TDS TELECOM ON BEHALF OF LEWISPORT TELEPHONE COMPANY

APPENDIX B
Commonwealth of Kentucky
Before the Public Service Commission
Case No. 2016 - 00059

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 subscribe 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
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.
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 – including 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 recoveries are received, allocations are also made back to all billing areas including surcharges - (lifeline, etc.). So in the case of bad debt recoveries, 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

<table>
<thead>
<tr>
<th>Company Name</th>
<th>Lewisport Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Address</td>
<td>P.O. Box 88 Roachdale, IN 46172</td>
</tr>
<tr>
<td>Telephone/Fax</td>
<td>Voice: (765) 522-0240  Fax: (765) 522-0244</td>
</tr>
</tbody>
</table>

Classification

Please Circle One

ILEC  CLEC  Cellular  PCS

Monthly Access Line Data

1. Total Access Lines in 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

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: Michael Ebaugh
(Printed)  (Signed)

Make Check payable to: "Kentucky State Treasurer" 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

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

Revised 03-13-2008
Universal Service Fund

DATE: March 7, 2014 Reporting Month Feb-14

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Revised 03-13-2008
**DATE:** April 4, 2014

### Carrier Information

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### Classification

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### Monthly Access Line Data

1. **Total Access Lines in Service** 1184
2. **Surcharge Per Access Line** 0.08
3. **Amount of Surcharge Remitted to Kentucky USF** $92.06
4. **Number of Access Lines Receiving Lifeline Support** 22
5. **Amount of Reimbursement Requested from Kentucky USF** $77.00

### Signature Block

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

**Company Official:** Michael Ebaugh  **Title:** Senior Accountant  
**Company Official:** Michael Ebaugh  **(Signed)**

---

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

**PLEASE NOTE:**
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DATE: May 2, 2014

Reporting Month Apr-14

Carrier Information

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Vendor Number

Classification
Please Circle One
ILEC  CLEC  Cellular  PCS

Monthly Access Line Data

1. Total Access Lines in Service  1171
2. Surcharge Per Access 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 Reimbursement Requested from Kentucky USF  $ 77.00

Signature Block

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

Company Official  Michael Ebaugh  Title: Senior Accountant  Company Official  Michael Ebaugh
(Printed)  (Signed)

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PLEASE NOTE:
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Revised 03-13-2008
DATE: June 5, 2014

Reporting Month: May-14

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</table>

Classification:
Please Circle One
ILEC  CLEC  Cellular  PCS

Monthly Access Line Data

1. Total Access Lines in 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 Reimbursement Requested from Kentucky USF: $73.50

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: Michael Ebaugh
(Printed)  (Signed)

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Revised 03-13-2008
DATE: July 8, 2014 Reporting Month Jun-14

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Classification
Please Circle One
ILEC  CLEC  Cellular  PCS

Monthly Access Line Data

1. Total Access Lines in Service  1133
2. Surcharge Per Access Line  0.08
3. Amount of Surcharge Remitted to Kentucky USF  $ 87.91
4. Number of Access Lines Receiving Lifeline Support  20
5. Amount of Reimbursement Requested from Kentucky USF  $ 70.00

Signature Block

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Company Official  Michael Ebaugh  Title: Senior Accountant  Company Official  Michael Ebaugh
(Printed)  (Signed)

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Revised 03-13-2008
DATE: August 4, 2014  Reporting Month: Jul-14

Carrier Information

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Classification
Please Circle One
ILEC   CLEC   Cellular   PCS

Monthly Access Line Data

1. Total Access Lines in Service 1148
2. Surcharge Per Access Line 0.08
3. Amount of Surcharge Remitted to Kentucky USF $ 86.88
4. Number of Access Lines Receiving Lifeline Support 17
5. Amount of Reimbursement Requested from Kentucky USF $ 59.50

Signature Block

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(Printed) (Signed)

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Revised 03-13-2008
# Universal Service Fund

**DATE:** September 5, 2014

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

## Carrier Information

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## Monthly Access Line Data

1. **Total Access Lines in Service** | 1130
2. **Surcharge Per Access Line** | 0.08
3. **Amount of Surcharge Remitted to Kentucky USF** | $ 86.36
4. **Number of Access Lines Receiving Lifeline Support** | 17
5. **Amount of Reimbursement Requested from Kentucky USF** | $ 59.50

## 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:** Michael Ebaugh  
**(Printed)**  
**(Signed)**

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Revised 03-13-2008
**DATE:** October 6, 2014

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<td>4. Number of Access Lines Receiving Lifeline Support</td>
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<td>5. Amount of Reimbursement Requested from Kentucky USF</td>
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</table>

**Signature Block**

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**Company Official** Michael Ebaugh  
**Title:** Senior Accountant  
**Company Official** Michael Ebaugh

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

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211 Sower Blvd.  
PO Box 615  
Frankfort, KY 40602

PLEASE NOTE:  
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Revised 03-13-2008
DATE: November 13, 2014 Reporting Month Oct-14

Carrier Information

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<td>Vendor Number</td>
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Classification

Please Circle One

ILEC  CLEC  Cellular  PCS

Monthly Access Line Data

1. Total Access Lines in Service  1122
2. Surcharge Per Access Line  0.08
3. Amount of Surcharge Remitted to Kentucky USF $ 87.04
4. Number of Access Lines Receiving Lifeline Support  17
5. Amount of Reimbursement Requested from Kentucky USF $ 59.50

Signature Block

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Company Official  Michael Ebaugh  Title: Senior Accountant  Company Official

(Printed) (Signed)

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Revised 03-13-2008
**Universal Service Fund**

**DATE:** December 4, 2014

**Carrier Information**

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**Classification**

Please Circle One
- ILEC
- CLEC
- Cellular
- PCS

**Monthly Access Line Data**

1. Total Access Lines in Service: 1131
2. Surcharge Per Access Line: 0.08
3. Amount of Surcharge Remitted to Kentucky USF: $87.90
4. Number of Access Lines Receiving Lifeline Support: 16
5. Amount of Reimbursement Requested from Kentucky USF: $56.00

**Signature Block**

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

Company Official: Michael Ebaugh
Title: Senior Accountant

Company Official: Michael Ebaugh
(Printed) (Signed)

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Universal Service Fund

DATE: January 2, 2015 Reporting Month Dec-14

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Monthly Access Line Data

1. Total Access Lines in Service 1138
2. Surcharge Per Access Line 0.08
3. Amount of Surcharge Remitted to Kentucky USF $ 88.58
4. Number of Access Lines Receiving Lifeline Support 15
5. Amount of Reimbursement Requested from Kentucky USF $ 52.50

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: 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:
Due to a change in our Accounts Payable Structure, payment will be forwarded under separate cover.
DATE: February 12, 2015  Reporting Month January 2015

### Carrier Information

<table>
<thead>
<tr>
<th>Company Name</th>
<th>Lewisport Telephone</th>
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<tbody>
<tr>
<td>Company Address</td>
<td>P.O. Box 88 Roachdale, IN 46172</td>
</tr>
<tr>
<td>Telephone/Fax</td>
<td>Voice: (765) 522-0240 Fax: (765) 522-0244</td>
</tr>
<tr>
<td>Vendor Number</td>
<td>PCS</td>
</tr>
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</table>

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

### Monthly Access Line Data

1. Total Access Lines in Service: 1132
2. Surcharge Per Access Line: $0.08
3. Amount of Surcharge Remitted to Kentucky USF: $88.51
4. Number of Access Lines Receiving Lifeline Support: 15
5. Amount of Reimbursement Requested from Kentucky USF: $52.50

### Signature Block

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

Company Official: Michael Ebaugh  
Title: Senior Accountant  
Company Official: Michael Ebaugh

Make Check payable to: "Kentucky State Treasurer" 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:
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**Carrier Information**

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<tr>
<td>Telephone/Fax</td>
<td>Voice: (765) 522-0240  Fax: (765) 522-0244</td>
</tr>
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**Classification**

Please Circle One

- ILEC
- CLEC
- Cellular
- PCS

**Monthly Access Line Data**

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 USF: $56.00

**Signature Block**

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

Company Official: Michael Ebaugh  Title: Senior Accountant  Company Official: Michael Ebaugh

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

Send copy of this report to: Kentucky Public Service Commission  ATTN: Jim Stevens  211 Sower Blvd.  PO Box 615  Frankfort, KY 40602

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

Revised 03-13-2008
**Universal Service Fund**

**DATE:** April 2, 2015

**Carrier Information**

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<td>Voice: (765) 522-0240 Fax: (765) 522-0244</td>
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**Classification**

Please Circle One

| ILEC | CLEC | Cellular | PCS |

**Monthly Access Line Data**

1. Total Access Lines in Service: 1175
2. Surcharge Per Access Line: 0.08
3. Amount of Surcharge Remitted to Kentucky USF: $92.15
4. Number of Access Lines Receiving Lifeline Support: 16
5. Amount of Reimbursement Requested from Kentucky USF: $56.00

**Signature Block**

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

**Send a copy of this report to:**

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

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

Revised 03-13-2008
### Carrier Information

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### Classification

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

### Monthly Access Line Data

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<td>0.08</td>
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<td>3. Amount of Surcharge Remitted to Kentucky USF</td>
<td>$ 89.03</td>
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<tr>
<td>4. Number of Access Lines Receiving Lifeline Support</td>
<td>15</td>
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<tr>
<td>5. Amount of Reimbursement Requested from Kentucky USF</td>
<td>$ 52.50</td>
</tr>
</tbody>
</table>

### Signature Block

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

Company Official: Michael Ebaugh  
Title: Senior Accountant  
Company Official: Michael Ebaugh

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:  
Due to a change in our Accounts Payable Structure, payment will be forwarded under separate cover.
DATE: June 2, 2015

Reporting Month May-15

**Carrier Information**

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**Classification**

Please Circle One  
ILEC  
CLEC  
Cellular  
PCS

**Monthly Access Line Data**

1. Total Access Lines in Service  
   1165

2. Surcharge Per Access Line  
   0.08

3. Amount of Surcharge Remitted to Kentucky USF  
   $90.45

4. Number of Access Lines Receiving Lifeline Support  
   15

5. Amount of Reimbursement Requested from Kentucky USF  
   $52.50

**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)  
(Signed)

Make Check payable to: "Kentucky State Treasurer" 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:
Due to a change in our Accounts Payable Structure, payment will be forwarded under separate cover.
DATE: July 8, 2015

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<td><strong>Company Name</strong></td>
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<td>4. Number of Access Lines Receiving Lifeline Support</td>
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<td>5. Amount of Reimbursement Requested from Kentucky USF</td>
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Company Official: Michael Ebbaugh
Title: Senior Accountant

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

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

Revised 03-13-2008
DATE: August 4, 2015 Reporting Month Jul-15

### Carrier Information

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</tr>
<tr>
<td>Vendor Number</td>
<td></td>
</tr>
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</table>

### Classification

Please Circle One
- ILEC
- CLEC
- Cellular
- PCS

### Monthly Access Line Data

1. Total Access Lines in Service
   - 1198

2. Surcharge Per Access Line
   - 0.08

3. Amount of Surcharge Remitted to Kentucky USF
   - $ 92.19

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: Senior Accountant
Company Official: Michael Ebaugh
(Printed) (Signed)

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

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

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

PLEASE NOTE:
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Revised 03-13-2008
**Universal Service Fund**

**DATE:** September 8, 2015  
**Reporting Month:** Aug-15

### Carrier Information

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<tr>
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<td>Voice: (765) 522-0240  Fax: (765) 522-0244</td>
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### Classification

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

### Monthly Access Line Data

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<th>Description</th>
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<td>4. Number of Access Lines Receiving Lifeline Support</td>
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</tr>
<tr>
<td>5. Amount of Reimbursement Requested from Kentucky USF</td>
<td>$ 49.00</td>
</tr>
</tbody>
</table>

### Signature Block

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

**Company Official:** Michael Ebaugh  
**Title:** Senior Accountant  
**Company Official:** Michael Ebaugh

Make Check payable to: "Kentucky State Treasurer" 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

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

Revised 03-13-2008
DATE: October 5, 2015

Commonwealth of Kentucky
Universal Service Fund

Carrier Information

<table>
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<tr>
<th>Company Name</th>
<th>Lewisport Telephone</th>
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<tr>
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</tr>
<tr>
<td>Telephone/Fax</td>
<td>Voice: (765) 522-0240 Fax: (765) 522-0244</td>
</tr>
<tr>
<td>Vendor Number</td>
<td></td>
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</tbody>
</table>

Classification
Please Circle One
ILEC  CLEC  Cellular  PCS

Monthly Access Line Data

1. Total Access Lines in Service  1158
2. Surcharge Per Access Line      0.08
3. Amount of Surcharge Remitted to Kentucky USF $ 90.06
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 here is true and accurate to the 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 report to:

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

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211 Sower Blvd.
PO Box 615
Frankfort, KY 40602

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Revised 03-13-2008

Reporting Month  Sep-15
**Carrier Information**

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<tr>
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<tr>
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**Classification**

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

**Monthly Access Line Data**

<table>
<thead>
<tr>
<th>Description</th>
<th>Quantity/Amount</th>
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<td>1. Total Access Lines in Service</td>
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<tr>
<td>5. Amount of Reimbursement Requested from Kentucky USF</td>
<td>$ 49.00</td>
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**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
(Printed)   (Signed)

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

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

Revised 03-13-2008
**DATE:** December 1, 2015  
**Reporting Month:** Nov-15

### Carrier Information

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

### Monthly Access Line Data

<table>
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<tr>
<td>5. Amount of Reimbursement Requested from Kentucky USF</td>
<td>$ 49.00</td>
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### 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:** Michael Ebaugh

**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

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

Revised 03-13-2008
DATE: January 4, 2016

**Carrier Information**

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</tr>
</tbody>
</table>

**Classification**

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

**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 information reported hereing is true and accurate to the best of my knowledge.

Company Official: Michael Ebaugh  
Title: Senior Accountant  
Company Official: Michael Ebaugh

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

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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:
If a change in our Accounts Payable Structure, payment will be forwarded under separate cover.
DATE: February 1, 2016

### Carrier Information

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#### Classification
- ILEC
- CLEC
- Cellular
- PCS

### Monthly Access Line Data

1. Total Access Lines in Service: 1168
2. Surcharge Per Access Line: 0.08
3. Amount of Surcharge Remitted to Kentucky USF: $92.75
4. Number of Access Lines Receiving Lifeline Support: 13
5. Amount of Reimbursement Requested from Kentucky USF: $45.50

### 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

Make Check payable to: "Kentucky State Treasurer" 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:
Due to a change in our Accounts Payable Structure, payment will be forwarded under separate cover.
DATE: March 1, 2016  Reporting Month  Feb-16

**Carrier Information**

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<td>Lewisport Telephone</td>
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</tr>
<tr>
<td>Vendor Number</td>
<td>CLEC PCS Classification</td>
</tr>
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</table>

**Monthly Access Line Data**

1. Total Access Lines in Service 1191
2. Surcharge Per Access Line 0.08
3. Amount of Surcharge Remitted to Kentucky USF $92.29
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:
Due to a change in our Accounts Payable Structure, payment will be forwarded under separate cover.
DATE: April 1, 2016 Reporting Month: Mar-16

**Carrier Information**

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<thead>
<tr>
<th>Company Name</th>
<th>Lewisport Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Address</td>
<td>P.O. Box 88 Roachdale, IN 46172</td>
</tr>
<tr>
<td>Telephone/Fax</td>
<td>Voice: (765) 522-0240 Fax: (765) 522-0244</td>
</tr>
</tbody>
</table>

**Classification**

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

**Monthly Access Line Data**

1. 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 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

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

Revised 02-15-2016