

Date	4/14/2014	
THE P. P. P. P.	1/21/20021	

Reporting Month Jan - March 2014

		Carrier Information		
Company Name	KDDI America, Inc.			
Company Address	c/o Patrick D Crocker,	107 W Michigan	4 <sup>th</sup> FI, Ka	lamazoo MI 49007
Telephone / Fax	269-381-8888 / 269-38	*		
Vendor Number				
Classification Please Circle One	ILEC CLEC	Cellular X	PCS	
	M	onthly Access Line Da	ta	
Total Access	Lines in Service			
2. Surcharge Per	r Access Line		6 F	\$0.08
3. Amount of Su	urcharge Remitted to Kentucky I	USF		
4. Number of A	ccess Lines Receiving Lifeline S	Support	**	0
5. Amount of Reimbursement Requested from Kentucky USF				
Signature Block				
I hereby attest that the	information reported herein is t	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 State Treasurer" and	to: "Kentucky send with this		,	Send a copy of this report to:

report to:

Finance and Administration Cabinet ATTN: KY USF

Capitol Annex, Room 488A Frankfort, KY 40601

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



Date	7/	7/2014	
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Reporting Month April - June 2014

	Carrier Information		
Company Name	KDDI America, Inc.		
Company Address	c/o Patrick D Crocker, 107 W Michigan	4 <sup>th</sup> FI, Kalamazoo MI 49007	
Telephone / Fax	269-381-8888 / 269-381-4855		
Vendor Number			
Classification Please Circle One	ILEC CLEC Cellular X	PCS	
	Monthly Access Line Da	nta	
I. Total Access	Lines in Service		
2. Surcharge Pe	r Access Line	\$0.08	
3. Amount of St	urcharge Remitted to Kentucky USF		
4. Number of A	4. Number of Access Lines Receiving Lifeline Support0		
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	April 10 months	v POA dated 9/7/12 by Masato Takei CEO	
Company Official	(Signed)	eren - Cora mateir - America America Andri i i i i i i i i i i i i i i i i i i	
Make check payable		Send a copy of this report to:	
State Treasurer" and report to:	send with this	Kentucky Public Service Commission	

Finance and Administration Cabinet ATTN: KY USF

Capitol Annex, Room 488A Frankfort, KY 40601

ATTN: Jim Stevens 211 Sower Blvd. P.O. Box 615

Frankfort, KY 40602

Date 1	0/15/15	

Finance and Administration Cabinet

Capitol Annex, Room 488A

ATTN: KY USF

Frankfort, KY 40601

Reporting Month July -September 2014

ATTN: Jim Stevens 211 Sower Blvd.

P.O. Box 615

		(	Carrier Information		
Company Name	KDDI Amei	ica, Inc.	Made Annia Chair MacChaill (March ann ag Chair ann an Aire ann an Aire ann an Aire ann Aire an Aire an Aire an		
Company Address	c/o Patrick	D Crocker, 1	107 W Michigan	4 <sup>th</sup> FI, Ka	alamazoo MI 49007
Telephone / Fax		388 / 269-38		***************************************	
Vendor Number					
Classification Please Circle One	ILEC	CLEC	Cellular X	PCS	
		Мо	nthly Access Line Dat	ta	
1. Total Access	Lines in Service.				
2. Surcharge Per	Access Line			• •	\$0.08
3. Amount of St	archarge Remitted	to Kentucky U	SF		
4. Number of A	ccess Lines Rece	iving Lifeline Su	pport		0
5. Amount of Re	5. Amount of Reimbursement Requested from Kentucky USF				
			Signature Block		
I hereby attest that the	information repo	rted herein is to	on and accurate to the	la a a a C	La conde de c
Company Official	- NAME AND THE PARTY OF THE PAR				
	Patrick D Cro	cker T	itle As authorized by	POA dated	d 9/7/12 by Masato Takei CEO
Company Official	(Signed)	-			
Make check payable State Treasurer" and	to: "Kentucky send with this			Tree of the control o	Send a copy of this report to:
report to:  Kentucky Public Service Commission					

MFC 10/17/11 Frankfort, KY 40602



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Date	1/8/15	
Lau	7/0/77	the same and the s

Reporting Month Oct - Dec 2014

	1	Carrier Information	
Company Name	KDDI America, Inc.		
Company Address	c/o Patrick D Crocker,	107 W Michigan 4 <sup>th</sup> Fl, K	alamazoo Mi 49007
Telephone / Fax	269-381-8888 / 269-38		
Vendor Number			
Classification Please Circle One	ILEC CLEC	Cellular X PCS	
	Mo	onthly Access Line Data	
1. Total Access	Lines in Service		
2. Surcharge Per	r Access Line		\$0.08
3. Amount of Su	urcharge Remitted to Kentucky U	SF	
4. Number of A	ccess Lines Receiving Lifeline St	upport	0
5. Amount of Reimbursement Requested from Kentucky USF			
		Signature Block	
I hereby attest that the	information reported herein is tro	ue and accurate to the best of my	knowledge.
Company Official	Patrick D Crocker T	itle As authorized by POA date	ed 9/7/12 by Masato Takei CEO
Company Official	(Signed)		
Make check payable State Treasurer" and			Send a copy of this report to:
report to:			Kentucky Public Service Commission

Finance and Administration Cabinet ATTN: KY USF Capitol Annex, Room 488A Frankfort, KY 40601 Kentucky Public Service Commission ATTN: Jim Stevens 211 Sower Blvd. P.O. Box 615 Frankfort, KY 40602



Date 4/10/15

Frankfort, KY 40601

Reporting Month Jan - March 2015

Frankfort, KY 40602

		Carrier Information	
Company Name	KDDI America, Inc.		
Company Address	107 W Michigan 4 <sup>th</sup> F	FI, Kalamazoo MI 49007	
Telephone / Fax	269-381-8888 / 269-3	381-4855	
Vendor Number			
Classification Please Circle One	ILEC CLEC	Cellular X PCS	
	Î	Monthly Access Line Data	
I. Total Access	Lines in Service		
Surcharge Per	Access Line		\$0.08
3. Amount of Su	rcharge Remitted to Kentucky	USF	
4. Number of A	ccess 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			
Company Official	(Signed)		
Make check payable State Treasurer" and	to: "Kentucky		Send a copy of this report to:
report to:	Sond With this		Kentucky Public Service Commission
Finance and Administr			ATTN: Jim Stevens 211 Sower Blvd. P.O. Box 615
Capitol Annex, Room 488A			



Date 7/13/15

Reporting Months: April - June 2015

		C	Carrier Information			
Company Name	KDDI Am	erica, Inc.		e di Caracara di Arrigina di Banda di Arrigina di Arri		and the continues of th
Company Address	107 W Mi	chigan 4 <sup>th</sup> FI, k	Kalamazoo, MI 4	19007		
Telephone / Fax	269-381-8	3888/269-381-4	4855			
Vendor Number						
Classification Please Circle One	ILEC	CLEC	CellularX	PCS		
		Mon	thly Access Line Dat	a		
1. Total Access	Lines in Service	e	*************************	•		_
2. Surcharge Per Access Line						
3. Amount of S	3. Amount of Surcharge Remitted to Kentucky USF					
4. Number of A	ccess Lines Rec	eiving Lifeline Sup	pport	•	0	
5. Amount of Reimbursement Requested from Kentucky USF						

Company Official

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

Company Official Patrick D Crocker Title POA dated 9/7/12

(Printed)

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

(Signed)



Date\_10/13/15

## Reporting Month July - September 2015

	Carrier Information		
Company Name	Kddi America, Inc.		
Company Address	107 W Michigan Ave, 4th Fl, Kalamazoo, MI 49007		
Telephone / Fax	269-381-8888 / 269-381-4855		
Vendor Number			
Classification Please Circle One	ILEC CLEC Cellular X PCS		
	Monthly Access Line Data		
1. Total Access	Lines in Service.		
2. Surcharge Per	Access Line		
3. Amount of Su	3. Amount of Surcharge Remitted to Kentucky USF		
4. Number of Access Lines Receiving Lifeline Support0			
5. Amount of Re	simbursement 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 Pa	(Printed) Title POA dated 9/7/12 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

MK 10/13/15



Date 1/11/16

Reporting Month October - December 2015

	Carrier Information				
Company Name	Kddi America Inc				
Company Address	Kddi America, Inc.  107 W Michigan Ave, 4th FI, Kalamazoo, MI 49007				
Telephone / Fax	269-381-8888 / 269-381-4855				
Vendor Number	·				
Classification Please Circle One	ILEC CLEC Cellular X PCS				
	Monthly Access Line Data				
1. Total Access	Lines in Service.				
2. Surcharge Per	r Access Line				
3. Amount of Su	urcharge Remitted to Kentucky USF				
4. Number of Access Lines Receiving Lifeline Support0					
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 Pa	atrick D Crocker Title POA dated 9/7/12 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

Prophy



Date	4/8/16			
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Reporting Month January - March 2016

	Carrier Information		
Company Name	KDDI America, Inc.		
Company Address	107 W Michigan Ave, 4th FL, Kalamazoo, MI 49007		
Telephone / Fax	269-381-8888 Fax: 269-381-4855		
Vendor Number			
Classification Please Circle One	ILEC CLEC XCellular PCS		
	Monthly Access Line Data		
1. Total Access	Lines in Service.		
2. Surcharge Per	Access Line		
3. Amount of St	archarge Remitted to Kentucky USF		
4. Number of Access Lines Receiving Lifeline Support0			
5. Amount of R	eimbursement 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 P	atrick D Crocker Title POA dated 9/7/12 Company Official (Signed)		

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

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

Send a copy of this report to:

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

Revised 03-10-2016 Mg c- 4/18/16



Data	7/7/16		
Date	111110		

Reporting Month April - June 2016

			Carrier Information		
Company Name	KDDI America, Inc.				
Company Address	ess 107 W Michigan Ave, 4th FL, Kalamazoo, MI 49007				
Telephone / Fax	Telephone / Fax 269-381-8888 Fax: 269-381-4855				
Vendor Number					
Classification Please Circle One	ILEC	CLEC	<b>X</b> Cellular	PCS	
			n de um en recursive mei seus en		
		Mo	onthly Access Line Da	ata	
Total Access	Lines in Service		*****************		
<ol> <li>Surcharge Per</li> </ol>	Access Line		***************	\$0.14	
			JSF		
4. Number of A	ccess Lines Receivi	ing Lifeline S	Support	0	
5. Amount of R	eimbursement Requ	uested from K	Kentucky USF		Million and Art Applications and the second
			Signature Block		
I hereby attest that the	information reporte	ed herein is t	rue and accurate to the	best of my knowledge.	TX

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

Finance and Administration Cabinet ATTN: KY USF 702 Capital Ave. Capital 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 Frankfort, KY 40602

Revised 03-10-2016

