

FCC Form 481 - Carrier Annual Reporting Data Collection Form		FCC Form 481 OMB Control No. 3060-0926/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	411839
<015>	Study Area Name	TRI-COUNTY TEL ASSN
<020>	Program Year	2018
<030>	Contact Name: Person USAC should contact with questions about this data	Jason Pettit
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6207675153 ext.
<039>	Contact Email Address: Email of the person identified in data line <030>	jpettit@tctainc.net
Form Type		54.313 and 54.422

(200) Service Outage Reporting (Voice) FCC Form 481
 Data Collection Form OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

<010>	Study Area Code	411839
<015>	Study Area Name	TRI-COUNTY TEL ASSN
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Jason Pettit
<035>	Contact Telephone Number - Number of person identified in data line <030>	6207675153 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jpettit@tctainc.net

<210> For the prior calendar year, were there any reportable voice service outages? No

[illegible]

**(300) Unfulfilled Service Request
Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	411839
<015>	Study Area Name	TRI-COUNTY TEL ASSN
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Jason Pettit
<035>	Contact Telephone Number - Number of person identified in data line <030>	6207675153 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jpettit@tctainc.net

<300> Unfulfilled service request (voice)

0

<310> Detail on attempts (voice)

Name of Attached Document

<320> Unfulfilled service request (broadband)

0

<330> Detail on attempts (broadband)

Name of Attached Document

(/800) Number of Complaints per 1,000 customers
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	411839
<015>	Study Area Name	TRI-COUNTY TEL ASSN
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Jawon Pettit
<035>	Contact Telephone Number - Number of person identified in data line <030>	6207675153 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jpettit@cccainc.net
<400>	Select from the drop-down list to indicate how you would like to report voice complaints (zero or greater) for voice telephony service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize.	Offered only fixed voice
<410>	Complaints per 1000 customers for fixed voice	0.0
<420>	Complaints per 1000 customers for mobile voice	
<430>	Select from the drop-down list to indicate how you would like to report end-user customer complaints (zero or greater) for broadband service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize.	Offered only fixed broadband
<440>	Complaints per 1000 customers for fixed broadband	0.0
<450>	Complaints per 1000 customers for mobile broadband	

(500) Compliance With Service Quality Standards and Consumer Protection Rules		FCC Form 481
Data Collection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819
		July 2013
<010>	Study Area Code	411839
<015>	Study Area Name	TRI-COUNTY TEL. ASSE
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Jason Pettit
<035>	Contact Telephone Number - Number of person identified in data line <030>	6207675153 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jpettit@ctcainc.net
<500>	Certify compliance with applicable service quality standards and consumer protection rules	Yes
		411839KS510.pdf
<510>	Descriptive document for Service Quality Standards & Consumer Protection Rules Compliance	
<515>	Certify compliance with applicable minimum service standards	

(600) Functionality In Emergency Situations Data Collection Form	REDACTED FOR PUBLIC INSPECTION	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	411839
<015>	Study Area Name	TRI-COUNTY TEL. ASSN.
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Jason Pettit
<035>	Contact Telephone Number - Number of person identified in data line <030>	6207675153 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jpettit@cccainc.net
<600>	Certify compliance regarding ability to function in emergency situations	Yes
<610>	Descriptive document for Functionality In Emergency Situations	411839KS610.pdf

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<010>	Study Area Code	411839
<015>	Study Area Name	TRI-COUNTY TEL ASSN
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Jason Pettit
<035>	Contact Telephone Number - Number of person identified in data line <030>	6207675153 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jpettit@tctaine.net

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(900) Tribal Lands Reporting Data Collection Form		FCC Form 481 OMB Control No. 3060-0936/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	411839
<015>	Study Area Name	TRI-COUNTY TEL ASSN
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Jason Pettit
<035>	Contact Telephone Number - Number of person identified in data line <030>	6207675153 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jpettit@tctainc.net

<900> Does the filing entity offer tribal land services? (Y/N) No

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select Yes or No or Not Applicable

(1000) Voice and Broadband Service Rate Comparability Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	411839
<015>	Study Area Name	TRI-COUNTY TEL ASSN
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Jason Pettit
<035>	Contact Telephone Number - Number of person identified in data line <030>	6207675153 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jpettit@tctainc.net

<1000> Voice services rate comparability certification Yes

<1010> Attach detailed description for voice services rate comparability compliance 411839KS1010.pdf

Name of Attached Document

<1020> Broadband comparability certification Yes - Pricing is no more than the most recent applicable benchmark announced by the Wireline Competition Bureau

<1030> Attach detailed description for broadband comparability compliance 411839KS1030.pdf

Name of Attached Document

(1100) No Terrestrial Backhaul Reporting Data Collection Form		FCC Form 431 OMB Control No. 3060-0936/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	411839
<015>	Study Area Name	TRI-COUNTY TEL ASSN
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Jason Pettit
<035>	Contact Telephone Number - Number of person identified in data line <030>	6207675153 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jpettit@tctainc.net

<1100> Certify whether terrestrial backhaul options exist (Y/N)

<1130> Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(g).

(1200) Terms and Condition for Lifeline Customers Lifeline Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	411839
<015> Study Area Name	TRI-COUNTY TEL ASSN
<020> Program Year	2018
<030> Contact Name - Person USAC should contact regarding this data	Jason Pettit
<035> Contact Telephone Number - Number of person identified in data line <030>	6207675153 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	jp Pettit@tctainc.net

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

<1220> Link to Public Website

HTTP

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

- | | |
|--|-------------------------------------|
| <1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, | <input checked="" type="checkbox"/> |
| <1222> Details on the number of minutes provided as part of the plan, | <input checked="" type="checkbox"/> |
| <1223> Additional charges for toll calls, and rates for each such plan. | <input checked="" type="checkbox"/> |

(2005) Price Gap Carrier Additional Documentation		FCC Form 481
Data Collection Form		OMB Control No. 3050-0986/OMB Control No. 3050-0819
Including Rate-of-Return Carriers affiliated with Price Gap Local Exchange Carriers		July 2013

<010>	Study Area Code	411839
<015>	Study Area Name	TRI-COUNTY TEL ASSN
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Jason Pettit
<035>	Contact Telephone Number - Number of person identified in data line <030>	6207675153 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jpettit@tctainc.net

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

<2011> 3rd Year Certification 47 CFR §54.313(b)(1)(ii) - Note that for the July 2017 certification, this applies to Round 2 recipients of Incremental Support.

<2022> Recipient certifies, representing year three after filing a notice of acceptance of funding pursuant to 54.312(c), that the locations in question are not receiving support under the Broadband Initiatives Program or the Broadband Technology Opportunities Program for projects that will provide broadband with speeds of at least 4 Mbps/1Mbps - 54.313(b)(2)(i). Round 2 recipients only.

<2023> The attachment on line 2024 includes a statement of the total amount of capital funding expended in the previous year in meeting Connect America Phase I deployment obligations, accompanied by a list of census blocks indicating where funding was spent. This covers year three - 54.313(b)(2)(ii). Round 2 recipients only.

<2024A> Round 2 Recipient of Incremental Support?

<2024B> Attach list of census blocks indicating where funding was spent in year three - 54.313(b)(2)(ii). Round 2 recipients only.

Name of Attached Document Listing Required Information

<2025A> Round 2 Recipient of Incremental Support?

<2025B> Attach geocoded information for Phase I milestone reports (Round 2 for year three) - Connect America Fund , WC Docket 10-90, Report and Order, FCC 13-73, paragraph 35 (May 22, 2013).

Name of Attached Document Listing Required Information

<2015> 2016 and future Frozen Support Certification 47 CFR § 54.313(c)(4)

(2005) Price Cap Carrier Additional Documentation Data Collection Form <i>Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers</i>	FCC Form 431 OMB Control No. 3060-0985/OMB Control No. 3060-0819 July 2013
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Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}

<2016> Certification support used to build broadband

Connect America Phase II Reporting {47 CFR § 54.313(e)}

<2017A> Connect America Fund Phase II recipient?

<2017C> Total amount of Phase II support, if any, the price cap carrier used for capital expenditures in 2016.

<2018> Attach the number, names, and addresses of community anchor institutions to which the carrier newly began providing access to broadband service in the preceding calendar year - 54.313(e)(1)(ii)(A)

Name of Attached Document Listing
Required Information

<2019> Recipient certifies that it bid on category one telecommunications and Internet access services in response to all FCC Form 470 postings seeking broadband service that meets the connectivity targets for the schools and libraries universal service support program for eligible schools and libraries located within any area in a census block where the carrier is receiving Phase II model-based support, and that such bids were at rates reasonably comparable to rates charged to eligible schools and libraries in urban areas for comparable offerings - 54.313(e)(1)(ii)(C)

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(3005) Rate of Return Carrier Additional Documentation Data Collection Form	FCC Form 481 OMB Control No. 3040-0086/OMB Control No. 3040-0019 July 2013
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<010>	Study Area Code	411839
<015>	Study Area Name	TRI-COUNTY TEL ASSN
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Jason Pettit
<035>	Contact Telephone Number - Number of person identified in data line <030>	6207675153 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jpettit@tctainc.net

Select from the drop down menu or check the boxes below to note compliance with 54.313(f)(1). Privately held carriers must ensure compliance with the financial reporting requirements set forth in 47 CFR 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

(3009)	Progress Report on 5 Year Plan Carrier certifies to 54.313(f)(1)(iii)	Yes - Attach Certification	
(3010A)	Certification of Public Interest Obligations (47 CFR § 54.313(f)(1)(i))		411839KS3010.pdf
(3010B)	Please Provide Attachment	Name of Attached Document Listing Required Information	
(3012A)	Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))	No - No New Community Anchors	
(3012B)	Please Provide Attachment	Name of Attached Document Listing Required Information	
(3013)	Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))	(Yes/No)	<input checked="" type="radio"/> <input type="radio"/>
(3014)	If yes, does your company file the RUS annual report	(Yes/No)	<input checked="" type="radio"/> <input type="radio"/>
Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:			
(3015)	Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)		<input checked="" type="checkbox"/>
(3016)	Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows		<input checked="" type="checkbox"/>
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	Name of Attached Document Listing Required Information	411839KS3017.pdf
(3018)	If the response is no on line 3014, is your company audited?	(Yes/No)	<input type="radio"/> <input type="radio"/>
If the response is yes on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:			
(3019)	Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers		<input type="checkbox"/>
(3020)	Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3021)	Management letter and/or audit opinion issued by the independent certified public accountant that performed the company's financial audit.		<input type="checkbox"/>
If the response is no on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:			
(3022)	Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers		<input type="checkbox"/>
(3023)	Underlying information subjected to a review by an independent certified public accountant		<input type="checkbox"/>
(3024)	Underlying information subjected to an officer certification.		<input type="checkbox"/>
(3025)	Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3026)	Attach the worksheet listing required information	Name of Attached Document Listing Required Information	

REDACTED FOR PUBLIC INSPECTION

(3005) Rate Of Return Carrier Additional Documentation (Continued)

FCC Form 481

Data Collection Form

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2018

<010> Study Area Code	411839
<015> Study Area Name	TRI-COUNTY TEL ASSN
<020> Program Year	2018
<030> Contact Name - Person USAC should contact regarding this data	Jason Pettit
<035> Contact Telephone Number - Number of person identified in data line <030>	6207675153 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	jpettit@tctainc.net

Financial Data Summary

(3027) Revenue

(3028) Operating Expenses

(3029) Net Income

(3030) Telephone Plant In Service(TPIS)

(3031) Total Assets

(3032) Total Debt

(3033) Total Equity

(3034) Dividends

(4005) Rural Broadband Experiment/Additional Documentation Data Collection Form	FCC Form 481 OMB Control No. 3060-0985/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	411839
<015>	Study Area Name	TRI-COUNTY TEL ASSN
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Jason Pettit
<035>	Contact Telephone Number - Number of person identified in data line <030>	6207675153 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jpettit@ctcaine.net

4005 Rural Broadband Experiment

Authorized Rural Broadband Experiment (RBE) recipients must address the certification for public interest obligations, provide a list of newly served community anchor institutions, and provide a list of locations where broadband has been deployed.

Public Interest Obligations – FCC 14-98 (paragraphs 26-29, 78)

Please address Line 4001 regarding compliance with the Commission's public interest obligations. All RBE participants must provide a response to Line 4001.

4001. Recipient certifies that it is offering broadband to the identified locations meeting the requisite public interest obligations consistent with the category for which they were selected, including broadband speed, latency, usage capacity, and rates that are reasonably comparable to rates for comparable offerings in urban areas?

Community Anchor Institutions – FCC 14-98 (paragraph 79)

4003a. RBE participants must provide the number, names, and addresses of community anchor institutions to which they newly deployed broadband service in the preceding calendar year. On this line, please respond (yes – attach new community anchors, no – no new anchors) to indicate whether this list will be provided.

If yes to 4003A, please provide a response for 4003B.

4003b. Provide the number, names and addresses of community anchor institutions to which the recipient newly began providing access to broadband service in the preceding calendar year.

Name of Attached Document Listing Required Information _____

Broadband Deployment Locations – FCC 14-98 (paragraph 80)

4004a. Attach a list of geocoded locations to which broadband has been deployed as of the June 1st immediately preceding the July 1st filing deadline for the FCC Form 481.

Name of Attached Document Listing Required Information _____

4004b. Attach evidence demonstrating that the recipient is meeting the relevant public service obligations for the identified locations. Materials must at least detail the pricing, offered broadband speed and data usage allowances available in the relevant geographic area.

Name of Attached Document Listing Required Information _____

Certification - Reporting Carrier Data Collection Form	ECG Form 481 OMB Control No. 3060-0983/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	411839
<015> Study Area Name	TRI-COUNTY TEL ASSN
<020> Program Year	2018
<030> Contact Name - Person USAC should contact regarding this data	Jason Pettit
<035> Contact Telephone Number - Number of person identified in data line <030>	6207675153 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	jpettit@tctainc.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier: TRI-COUNTY TEL ASSN	
Signature of Authorized Officer: CERTIFIED ONLINE	Date 06/14/2017
Printed name of Authorized Officer: Dale Jones	
Title or position of Authorized Officer: CEO	
Telephone number of Authorized Officer: 6207675153 ext.	
Study Area Code of Reporting Carrier: 411839	Filing Due Date for this form: 07/03/2017
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Certification - Agent/Carrier Data Collection Form		FCC Form 481 OMB Control No. 3060-0936/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	411839
<015> Study Area Name	TRI-COUNTY TEL ASSN
<020> Program Year	2018
<030> Contact Name - Person USAC should contact regarding this data	Jason Pettit
<035> Contact Telephone Number - Number of person identified in data line <030>	6207675153 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	jpettit@tctainc.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent: _____	
Name of Reporting Carrier: _____	
Signature of Authorized Officer: _____	Date: _____
Printed name of Authorized Officer: _____	
Title or position of Authorized Officer: _____	
Telephone number of Authorized Officer: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier: _____	
Name of Authorized Agent Firm: _____	
Signature of Authorized Agent or Employee of Agent: _____	Date: _____
Name of Authorized Agent Employee: _____	
Title or position of Authorized Agent or Employee of Agent: _____	
Telephone number of Authorized Agent or Employee of Agent: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

REDACTED FOR PUBLIC INSPECTION

Attachments

REDACTED FOR PUBLIC INSPECTION

Line 510: Service Quality Standards & Consumer Protection Rules Compliance**Service Quality Standards**

The company complies with the service quality standards as adopted in the Kansas Corporation Commission (KCC) Docket Nos. 191,206-U and 95-GIMT-047-GIT.

Consumer Protection Rules

The company complies with the following consumer protection rules:

- FCC rules regarding verification of orders for telecommunications service as required of submitting carriers {47 CFR §64.1100}
- The FCC's Truth-in-Billing Requirements {47 CFR §64.2400}
- Billing practice standards as set out in KCC Docket No. 06-GIMT-187-GIT and subsequent billing practice standards approved by the KCC.
- All of the requirements of 47 C.F.R. § Part 64 Subpart U, Customer Proprietary Network Information and Federal Trade Commission 16 C.F.R. §681, Identity Theft Red Flags

Line 610: Functionality in Emergency Situations

- The company maintains a reasonable amount of back-up power to ensure functionality without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations. {47 CFR §54.202(a)}
- The company has made reasonable provisions to meet emergencies resulting from power failures; sudden and prolonged increases in traffic; staff shortages; and fire, storm, and acts of god.

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(700) Price Offerings including Voice Rate Data
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010> Study Area Code	411839
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<015> Study Area Name	TRI-COUNTY TEL ASSN
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<020> Program Year	2018
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<030>	Contact Name - Person USAC should contact regarding this data	Jason Pettit
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<035> Contact Telephone Number - Number of person identified in data line <030> 6207675153 ext.

<039> Contact Email Address - Email Address of person identified in data line <030> jpettit@tctainc.net

<701> Residential Local Service Charge Effective Date	1/1/2017
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<702>	Single State-wide Residential Local Service Charge	17.0
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<703>

[illegible]

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(710) Broadband Price Offerings
Data Collection Form

FCC Form 481
OMB Control No. 3060-0936/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	411839
<015>	Study Area Name	TRI-COUNTY TEL ASSN
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<035>	Contact Telephone Number - Number of person identified in data line <030>	6207675153 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jpettit@tctainc.net

[illegible]

REDACTED FOR PUBLIC INSPECTION

(300) Operating Companies
Data Collection Form

FCC Form 481
OMB Control No. 3060-9986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	411839
<015>	Study Area Name	TRI-COUNTY TEL ASSN
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Jason Pettit
<035>	Contact Telephone Number - Number of person identified in data line <030>	6207675153 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jpettit@tctainc.net
<810>	Reporting Carrier	Tri-County Telephone Association, Inc.
<811>	Holding Company	Tri County Telephone Association, Inc.
<812>	Operating Company	Tri-County Telephone Association, Inc.

[illegible]

Tri-County Telephone Association, Inc.**Study Area: 411839**

Per Section 700 of the Form 481 Tri-County Telephone Association, Inc. has a voice rate of 18.56 which is comparable to the national average and is not above the Voice Comparability Rate Bench Mark. Our rate is comprised of:

Local Rate:	\$17.00
State Universal Service:	<u>\$ 1.56</u>
Total:	\$18.56

Line 1030: Description for Broadband Comparability Compliance

Rate	State Regulatory Fees	Total Rate	Download Speed (Mbps)	Upload Speed (Mbps)	Usage Allowance
59.95	0.00	59.95	12	2	Unlimited

FCC WCB Benchmark for broadband rate comparability for 12/2 Mbps for 2017 \$80.70

Tri-County Telephone Association, Inc. Rate January 1, 2017 \$59.95

Rate is below the comparability rate calculated by Wireline Competition Bureau.

Tri-County Telephone Association Inc. DBA TCT

Life Line Program

Must Meet the Qualifications set forth by the Federal and State guidelines. (see attached sheets for guidelines)

Pricing:

Local Service	17.00	Includes unlimited local calling only no features or long distance.*
SLEC	6.50	Single Line End User Charge
Discount	<u>(17.02)</u>	Federal and State discount total

Total** 6.48 Total before applicable taxes and fees.

To continue to receive the discounts there is a yearly recertification process that needs to be completed. If this is not done by the recertification date then your discounts will be discontinued and you will be charged as a regular customer and not a life line customer.

If you have any questions or concerns about the Life Line Program please contact a Customer Service Representative at 620-767-5153 or 1-800-362-2576 or stop by our Solutions Center located at 923 W. Main St., Council Grove KS 66846. Office hours are Monday -Friday 8:00 AM to 5:00 PM

*Calling features and long distance are charged at normal tariff rates, please refer to our website (www.tctelco.net) for pricing information

**All taxes and fees will be charge accordingly to Federal, State and Local Laws.

KANSAS LIFELINE PROGRAM



You are eligible if you receive any of the following:

- Medicaid
- Section 8 Public Housing Assistance
- Supplemental Nutrition Assistance Program
- Supplemental Security Income (SSI)
- Veterans Pension and Survivors Benefit
- Bureau of Indian Affairs General Assistance
- Head Start (tribal programs for only those meeting its income qualifying standard)
- Food Distribution Program on Tribal Lands
- Tribally Administered Temporary Assistance for Needy Families



A consumer must provide three consecutive months of income documentation (e.g. paystubs), or provide a copy of his or her previous year tax return. For more information about Kansas Lifeline, call your local telephone company. The number is on your telephone bill and in the front section of the telephone directory.



Kansas Lifeline Certification Form

COMPANY INFORMATION:

Company Name: Tri-County Telephone Assoc, Inc Company Address: 1568 S 1000 RD, Council Grove, KS 66846

Company Contact Name: Dale Jones

Telephone Number: 620-767-5153

Contact's E-mail Address: djones@tctainc.net

SUBSCRIBER INFORMATION:

Account Holder's Full Name: _____ Account Number: _____

Beneficiary Name (if different from Account Holder): _____

Account Holder's Full Residential Address: _____

(No P.O. Boxes) ☐ Permanent ☐ Temporary

Temporary Residential Address: _____

(e.g. shelter, friend, family member, etc.)

Telephone Number: (_____) _____ - _____

Subscriber's Lifeline Billing Address (P.O. Boxes Allowed): _____

☐ Check if Same as Residential Address

Subscriber's Date of Birth: ____ / ____ / ____
MM / DD / YYYY

Subscriber's last Four Digits of SS No.: _____
XXXX

Apply Lifeline Benefit to: ____ Voice Service ____ Broadband Service (Only available for 10mbps or higher tiers)

➤ 1. I or a member of my household receives benefits from the following program(s):

☐ Medicaid ☐ SNAP ☐ SSI ☐ FPHA (Section 8) ☐ Veteran's Pension/Survivors Benefits ☐ Tribal Programs

➤ 2. I do not receive benefits from the programs above but qualify for Lifeline under the income-based criterion.

_____ Number in household

Note: Consumer must provide THREE CONSECUTIVE MONTHS of statements as documentation of income, or provide a copy of their tax return for the previous year.

<See Back of Form>

Lifeline is a federal benefit and that willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment or being barred from the program.



Kansas Lifeline Certification Form

CERTIFY PROSPECTIVE SUBSCRIBER'S ELIGIBILITY

Each prospective subscriber must certify, under penalty of perjury for receiving Lifeline support, by initialing each applicable area:

____: I participate in a qualifying federal program or meet the income qualification.

____: I will notify the carrier within 30 days if for any reason I no longer satisfy the criteria for receiving Lifeline support, including, as relevant, no longer meeting the income-based or program based criteria for receiving Lifeline support, receiving more than one Lifeline benefit, or another member of the household is receiving a Lifeline benefit.

____: If I move to a new address, I will provide that new address to the company within 30 days.

____: If I have a temporary residential address, I will verify the temporary residential address every 90 days.

____: Subscriber acknowledges that a household is eligible to receive only one Lifeline service and, to the best of his/her knowledge, the subscriber's household is not already receiving a Lifeline service. A household defined for purposes of the Lifeline program; as any individual or group of individuals who live together at the same address and share income and expenses.

____: The information contained in this subscriber's certification form is true and correct to the best of my knowledge.

____: I acknowledge that providing false or fraudulent information on this certification form to receive Lifeline benefits is punishable by law.

____: I acknowledge that I may be required to re-certify eligibility for Lifeline at any time, and my failure to re-certify as to the continued eligibility will result in de-enrollment and the termination of Lifeline benefit.

____: I understand Lifeline is a non-transferable benefit and may not be transferred to any other person.

____: I acknowledge that a household is eligible to receive only one Lifeline service and to the best of my knowledge, my household is not already receiving a Lifeline service. A household is defined for Lifeline purposes as any group of individuals who live together at the same address and share income and expenses. A household is not permitted to receive Lifeline benefits from multiple providers and violation would result in de-enrollment from the program.

I consent to have certain information contained within this application, including: name, address, telephone number, date of birth, last 4 digits of SSN, or Tribal ID number, provided to the Universal Service Administration Company (USAC) and/or its agents, and to any state and federal agency, for the purpose of verifying that I qualify for the Lifeline program and that I do not receive more than one Lifeline Benefit. I understand that failure to provide consent will result in my being denied Lifeline service.

SIGNATURES:

Subscriber's Signature: _____ Date: ____ / ____ / ____

Company's Signature: _____ Date: ____ / ____ / ____

Documentation provided to support eligibility:

Lifeline is a federal benefit and that willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment or being barred from the program.

MILESTONE CERTIFICATION

June 14, 2017

Marlene H. Dortch, Secretary
Federal Communications Commission
Office of the Secretary
445 12th Street SW
Room TW-A325
Washington, D.C. 20554

Re: Form 481 Line 3010 - Milestone Certification Pursuant to 47 C.F.R. § 54.313(f)(1)(i)

Dear Ms. Dortch:

Tri-County Telephone Association Inc., Study Area Code 411839, in accordance with 47 C.F.R. § 54.313(f)(1)(i) of the Commission's rules, hereby certifies that it is taking reasonable steps to provide upon reasonable request broadband service at actual speeds of at least 10 Mbps downstream/1 Mbps upstream, with latency suitable for real-time applications, including Voice over Internet Protocol, and usage capacity that is reasonably comparable to comparable offerings in urban areas and that requests for such service are met within a reasonable amount of time.

Respectfully submitted,



Jason C. Pettit
Controller

Line 3012: Community Anchor Institutions**Community Anchor Institutions**

Tri-County Telephone Association, Inc. has been providing broadband services to its community anchor institutions for several years. With that stated, there are no new broadband connections to report for community anchor institutions for 2016.

REDACTED FOR PUBLIC INSPECTION

REDACTED - FOR PUBLIC INSPECTION

REDACTED

**[The Financial Report of Tri-County Telephone Association, Inc. is
redacted in its entirety as Highly Confidential Information]**