

FCC Form 497  
July 2008 Edition

**LIFELINE AND LINK UP WORKSHEET**

Approved by OMB  
3060-0819

Avg. Burden Est. per Respondent: 3.0 Hrs.

USAC Service Provider Identification Number (1) 143002536

Serving Area (2) 382247

<p>(3)</p> <p><b>Company Name:</b> <u>NEMONT TELEPHONE COOPERATIVE, INC.</u></p> <p><b>Mailing Address:</b> <u>PO BOX 600</u> <u>SCOBAY, MT 59263-600</u></p> <p><b>Contact Name:</b> <u>AIMEE DIETRICH, FINANCE &amp; ACCOUNTING SUPERVISOR</u></p> <p><b>Telephone Number:</b> <u>(406) 783-2200</u></p> <p><b>Fax Number:</b> <u>(406) 783-5639</u></p> <p><b>E-mail Address:</b> _____</p>	<p>(4)</p> <p>a) Submission Date <u>February 2, 2009</u></p> <p>b) Data Month <u>JANUARY</u></p> <p>c) Type of filing (Check one): Original <input checked="" type="checkbox"/> Revision <input type="checkbox"/></p> <p>d) State Reporting <u>NORTH DAKOTA</u></p>
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Lifeline	# Lifeline Subscribers (a)	Lifeline Support/ Subscriber (b)*	Total Lifeline Support (c)
Tier 1 Low-Income Subscribers receiving federal Lifeline Support (5)	4	x \$ 6.50	= \$ 26
Tier 2 Low-Income Subscribers receiving federal Lifeline Support (6)	4	x \$ 1.75	= \$ 7
Tier 3 Low-Income Subscribers receiving federal Lifeline Support (7)	4	x \$ 1.75	= \$ 7
Tier 4 Low-Income Subscribers receiving federal Lifeline Support (8)	4	x \$ 0	= \$ 0

Check box to the right if partials or pro rata amounts are used. Indicate dollar amount, if applicable, on line 9.  \$ 0 (9)  
NOTE: (Do not include partials or pro rata amounts on lines 5 - 8 above)

Total federal Lifeline support claimed \$ 40 (10)  
(Sum of lines 5c, 6c, 7c, 8c & 9)

\* For multiple rates, use an average amount

Link Up	Non-Tribal (a)	Tribal (b)	Total Link Up (c)
Number of Connections waived (11)	_____	_____	
Charges waived per Connection* (12)	\$ _____ (\$30)	\$ _____ (\$100 max)	
Total Connection charges waived (13)	\$ 0	\$ 0	
Deferred Interest (14)	\$ 0	\$ 0	
Total Link Up dollars waived (15)	\$ 0	\$ 0	= \$ 0 (15c)

\* For multiple rates, use an average amount

Toll-Limitation Services (TLS)			
Incremental cost of providing TLS (16)	\$ _____		
Number of subscribers for whom TLS initiated (17)	_____	Total TLS dollars claimed	\$ 0 (18)

ETC Payment (19)			
Total Lifeline \$	<u>40</u>	Total TLS	\$ <u>0</u>
Total Link Up \$	<u>0</u>		
		<b>Total Dollars</b>	<b>\$ <u>40</u></b>

If you have any questions, please call USAC at (866) 873(USF)-4727 Toll Free