TDS TELECOM ON BEHALF OF LEWISPORT TELEPHONE COMPANY

APPENDIX B

TDS TELECOM ON BEHALF OF LEWISPORT TELEPHONE COMPANY

APPENDIX B

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

Q1. Provide the KUSF reimbursement forms submitted to the Commission and the Department of Finance and Administration from January 2014 to the present.

Response: Please see attached KUSF forms for Lewisport Telephone Company.

Q2. Provide the Federal Communication Commission ("FCC") Form 497 submitted to the FCC from January 2014 to the present.

Response: Please see attached FCC Form 497s for Lewisport Telephone Company.

- Q3. 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:
- a. Copies of all Lifeline plans currently offered to Kentucky subscribers.
- b. For each new or modified Lifeline plan, explain in detail:

Response: TDS Telecom does not have specific Lifeline service offerings. A Lifeline recipient may subscriber to any local service offerings available to all residential customers. This link will direct you to TDS' filed tariffs which reflect potential service offerings. http://www.tdstelecom.com/CustomerService/TariffSearch.aspx

Q4. If the Commission's decision is to maintain state lifeline support for only voice service, describe how that decision would affect whether and how you provide Lifeline service in Kentucky.

Response: If the state of Kentucky determines its state Lifeline benefit applies only to voice services, as a designated eligible telecommunications carrier, TDS would continue providing

TDS TELECOM ON BEHALF OF LEWISPORT TELEPHONE COMPANY

Lifeline benefits in the state of Kentucky complying with both Kentucky program requirements and FCC program requirements. If support only applied to voice services, then a Lifeline customer subscribing to only broadband service may no longer receive Lifeline benefits. Ultimately, TDS recommends aligning state and federal requirements as that streamlines carrier obligations as well as procedural changes but also may lessen consumer confusion.

Q5. Identify any cost effective procedures that you believe should be implemented by the Commission to increase oversight of the Lifeline program.

Response: The FCC's 2015 Lifeline Order (FCC 15-71) and the recent FCC Order (FCC 16-38) implements program oversight measures. Additionally, the most recent order adopts a National Verifier system which once fully implemented may dramatically increase program oversight. Adding additional oversight measures at this time may generate carrier as well as consumer confusion. Further, additional program changes may create unnecessary burdens while all parties – carriers, Commissions, USAC and the FCC – make the required operational changes to meet the orders new rules by its effective date. One possible consideration is if Kentucky becomes one of the first five states transitioned to the National Verifier as that may create state cost-savings as well as oversight measures and once fully integrated determine if any further cost-effective oversight measures are needed.

Q6. If the Commission's decision is to change the amount of Lifeline support, state how soon upon the issuance of an Order by the Commission changing the Lifeline support amount that you are or anticipate being able to implement the changes on customer bills.

Response: TDS Telecom would be able to implement a change to the state Lifeline support amount within 30 days. If the support amount changed, depending upon when enacted, it may take one or two bills cycles for the change to appear on the Lifeline customers' bills. Further, if the Commission would desire a bill message informing customers of the Lifeline support amount change, an additional 15 days would be needed

Q7. Provide, in detail, the methods employed to verify the eligibility of the customers who [participate in the Lifeline program.

Response: TDS Telecom complies with FCC rules §54.410. TDS receives completed Lifeline applications and corresponding eligibility documentation. Once reviewed and determine

TDS TELECOM ON BEHALF OF LEWISPORT TELEPHONE COMPANY

appropriate, the customer information is entered into the National Lifeline Accountability Database ("NLAD") for final confirmation. Once approved via NLAD, the customer is confirmed eligible to receive Lifeline benefits. The application and any associated documentation are then securely retained.

Q8. 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: TDS Telecom has not been subjected to any FCC investigation, action, and / or penalties relating to participation in the Lifeline program.

Q9. Describe in detail, your current marketing programs for Lifeline service in Kentucky, including, but not limited to, person-to-person sales.

Response: TDS Telecom advertises the Lifeline program via newspaper ads approximately each fall, as well as a residential newsletter each spring. Information is provided in the directories, TDS Telecom's website as well as information on Universal Service Administrative Company's ("USAC") website. Additionally, Lifeline program information is provided to a customer contacting TDS Telecom for new service installation.

Requests for information to All Parties

Q1. Provide the KUSF reimbursement forms submitted to the Commission and the Department of Finance and Administration from January 2014 to the present.

Response: Please refer TDS Telecom's response to Appendix B question 1.

Q2. 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: Total subscriber count for Lifeline is taken directly from TDS Telecom's customer billing system subscriber line counts for the particular billing codes as of the end of the billing cycle for that company for the current month.

TDS TELECOM ON BEHALF OF LEWISPORT TELEPHONE COMPANY

Q3. Explain how the total of subscriber lines is calculated for the KUSF reimbursement for when a customer leaves in the middle of a month.

Response: TDS Telecom pulls customer information at the end of each billing cycle for each local operating company from the customer billing system.

Q4. 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 no paid by, the customer is remitted.

Response: When bad debts are written off, TDS Telecom allocates those write-offs back against all billing areas – <u>including</u> surcharges (lifeline, etc.). So the payments we remit to the State of Kentucky are adjusted for any bad debt write-offs in that manner. Similarly, when bad debt <u>recoveries</u> are received, allocations are also made back to all billing areas including surcharges - (lifeline, etc.). So in the case of bad debt <u>recoveries</u>, our remittances to the State of Kentucky are actually increased.

Q5. 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: While it is unclear how the FCC will respond to the outstanding Petitions for Reconsideration related to its most recent Lifeline order, TDS Telecom recommends the Kentucky Commission wait until the FCC finalizes its Lifeline rules. This action would allow carriers to focus on implementing the required program changes, which entails various operational changes as well as creating new procedures and likely software modifications. Implementing additional changes prior to the FCC's Order effective dates or prior to any FCC response to the outstanding Petitions for Reconsideration may require carriers to tax already limited resources and possibly cause re-work if the FCC's final action alters any new rules the Kentucky Commission implements.

Q6. 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: Please refer TDS Telecom's response to Appendix B question 6.

Lewisport Telephone Company Question 1 KUSF reimbursement forms



DATE: February 7, 2014

Reporting Month Jan-14

Carrier Information	
Company Name Lewisport Telephone	
Company Address P.O. Box 88 Roachdale, IN 46172	
Telephone/Fax Voice: (765) 522-0240 Fax: (765) 522-0244	
Vendor Number	
lassification lease Circle One ILEC Cellular PCS	·
Monthly Access Line Data	
1. Total Access Lines i Service	1131_
2. Surcharge Per Access Line	0.08
3. Amount of Surcharge Remitted to Kentucky USF	\$ 87.66
4. Number of Access Lines Receiving Lifeline Support	22_
5. Amount of Reimbursement Requested from Kentucky USF	\$ 77.00

Title: Senior Accountant

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

Michael Ebaugh

(Printed)

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

Company Official

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

Michael Ebaugh

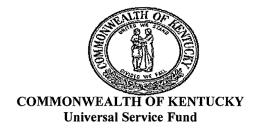
(Signed)

Revised 03-13-2008

PLEASE NOTE:

Frankfort, KY 40601

Company Official



DATE: March 7, 2014

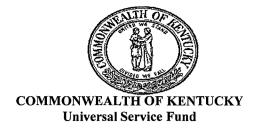
Reporting Month Feb-14

Revised 03-13-2008

-							
	1	Carrier I	nformatio	on			
Company Name	Lewisport Telephone						
Company Address	Company Address P.O. Box 88 Roachdale, IN 46172						
Telephone/Fax	Voice: (765) 522-02-	40 Fax: (765) 522-02	:44				
Vendor Number							
Classification Please Circle One (ILEC CLEC	Cellular PCS					
		Monthly Ac	cess Line	Data			
_							
1	. Total Access Lines in	n Service					1143
2. Surcharge Per Access Line						0.08	
3. Amount of Surcharge Remitted to Kentucky USF					\$	88.44	
4. Number of Access Lines Receiving Lifeline Support					22		
5	5. Amount of Reimbursement Requested from Kentucky USF				\$	77.00	
		Signat	ure Block				
		Signau	II e Block				
hereby attest that the	e information reported	hereing is true and accu	rate to the	e best of my	knowledge.		
Company Official	Michael Ebaugh (Printed)	Title: Senior Acco	untant	Company	Official	<u> Michae</u>	<u>el Ebaugh</u> (Signed)
		1					
Make Check payable State Treasurer" and s					Send a copy	of this repor	t to:
state Treasurer and s and send with this rep					Kentucky Pu	blic Service	Commission
33114 William 1113 10p					ATTN: Jim		
Finance & Administra	ation Cabinet				211 Sower B	lvd.	
ATTN: KY USF					PO Box 615	40600	
702 Capital Ave	4004				Frankfort, K	Y 40602	

PLEASE NOTE:

Capitol Annex, Room 488A Frankfort, KY 40601



DATE: <u>April 4, 2014</u>

Reporting Month Mar-14

Revised 03-13-2008

7111L. <u>11pin 4, 20</u>			Reporting Mon	111 1414-14
		Carrier Informat	ion	
Company Name	Lewisport Telephor	ne		
Company Address	P.O. Box 88 Roach			
Telephone/Fax		240 Fax: (765) 522-0244		
Vendor Number				
Classification				
Please Circle One (ILEC) CLEC	Cellular PCS		
		Monthly Access Line	e Data	
		•		
1.	. Total Access Lines	in Service		1184
2	2. Surcharge Per Access Line			
3	3. Amount of Surcharge Remitted to Kentucky USF			\$ 92.06
4	4. Number of Access Lines Receiving Lifeline Support			22_
5	5. Amount of Reimbursement Requested from Kentucky USF			\$ 77.00
		Signature Block	5	
I hereby attest that the	information reported	d hereing is true and accurate to the	ie best of my knowledge.	
Company Official	Michael Ebaugh	Title: Senior Accountant	Company Official	Michael Ebaugh
	(Printed)			(Signed)
Make Check payable t	o: "Kentucky		Send a copy of	this report to:
State Treasurer" and s				
and send with this repo	ort to:			c Service Commission
Finance & Administra	tion Cabinet		ATTN: Jim St 211 Sower Blv	
ATTN: KY USF	tion Cuomet		PO Box 615	u.
702 Capital Ave			Frankfort, KY	40602
Capitol Annex, Room	488A			
Fueral-ferry 1/3/ 40/01				

PLEASE NOTE:

Frankfort, KY 40601



DATE: May 2, 2014

Reporting Month Apr-14

e Lewisport Telephone	_			
	e			
s P.O. Box 88 Roachd	lale, IN 46172			
x Voice: (765) 522-02	40 Fax: (765) 522-0244			
r				
ILEC CLEC	Cellular PCS			
	Monthly Access I	ine Data		
Total Access Lines i	in Service			1171
2. Surcharge Per Acces	ss Line			0.08
3. Amount of Surcharge Remitted to Kentucky USF				91.42
4. Number of Access Lines Receiving Lifeline Support				22
5. Amount of Reimburg	sement Requested from Kenti	icky USF	\$	77.00
	Signature Bl	ock		
ne information reported	hereing is true and accurate t	the best of my knowledge.		
Michael Ebaugh (Printed)	Title: Senior Accountant	Company Official	<u>Micha</u>	<u>eel Ebaugh</u> (Signed)
	1. Total Access Lines in 2. Surcharge Per Access 3. Amount of Surcharge 4. Number of Access L. 5. Amount of Reimbur the information reported Michael Ebaugh	Voice: (765) 522-0240 Fax: (765) 522-0244 ILEC CLEC Cellular PCS Monthly Access L 1. Total Access Lines in Service 2. Surcharge Per Access Line 3. Amount of Surcharge Remitted to Kentucky USF 4. Number of Access Lines Receiving Lifeline Suppose 5. Amount of Reimbursement Requested from Kentucky USF he information reported hereing is true and accurate to Michael Ebaugh Title: Senior Accountant	Voice: (765) 522-0240 Fax: (765) 522-0244 ILEC CLEC Cellular PCS Monthly Access Line Data 1. Total Access Lines in Service 2. Surcharge Per Access Line 3. Amount of Surcharge Remitted to Kentucky USF 4. Number of Access Lines Receiving Lifeline Support 5. Amount of Reimbursement Requested from Kentucky USF Signature Block he information reported hereing is true and accurate to the best of my knowledge. Michael Ebaugh Title: Senior Accountant Company Official	Voice: (765) 522-0240 Fax: (765) 522-0244 ILEC CLEC Cellular PCS Monthly Access Line Data 1. Total Access Lines in Service

Finance & Administration Cabinet

State Treasurer" and send with this and send with this report to:

ATTN: KY USF 702 Capital Ave

Capitol Annex, Room 488A

Frankfort, KY 40601

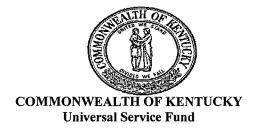
Kentucky Public Service Commission

ATTN: Jim Stevens 211 Sower Blvd. PO Box 615

Frankfort, KY 40602

Revised 03-13-2008

PLEASE NOTE:



DATE: <u>June 5, 2014</u>

Reporting Month May-14

		Carrier Informat	ion		
Company Name	Lewisport Telephone		ion		
Company Address	P.O. Box 88 Roachd				
Telephone/Fax		40 Fax: (765) 522-0244			
Vendor Number	(122)				
Classification Please Circle One (ILEC) CLEC	Cellular PCS			
		Monthly Access Line	Data		
1	Total Access Lines in	n Service			1164
2. Surcharge Per Access Line					0.08
3. Amount of Surcharge Remitted to Kentucky USF					88.80
4. Number of Access Lines Receiving Lifeline Support					21
5	Amount of Reimburg	sement Requested from Kentucky	v LISE	\$	73.50
J	. Amount of Remiours	sement Requested from Rentuck	y USI	Ψ	73.50
		Signature Block			
I hereby attest that the	information reported	hereing is true and accurate to th	e best of my knowledge.		
C	Milanton	Titles Contant Assessment	C	201.1	1611
Company Official	Michael Ebaugh (Printed)	Title: Senior Accountant	Company Official	Michae	<u>l Ebaugh</u> (Signed)
	(1 Illicu)				(digitor)
Make Check payable (Send a copy	of this report	to:
State Treasurer" and s			Wantaralin D	.blic Commission	Commiss!
and send with this rep	ort to:		Kentucky Pt	ıblic Service	Commission

PLEASE NOTE:

ATTN: KY USF

702 Capital Ave

Finance & Administration Cabinet

Capitol Annex, Room 488A Frankfort, KY 40601

Revised 03-13-2008

ATTN: Jim Stevens

Frankfort, KY 40602

211 Sower Blvd.

PO Box 615



DATE: July 8, 2014 Reporting Month Jun-14

DATE: <u>July 8, 201</u>	4				Reporting Mo	11111 <u>J</u> L	ın-14
		Ca	arrier Informat	ion			
Company Name	Lewisport Telephone						
Company Address	P.O. Box 88 Roachdal	le, IN 46172					
Telephone/Fax	Voice: (765) 522-0240	0 Fax: (765)	522-0244				
Vendor Number							
Classification Please Circle One (ILEC CLEC	Cellular	PCS				
		Mon	thly Access Line	Data			
1	. Total Access Lines in	Service					1133
2. Surcharge Per Access Line						0.08	
3	3. Amount of Surcharge Remitted to Kentucky USF					\$	87.91
4	4. Number of Access Lines Receiving Lifeline Support						20
5	. Amount of Reimburse	ment Requeste	ed from Kentuck	y USF		\$	70.00
			Signature Block				
I hereby attest that the	information reported he	ereing is true a	and accurate to the	e best of m	ny knowledge.		
Company Official	Michael Ebaugh	Title: Senic	or Accountant	Compa	ny Official	<u> Micha</u>	el Ebaugh
	(Printed)						(Signed)
Make Check payable					Send a copy of	of this repo	rt to:
State Treasurer" and s and send with this rep					Kentucky Pub		Commission
					ATTN: Jim S	stevens	

PLEASE NOTE:

ATTN: KY USF

702 Capital Ave

Finance & Administration Cabinet

Capitol Annex, Room 488A Frankfort, KY 40601

Due to a change in our Accounts Payable Structure, payment will be forwarded under separate cover.

ATTN: Jim Stevens 211 Sower Blvd. PO Box 615

Frankfort, KY 40602



DATE: August 4, 2014 Reporting Month

ATTN: Jim Stevens

Frankfort, KY 40602

211 Sower Blvd.

PO Box 615

Jul-14

	Carrier Information	1		
Company Name Lewisport Telephone	2			
Company Address P.O. Box 88 Roachd	ale, IN 46172			
Telephone/Fax	40 Fax: (765) 522-0244			
Vendor Number				
Classification Please Circle One ILEC CLEC	Cellular PCS			
	Monthly Access Line D	ata		
	Monthly Recess Enter B			
1. Total Access Lines i	n Service			1148
2. Surcharge Per Acces	s I ine			0.08
2. Surenarge I et Meees	is Eme			0.00
3. Amount of Surcharg	e Remitted to Kentucky USF		\$	86.88
4. Number of Access L	ines Receiving Lifeline Support			17
5. Amount of Reimbur	sement Requested from Kentucky I	JSF	\$	59.50
	Signature Block			
I hereby attest that the information reported	hereing is true and accurate to the l	pest of my knowledge.		
Person		, 5		
Company Official Michael Ebaugh	Title: Senior Accountant	Company Official	<u>Micha</u>	<u>rel Ebaugh</u>
(Printed)				(Signed)
Make Cheek mayahla ter Wantunka		Send a copy o	£4Lia	4 4 2
Make Check payable to: "Kentucky State Treasurer" and send with this		Senu a copy o	i uns repo	11 10.
and send with this report to:		Kentucky Pub		Commission
	i	ATTNI. II C	+	

ATTN: KY USF

702 Capital Ave

Finance & Administration Cabinet

Capitol Annex, Room 488A Frankfort, KY 40601

Revised 03-13-2008



DATE: September 5, 2014

Reporting Month Aug-14

		Carrie	r Informatio	on			
Company Name	Lewisport Telephone	•					
Company Address	P.O. Box 88 Roachd	ale, IN 46172					
Telephone/Fax	Voice: (765) 522-02-	40 Fax: (765) 522-	0244				
Vendor Number							
Classification Please Circle One	ILEC CLEC	Cellular PC	CS				
		Monthly A	Access Line	Data			
1.	Total Access Lines in	n Service					1130
2. Surcharge Per Access Line						0.08	
3. Amount of Surcharge Remitted to Kentucky USF					S	86.36	
4.	Number of Access L	ines Receiving Lifeli	ne Support		_		17
5.	Amount of Reimburs	sement Requested fro	m Kentucky	USF	\$		59.50
		Sign	ature Block				
I hereby attest that the	information reported	hereing is true and ac	curate to the	best of my knov	vledge.		
Company Official	Michael Ebaugh	Title: Senior Ac	countant	Company Offi	cial M	Vichae	l Ebaugh
	(Printed)						(Signed)
Make Check payable to				Send	a copy of this	report	to:
State Treasurer" and se				V	naku Dublia Sa	i.a.a. (~ii

Finance & Administration Cabinet

ATTN: KY USF 702 Capital Ave

Capitol Annex, Room 488A

and send with this report to:

Frankfort, KY 40601

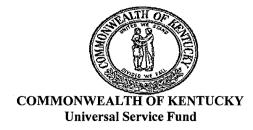
Kentucky Public Service Commission

ATTN: Jim Stevens 211 Sower Blvd. PO Box 615

Frankfort, KY 40602

Revised 03-13-2008

PLEASE NOTE:



DATE: October 6, 2014 Reporting Month Sep-14

711 E. <u>October 6, 2014</u>		reporting into	,n <u>50p 1 1</u>
	Carrier Information	n	
Company Name Lewisport Telephone			
Company Address P.O. Box 88 Roachdale, IN 461	172		
Telephone/Fax Voice: (765) 522-0240 Fax:	(765) 522-0244		
Vendor Number			
·			
Classification Please Circle One (ILEC) CLEC Cellula	ar PCS		
Please Circle One (ILEC) CLEC Cellula	ir PCS		
	Monthly Access Line I	Oata	
1. Total Access Lines in Service			1138
2. Surcharge Per Access Line			0.08
3. Amount of Surcharge Remitted	\$ 87.18		
-	•		
4. Number of Access Lines Received	ving Lifeline Support		18
5. Amount of Reimbursement Rec	quested from Kentucky	USF	\$ 63.00
	C'anatom Plant		
	Signature Block		
hereby attest that the information reported hereing is t	true and accurate to the	hest of my knowledge	
increasy unless that the amornation reported hereing is	ir do dire docurate to me	ocot of my knowledge.	
Company Official Michael Ebaugh Title:	Senior Accountant	Company Official	Michael Ebaugh
(Printed)			(Signed)
Make Check payable to: "Kentucky		Send a copy of	of this report to:
State Treasurer" and send with this			•
and send with this report to:			blic Service Commission
		ATTN: Jim S	Stevens
Finance & Administration Cabinet		211 Sower Bl	lvd.
ATTN: KY USF		PO Box 615	
700 C 1/1 A		D 10 4 7/3	7 40 600

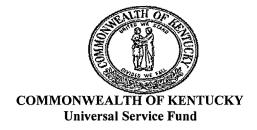
PLEASE NOTE:

702 Capital Ave

Capitol Annex, Room 488A Frankfort, KY 40601

Due to a change in our Accounts Payable Structure, payment will be forwarded under separate cover.

Frankfort, KY 40602



DATE: November 13, 2014 Reporting Month

Oct-14

		Carrier Informati	on		
Company Name	Lewisport Telephon				
Company Address	P.O. Box 88 Roach		············	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Telephone/Fax		40 Fax: (765) 522-0244			
Vendor Number	Voice. (103) 322-02	40 Tax. (703) 322-0244			
Vendor Number					
Classification Please Circle One (ILEC CLEC	Cellular PCS	t		
		Monthly Access Line	Data		
1.	Total Access Lines i	n Service			1122
_	G 1 5 .	* •			
2.	Surcharge Per Acces	ss Line			0.08
3. Amount of Surcharge Remitted to Kentucky USF				\$	87.04
4.	Number of Access I	ines Receiving Lifeline Support			17
5.	Amount of Reimbur	sement Requested from Kentuck	y USF	\$	59.50
		Signature Block	<u> </u>		
I hereby attest that the	information reported	hereing is true and accurate to th	e best of my knowledge.		
Company Official	Michael Ebaugh	Title: Senior Accountant	Company Official	Miche	ael Ebaugh
	(Printed)				(Signed)
Make Check payable t			Send a copy	of this repo	ort to:
State Treasurer" and search and send with this repo			Kentucky Pr	ıblic Service	e Commission
soma wim mis repe			A TOTAL T	Ct.	•

PLEASE NOTE:

ATTN: KY USF

702 Capital Ave

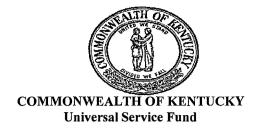
Finance & Admi istration Cabinet

Capitol Annex, Room 488A Frankfort, KY 40601

Due to a change in our Accounts Payable Structure, payment will be forwarded under separate cover.

ATTN: Jim Stevens 211 Sower Blvd. PO Box 615

Frankfort, KY 40602



DATE: December 4, 2014 Reporting Month Nov-14

r, 2014			Reporting Month_	140	
	Carrier Infor	mation			
Lewisport Telephone					
P.O. Box 88 Roachda	ale, IN 46172				
Voice: (765) 522-024	40 Fax: (765) 522-0244				
ILEC CLEC	Cellular PCS				
	Monthly Access	Line Data			
Total Access Lines in	n Service		_		1131
Surcharge Per Access	s Line		_		0.08
3. Amount of Surcharge Remitted to Kentucky USF				\$	87.90
Number of Access Li	ines Receiving Lifeline Sup	port	_		16
Amount of Reimburs	ement Requested from Ken	tucky USF	\$	\$	56.00
	Signatura I	Ploak			
	Signature i	HUCK			
information reported h	hereing is true and accurate	to the best of m	y knowledge.		
Michael Ebaugh (Printed)	Title: Senior Accounta	at Compar	ıy Official 7	<u>Micha</u>	<u>el Ebaugh</u> (Signed)
	P.O. Box 88 Roachda Voice: (765) 522-024 ILEC CLEC Total Access Lines in Surcharge Per Access Amount of Surcharge Number of Access Li Amount of Reimburs information reported I	Lewisport Telephone P.O. Box 88 Roachdale, IN 46172 Voice: (765) 522-0240 Fax: (765) 522-0244 ILEC CLEC Cellular PCS Monthly Access Total Access Lines in Service Surcharge Per Access Line Amount of Surcharge Remitted to Kentucky USI Number of Access Lines Receiving Lifeline Sup Amount of Reimbursement Requested from Ken Signature E information reported hereing is true and accurate Michael Ebaugh Title: Senior Accountant	P.O. Box 88 Roachdale, IN 46172 Voice: (765) 522-0240 Fax: (765) 522-0244 ILEC CLEC Cellular PCS Monthly Access Line Data Total Access Lines in Service Surcharge Per Access Line Amount of Surcharge Remitted to Kentucky USF Number of Access Lines Receiving Lifeline Support Amount of Reimbursement Requested from Kentucky USF Signature Block information reported hereing is true and accurate to the best of my Michael Ebaugh Title: Senior Accountant Company	Lewisport Telephone P.O. Box 88 Roachdale, IN 46172 Voice: (765) 522-0240 Fax: (765) 522-0244 ILEC CLEC Cellular PCS Monthly Access Line Data Total Access Lines in Service Surcharge Per Access Line Amount of Surcharge Remitted to Kentucky USF Number of Access Lines Receiving Lifeline Support Amount of Reimbursement Requested from Kentucky USF Signature Block information reported hereing is true and accurate to the best of my knowledge. Michael Ebaugh Title: Senior Accountant Company Official 7	Lewisport Telephone P.O. Box 88 Roachdale, IN 46172 Voice: (765) 522-0240 Fax: (765) 522-0244 ILEC CLEC Cellular PCS Monthly Access Line Data Total Access Lines in Service Surcharge Per Access Line Amount of Surcharge Remitted to Kentucky USF Number of Access Lines Receiving Lifeline Support Amount of Reimbursement Requested from Kentucky USF \$ Signature Block information reported hereing is true and accurate to the best of my knowledge. Michael Ebaugh Title: Senior Accountant Company Official Wichael

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

Finance & Administration Cabinet ATTN: KY USF 702 Capital Ave

Capitol Annex, Room 488A Frankfort, KY 40601

Send a copy of this report to:

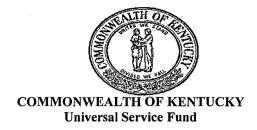
Kentucky Public Service Commission

ATTN: Jim Stevens 211 Sower Blvd. PO Box 615

Frankfort, KY 40602

Revised 03-13-2008

PLEASE NOTE:



DATE: <u>January 2, 2015</u>

Reporting Month Dec-14

	County I. f 4!			
	Carrier Information			
Company Name	Lewisport Telephone			
	P.O. Box 88 Roachdale, IN 46172			
Telephone/Fax	Voice: (765) 522-0240 Fax: (765) 522-0244			
Vendor Number				
Classification Please Circle One	ILEC CLEC Cellular PCS			
	Monthly Access Line Data			
1.	1138			
2.	0.08			
3.	Amount of Surcharge Remitted to Kentucky USF	\$ 88.58		
4.	Number of Access Lines Receiving Lifeline Support	15		
5.	5. Amount of Reimbursement Requested from Kentucky USF			
	Signature Block			
I hereby attest that the	information reported hereing is true and accurate to the best of my knowledge.			
Company Official	Michael Ebaugh Title: Senior Accountant Company Official (Printed)	<u>Michael Ebaugh</u> (Signed)		
	((5151104)		

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

Finance & Administration Cabinet ATTN: KY USF 702 Capital Ave

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

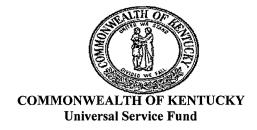
Kentucky Public Service Commission

ATTN: Jim Stevens 211 Sower Blvd. PO Box 615

Frankfort, KY 40602

Revised 03-13-2008

PLEASE NOTE:



DATE: February 12, 2015 Reporting Month Jan-15

	Reporting Mond	1	111-13	
Carriar Informa	tion			
	uun			
•				
•				
322-0240				
ELEC Cellular PCS				
Monthly Access Lir	e Data			
Lines in Comics			1122	
Lines in Service			1132	
2. Surcharge Per Access Line				
urcharge Remitted to Kentucky USF		\$	88.51	
ccess Lines Receiving Lifeline Suppor	t		15	
eimbursement Requested from Kentuc	ky USF	\$	52.50	
Signature Bloo	k			
ported hereing is true and accurate to t	he best of my knowledge.			
ah Title Saniar Accountant	Company Official	Mish	el Ebaugh	
gii Titie. Semoi Accountant	Company Official		(Signed)	
			(Biglicu)	
	Send a conv of t	his reno	T10	
		-		
	Kentucky Public	Service	Commission	
	Roachdale, IN 46172 522-0240 Fax: (765) 522-0244 CLEC Cellular PCS Monthly Access Line Lines in Service r Access Line urcharge Remitted to Kentucky USF ccess Lines Receiving Lifeline Supporte eimbursement Requested from Kentucky Signature Block eported hereing is true and accurate to the service and accurate and accurate to the service and accurate an	Carrier Information lephone Roachdale, IN 46172 522-0240 Fax: (765) 522-0244 CLEC Cellular PCS Monthly Access Line Data Lines in Service r Access Line archarge Remitted to Kentucky USF ccess Lines Receiving Lifeline Support eimbursement Requested from Kentucky USF Signature Block eported hereing is true and accurate to the best of my knowledge. gh Title: Senior Accountant Company Official	Carrier Information lephone Roachdale, IN 46172 522-0240 Fax: (765) 522-0244 CLEC Cellular PCS Monthly Access Line Data Lines in Service r Access Line archarge Remitted to Kentucky USF ccess Lines Receiving Lifeline Support eimbursement Requested from Kentucky USF Signature Block eported hereing is true and accurate to the best of my knowledge. In the Senior Accountant Company Official Michael Michael Michael Michael Michael Michael Roachdale, IN 46172 Signature Block Proported hereing is true and accurate to the best of my knowledge. Michael Micha	

PLEASE NOTE:

ATTN: KY USF

702 Capital Ave

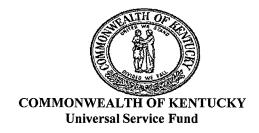
Finance & Administration Cabinet

Capitol Annex, Room 488A Frankfort, KY 40601

Due to a change in our Accounts Payable Structure, payment will be forwarded under separate cover.

ATTN: Jim Stevens 211 Sower Blvd. PO Box 615

Frankfort, KY 40602



DATE: <u>March 5, 2015</u>

Reporting Month Feb-15

Company Name Company Address Company Address P.O. Box 88 Roachdale, IN 46172		
Company Address P.O. Box 88 Roachdale, IN 46172		
Telephone/Fax Voice: (765) 522-0240 Fax: (765) 522-0244		
Vendor Number		
Classification Please Circle One ILEC CLEC Cellular PCS		
Monthly Access Line Data	ı	
1. Total Access Lines in Service	_	1161
2. Surcharge Per Access Line	_	0.08
3. Amount of Surcharge Remitted to Kentucky USF	-	\$ 90.51
4. Number of Access Lines Receiving Lifeline Support	-	16
5. Amount of Reimbursement Requested from Kentucky USI	F	\$ 56.00
Signature Block		
hereby attest that the information reported hereing is true and accurate to the bes	et of my knowledge.	
Company Official Michael Ebaugh Title: Senior Accountant Company (Printed)	ompany Official	Michael Ebaugh (Signed)
Make Check payable to: "Kentucky	Send a copy of thi	s report to:
State Treasurer" and send with this and send with this report to:		Service Commission
Finance & Administration Cabinet	211 Sower Blvd.	AIO
ATTN: KY USF	PO Box 615	600
702 Capital Ave Capitol Annex, Room 488A	Frankfort, KY 40	602
Frankfort, KY 40601		
DI EASE NOTE:	Revised 03-13-20	08

PLEASE NOTE:



DATE: <u>April 2, 2015</u>

Reporting Month Mar-15

Frankfort, KY 40602

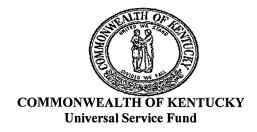
Revised 03-13-2008

					<i>5</i>		
			Carrier Informati	ion			
Company Name I	ewisport Telephone						
· · · · -	P.O. Box 88 Roachda						
· · · · · -	/oice: (765) 522-024	•	5) 522-0244				
Vendor Number							
01 'C' '							
Classification Please Circle One I	LEC) CLEC	Cellular	PCS				
	<u> </u>						
		Mor	nthly Access Line	Data			
1 7	2-4-1 A Y ! !	. Carrier					1176
1. 1	1. Total Access Lines in Service						1175
2. S	2. Surcharge Per Access Line					0.08	
3. Amount of Surcharge Remitted to Kentucky USF				\$	92.15		
4. N	Number of Access Li	ines Receiving	Lifeline Support				16
5. A	Amount of Reimburs	ement Request	ted from Kentuck	y USF		\$	56.00
			Signature Block				
hereby attest that the in	formation reported l	hereing is true a	and accurate to th	e best of my	knowledge.		
•	-	_		·	_		
Company Official N	Iichael Ebaugh	Title: Seni	ior Accountant	Company	Official	Micha	el Ebaugh
	(Printed)						(Signed)
Make Check payable to:	"V ontuglar	l			Cond a conv	of this rong	440
Make Check payable to: State Treasurer" and sen	d with this	200000000000000000000000000000000000000			Send a copy	or uns repor	1 10.
and send with this report					Kentucky Pu	blic Service	Commission
-					ATTN: Jim		
Finance & Administration	n Cabinet				211 Sower B	lvd.	
TTN: KY USF					PO Box 615		

PLEASE NOTE:

702 Capital Ave

Capitol Annex, Room 488A Frankfort, KY 40601



DATE: May 1, 2015

Reporting Month Apr-15

	Carrier Information						
Company Name	Lewisport Telephone						
Company Address	O. Box 88 Roachdale, IN 46172						
Telephone/Fax	Voice: (765) 522-0240 Fax: (765) 522-0244						
Vendor Number							
Classification Please Circle One	ILEC CLEC Cellular PCS						

Monthly Access Line Data	
1. Total Access Lines in Service	1163
2. Surcharge Per Access Line	0.08
3. Amount of Surcharge Remitted to Kentucky USF	\$ 89.03
4. Number of Access Lines Receiving Lifeline Support	15
5. Amount of Reimbursement Requested from Kentucky USF	\$ 52.50

		Signature Block	τ	
I hereby attest that the	he information reported	hereing is true and accurate to th	e best of my knowledge.	
Company Official	Michael Ebaugh	Title: Senior Accountant	Company Official	Michael Ebaugh
	(Printed)			(Signed)

 Make Check payable to: "Kentucky		Send a copy of this report to:
State Treasurer" and send with this		
and send with this report to:		Kentucky Public Service Commission
-		ATTN: Jim Stevens
Finance & Administration Cabinet		211 Sower Blvd.
ATTN: KY USF		PO Box 615
702 Capital Ave		Frankfort, KY 40602
Capitol Annex, Room 488A		
Frankfort, KY 40601		
	4	

Revised 03-13-2008

PLEASE NOTE:



DATE: __June 2, 2015

Reporting Month May-15

		100 Per 011.00 1.1011	
	Carrier Informat	ion	
Company Name Lewisport Telepho	ne		
Company Address P.O. Box 88 Roach	ndale, IN 46172		
Telephone/Fax Voice: (765) 522-0	240 Fax: (765) 522-0244		
Vendor Number			
Classification Please Circle One ILEC CLEC	Cellular PCS		
	Monthly Access Line	e Data	
1. Total Access Lines	in Service		1165
2. Surcharge Per Acc	ess Line		0.08
3. Amount of Surchar	\$ 90.45		
4. Number of Access	15		
5. Amount of Reimbu	ursement Requested from Kentuck	y USF	\$ 52.50
	Signature Block	ζ	
hereby attest that the information reported	d hereing is true and accurate to th	ne best of my knowledge.	
Company Official Michael Ebaugh	Title: Senior Accountant	Company Official	Michael Ebaugh
(Printed)			(Signed)
Make Check payable to: "Kentucky		Send a copy of	this report to:
State Treasurer" and send with this and send with this report to:			ic Service Commission
Finance & Admi istration Cabinet		211 Sower Blv	
ATTN: KY USF 702 Capital Ave		PO Box 615 Frankfort, KY	40602
02 Capital Ave		rrankiori, K Y	40002

PLEASE NOTE:

Capitol Annex, Room 488A Frankfort, KY 40601

Due to a change in our Accounts Payable Structure, payment will be forwarded under separate cover.



DATE: <u>July 8, 2015</u>

Reporting Month Jun-15

		Carrier Informa	tion		
	L		tion		
Company Name					
Company Address	P.O. Box 88 Roachd				
Telephone/Fax	Voice: (765) 522-02	40 Fax: (765) 522-0244			
Vendor Number					
Classification Please Circle One (ILEC CLEC	Cellular PCS			
		Monthly Access Lin	ne Data		
1	. Total Access Lines i	in Service			1163
2	. Surcharge Per Acces	ss Line			0.08
3. Amount of Surcharge Remitted to Kentucky USF				_\$	89.05
4	. Number of Access L	Lines Receiving Lifeline Suppor	t		14
5	. Amount of Reimbur	sement Requested from Kentuch	ky USF	\$	49.00
		Signature Bloo	·b·		
		Signature Dioc	<u> </u>		
I hereby attest that the	e infor ation reported	hereing is true and accurate to t	he best of my knowledge).	
Company Official	Michael Ebaugh	Title: Senior Accountant	Company Official	Micha	rel Ebaugh
	(Printed)				(Signed)
		_			
Make Check payable			Send a cop	y of this repo	rt to:
State Treasurer" and s			Vantualari	Dublic Comic	e Commission
and send with this rep	OII IO:		ATTN: Ji		Commission
			[22, 23, 31,	510 10115	

PLEASE NOTE:

ATTN: KY USF

702 Capital Ave

Finance & Administration Cabinet

Capitol Annex, Room 488A Frankfort, KY 40601

Revised 03-13-2008

211 Sower Blvd. PO Box 615

Frankfort, KY 40602



DATE: <u>August 4, 2015</u>

Reporting Month

211 Sower Blvd.

Frankfort, KY 40602

PO Box 615

Jul-15

			reporting ivio	
		Carrier Informat	ion	
Company Name	Lewisport Telephon	e		
Company Address	P.O. Box 88 Roacho	lale, IN 46172		
Telephone/Fax	Voice: (765) 522-02	40 Fax: (765) 522-0244		
Vendor Number				
Classification Please Circle One (ILEC CLEC	Cellular PCS		
		Monthly Access Line	Data	
1	. Total Access Lines	in Service	· ·	1198
2	. Surcharge Per Acces	ss Line		0.08
3	. Amount of Surcharg	ge Remitted to Kentucky USF		\$ 92.19
4	. Number of Access I	Lines Receiving Lifeline Support		14
5. Amount of Reimbursement Requested from Kentucky USF			y USF	\$ 49.00
		Signature Block	:	
I hereby attest that the	information reported	hereing is true and accurate to the	e best of my knowledge.	
Company Official	Michael Ebaugh	Title: Senior Accountant	Company Official	Michael Ebaugh
	(Printed)			(Signed)
Make Check payable t			Send a copy o	of this report to:
State Treasurer" and s and send with this rep	end with this		Kentucky Pub	olic Service Commission
Finance & Administra	ution Cohinat		ATTN: Jim S	

PLEASE NOTE:

ATTN: KY USF

702 Capital Ave

Finance & Administration Cabinet

Capitol Annex, Room 488A Frankfort, KY 40601

Revised 03-13-2008



DATE: September 8, 2015

Reporting Month Aug-15

		Carrier Inform	nation	
Company Name	Lewisport Telephon	e		
Company Address	P.O. Box 88 Roachd	dale, IN 46172		
Telephone/Fax	Voice: (765) 522-02	240 Fax: (765) 522-0244		
Vendor Number				
Classification				
Please Circle Onc	ILEC CLEC	Cellular PCS		
		Monthly Access I	ine Data	
1	Total Access Lines i	in Comico		1156
1.	Total Access Lines I	in Service		1130
2.	Surcharge Per Acces	ss Line		0.08
3.	Amount of Surcharg	ge Remitted to Kentucky USF		\$ 90.55
4.	Number of Access L	Lines Receiving Lifeline Supp	ort	14_
5.	Amount of Reimbur	rsement Requested from Kenti	icky USF	\$ 49.00
		Signature Bl	ock	
haraby attent that the	information reported	hereing is true and accurate t	o the best of my knowledge	
i hereby allest mat me	mormation reported	inereing is true and accurate t	o the best of my knowledge	•
Company Official	Michael Ebaugh	Title: Senior Accountant	Company Official	Michael Ebaugh
	(Printed)			(Signed)
Make Check payable to	o. "Kantuolov		Sand a con	y of this report to:
State Treasurer" and se	end with this		эсни а сор	y or uno report to.
and send with this repo				Public Service Commission
Finance & Administrat	tion Cobinet		ATTN: Jir	
rmance & Aummistra	non Caomet		211 Sower	DIVU.

PLEASE NOTE:

ATTN: KY USF 702 Capital Ave

Capitol Annex, Room 488A Frankfort, KY 40601

Due to a change in our Accounts Payable Structure, payment will be forwarded under separate cover.

PO Box 615

Frankfort, KY 40602



DATE: October 5, 2015

Reporting Month Sep-15

DATE. October 5,	2013			,	ceporting Moi	iui <u>50</u>	p-13
		Carrier	Informatio	on			
Company Name	Lewisport Telephon	e					
Company Address	P.O. Box 88 Roacho	lale, IN 46172					
Telephone/Fax	Voice: (765) 522-02	240 Fax: (765) 522-0	244				
Vendor Number							
Classification Please Circle One (ILEC CLEC	Cellular PCS	S				
		Monthly Ac	ccess Line	Data			
	m . 1 .						
1	. Total Access Lines	in Service					1158
2	. Surcharge Per Acce	ss Line					0.08
3	. Amount of Surcharg	ge Remitted to Kentucky	y USF			\$	90.06
4	. Number of Access I	Lines Receiving Lifeline	e Support				14
5	. Amount of Reimbur	rsement Requested from	ı Kentucky	USF		\$	49.00
		Signa	ture Block				
hereby attest that the	information reported	hereing is true and acc	urate to the	e best of my	knowledge.		
Company Official	Michael Ebaugh	Title: Senior Acco	ountant	Company	Official	Micha	el Ebaugh
	(Printed)						(Signed)
Make Check payable (to: "Kontucky				Send a copy of	fthic range	+ 1-2.
State Treasurer" and s					ochu a copy o	i iiiis iepoi	ι ιυ.
and send with this rep					Kentucky Publ ATTN: Jim St		Commission
7. 0 41						tevens	

PLEASE NOTE:

ATTN: KY USF

702 Capital Ave

Finance & Administration Cabi et

Capitol Annex, Room 488A Frankfort, KY 40601

Revised 03-13-2008

211 Sower Blvd.

Frankfort, KY 40602

PO Box 615



DATE: November 2, 2015

Reporting Month Oct-15

Frankfort, KY 40602

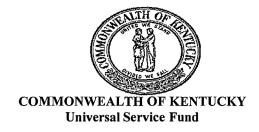
Revised 03-13-2008

Carrie	ier Informatio	on			
Company Name Lewisport Telephone					
Company Address P.O. Box 88 Roachdale, IN 46172					•
Telephone/Fax Voice: (765) 522-0240 Fax: (765) 522	2-0244				
Vendor Number					
Classification Please Circle One (ILEC) CLEC Cellular P	PCS				
Trouse on one one of the original of the origi					
Monthly	Access Line	Data			_
·	——————————————————————————————————————				
1. Total Access Lines in Service					1157
1. Total Access Lines in Service					1157
2. Surcharge Per Access Line				0.08	
3. Amount of Surcharge Remitted to Kentucky USF			\$	90.80	
4. Number of Access Lines Receiving Lifel	line Support				14_
5. Amount of Reimbursement Requested fr	rom Kentucky	USF		\$	49.00
-					
Sig	gnature Block				
		1 . 6 1	1 1		
I hereby attest that the information reported hereing is true and a	accurate to the	e best of my K	nowleage.		
Company Official Michael Ebaugh Title: Senior A	ccountant	Company (Official	Micha	el Ebaugh
(Printed)					(Signed)
Make Check payable to: "Kentucky			end a copy of t	his repor	t to:
State Treasurer" and send with this				a .	a
and send with this report to:			entucky Public		Commission
Finance & Administration Cabinet			TTN: Jim Ste		
ATTN: KY USF			11 Sower Biva O Box 615	•	
700 C ' 1 A		-	O DOX 013		

PLEASE NOTE:

702 Capital Ave

Capitol Annex, Room 488A Frankfort, KY 40601



DATE: December 1, 2015

Reporting Month Nov-15

DATE: <u>December</u>	1, 2015	Reporting Month	Nov-15
	Carrier Information		
Company Name	Lewisport Telephone		
Company Address	P.O. Box 88 Roachdale, IN 46172		
Telephone/Fax	Voice: (765) 522-0240 Fax: (765) 522-0244		
Vendor Number			
lassification lease Circle One	ILEC Cellular PCS		
	Monthly Access Line Data		
1.	Total Access Lines in Service	_	1173
2.	Surcharge Per Access Line		0.08
3.	Amount of Surcharge Remitted to Kentucky USF	_ \$	91.71
4.	Number of Access Lines Receiving Lifeline Support	_	14
5.	Amount of Reimbursement Requested from Kentucky USF	\$	49.00
	Signature Block		

		Signature Block		
I hereby attest that the	he information reported	hereing is true and accurate to th	e best of my knowledge.	
Company Official	Michael Ebaugh	Title: Senior Accountant	Company Official	Michael Ebaugh
	(Printed)			(Signed)

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

Finance & 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. PO Box 615 Frankfort, KY 40602

Revised 03-13-2008

PLEASE NOTE:



DATE: __January 4, 2016

Reporting Month

Dec-15

	Carrier Information
Company Name	Lewisport Telephone
Company Address	P.O. Box 88 Roachdale, IN 46172
Telephone/Fax	Voice: (765) 522-0240 Fax: (765) 522-0244
Vendor Number	
Classification Please Circle One	ILEC CLEC Cellular PCS
	Monthly Access Line Data

Monthly Access Line Data	
1. Total Access Lines in Service	1170
2. Surcharge Per Access Line	0.08
3. Amount of Surcharge Remitted to Kentucky USF	\$ 90.69
4. Number of Access Lines Receiving Lifeline Support	14
5. Amount of Reimbursement Requested from Kentucky USF	\$ 49.00

		Signature Block		
I hereby attest that the	he information reported	hereing is true and accurate to th	e best of my knowledge.	
Company Official	Michael Ebaugh (Printed)	Title: Senior Accountant	Company Official	<u>Michael Ebaugh</u> (Signed)

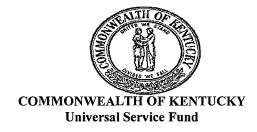
Make Check payable to: "Kentucky
State Treasurer" and send with this
and send with this report to:
Finance & Administration Cabinet
ATTN: KY USF
702 Capital Ave
Capitol Annex, Room 488A
Frankfort, KY 40601

Send a copy of this report to:

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

Revised 03-13-2008

PLEASE NOTE:



DATE: February 1, 2016

Reporting Month_ Jan-16

	-	Carrier Inf	ormation			
Company Name	Lewisport Telephone					7
Company Address	P.O. Box 88 Roachd	ale, IN 46172				
Telephone/Fax	Voice: (765) 522-024	10 Fax: (765) 522-024	1			
Vendor Number						
Classification						
Please Circle One (ILEC CLEC	Cellular PCS				
		Monthly Acce	ss Line Data			
1.	. Total Access Lines in	n Service				1168
2	. Surcharge Per Acces	s Line				0.08
3.	. Amount of Surcharge	e Remitted to Kentucky U	JSF		\$	92.75
4	. Number of Access L	ines Receiving Lifeline Si	upport			13
5	. Amount of Reimburs	ement Requested from K	entucky USF		\$	45.50
		•	•			
		Signature	e Block			
hereby attest that the	information reported	nereing is true and accura	te to the best of m	y knowledge.		
Company Official	Michael Ebaugh	Title: Accountant	Company Offic	ial	Micha	el Ebaugh
	(Printed)					(Signed)
Make Check payable t				Send a copy of t	his repor	t to:
State Treasurer" and sand send with this repo				Kentucky Public		Commission

PLEASE NOTE:

ATTN: KY USF

702 Capital Ave

Finance & Administration Cabinet

Capitol Annex, Room 488A Frankfort, KY 40601

Due to a change in our Accounts Payable Structure, payment will be forwarded under separate cover.

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



DATE: March 1, 2016

Reporting Month

Feb-16

92.29

49.00

	Carrier Information	
Company Name	Lewisport Telephone	
Company Address	P.O. Box 88 Roachdale, IN 46172	
Telephone/Fax	Voice: (765) 522-0240 Fax: (765) 522-0244	
Vendor Number		
Classification Please Circle One	ILEC CLEC Cellular PCS	
	Monthly Access Line Data	
	Total Access Lines in Service	1191
2.	Surcharge Per Access Line	0.08

		Signature	e Block	
I hereby attest that the	ne information reported	hereing is true and accura	te to the best of my knowledg	ge.
Company Official	Michael Ebaugh (Printed)	Title: Accountant	Company Official	<u>Michael Ebaugh</u> (Signed)

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

Finance & 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: Executive Director 211 Sower Blvd. PO Box 615 Frankfort, KY 40602

\$

Revised 02-15-2016

PLEASE NOTE:

Due to a change in our Accounts Payable Structure, payment will be forwarded under separate cover.

3. Amount of Surcharge Remitted to Kentucky USF

4. Number of Access Lines Receiving Lifeline Support

5. Amount of Reimbursement Requested from Kentucky USF



DATE: April 1, 2016

Reporting Month

Mar-16

	Carrier Information
Company Name	Lewisport Telephone
Company Address	P.O. Box 88 Roachdale, IN 46172
Telephone/Fax	Voice: (765) 522-0240 Fax: (765) 522-0244
Vendor Number	

Classification Please Circle One

(ILEC)

CLEC

Cellular

PCS

Monthly Access Line Data	
Total Access Lines in Service	1172
2. Surcharge Per Access Line	0.08
3. Amount of Surcharge Remitted to Kentucky USF	\$ 92.37
4. Number of Access Lines Receiving Lifeline Support	14
5. Amount of Reimbursement Requested from Kentucky USF	\$ 49.00

Signature Block				
I hereby attest that the information reported hereing is true and accurate to the best of my knowledge.				
Company Official	Michael Ebaugh	Title: Accountant	Company Official	Michael Ebaugh
	(Printed)			(Signed)

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

Finance & 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: Executive Director 211 Sower Blvd.

PO Box 615 Frankfort, KY 40602

Revised 02-15-2016

PLEASE NOTE: