FCC Form 481 - Carrier Annual Reporting Data Collection Form

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

<010>	Study Area Code	379014
<015>	Study Area Name	MOBIUS COMMUNICATIONS COMPANY, HEMINGFORD
<020>	Program Year	2017
<030>	Contact Name: Person USAC should contact with questions about this data	Tonya Mayer
<035>	Contact Telephone Number: Number of the person identified in data line <030>	3084875500 ext.
<039>	Contact Email Address: Email of the person identified in data line <030>	tonya@bbc.net
	Form Type	54.313 and 54.422

(100) Service Quality Improvement Reporting Data Collection Form

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

<010>	Study Area Code	379014
<015>	Study Area Name	MOBIUS COMMUNICATIONS COMPANY, HEMINGFORD
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Tonya Mayer
<035>	Contact Telephone Number - Number of person identified in data line <030>	3084875500 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tonya@bbc.net

<110>	Has your company received its ETC certification from the FCC?	(yes / no) ○ ◉
<111>	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes / no) ○ ○

If your answer to Line <111> is yes, please file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

Name of Attached Document

Please select the appropriate responses below (Yes, No, Not Applicable) to confirm that the attached document(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to §54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

<113>	Maps detailing progress towards meeting plan targets	
<114>	Report how much universal service (USF) support was received	
<115>	How much (USF) was used to improve service quality and how support was used to improve service quality	
<116>	How much (USF) was used to improve service coverage and how support was used to improve service coverage	
<117>	How much (USF) was used to improve service capacity and how support was used to improve service capacity	
<118>	Provide an explanation of network improvement targets not met in the prior calendar year.	

(200) Service Outage Reporting (Voice)
Data Collection Form

FCC Form 481
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July 2013

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<020>	Program Year	2017
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<039>	Contact Email Address - Email Address of person identified in data line <030>	tonya@bbc.net

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

<220>

<a> NORS Reference Number	<b1> Outage Start Date	<b2> Outage Start Time	<b3> Outage End Date	<b4> Outage End Time	<c1> Number of Customers Affected	<c2> Total Number of Customers	<d> 911 Facilities Affected (Yes / No)	<e> Service Outage Description (Check all that apply)	<f> Did This Outage Affect Multiple Study Areas (Yes / No)	<g> Service Outage Resolution	<h> Preventative Procedures

(300) Unfulfilled Service Request
Data Collection Form

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

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<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Tonya Mayer
<035>	Contact Telephone Number - Number of person identified in data line <030>	3084875500 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tonya@bbc.net

<300> Unfulfilled service request (voice) 0

<310> Detail on attempts (voice)

Name of Attached Document

<320> Unfulfilled service request (broadband)

<330> Detail on attempts (broadband)

Name of Attached Document

(400) 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	379016
<015>	Study Area Name	MOBIUS COMMUNICATIONS COMPANY, HEMINGFORD
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Tonya Meyer
<035>	Contact Telephone Number - Number of person identified in data line <030>	3084875600 ext
<039>	Contact Email Address - Email Address of person identified in data line <030>	tonya@bbc.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 both fixed and mobile voice
<410>	Complaints per 1000 customers for fixed voice	0.0
<420>	Complaints per 1000 customers for mobile voice	0.0
<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.	
<440>	Complaints per 1000 customers for fixed broadband	
<450>	Complaints per 1000 customers for mobile broadband	

[500] Compliance With Service Quality Standards and Consumer Protection Rules
Data Collection Form

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

<010>	Study Area Code	379014
<015>	Study Area Name	MOBIUS COMMUNICATIONS COMPANY, MEMINGFORD
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Tonya Mayer
<035>	Contact Telephone Number - Number of person identified in data line <030>	3084675500 ext
<039>	Contact Email Address - Email Address of person identified in data line <030>	tonya@bbc.net
<500>	Certify compliance with applicable service quality standards and consumer protection rules	Yes
<510>	Descriptive document for Service Quality Standards & Consumer Protection Rules Compliance	379014ne510.pdf

(600) Functionality in Emergency Situations Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013

<010>	Study Area Code	379014
<015>	Study Area Name	MOBILE COMMUNICATIONS COMPANY, REPUBLISHED
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Tonya Mayer
<035>	Contact Telephone Number - Number of person identified in data line <030>	3084675500 ext
<039>	Contact Email Address - Email Address of person identified in data line <030>	tonya@bbc.net
<600>	Certify compliance regarding ability to function in emergency situations	Yes
<610>	Descriptive document for Functionality in Emergency Situations	379014ne610.pdf

(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

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<015>	Study Area Name	MOBIUS COMMUNICATIONS COMPANY, HEMINGFORD
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Tonya Mayer
<035>	Contact Telephone Number - Number of person identified in data line <030>	3084875500 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tonya@bbc.net

<701>	Residential Local Service Charge Effective Date	1/1/2016
<702>	Single State-wide Residential Local Service Charge	17.5

<703>

<a1> State	<a2> Exchange (ILEC)	<a3> SAC (CETC)	<b1> Rate Type	<b2> Residential Local Service Rate	<b3> State Subscriber Line Charge	<b4> State Universal Service Fee	<b5> Mandatory Extended Area Service Charge	<c> Total per line Rates and Fees

-- See attached worksheet

(710) Broadbrand Price Offerings
Data Collection Form

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

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<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Tonya Mayer
<035>	Contact Telephone Number - Number of person identified in data line <030>	3084875500 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tonya@bbc.net

<711>

<a1> State	<a2> Exchange (ILEC)	<b1> Residential Rate	<b2> State Regulated Fees	<c> Total Rate and Fees	<d1> Broadband Service - Download Speed (Mbps)	<d2> Broadband Service - Upload Speed (Mbps)	<d3> Usage Allowance (GB)	<d4> Usage Allowance Action Taken When Limit Reached (*select*)

(800) Operating Companies
Data Collection Form

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

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<015>	Study Area Name	MOBIUS COMMUNICATIONS COMPANY, HEMINGFORD
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Tonya Mayer
<035>	Contact Telephone Number - Number of person identified in data line <030>	3084875500 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tonya@bbc.net

<810>	Reporting Carrier	Mobius Communications Company
<811>	Holding Company	Hemingford Cooperative Telephone Company
<812>	Operating Company	Mobius Communications Company

<813>

<a1> Affiliates	<a2> SAC	<a3> Doing Business As Company or Brand Designation

(900) Tribal Lands Reporting
Data Collection Form

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

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<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Tonya Mayer
<035>	Contact Telephone Number - Number of person identified in data line <030>	3084875500 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tonya@bbc.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 document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

		Select Yes or No or Not Applicable
<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.	

(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

<010>	Study Area Code	379014
<015>	Study Area Name	MOBIUS COMMUNICATIONS COMPANY, HEMINGFORD
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Tonya Mayer
<035>	Contact Telephone Number - Number of person identified in data line <030>	3084875500 ext
<039>	Contact Email Address - Email Address of person identified in data line <030>	tonya@bbc.net

<1000> Voice services rate comparability certification: Yes

<1010> Attach detailed description for voice services rate comparability compliance

Name of Attached Document

<1020> Broadband comparability certification

<1030> Attach detailed description for broadband comparability compliance

Name of Attached Document

(1100) No Terrestrial Backhaul Reporting Data Collection Form

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

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<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Tonya Mayer
<035>	Contact Telephone Number - Number of person identified in data line <030>	3084875500 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tonya@bbc.net

<1100>	Certify whether terrestrial backhaul options exist (Y/N)	Yes
<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
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July 2013

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<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Tonya Mayer
<035>	Contact Telephone Number - Number of person identified in data line <030>	3084875500 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tonya@bbc.net

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

379014ne1210.pdf

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, ☑

<1222> Details on the number of minutes provided as part of the plan, ☑

<1223> Additional charges for toll calls, and rates for each such plan. ☑

(2000) Price Cap Carrier Additional Documentation
Data Collection Form
Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

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

<010>	Study Area Code	379014
<015>	Study Area Name	MOBIUS COMMUNICATIONS COMPANY, HEMINGFORD
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Tonya Mayer
<035>	Contact Telephone Number - Number of person identified in data line <030>	3084875500 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tonya@bbc.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

<2010> 2nd Year Certification 47 CFR § 54.313(b)(1)(i) - Note that for the July 1 2016 certification, this applies to Round 2 recipients of Incremental Support

<2011> 3rd Year Certification 47 CFR § 54.313(b)(1)(ii) - Note that for the July 1 2016 certification, this applies to Round 1 recipients of Incremental Support

<2022> Recipient certifies, representing year two 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 two - 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 two - 54.313(b)(2)(ii). Round 2 recipients only.

Name of Attached Document Listing Required Information

<2025A> Round 1 or Round 2 Recipient of Incremental Support?

<2025B> Attach geocoded Information for Phase I milestone reports (Round 1 for year three and Round 2 for year two) - Connect America Fund , WC Docket 10-90, Report and Order, FCC 13-

Name of Attached Document Listing Required Information

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

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?

<2017B> Attach information for Phase II - 54.313(e)(1) - list of geocoded locations already meeting the 54.309 public interest obligations at the end of calendar year 2015 and total amount of Phase II support, if any, the price cap carrier used for capital expenditures in 2015.

Name of Attached Document Listing Required Information

<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)(2)(ii)

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)(2)(v)

<2020> Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 40% of its supported locations in the state on December 31, 2017 - 54.313(e)(3)

<2021> Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 60% of its supported locations in the state on December 31, 2018 - 54.313(e)(4)

<2026> Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 80% of its supported locations in the state on December 31, 2019 - 54.313(e)(5)

<2027> Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 100% of its supported locations in the state on December 31, 2020 - 54.313(e)(6)

(3005) Rate Of Return Carrier Additional Documentation Data Collection Form

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OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2019

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

Complete the items below to note compliance with five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring 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.

	Progress Report on 5 Year Plan		
(3009)	Carrier certifies to 54.313(f)(1)(iii)		
(3010A)	Milestone Certification (47 CFR § 54.313(f)(1)(i))		
(3010B)	Please Provide Attachment	Name of Attached Document Listing Required Information	
(3012A)	Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))		
(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) ○ ○	
(3014)	If yes, does your company file the RUS annual report	(Yes/No) ○ ○	
	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)	☐	
(3016)	Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows	☐	
(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	
(3018)	If the response is no on line 3014, is your company audited?	(Yes/No) ○ ○	
	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	☐	
(3020)	Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows	☐	
(3021)	Management letter and/or audit opinion issued by the independent certified public accountant that performed the company's financial audit.	☐	
	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	☐	
(3023)	Underlying information subjected to a review by an independent certified public accountant	☐	
(3024)	Underlying information subjected to an officer certification.	☐	
(3025)	Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows	☐	
(3026)	Attach the worksheet listing required information	Name of Attached Document Listing Required Information	

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

Data Collection Form

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

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<035>	Contact Telephone Number - Number of person identified in data line <030>	3084875500 ext
<039>	Contact Email Address - Email Address of person identified in data line <030>	tonya@bbc.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	

Name of Attached Document Listing Required Information

(4005) Rural Broadband Experiment Additional Documentation Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013

<010>	Study Area Code	379014
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<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Tonya Mayer
<035>	Contact Telephone Number - Number of person identified in data line <030>	304475600 ext
<039>	Contact Email Address - Email Address of person identified in data line <030>	tonya@bbc.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	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013

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<039>	Contact Email Address - Email Address of person identified in data line <030>	tonya@bbc.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: MOBIUS COMMUNICATIONS COMPANY, HEMINGFORD

Signature of Authorized Officer: CERTIFIED ONLINE Date 06/15/2016

Printed name of Authorized Officer: Tonya Mayer

Title or position of Authorized Officer: General Manager

Telephone number of Authorized Officer: 3084875500 ext.

Study Area Code of Reporting Carrier: 379014 Filing Due Date for this form: 07/01/2016

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

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<039>	Contact Email Address - Email Address of person identified in data line <030>	tonya@bbc.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.

Attachments

(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	379014
<015>	Study Area Name	MOBIUS COMMUNICATIONS COMPANY. HEMINGFORD
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Tonya Mayer
<035>	Contact Telephone Number - Number of person identified in data line <030>	3084875500 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tonya@bbc.net

<701>	Residential Local Service Charge Effective Date	1/1/2016
<702>	Single State-wide Residential Local Service Charge	17.5

<703>

<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<b4>	<b5>	<c>
State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fees
NE	Alliance		FR	17.5	0.0	1.22	0.0	18.72
NE	Crawford/Whitney		FR	17.5	0.0	1.22	0.0	18.72
NE	Chadron		FR	17.5	0.0	1.22	0.0	18.72
NE	Bridgeport		FR	17.5	0.0	1.22	0.0	18.72
NE	Sidney		FR	17.5	0.0	1.22	0.0	18.72
NE	Harrison		FR	17.5	0.0	1.22	0.0	18.72

Line 510: Service Quality Standards & Consumer Protection Rules Compliance

Service Quality Standards

The Company complies with the service quality standards set forth in the following sections of the rules of the Nebraska Public Service Commission (NE PSC):

- 291 Neb. Admn. Code 5-002 (Local Exchange Service)

Consumer Protection Rules

The company complies with the following consumer protection rules:

- FCC rules regarding (1) Verification of orders for telecommunications service as required of submitting carriers (47 CFR §64.1100), (2) Truth-in-Billing Requirements (47 CFR §64.2400), and (3) 47 C.F.R. § Part 64 Subpart U, Customer Proprietary Network Information
- Federal Trade Commission 16 C.F.R. §681, Identity Theft Red Flags
- NE PSC rules 291 Neb. Admn. Code 5-004 (Subscriber Complaints of Slamming and Unauthorized Charges.

Line 610: Functionality in Emergency Situations

- 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. These provisions include, but are not limited to, installing adequate battery reserve capacity where needed, training personnel in appropriate emergency procedures and maintaining the ability to reroute traffic around damaged facilities. FCC rule 47 CFR §54.202(a), NE PSC rule 291 Neb. Admn. Code 5-002.05 (Emergency Operations and Power).

Mobius Communications Company
523 Niobrara Avenue, Hemingford, NE 69348
(308) 487-5500 or toll free (877) 266-2487

Lifeline:

Lifeline Assistance is a government assistance program sponsored by the FCC to reduce rates for primary residential telephone service to qualifying subscribers who receive income-based benefits.

Lifeline subscribers may receive unlimited local calling at a discount of $9.25.

Eligible customers may obtain Toll Blocking free of charge. The Company's voice lifeline plan does not include any free minutes of use for toll. Eligible customers that elect to take Toll Blocking will not be required to pay a service deposit. Lifeline customers may at their discretion choose to subscribe to any Long Distance provider of their choice at the rates offered by chosen the Long Distance provider.

Limitations:

- The discounts are applicable only on the end user's principal residence line.
- One discount per household for eligible participants is allowed. Discount is applicable towards primary residential connections only. The telephone service must be listed in your name. A household is everyone who lives together at your address as one economic unit.
- Service in non-transferable.

Eligibility Requirements:

- Participant must be verified eligible prior to participation.
- With income at or below 135% of the Federal Poverty Guidelines.
- Participation in the following programs: Medicaid, Kids Connection (SAM, MAC, EMAC), Supplemental Security Income, Low- Income Home Energy Assistance, Supplemental Nutritional Assistance Program, National School Lunch Program Free Lunch Program, Federal Public Housing, Temporary Assistance for Needy.
- Lifeline subscribers must re-certify eligibility each year.
- To determine if you are eligible complete an application form and provide proof of eligibility as directed on the application available online at www.psc.state.ne.us or by calling the Nebraska Public Service Commission at (402) 471-3101 or toll free (800) 526-0017. Application may also be obtained by contacting the office of Mobius Communications Company or by mailing a request to:
    - NTAP
      PO Box 9427
      Lincoln, NE 68509-4927