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ADMITTED TO PRACTICE ONLY IN THE DISTRICT OF COLUMBIA

WASHINGTON OFFICE
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PLEASE RESPOND TO WASHINGTON ADDRESS

May 10, 2018

FILED VIA ECFS

Marlene H. Dortch, Secretary
Federal Communications Commission
445 12th Street SW, Room TW-B204
Washington, DC 20554

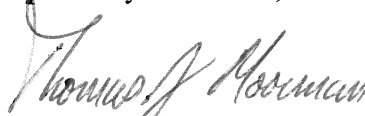
Re: WC Docket No. 16-233
FCC Form 395
Common Carrier Annual Employment Report
Ligtel Communications, Inc.

Dear Ms. Dortch:

On behalf of Ligtel Communications, Inc. (the "Company"), attached for filing please find the Company's FCC Form 395 -- Common Carrier Annual Employment Report.

Should you have any questions concerning this matter, please contact this office.

Respectfully submitted,


Thomas J. Moorman

Attachment

FEDERAL COMMUNICATIONS COMMISSION
Washington, DC 20554

Approved by OMB

3060-0076

Est. time per response:
1 hour

COMMON CARRIER ANNUAL EMPLOYMENT REPORT

[Please read instructions before completing and for Notice regarding public burden.]

SECTION 1 - General Information

1. Name and Mailing Address of Respondent
Ligtel Communications, Inc.
414 S. Cavin Street
Ligonier, IN 46767☐ Check here if this
is a change of
address.2. Year Report Filed
20183. Reporting Period (Ending Date of Pay
Period Covered by Report)
March, 31 20184. Number of Full-Time Employees during Selected
Reporting Period (check one):
a. ☒ Fewer than 16 (complete Sections I, IV, and V only)
b. ☐ 16 or more (complete all sections)

SECTION II - Full-Time Employees.

Job Categories		Number of Employees (Report employees in only one category)																
		Race/Ethnicity																
		Hispanic or Latino		Not-Hispanic or Latino														Total Columns A - N
				Male							Female							
		Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races			
Executive/Senior Level Officials and Managers	1.1															0		
First/Mid-Level Officials and Managers	1.2															0		
Professionals	2															0		
Technicians	3															0		
Sales Workers	4															0		
Administrative Support Workers	5															0		
Craft Workers	6															0		
Operatives	7															0		
Laborers and Helpers	8															0		
Service Workers	9															0		
TOTAL	10	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
PREVIOUS YEAR TOTAL	11															0		

SECTION III - Part-Time Employees.


Job Categories		Number of Employees (Report employees in only one category)														
		Race/Ethnicity														
		Hispanic or Latino		Not-Hispanic or Latino												
				Male						Female						
		Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	Total Columns A - N
Executive/Senior Level Officials and Managers	1.1	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
	1.2															0
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SECTION IV - Report of Discrimination Complaints Pursuant to 47 CFR 22.321, 23.55, 90.168, 101.4, and 101.311.

- ☒ This is to advise the Commission that no complaints regarding violations of the equal employment provisions of Federal, state, territorial, or local statutes have been filed against this company before any body having competent jurisdiction in such matters during the calendar year covered by this report.
- ☐ This is to advise the Commission that the following complaints alleging violations of the provisions of any equal employment opportunity statute have been filed against this company.
(Attach a list indicating parties involved, date filed, courts or agencies before which the matter has been heard, file number or other designation, and current status or disposition.)

SECTION V - Certification

I certify that to the best of my knowledge, information, and belief, all statements in this report are true and correct.

Date	05/10/2018	Typed or Printed Name of Person Signing	Randy Mead	Signature		Telephone No.	(260) 894-7161
Title of Person Signing		EVP/General Manager					
<p>WILL FULLY FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (18 U.S.C. 1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (47 U.S.C. 312 (A)(1) AND/OR FORFEITURE (47 U.S.C. 503).</p>							