLS Subscribers		(12) <u>0</u>				
Total TLS Support Claimed (13) \$ Tribal Link Up (Available only to ETCs receiving High Cost support)						
Number of Connections Waived Charges Waived per Connection		(14) $0 \over 0.00$ (not to exceed \$100)		(for multiple rates	, use an avera	ge amount)
Total Connection Ch	narges Waived	(16) \$ 0.0		<u> </u>		
Deferred Interest		(17) \$ 0.00				
		T	otal '	Tribal Link Up Sup	port Claime	d (18) \$ <u>0</u>
ETC Payment						
Total Lifeline \$ 5495	Total TLS \$ 0	1	otal	Tribal Link Up \$ 0		_
					l Dollars (19	\$ 5495

OMB Approval 3060-0819

Avg. Burden Est. per Respondent: 2.5 Hrs.

(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.

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OMB Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs.

(1) USAC Service Provider Id	lentification Number	1430	01687		(2) Stud	dy Area Coo	de 265061
(3) Filer 499 ID 805713		(4) Te	chnology Ty	/pe (check one) Wirelin	ne 🕖	Wireless
(5) ETC Designation Type (C	heck one): Lifeline	Only		ligh	Cost/Low Income		
(6) Organization Information				(7)	Filing Information		
Company Legal Name:	Cincinnati Bell Tel	ephone	LLC (OH)	a)	Submission Date	10/08/20	014
Contact Name:	Susan George			b)	Data Month	August 2	2014
Mailing Address:	221 E. Fourth S	t		c)	Type of Filing		
				1	(check one)	Original	
	0::	15000		-1\		Revision	
Telephone Number:	Cincinnati, OH 4	15202		d)	State Reporting	KENTU	CKY
Fax Number:	513-397-6503			-			
rax Number.							
E-mail Address:	susan.george@	cinbe	II.com				
Lifeline				•			
			_ifeline		(b) Lifeline Sup		(c) Total Lifeline
Non-Tribal Low-Income Subs	scribers		cribers		Subscriber Sup	port	
Receiving federal Li		(8) 933			x \$9.25	= \$ 8630	
Tribal Low-Income Subscribe	ers	(9))		x \$ 0.00		= \$ 0
Receiving federal Lifeline Support		(0)			(not to exce	ed \$34.25)	- φ
			To	tal F	ederal Lifeline Sup	port Claime	ed (10) \$ 8630
Toll Limitation Services (TLS)							
Ton Emmadon Gervie	C3 (1L0)						
Cost of Providing TI (the lesser of incremental	S per Subscriber al cost or \$3 in 2012 /\$2 in	(11) n 2013)	0.00000	0	_		
Number of TLS Subs	scribers	(12)	0				
					Total TLS Supp	ort Claimed	(13) \$ 0
Tribal Link Up (Availabl	e only to ETCs rece	iving H	igh Cost su	opon			(, +
Number of Connecti	ons Waived	(14)	0				
Charges Waived per		(15) \$	0.00		(for multiple rates,	use an avera	ige amount)
		(not to	exceed \$100)			acc an avera	igo umounty
Total Connection Ch	arges Waived	(16) \$	0.0				
	3						
Deferred Interest		(17) \$	0.00		_		
			T	otal 1	ribal Link Up Supp	ort Claime	d (18) \$ <u>0</u>
ETC Payment							
Total Lifeline \$ 8630	Total TLS \$ 0		т	otal	Tribal Link Up \$ 0		
					Total	Dollars (19	8630

OMB Approval 3060-0819

Avg. Burden Est. per Respondent: 2.5 Hrs.

(20) CERTIFICATIONS AND SIGNATURES

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10/08/2014	Susan George				
DATE	OFFICER SIGNATURE				
Sr Director - Accounting	Susan George				
OFFICER TITLE	OFFICER NAME				

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(1) USAC Service Provider Id	dentification Number	143001687		(2) Stud	dy Area Cod	le 265061
(3) Filer 499 ID 805713		(4) Technology Ty	/pe (check one) Wirelin	ne 🗸	Wireless 🔲
(5) ETC Designation Type (C	heck one): Lifeline	e Only 📮 💮 i	High	Cost/Low Income		
(6) Organization Information			(7)	Filing Information		
Company Legal Name:	Cincinnati Bell Tel	lephone LLC (OH)	a)	Submission Date	10/08/20)14
Contact Name:	Susan George		b)	Data Month	Septemb	per 2014
Mailing Address:	221 E. Fourth S	St	c)	Type of Filing (check one)		
			1		Original	Pa l
	Cincinnati, OH	45202	d)	State Reporting	Revision KENTU(
Telephone Number:	513-397-6503	40202	-/	ounce trope tuning	INLIVIO	
Fax Number:	010 007 0000		1			
E-mail Address:	susan.george@	cinbell.com	1			
			,			
Lifeline		(a) # Lifeline		(b) Lifeline Sup	nort/	(c) Total Lifeline
		Subscribers		Subscriber Sur		(c) Total Ellellile
Non-Tribal Low-Income Sub- Receiving federal Li		(8) 906		x \$ 9.2	5	= \$ 8381
Tribal Low-Income Subscrib		(9) 0		x \$ 0.00		= \$ 0
Receiving federal Lifeline Support		(9)		(not to exce	ed \$34.25)	= \$ 0
		To	tal F	ederal Lifeline Sup	port Claime	ed (10) \$ 8381
Toll Limitation Services (TLS)						
	, , ,					
Cost of Providing TI (the lesser of incremental	LS per Subscriber al cost or \$3 in 2012 /\$2 i	(11) in 2013) 0.00000	0	_		
Number of TLS Subscribers		(12) <u>0</u>				
Total TLS					ort Claimed	(13) \$ <u>0</u>
Tribal Link Up (Available	le only to ETCs rece	eiving High Cost su	ppor	t)		
Number of Connecti	ions Waived	(14) 0				
Charges Waived per	Connection	(15) \$ <u>0.00</u>		(for multiple rates	, use an avera	ge amount)
		(not to exceed \$100)				
Total Connection Ch	narges Waived	(16) \$ <u>0.0</u>		_		
Deferred Interest		(17) \$ 0.00				
		т	otal	Tribal Link Up Sup	port Claime	d (18) \$ <u>0</u>
ETC Payment						
5 C. S. P. C.	0					
Total Lifeline \$ 8381	Total TLS \$_U_		otal	50 AM =		
				Total	Dollars (19) \$ <u>8381</u>

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

OMB Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs.

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OFFICER TITLE	OFFICER NAME					
Sr Director - Accounting	Susan George					
DATE	OFFICER SIGNATURE					
10/08/2014	Susan George					

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(1) USAC Service Provider Identification Number 143001687			(2) Study Area Code 265061			
(3) Filer 499 ID 805713 (4) Technology T				check one) Wirelin	ne 🕢 Wireless 🔲	
(5) ETC Designation Type (C	heck one): Lifeline	Only 🔲 H	ligh	Cost/Low Income		
(6) Organization Information			(7)	Filing Information		
Company Legal Name:	Cincinnati Bell Tele	ephone 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 7	
	Cincinnati, OH 4	15201	d)	State Reporting	KENTUCKY	
Telephone Number:	513-397-6503					
Fax Number:			1			
E-mail Address:	susan.george@	cinbell.com				
Lifeline						
		(a) # Lifeline		(b) Lifeline Sup		
Non-Tribal Low-Income Sub	scribers	Subscribers		Subscriber Sup	port	
Receiving federal Li		(8) 831		x \$9.25	<u>5 </u>	
Tribal Low-Income Subscrib		(9) 0		_ x \$ <u>0.00</u> = \$ <u>0</u>		
Receiving federal Li	feline Support	To	tal F	(not to exce	ed \$34.25) port Claimed (10) \$ 7687	
Toll Limitation Service	es (TLS)	10	tui i	ederar Enemie Odp	port Grainied (10) \$ 1007	
ron Emmaron Gorrio	00 (720)					
Cost of Providing TI (the lesser of incremental	S per Subscriber al cost or \$3 in 2012 /\$2 in	(11) 0.00000 n 2013)	0	_		
Number of TLS Subscribers		(12) <u>0</u>		_		
Total TLS Support Claimed (13) \$ 0					ort Claimed (13) \$ <u>0</u>	
Tribal Link Up (Availabl	e only to ETCs rece	ıvıng Hıgh Cost su	opor	t)		
Number of Connecti		(14) 0				
Charges Waived per Connection		(15) \$ <u>0.00</u> (not to exceed \$100)		(for multiple rates, use an average amount)		
		(not to exceed \$100)				
Total Connection Ch	narges Waived	(16) \$ 0.0				
Deferred Interest		(17) \$ <u>0.00</u>		_		
		To	otal 1	ribal Link Up Supp	oort Claimed (18) \$ 0	
ETC Payment						
Total Lifeline \$ 7687	T-4-1 T1 0 A D			-		
Total Lifeline \$_7007	lotal ILS \$_O_		otai			
				Total	Dollars (19) \$ 7687	

OMB Approval 3060-0819

Avg. Burden Est. per Respondent: 2.5 Hrs.

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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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(3) Filer 499 ID 805713
(6) Organization Information Company Legal Name: Cincinnati Bell Telephone LLC (OH) a) Submission Date O2/06/2015 Contact Name: Susan George b) Data Month November 2014 Cincinnati, OH 45201 Telephone Number: 513-397-6503 Fax Number: E-mail Address: Susan.george@cinbell.com Lifeline (a) # Lifeline Subscribers Receiving federal Lifeline Support Tribal Low-Income Subscribers Receiving federal Lifeline Support Total Federal Lifeline Support Claimed (10) \$ 7576 Total Federal Lifeline Support Claimed (13) \$ 0 Total TLS Support Claimed (13) \$ 0 Tribal Link Up (Available only to ETCs receiving High Cost support) Number of Connections Waived (14) 0
Company Legal Name: Cincinnati Bell Telephone LLC (OH) Susan George b) Data Month November 2014 Cincinnati, OH 45201 Telephone Number: 513-397-6503 Fax Number: E-mail Address: Susan .george@cinbell.com Cincinnati, OH 45201 Cincinnati, OH 45201 Telephone Number: Subscribers Receiving federal Lifeline Support Receiving federal Lifeline Support Total Telephone Subscribers (11) Cost of Providing TLS per Subscriber (11) Cost of Providing TLS per Subscribers Number of TLS Subscribers (12) Tribal Link Up (Available only to ETCs receiving High Cost support) Number of Connections Waived Cincinnati Bell Telephone LLC (OH) a) Submission Date 02/06/2015 November 2014 November 2014 Subscribing (check one) Original Revision Februal Februal Filling Cost of Reporting (check one) VENTUCKY (c) Total Lifeline Support (c) Total Lifeline Support Subscriber Subscriber subscriber (11) (not to exceed \$34.25) Total Federal Lifeline Support Claimed (10) \$ 7576 Total TLS Support Claimed (13) \$ 0 Total TLS Support Claimed (13) \$ 0
Contact Name: Susan George b) Data Month November 2014 Mailing Address: 221 E. Fourth St Cincinnati, OH 45201 Telephone Number: 513-397-6503 Fax Number: E-mail Address: Susan.george@cinbell.com Lifeline (a) # Lifeline Subscribers Receiving federal Lifeline Support Receiving federal Lifeline Support Receiving federal Lifeline Support Receiving federal Lifeline Support Total Federal Lifeline Support Claimed (10) \$ 7576 Total Limitation Services (TLS) Cost of Providing TLS per Subscriber (he lesser of incremental cost or \$3 in 2012 /\$2 in 2013) Number of TLS Subscribers Number of Connections Waived (14) 0 Data Month November 2014 Novemb
Mailing Address: 221 E. Fourth St
Telephone Number: 513-397-6503 Fax Number: 513-397-6503 E-mail Address: Susan.george@cinbell.com Lifeline (a) # Lifeline Subscribers Subscribers Receiving federal Lifeline Support (b) Lifeline Support (c) Total Lifeline Support (c) Total Lifeline Subscribers Subscriber Support Subscriber Support Subscriber Subscr
Telephone Number: 513-397-6503 Fax Number: 513-397-6503 E-mail Address: Susan.george@cinbell.com Lifeline (a) # Lifeline Subscribers Subscribers Subscriber Subscriber Subscriber Support Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support Receiving federal Lifeline Support (a) # Lifeline Subscriber Subscri
Telephone Number: 513-397-6503 Fax Number: 513-397-6503 E-mail Address: Susan.george@cinbell.com Lifeline (a) # Lifeline Support/ (c) Total Lifeline Support/ Subscribers Subscribers Subscribers Subscriber Support Subscribers Receiving federal Lifeline Support (8) 819
Fax Number: E-mail Address: Susan.george@cinbell.com Lifeline (a) # Lifeline Subscribers Subscribers Receiving federal Lifeline Support (a) # Lifeline Subscribers Subscribers Subscriber Support (b) Lifeline Support (c) Total Lifeline Subscriber Support (a) # Lifeline Subscribers Subscriber Support (b) Lifeline Support (c) Total Lifeline Support (c) Total Lifeline Support (d) 0
E-mail Address: Susan.george@cinbell.com Call # Lifeline Ca
Lifeline (a) # Lifeline Subscribers Subscribers Receiving federal Lifeline Support (B) 819 (B) 90 (C) Total Lifeline Subscriber Support (E) Total Lifeline Subscriber Support (E) Total Lifeline Support (E) Total Lifeline Support (E) Total Lifeline Support (E) Total Federal Lifeline Support (Inot to exceed \$34.25) Total Federal Lifeline Support Claimed (ID) \$ 7576 Total TLS Support Claimed (II) \$ 0 Total TLS Support Claimed (II) \$ 0 Total TLS Support Claimed (II) \$ 0 Total TLS Support Claimed (III) \$ 0 Total TLS Support Claimed (III) \$ 0 Number of Connections Waived (III) \$ 0
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support Receiving federal Lifeline Support (8) 819
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support (8) 819
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support (8) 819
Tribal Low-Income Subscribers Receiving federal Lifeline Support (9) 0
Total TLS Support Claimed (13) \$ 0 Tribal Link Up (Available only to ETCs receiving High Cost support) (not to exceed \$34.25) Total Federal Lifeline Support Claimed (10) \$ 7576 Total Federal Lifeline Support Claimed (10) \$ 7576 Total TLS Support Claimed (13) \$ 0 Total TLS Support Claimed (13) \$ 0
Total Federal Lifeline Support Claimed (10) \$ 7576 Total Federal Lifeline Support Claimed (10) \$ 7576 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
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 Number of Connections Waived (14) 0
Number of TLS Subscribers (12) Total TLS Support Claimed (13) \$ Tribal Link Up (Available only to ETCs receiving High Cost support) Number of Connections Waived (14)
Number of TLS Subscribers (12) Total TLS Support Claimed (13) \$ Tribal Link Up (Available only to ETCs receiving High Cost support) Number of Connections Waived (14)
Total TLS Support Claimed (13) \$ 0 Number of Connections Waived (14) 0
Tribal Link Up (Available only to ETCs receiving High Cost support) Number of Connections Waived (14)
Number of Connections Waived (14)
Number of Connections Waived (14) $\frac{0}{0.00}$
Charges Waived per Connection (15) \$ 0.00 (for multiple rates, use an average amount) (not to exceed \$100)
0.0
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

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

OMB Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs.

(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				

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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OMB Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs.

(1) USAC Service Provider Id	dentification Number	1430	01687		(2) Stu	dy Area Cod	le 265061
(3) Filer 499 ID 805713		(4) Te	chnology Ty	pe (check one) Wireli	ne 🗾	Wireless
(5) ETC Designation Type (C	heck one): Lifelin	e Only	□ +	ligh	Cost/Low Income		
(6) Organization Information				(7)	Filing Information		
Company Legal Name:	Cincinnati Bell Tel	ephone	e LLC (OH)	a)	Submission Date	02/06/20)15
Contact Name:	susan george			b)	Data Month	Decemb	er 2014
Mailing Address:	221 E. Fourth S	St		c)	Type of Filing (check one)		
						Original Revision	
	Cincinnati, OH	45202		d)	State Reporting	KENTU	CKY
Telephone Number:	513-397-6503						
Fax Number:							
E-mail Address:	susan.george@	cinbe	II.com				
Lifeline							
			_ifeline		(b) Lifeline Sup		(c) Total Lifeline
Non-Tribal Low-Income Sub		Subscribers (8) 679			Subscriber Sup		6201
Receiving federal Lifeline Support				_	x \$9.2	5	= \$ 6281
Tribal Low-Income Subscribers Receiving federal Lifeline Support		(9) 0			x \$ 0.00 (not to exce	od \$24.25\	= \$ 0
rederving lederal Ellenile Support			То	tal F	ederal Lifeline Sup		ed (10) \$ 6281
Toll Limitation Services (TLS)							
O1-(D11T		(4.4)	0.00000	0			
Cost of Providing Ti (the lesser of increment	al cost or \$3 in 2012 /\$2	(11) in 2013)	0.00000	0	_		
Number of TLS Sub	scribers	(12)	0				
Total TLS Support Claimed (13) \$ 0 Tribal Link Up (Available only to ETCs receiving High Cost support)							
Tribal Liftk Up (Available	ie only to ETCs rece	eiving H	ign Cost su	opor	t)		
Number of Connect	ions Waived	(14)	0		_		
Charges Waived per	Connection	(15)\$	0.00		(for multiple rates	, use an avera	ge amount)
		(not to	exceed \$100)				
Total Connection Cl	narges Waived	(16) \$	0.0		_		
Deferred Interest		(17) \$	0.00		_		
			Т	otal '	Tribal Link Up Sup	port Claime	d (18) \$ <u>0</u>
ETC Payment							
Total Lifeline \$ 6281	Total TLS \$ 0		т	otal	Tribal Link Un \$ 0		
acceptance TO Complete To To To To To Co. T						Dollars (19	
					Tota	Dollars (19	15 0201

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02/06/2015	Susan George	
DATE	OFFICER SIGNATURE	
Sr Director	Susan George	
OFFICER TITLE	OFFICER NAME	

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OMB Approval 3060-0819

(1) USAC Service Provider Id	dentification Number	14300	01687		(2) Stu	dy Area Co	de <u>265061</u>
(3) Filer 499 ID 805713		(4) Te	chnology Ty	pe (check one) Wirelin	ne 🗸	Wireless
(5) ETC Designation Type (C	heck one): Lifeline	Only	Ц	ligh	Cost/Low Income	7	
(6) Organization Information				(7)	Filing Information	,	
Company Legal Name:	Cincinnati Bell Tel	ephone	LLC (OH)	a)	Submission Date	04/15/20	015
Contact Name:	susan george			b)	Data Month	January	2015
Mailing Address:	221 E. Fourth S	t		c)	Type of Filing (check one)		
						Original Revision	
	Cincinnati, OH 4	15201		d)	State Reporting	KENTU	CKY
Telephone Number:	5133976503						
Fax Number:							
E-mail Address:	susan.george@	cinbel	II.com				
Lifeline							
		(a) # L	_ifeline		(b) Lifeline Sup	port/	(c) Total Lifeline
			cribers		Subscriber Sup		(-,
Non-Tribal Low-Income Sub- Receiving federal Li		(8) 664			x \$ 9.25		= \$ 6142
Tribal Low-Income Subscrib	ers	(9) 0			x \$ 0.00		= \$ 0
Receiving federal Li	feline Support			401 E	(not to exce		od (10) ¢ 61/12
			10	tai r	ederal Lifeline Sup	port Claime	ed (10) \$ <u>0142</u>
Toll Limitation Service	es (TLS)						
			0.00000	0			
Cost of Providing TI (the lesser of increment	LS per Subscriber al cost or \$3 in 2012 /\$2 i	(11) n 2013)	0.00000	0			
Number of TLS Sub	scribers	(12)	0				
					Total TLS Supp	ort Claimed	d (13) \$ ⁰
Tribal Link Up (Available	le only to ETCs rece	iving H	igh Cost su	opor	0.70.7		
Number of Connect	one Waived	(4.4)	0				
Number of Connecti Charges Waived per	Connection	(14)	0.00		(for multiple rates		an amaunt
Charges Walved per	Connection	(not to	exceed \$100)		(for multiple rates	, use an avera	age amount)
			0.0				
Total Connection Ch	narges Waived	(16) \$	0.0		 8		
Deferred Interest		(17) \$	0.00		_		
			Te	otal ⁻	Γribal Link Up Sup _l	port Claime	d (18) \$ 0
ETC Payment							
Total Lifeline \$ 6142	Total TLS \$ 0		т	otal	Tribal Link Up \$ 0		_
					Total	Dollars (19	9) \$ 6142

OMB Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs.

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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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(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 (C	heck one): Lifeline	Only	<u> </u>	ligh	Cost/Low Income	V			
(6) Organization Information				(7) I	iling Information				
Company Legal Name:	Cincinnati Bell Tel	ephone	ELLC (OH)	a)	Submission Date	04/15/20	015		
Contact Name:	susan george			b)	Data Month	Februar	y 2015		
Mailing Address:	221 E. Fourth S	t		c)	Type of Filing (check one)				
						Original Revision	A		
	Cincinnati, OH 4	15201		d)	State Reporting	KENTU	CKY		
Telephone Number:	5133976503					1	<u> </u>		
Fax Number:				1					
E-mail Address:	susan.george@	cinbe	II.com						
Lifeline				50					
			ifeline		(b) Lifeline Sup	port/	(c) Total Lifeline		
Non-Tribal Low-Income Subs		0.000	cribers		Subscriber Sur	oport			
Receiving federal Li	feline Support	(8) <u>6</u>	63		x \$9.2	5	= \$ <u>6133</u>		
Tribal Low-Income Subscribe		(9))		x \$ <u>0.00</u>	= \$ 0			
Receiving federal Li	feline Support		To	tal F	(not to exceed \$34.25) tal Federal Lifeline Support Claimed (10) \$ 6133				
T-11	(TLO)				aciai ziioiiiio dap	port olumn	ou (10) ¢ <u>0 100</u>		
Toll Limitation Servic	es (TLS)								
Cost of Providing TL (the lesser of incremental		(11) n 2013)	0.00000	0	_				
Number of TLS Subs	scribers	(12)	0		_				
					Total TLS Supp	ort Claimed	i (13) \$ <u>0</u>		
Tribal Link Up (Availabl	e only to ETCs rece	iving H	igh Cost su	oport)				
Number of Connecti		(14)	0		_				
Charges Waived per	Connection	(15) \$	0.00 exceed \$100)		(for multiple rates,	, use an avera	age amount)		
		(oncood (100)						
Total Connection Ch	arges Waived	(16) \$	0.0		_				
Deferred Interest		(17) \$	0.00		_				
			Т	otal T	ribal Link Up Supp	port Claime	d (18) \$ <u>0</u>		
ETC Payment									
Total Lifeline \$ 6133	Total TLS \$_0		т	otal	Tribal Link Up \$ 0				
						Dollars (19			

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OFFICER TITLE	OFFICER NAME	
Sr Director Accounting	Susan George	
DATE	OFFICER SIGNATURE	
04/15/2015	Susan George	
04/45/0045		

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(3) Filer 499 ID 805713	(3) Filer 499 ID 805713 (4) Technology Type (check one) Wireline Wireless						
(5) ETC Designation Type (C	heck one): Lifelin	e Only	<u> </u>	ligh	Cost/Low Income		
(6) Organization Information				(7)	Filing Information		
Company Legal Name:	Cincinnati Bell Te	lephon	e LLC (OH)	a)	Submission Date	05/28/20	015
Contact Name:	susan george			b)	Data Month	March 2	015
Mailing Address:	221 EFourth St			c)	Type of Filing		
						Original	A
	Cincinnati, OH	15201		d)	State Reporting	Revision	
Telephone Number:	5133976503	40201		-/	otato rioporang	KENTU	CNT
Fax Number:	0100070000						
E-mail Address:	susan.george@	cinbe	II.com				
1.16-11							
Lifeline		(2) # 1	Lifeline		(b) Lifeline Sun	n a wtl	(a) Total I ifalina
			<u>cribers</u>		(b) Lifeline Sup Subscriber Sup		(c) Total Lifeline
Non-Tribal Low-Income Subs Receiving federal Li		(8) 6	648		x \$ 9.25	() () () () () () () () () ()	= \$ 5994
5-10-10-10-10-10-10-10-10-10-10-10-10-10-	-1.1 Annum (19. 10 ° 10 ° 10 Annum (19. 10 ° 10 ° 10 ° 10 ° 10 ° 10 ° 10 ° 10	0			x \$ 0.00 (not to exceed \$34.25)		.800
Tribal Low-Income Subscrib Receiving federal Li		(9) <u>0</u>					= \$ 0
•	•••		To	tal F	ederal Lifeline Sup		ed (10) \$ 5994
Toll Limitation Service	es (TLS)						
	00 (120)						
Cost of Providing TI (the lesser of incremental	S per Subscriber al cost or \$3 in 2012 /\$2 i	(11) in 2013)	0.00000	0	_		
Number of TLS Subs	scribers	(12)	0		_		
Tribal Link Un (Assailabl	a anh ta FTO	· · · · · · · · · · · · ·			Total TLS Supp	ort Claimed	(13) \$ <u>0</u>
Tribal Link Up (Availabl	e only to ETCs rece	eiving H	ign Cost sup	pon	t)		
Number of Connecti	ons Waived	(14)	0		_		
Charges Waived per	Connection	(15) \$	0.00		(for multiple rates,	use an avera	ge amount)
		(not to	exceed \$100)				
Total Connection Ch	arges Waived	(16) \$	0.0		_		
Deferred Interest		(17) \$	0.00		_		
			То	tal T	ribal Link Up Supp	ort Claimed	d (18) \$ <u>0</u>
ETC Payment	ETC Payment						
Total Lifeline \$ 5994	Total TLS \$ 0		т	otal	Tribal Link Up \$ <u>0</u>		_
						Dollars (19	\$ 5994

OMB Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs.

(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.

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(1) USAC Service Provider Identification Number 143001687					(2) Study Area Code 265061			
(3) Filer 499 ID 805713		(4) Te	chnology Ty	/pe (check one) Wirelin	ne 🗸	Wireless 🔲	
(5) ETC Designation Type (C	heck one): Lifeline	Only		ligh	Cost/Low Income			
(6) Organization Information				(7)	Filing Information			
Company Legal Name:	Cincinnati Bell Tel	ephone	LLC (OH)	a)	Submission Date	05/14/2	015	
Contact Name:	susan george			b)	Data Month	April 20	15	
Mailing Address:	221 EFourth St			c)	Type of Filing			
				1		Original		
	Cincinnati OH	15201		d)	State Reporting	Revision	CKY	
Telephone Number:	Cincinnati, OH 4 5133976503	+3201		u,	State Reporting	KENTU	CKY	
Fax Number:	3133970303			-				
				-				
E-mail Address:	susan.george@	cinbel	II.com					
Lifeline								
			ifeline cribers		(b) Lifeline Sup Subscriber Sup		(c) Total Lifeline	
Non-Tribal Low-Income Subs	scribers				Subscriber Sup	oport	Walde American	
Receiving federal Li	feline Support	(8) <u>6</u>	29	_	x \$9.2	5	= \$ <u>5818</u>	
Tribal Low-Income Subscrib	ers	(9) 0			x \$ 0.00		= \$ 0	
Receiving federal Li	feline Support				(not to exceed \$34.25)			
			То	tal F	ederal Lifeline Sup	port Claim	ed (10) \$ <u>5818</u>	
Toll Limitation Service	es (TLS)							
Cost of Providing TI (the lesser of incremental	S per Subscriber al cost or \$3 in 2012 /\$2 in	(11) n 2013)	0.00000	0				
Number of TLS Subs	scribers	(12)	0		_			
Triballing IIn (4 . 7.1)					Total TLS Supp	ort Claimed	d (13) \$ <u>0</u>	
Tribal Link Up (Availabl	e only to ETCs rece	iving Hi	ign Cost su _l	opon	t)			
Number of Connecti	ons Waived	(14)	0					
Charges Waived per		(15) \$	0.00		(for multiple rates,	use an avera	age amount)	
= 2		(not to	exceed \$100)				3,	
Total Connection Ch	arges Waived	(16) \$	0.0					
	300 114.1164				_			
Deferred Interest		(17) \$	0.00					
			T	otal 1	ribal Link Up Sup	port Claime	ed (18) \$ <u>0</u>	
ETC Payment								
Total Lifeline \$ 5818	Total TLS \$ 0		1	otal	Tribal Link Up \$ 0	<u> </u>	_	
					Total	Dollars (19	9) \$ 5818	

OMB Approval 3060-0819

Avg. Burden Est. per Respondent: 2.5 Hrs.

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OFFICER TITLE	OFFICER NAME	
Sr Director General Account	Susan George	
DATE	OFFICER SIGNATURE	
05/14/2015	Susan George	

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OMB Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs.

(1) USAC Service Provider Id	dentification Number	143001687		(2) Stud	dy Area Cod	de 265061
(3) Filer 499 ID 805713		(4) Technology T	ype (check one) Wirelin	ne 🗸	Wireless
(5) ETC Designation Type (C	heck one): Lifeline	e Only 📮	High	Cost/Low Income	Ø	
(6) Organization Information			(7)	Filing Information		
Company Legal Name:	Cincinnati Bell Tel	ephone LLC (OH)	a)	Submission Date	06/05/20	015
Contact Name:	susan george		b)	Data Month	May 201	15
Mailing Address:	221 EFourth St		c)	Type of Filing (check one)		
					Original Revision	4
	Cincinnati, OH 4	45201	d)	State Reporting	KENTU	CKY
Telephone Number:	5133976503					
Fax Number:			1			
E-mail Address:	susan.george@	cinbell.com				
Lifeline						
		(a) # Lifeline		(b) Lifeline Sup		(c) Total Lifeline
Non-Tribal Low-Income Subs	scribers	Subscribers		Subscriber Sup	port	
Receiving federal Li	feline Support	(8) 613		x \$9.25	= \$ 5670	
Tribal Low-Income Subscrib	T1.T0 10	(9) 0				= \$ 0
Receiving federal Li	feline Support	To		(not to exceed \$34.25) I Federal Lifeline Support Claimed (10) \$ 5670		
			, cai i	ederal Ellellile Sup	port Gianne	50 (10) \$ <u>5070</u>
Toll Limitation Servic	es (TLS)					
Cost of Providing TI (the lesser of incremental	LS per Subscriber al cost or \$3 in 2012 /\$2 in	(11) 0.00000 n 2013)	00			
Number of TLS Sub	scribers	(12) <u>0</u>				
Tribal Link Un (Accitate				Total TLS Suppo	ort Claimed	(13) \$ <u>0</u>
Tribal Link Up (Availabl	e only to ETCs rece	iving High Cost su	ppor	t)		
Number of Connecti	ons Waived	(14) 0				
Charges Waived per	Connection	(15) \$ <u>0.00</u>		(for multiple rates,	use an avera	ige amount)
		(not to exceed \$100)				***************************************
Total Connection Ch	narges Waived	(16) \$ <u>0.0</u>		_		
Deferred Interest	(17) \$ 0.00			_		
		т	otal 1	ribal Link Up Supp	ort Claime	d (18) \$ <u>0</u>
ETC Payment						
Total Lifeline \$ 5670	Total TI S & O		Total	Tribal Link II- & O		
rotal Ellelille \$	TOTAL I LO \$		otal			
				Total	Dollars (19)\$ 56/0

OMB Approval 3060-0819

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(20) CERTIFICATIONS AND SIGNATURES

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06/05/2015	Susan George	
DATE	OFFICER SIGNATURE	
Sr Director General Account	Susan George	
OFFICER TITLE	OFFICER NAME	

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(1) USAC Service Provider Identification Number 143001687				(2) Study Area Code 265061			
(3) Filer 499 ID 805713		(4) Technolog	у Туре	(check one) Wireli	ne 🗹 Wireless		
(5) ETC Designation Type (C	heck one): Lifelin	e Only	High	Cost/Low Income			
(6) Organization Information			(7)	Filing Information			
Company Legal Name:	Cincinnati Bell Tel	lephone LLC (0	OH) a)	Submission Date	08/04/2015		
Contact Name:	susan george		b)	Data Month	June 2015		
Mailing Address:	221 E. Fourth S	St	c)		•		
					Original /		
	Cincinnati, OH	45202	d)		Revision L	_	
Telephone Number:	5133976503	10202			INCINTOCKT		
Fax Number:	0100010000						
E-mail Address:	susan.george@	cinbell.com					
Lifeline		(a) # Lifeline		/h) Lifeline Sun	mont/ (a) Total I ifa	lin a	
		Subscribers		(b) Lifeline Sup Subscriber Sup		line	
Non-Tribal Low-Income Subs Receiving federal Li		(8) 605		x \$ 9.2	= \$ 5596		
Tribal Low-Income Subscrib	Ø.92	(9) 0		0.00	= \$ 0		
Receiving federal Li	T- T	(9)		_ x \$ <u>0.00</u>			
			Total I	Federal Lifeline Sup	port Claimed (10) \$ <u>5596</u>	3	
Toll Limitation Service	es (TLS)						
Cost of Providing TI (the lesser of incremental	S per Subscriber al cost or \$3 in 2012 /\$2 i	(11) 0.000 in 2013)	0000	_			
Number of TLS Subs	scribers	(12) <u>0</u>		_			
Tribal Link Un (Availabl	a anh ta FTOs mass	i da a Uiak Oa	<i>7</i>		ort Claimed (13) \$ 0		
Tribal Link Up (Availabl	e only to ETCs rece	eiving High Cos	suppo	n)			
Number of Connecti	ons Waived	(14) 0					
Charges Waived per	Connection	(15) \$ <u>0.00</u>	100	(for multiple rates	, use an average amount)		
		(not to exceed \$	100)				
Total Connection Ch	arges Waived	(16) \$ <u>0.0</u>		_			
Deferred Interest		(17) \$ <u>0.00</u>					
			Total	Tribal Link Up Sup	port Claimed (18) \$ 0		
ETC Payment							
Total Lifeline \$ 5596	Total TI S ¢ ()		Total	Tribal Link II. € ∩			
rotal Ellellie p 0000	TOTAL I LO \$		Total				
				Total	l Dollars (19) \$ <u>5596</u>		

OMB Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs.

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OFFICER TITLE	OFFICED NAME				
Sr Director Accounting	Susan George				
DATE	OFFICER SIGNATURE				
08/04/2015	Susan George				
00/04/0045					

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(3) Filer 499 ID 805713 (4) Technology Type (check one) Wireline Wireless							
(5) ETC Designation Type (C	heck one): Lifelin	e Only	Д н	ligh	Cost/Low Income		
(6) Organization Information				(7) I	Filing Information		
Company Legal Name:	Cincinnati Bell Tel	ephone	LLC (OH)	a)	Submission Date	08/04/20)15
Contact Name:	susan george			b)	Data Month	July 201	5
Mailing Address:	221 E. Fourth S	St		c)	Type of Filing (check one)		
						Original	A
	Cincinnati, OH	45202		d)	State Reporting	Revision KENTU	- mark
Telephone Number:	5133976503	10202				INCINIO	
Fax Number:	0100010000						
E-mail Address:	susan.george@	cinbell	l.com				
Lifeline							
		(a) # L			(b) Lifeline Sup		(c) Total Lifeline
Non-Tribal Low-Income Subs	scribers	Subscribers			Subscriber Sup	port	
Receiving federal Li	feline Support	(8) <u>5</u>	94	_	x \$9.2	5	= \$ 5495
Tribal Low-Income Subscrib	ers	(9) 0			x \$ 0.00		= \$ 0
Receiving federal Li	feline Support				(not to exceed \$34.25) Federal Lifeline Support Claimed (10		
			10	tal F	ederal Lifeline Sup	port Claime	ed (10) \$ <u>5495</u>
Toll Limitation Servic	es (TLS)						
				2			
Cost of Providing TI (the lesser of incremental	S per Subscriber	(11)	0.00000	0	_		
(the lesser of increments	ai cost or \$3 in 2012 /\$2 i	n 2013)	•				
Number of TLS Subs	scribers	(12)	0		_		
					Total TLS Supp	ort Claimed	(13) \$ <u>0</u>
Tribal Link Up (Availabl	e only to ETCs rece	iving Hig	gh Cost sup	port)		* 0.00 * 0.00
Number of Connecti	ana Maissad	(4.4)	0				
Charges Waived per		(14) (15) \$			(for multiple rates, use an average amount)		de amount)
		(not to e	exceed \$100)		(ioi manpio rates,	acc arravera	go amount)
			0.0				
Total Connection Ch	arges Waived	(16) \$	0.0		_		
Deferred Interest		(17) \$	0.00		_		
			То	tal T	ribal Link Up Supp	oort Claime	d (18) \$ <u>0</u>
ETC Payment							
Total Lifeline \$ 5495 Total TLS \$ 0 Total Tribal Link Up \$ 0							
							 5495
					Total	Dollars (19) \$

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

OMB Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs.

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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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(1) USAC Service Provider Identification Number 143001687				(2) Study Area Code 265061			
(3) Filer 499 ID <u>805713</u> (4) Technology Ty			ype (check one) Wire	eline 🗹	Wireless	
(5) ETC Designation Type (Check one): Lifeline Only 🔲 High Cost/Low Income 🖸							
(6) Organization Information			(7)	Filing Informatio	n		
Company Legal Name:	Cincinnati Bell Tele	ephone LLC (OH)) a)	Submission Date	09/04/2	2015	
Contact Name:	susan george		b)	Data Month	August	2015	
Mailing Address:	221 E. Fourth S	t	c)	Type of Filing (check one)			
			1	(Check one)	Original Revision		
	Cincinnati, OH 4	15202	d)	State Reporting	KENTL		
Telephone Number:	5133976503				11121110	70111	
Fax Number:			1				
E-mail Address:	susan.george@	cinbell.com					
Lifeline							
		(a) # Lifeline		(b) Lifeline S		(c) Total Lifeline	
Non-Tribal Low-Income Sub	ecribare	Subscribers		Subscriber S	upport		
Receiving federal Li		(8) 573		x \$9	9.25	= \$ 5300	
Tribal Low-Income Subscrib	T 1000	(9) 0		x \$ <u>0.00</u>		= \$ 0	
Receiving federal Li	feline Support	T	otal F		cceed \$34.25)	ned (10) \$ 5300	
		.,	otai i	ederal Ellellile 3	upport Ciain	led (10) \$ 5500	
Toll Limitation Servic	es (TLS)						
Cost of Providing TI (the lesser of incremental	S per Subscriber al cost or \$3 in 2012 /\$2 in	(11) 0.00000 n 2013)	00	_			
Number of TLS Subs	scribers	(12) <u>0</u>		_			
Tribal Link Up (Availabl	a only to ETCs roco	iving High Cost su	nnor	Total TLS Su	pport Claime	ed (13) \$ <u>0</u>	
Tribai Ellik op (Avallabi	e only to £103 lede	iving riigii cost sa	ippoi	<i>(</i>)			
Number of Connecti	ons Waived	(14) 0		_			
Charges Waived per	Connection	(15) \$ 0.00 (not to exceed \$100)		(for multiple rat	es, use an ave	rage amount)	
		(not to exceed \$100)					
Total Connection Ch	narges Waived	(16) \$ 0.0		_			
Deferred Interest		(17) \$ 0.00					
		т	otal	Tribal Link Up Su	ipport Claim	ed (18) \$ <u>0</u>	
ETC Payment							
Total Lifeline \$ 5300	Total TLS \$ 0		Total	Tribal Link Un \$	0		
			. 0				
				То	tal Dollars (1	9) \$ 5300	

OMB Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs.

(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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09/04/2015	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.

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OMB Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs.

(1) USAC Service Provider Id	dentification Number	143001687		(2) Stu	dy Area Co	de_265061
(3) Filer 499 ID 805713		(4) Technology Ty	/pe (check one) Wireli	ne 🗸	Wireless 🔲
(5) ETC Designation Type (C	heck one): Lifeline	Only 🔲 🛚 I	ligh	Cost/Low Income		_
(6) Organization Information			(7)	Filing Information		
Company Legal Name:	Cincinnati Bell Tel	ephone LLC (OH)	a)	Submission Date	10/13/2	015
Contact Name:	susan george		b)	Data Month	Septem	ber 2015
Mailing Address:	221 E. Fourth S	t	c)	Type of Filing (check one)		
				•	Original Revision	
	Cincinnati, OH 4	15202	d)	State Reporting	KENTU	CKY
Telephone Number:	5133976503					
Fax Number:						
E-mail Address:	susan.george@	cinbell.com				
Lifeline						
		(a) # Lifeline		(b) Lifeline Sup		(c) Total Lifeline
Non-Tribal Low-Income Sub	scribers	Subscribers		Subscriber Sup	port	
Receiving federal Li		(8) 560		x \$9.2	5	= \$ 5180
Tribal Low-Income Subscrib		(9) 0		x \$ <u>0.00</u> = \$ <u>0</u>		
Receiving federal Li	feline Support	То	tal F	not to exce ederal Lifeline Sup		ed (10) \$ 5180
Toll Limitation Service	es (TI S)				•	
Ton Emmadon Servic	es (125)					
Cost of Providing TI (the lesser of incremental	S per Subscriber al cost or \$3 in 2012 /\$2 i	(11) 0.00000 0.00000	0	_		
Number of TLS Subs	scribers	(12) <u>0</u>				
Talk all links the same was				Total TLS Supp	ort Claimed	d (13) \$ <u>0</u>
Tribal Link Up (Availabl	e only to ETCs rece	iving High Cost su _l	opor	t)		
Number of Connecti	ons Waived	(14) 0		_		
Charges Waived per	Connection	(15) \$ 0.00 (not to exceed \$100)		(for multiple rates	, use an avera	age amount)
		(not to exceed \$100)				
Total Connection Ch	arges Waived	(16) \$ <u>0.0</u>		_		
Deferred Interest		(17) \$ 0.00				
		T	otal 1	ribal Link Up Sup	port Claime	ed (18) \$ <u>0</u>
ETC Payment						
Total Lifeline \$ 5180	Total TLS \$_0	Т	otal	Tribal Link Up \$ 0		
						5180

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

OMB Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs.

(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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OFFICER TITLE	OFFICER NAME				
Sr Director Accounting	Susan George				
DATE	OFFICER SIGNATURE				
10/13/2015	Susan George				

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(1) USAC Service Provider lo	dentification Number	14300	1687		(2) Stud	dy Area Co	de 265061
(3) Filer 499 ID 805713 (4) Technology Type (check one) Wireline Wireless							
(5) ETC Designation Type (C	(5) ETC Designation Type (Check one): Lifeline Only 🔲 High Cost/Low Income 🖸						
(6) Organization Information				(7)	Filing Information		
Company Legal Name:	Cincinnati Bell Te	lephone	LLC (OH)	a)	Submission Date	11/05/20	015
Contact Name:	susan george			b)	Data Month	October	2015
Mailing Address:	221 E. Fourth S	St		c)	Type of Filing (check one)		
						Original	
	Cincinnati, OH	45202		d)	State Reporting	Revision KENTU	
Telephone Number:	5133976503	10202				INCIATO	OICT
Fax Number:	0100010000						
E-mail Address:	susan.george@	cinbell.	.com				
Lifeline							
		(a) # Lif			(b) Lifeline Sup		(c) Total Lifeline
Non-Tribal Low-Income Sub	scribers	Subscr			Subscriber Sup	port	
Receiving federal Li	feline Support	(8) 550			x \$9.25	.25 = \$ 5088	
Tribal Low-Income Subscrib	ers	(9) 0			x \$ 0.00		= \$ 0
Receiving federal Li	feline Support	Tot		·	(not to exceed \$34.25) Federal Lifeline Support Claimed (10) \$ 5		
			101	tair	ederal Lifeline Sup	port Claime	ed (10) \$ <u>5088</u>
Toll Limitation Service	es (TLS)						
Cost of Providing TI		(/	0.000000	0			
(the lesser of incrementa	al cost or \$3 in 2012 /\$2	in 2013)					
Number of TLS Subs	scribers	(12)	0		_		
					Total TLS Supp	ort Claimed	(13) \$ <u>0</u>
Tribal Link Up (Availabl	e only to ETCs rece	eiving Hig	h Cost sup	port			
Number of Connecti	ons Waived	(14)	0				
Charges Waived per		(15)\$	0.00		(for multiple rates,	use an avera	ige amount)
		(not to ex	(ceed \$100)				,
Total Connection Ch	narges Waived	(16) \$	0.0		_		
Deferred Interest	822	(17) \$					
Deletted interest		(17) \$ _			_		
			То	tal T	ribal Link Up Supp	ort Claime	d (18) \$ <u>0</u>
ETC Payment							
Total Lifeline \$_5088	Total TLS \$ 0		Т	otal '	Tribal Link Un \$ 0		
1							
					Total	Dollars (19) \$

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

OMB Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs.

(20) CERTIFICATIONS AND SIGNATURES

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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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(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 (C	heck one): Lifelin	e Only	п	ligh	Cost/Low Income	7	
(6) Organization Information				(7)	Filing Information	N	
Company Legal Name:	Cincinnati Bell Te	lephon	e LLC (OH)	a)	Submission Date	12/29/20	015
Contact Name:	susan george			b)	Data Month	Novemb	er 2015
Mailing Address:	221 E. Fourth S	St	-	c)	Type of Filing (check one)		
				1	3 5	Original	A
	Cincinnati, OH	45201		d)	State Reporting	Revision KENTU	
Telephone Number:	5133976503	10201		ŕ	,	INCIALO	OIVI
Fax Number:	0100010000						
E-mail Address:	susan.george@	cinbe	II.com				
Lifeline				,			
2.17011110			Lifeline		(b) Lifeline Sup		(c) Total Lifeline
Non-Tribal Low-Income Sub	scribers	Subs	<u>cribers</u>		Subscriber Sup	port	
Receiving federal Li		(8)	547		x \$9.2	5	= \$ 5060
Tribal Low-Income Subscrib	ers	(9))		x \$ 0.00		= \$ 0
Receiving federal Li	feline Support		т.	4-1-5	(not to exceed \$34.25) Federal Lifeline Support Clair		
			10	tai F	ederai Lifeline Sup	port Claime	ed (10) \$ <u>5060</u>
Toll Limitation Servic	es (TLS)						
			0.00000	•			
Cost of Providing TL (the lesser of incremental		(11) in 2013)	0.00000	0			
Number of TLS Subs			0				
Number of 1L5 Subs	scribers	(12)	0		_		
Triballink IIn (Accilety					Total TLS Supp	ort Claimed	(13) \$ <u>0</u>
Tribal Link Up (Availabl	e only to ETCs rece	eiving H	igh Cost sup	opon	t)		
Number of Connecti	ons Waived	(14)	0				
Charges Waived per	Connection	(15)\$	0.00		(for multiple rates,	use an avera	ge amount)
		(not to	exceed \$100)				
Total Connection Ch	arges Waived	(16) \$	0.0				
Deferred Interest		(17) \$	0.00				
			W 	.4-1 7			
			10	otal I	ribal Link Up Supp	ort Claime	d (18) \$ <u>U</u>
ETC Payment							
Total Lifeline \$ 5060	Total TLS \$ 0		т	otal	Tribal Link Up \$ 0		
					lotai	Dollars (19) \$

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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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(3) Filer 499 ID 805713 (4) Technology Type (check one) Wireline Wireless					Wireless 🔲	
(5) ETC Designation Type (C	heck one): Lifelin	e Only	High	Cost/Low Income	V	
(6) Organization Information			(7)	Filing Information		
Company Legal Name:	Cincinnati Bell Tel	lephone LLC (OF	() a)	Submission Date	01/27/20	16
Contact Name:	susan george		b)	Data Month	Decemb	er 2015
Mailing Address:	221 E. Fourth S	St	c)	Type of Filing		
				(check one)	Original	7 1
	Cincinnati OII	45004	- d)		Revision	NAV
Telephone Number:	Cincinnati, OH	45201	d)	State Reporting	KENTUC	CKY
Fax Number:	5133976503		4			
T ux Humbon						
E-mail Address:	susan.george@	cinbell.com				
Lifeline						
		(a) # Lifeline		(b) Lifeline Sup		(c) Total Lifeline
Non-Tribal Low-Income Subs	scribers	Subscribers		Subscriber Sup	port	
Receiving federal Li		(8) 494		x \$9.2	5	= \$ 4570
Tribal Low-Income Subscribe	ore	(9) 0		x \$ 0.00	= \$ 0	
Receiving federal Li	T T T	(0)		(not to exce	ed \$34.25)	- \$
		1	otal F	ederal Lifeline Sup	port Claime	d (10) \$ <u>4570</u>
Toll Limitation Service	es (TLS)					
Cost of Providing TI (the lesser of incremental	S per Subscriber al cost or \$3 in 2012 /\$2 i	(11) 0.0000 in 2013)	00	_		
Number of TLS Subs	scribers	(12) <u>0</u>				
				Total TLS Supp	ort Claimed	(13) \$ <u>0</u>
Tribal Link Up (Availabl	e only to ETCs rece	iving High Cost s	uppor	t)		
Number of Connecti	ons Waived	(14) 0				
Charges Waived per	Connection	(15) \$ <u>0.00</u>		(for multiple rates,	use an averag	ge amount)
		(not to exceed \$100)			
Total Connection Ch	narges Waived	(16) \$ <u>0.0</u>		_		
Deferred Interest		(17) \$ 0.00		_		
		9	Total [*]	Tribal Link Up Supp	oort Claimed	I (18) \$ <u>0</u>
ETC Payment						
Total Lifeline \$_4570	Total TLS \$_0		Total	Tribal Link Up \$ 0		_
					Dollars (19)	
				i otai		· •

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

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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.

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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OFFICER TITLE	OFFICER NAME			
Sr Director Accounting	Susan George			
DATE	OFFICER SIGNATURE			
01/27/2016	Susan George			

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OMB Approval 3060-0819

(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 (C	heck one): Lifeline	Only 📮 🕒	ligh	Cost/Low Income			
(6) Organization Information			(7)	Filing Information			
Company Legal Name:	Cincinnati Bell Tel	ephone LLC (OH)	a)	Submission Date	02/18/2016		
Contact Name:	susan george		b)	Data Month	January 2016		
Mailing Address:	221 E. Fourth S	t	c)	Type of Filing			
			1	(check one)	Original 🗸		
	Cincinnati OH	15202	d)	State Reporting	Revision		
Telephone Number:	Cincinnati, OH 4	+3202	u,	State Reporting	KENTUCKY		
Fax Number:	5133976503		-				
C-12-47 (2) (1-2-45)	_	2 2 2	-				
E-mail Address:	susan.george@	cinbell.com					
Lifeline							
Lifelifie		(a) # Lifeline		(b) Lifeline Sup	port/ (c) Total Life	line	
		Subscribers		Subscriber Sup		iiie	
Non-Tribal Low-Income Subs Receiving federal Li		(8) 487		x \$ 9.25	5 = \$ 4505		
Tribal Low-Income Subscrib	0.00	(9) 0		x \$ 0.00	= \$ 0		
Receiving federal Li		(9)		(not to exceed \$34.25)			
		То	tal F	ederal Lifeline Sup	port Claimed (10) \$ 4505	5	
Toll Limitation Services (TLS)							
ron Emmadon Gerrio	00 (120)						
Cost of Providing TLS per Subscriber (11) (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)							
TTIDAI LITIK OP (AVallabi	e only to ETCs rece	iving High Cost sup	opor	()			
Number of Connecti	ons Waived	(14) 0					
Charges Waived per		(15) \$ 0.00		(for multiple rates,	rates, use an average amount)		
		(not to exceed \$100)					
Total Connection Ch	argoe Waiyod	(16) \$ 0.0					
	larges Warved			_			
Deferred Interest		(17) \$ 0.00		_			
		To	otal 1	ribal Link Up Supp	oort Claimed (18) \$ 0		
ETC Payment							
Total Lifeline \$ 4505 Total TLS \$ 0 Total Tribal Link Up \$ 0							
					Dollars (19) \$ 4505		
				Total	Dollars (19) \$		

OMB Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs.

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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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(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 (C	heck one): Lifeline	Only	🖳 н	ligh	Cost/Low Income			
(6) Organization Information				(7) I	Filing Information			
Company Legal Name:	Cincinnati Bell Tel	ephone	LLC (OH)	a)	Submission Date	03/09/20	016	
Contact Name:	susan george			b)	Data Month	February 2016		
Mailing Address:	221 E. Fourth S	t		c)	Type of Filing (check one)			
						Original Revision	A	
	Cincinnati, OH 4	15202		d)	State Reporting	KENTU	CKY	
Telephone Number:	5133976503							
Fax Number:								
E-mail Address:	susan.george@	cinbe	II.com					
Lifeline								
Lifeline			ifeline.		(b) Lifeline Sup		(c) Total Lifeline	
Non-Tribal Low-Income Subs	scribers		ribers		Subscriber Sup	port		
Receiving federal Li	feline Support	(8) 484			x \$9.25	5	= \$ 4477	
Tribal Low-Income Subscribe	7. F. 7. St. 1988 - 1988 - 1988 - 1988 - 1988 - 1988 - 1988 - 1988 - 1988 - 1988 - 1988 - 1988 - 1988 - 1988 -	(9))		x \$ <u>0.00</u>		= \$ 0	
Receiving federal Li	feline Support		Tot		(not to exceed \$34.25) Federal Lifeline Support Claimed (10) \$		ed (10) \$ 4477	
Total Federal Lifeline Support Claimed (10) \$ 4477								
Toll Limitation Servic	es (TLS)							
Cost of Providing TLS per Subscriber (11) (the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)								
0								
Number of TLS Subscribers (12) <u>U</u>								
Total TLS Support Claimed (13) \$ Tribal Link Up (Available only to ETCs receiving High Cost support)								
TTIDAL LITTK OP (Available	e only to ETCs rece	iving H	ign Cost su	port)			
Number of Connecti	ons Waived	(14)	0		_			
Charges Waived per	Connection	(15) \$	0.00 exceed \$100)		(for multiple rates,	use an avera	age amount)	
		(not to	cxccca \$100)					
Total Connection Ch	arges Waived	(16) \$	0.0		_			
Deferred Interest		(17) \$	0.00		_			
			To	otal T	ribal Link Up Supp	oort Claime	d (18) \$ <u>0</u>	
ETC Payment								
Total Lifeline \$ 4477 Total TLS \$ 0 Total Tribal Link Up \$ 0								
mine toutes Charlestera explaints (* *						Dollars (19	— 4477	
					Total	Dollars (19	16	

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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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(6) Organization Information				(7)	Filing Information		
Company Legal Name:	Cincinnati Bell Tel	ephone	LLC (OH)	a)	Submission Date	04/14/20	016
Contact Name:	susan george			b)	Data Month	March 2016	
Mailing Address:	221 E. Fourth S	t		c)	Type of Filing	Type of Filing (check one)	
				1		Original	
	O'mainmati OII	15004		d)	State Reporting	Revision	
Telephone Number:	Cincinnati, OH 4	15201		u)	State Reporting	KENTU	JKY
Fax Number:	5133976503			-			
rax Number.							
E-mail Address:	susan.george@	cinbel	II.com				
Lifeline				•			
			ifeline		(b) Lifeline Sup		(c) Total Lifeline
Non-Tribal Low-Income Sub	scribers		cribers		Subscriber Sup	port	
Receiving federal Li		(8) 488			x \$9.2	5	= \$ 4514
Tribal Low-Income Subscrib	ore	(9) 0			× \$ 0.00 = \$ 0		= \$ 0
Receiving federal Li		· · ·			(not to exceed \$34.25)		
2	* *		To	tal F	ederal Lifeline Sup	port Claime	ed (10) \$ 4514
Toll Limitation Service	es (TLS)						
Cost of Providing TLS per Subscriber (11) (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 Connecti	ions Waived	(14)	0				
Charges Waived per		(15)\$	0.00		(for multiple rates.	use an avera	age amount)
		(not to	exceed \$100)		•		•
Total Connection Cl	narges Waived	(16) \$	0.0				
	- 						
Deferred Interest		(17)\$	0.00		 2		
			Т	otal 1	Tribal Link Up Sup	oort Claime	d (18) \$ <u>0</u>
ETC Payment							
Total Lifeline \$ 4514 Total TLS \$ 0 Total Tribal Link Up \$ 0							
Total Ellellie \$ 1011	TOTAL TES \$_0_			otal			
					Total	Dollars (19) \$ 4514

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DATE	OFFICER SIGNATURE				
04/14/2016	susan george				

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