

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

(3)		(4)	
Company Name:	<u>NEMONT TELEPHONE COOPERATIVE, INC.</u>	a) Submission Date:	<u>April 29, 2010</u>
Mailing Address:	<u>PO BOX 600</u> <u>SCOBAY, MT 59283-600</u>	b) Data Month:	<u>APRIL</u>
Contact Name:	<u>AIMEE DIETRICH, FINANCE & ACCOUNTING SUPERVISOR</u>	c) Type of filing (Check one):	Original <input checked="" type="checkbox"/> Revision <input type="checkbox"/>
Telephone Number:	<u>(406) 783-2200</u>	d) State Reporting:	<u>NORTH DAKOTA</u>
Fax Number:	<u>(406) 783-6639</u>		
E-mail Address:			

Lifeline	# Lifeline Subscribers (a)		Lifeline Support/Subscriber (b)*	=	Total Lifeline Support (c)
Tier 1 Low-Income Subscribers receiving federal Lifeline Support	(5) <u>4</u>	x	\$ <u>6.50</u>	=	\$ <u>26</u>
Tier 2 Low-Income Subscribers receiving federal Lifeline Support	(6) <u>4</u>	x	\$ <u>1.75</u>	=	\$ <u>7</u>
Tier 3 Low-Income Subscribers receiving federal Lifeline Support	(7) <u>4</u>	x	\$ <u>1.75</u>	=	\$ <u>7</u>
Tier 4 Low-Income Subscribers receiving federal Lifeline Support	(8) _____	x	\$ _____	=	\$ <u>0</u>

Check box to the right if partials or pro rata amounts are used. Indicate dollar amount, if applicable, on line 9. \$ _____ (9)

NOTE: (Do not include partials or pro rata amounts on lines 5 - 8 above)

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

* 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) \$ <u>0</u>		\$ <u>0</u>		
Deferred Interest	(14) \$ <u>0</u>		\$ <u>0</u>		
Total Link Up dollars waived	(15) \$ <u>0</u>	+	\$ <u>0</u>	=	\$ <u>0</u> (15c)

* For multiple rates, use an average amount

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

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

If you have any questions, please call USAC at (888) 873(USF)-4727 Toll Free