



COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date _____

Reporting Month _____

Carrier Information	
Company Name	_____
Company Address	_____
Telephone / Fax	_____
Vendor Number	_____

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

Monthly Access Line Data	
1. Total Access Lines in Service.....	_____
2. Surcharge Per Access Line.....	_____ <u>\$0.15</u> _____
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	
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.	
Company Official _____ (Printed)	Title _____ Company Official _____ (Signed)

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

Finance and Administration Cabinet
ATTN: KY USF
200 Mero Street
5th Floor, NE 31
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