Date 4/14/2014

Reporting Month Jan – March 2014

Carrier Information

Company Name KDDI America, Inc.
Company Address c/o Patrick D Crocker, 107 W Michigan 4th Fl, Kalamazoo MI 49007
Telephone / Fax 269-381-8888 / 269-381-4855

Classification

Please Circle One
ILEC
CLEC
Cellular X
PCS

Monthly Access Line Data

1. Total Access Lines in Service

2. Surcharge Per Access Line $0.08

3. Amount of Surcharge Remitted to Kentucky USF

4. Number of Access Lines Receiving Lifeline Support 0

5. Amount of Reimbursement Requested from Kentucky USF

Signature Block

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

Company Official Patrick D Crocker Title As authorized by POA dated 9/7/12 by Masato Takei CEO

Company Official (Signed)

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

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

Send a copy of this report to:

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

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**Company Address:** c/o Patrick D Crocker, 107 W Michigan 4th Fl, Kalamazoo MI 49007  
**Telephone / Fax:** 269-381-8888 / 269-381-4855

### Classification

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

### Monthly Access Line Data

1. **Total Access Lines in Service:** [Blacked out]  
2. **Surcharge Per Access Line:** $0.08  
3. **Amount of Surcharge Remitted to Kentucky USF:** [Blacked out]  
4. **Number of Access Lines Receiving Lifeline Support:** 0  
5. **Amount of Reimbursement Requested from Kentucky USF:** [Blacked out]

### Signature Block

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.  
**Company Official:** Patrick D Crocker  
**Title:** As authorized by POA dated 9/7/12 by Masato Takei CEO  
**Company Official (Signed):** [Signature]

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P.O. Box 615  
Frankfort, KY 40602

---

**Date:** 7/7/2014  
**Reporting Month:** April – June 2014
## Carrier Information

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## Monthly Access Line Data

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<td>Total Access Lines in Service</td>
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<tr>
<td>2</td>
<td>Surcharge Per Access Line</td>
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<td>3</td>
<td>Amount of Surcharge Remitted to Kentucky USF</td>
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<td>4</td>
<td>Number of Access Lines Receiving Lifeline Support</td>
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</tr>
<tr>
<td>5</td>
<td>Amount of Reimbursement Requested from Kentucky USF</td>
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Company Official: Patrick D Crocker
Title: As authorized by POA dated 9/7/12 by Masato Takei CEO
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WFC 10/17/14
COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date_1/8/15__________________________ Reporting Month_ Oct - Dec 2014

Carrier Information

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Classification

Please Circle One
ILEC CLEC Cellular X PCS

Monthly Access Line Data

1. Total Access Lines in Service

2. Surcharge Per Access Line $0.08

3. Amount of Surcharge Remitted to Kentucky USF

4. Number of Access Lines Receiving Lifeline Support 0

5. Amount of Reimbursement Requested from Kentucky USF

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

**Date** 4/10/15  
**Reporting Month** Jan - March 2015

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

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### Monthly Access Line Data

1. Total Access Lines in Service:  
2. Surcharge Per Access Line: $0.08  
3. Amount of Surcharge Remitted to Kentucky USF:  
4. Number of Access Lines Receiving Lifeline Support: 0  
5. Amount of Reimbursement Requested from Kentucky USF:  

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### Signature Block

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Company Official: Patrick D Crooker  
Title: As authorized by POA dated 9/7/12 by Masato Takei CEO  
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Date 7/13/15 Reporting Months: April - June 2015

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### Monthly Access Line Data

1. Total Access Lines in Service: __________
2. Surcharge Per Access Line: $0.08
3. Amount of Surcharge Remitted to Kentucky USF: __________
4. Number of Access Lines Receiving Lifeline Support: 0
5. Amount of Reimbursement Requested from Kentucky USF: __________

### Signature Block

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

Company Official: Patrick D Crocker  
Title: POA dated 8/7/12  
Company Official: _________  
(Signed)

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## Monthly Access Line Data

1. Total Access Lines in Service ............................................ [Redacted]
2. Surcharge Per Access Line ..................................................... $0.14
3. Amount of Surcharge Remitted to Kentucky USF ........................................ [Redacted]
4. Number of Access Lines Receiving Lifeline Support ........... 0
5. Amount of Reimbursement Requested from Kentucky USF ....... [Redacted]

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Company Official: Patrick D Crocker  
(Printed)  
Title:  
POA dated 9/7/12  
Company Official:  
(Signed)

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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.  
P.O. Box 615  
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Revised 03-10-2016  
MFE 4/13/16
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Revised 03-10-2016