REDACTED FOR PUBLIC INSPECTION

Your business
is our business.

7852 Walker Drive, Suite 200
Greenbelt, Maryland 20770
phone: 301-459-7590, fax: 301-577-5575
internet: www.jsitel.com, e-mail: jsi@jsitel.com

June 21, 2017

Via Hand Delivery

Marlene H. Dortch, Secretary
Federal Communications Commission
Office of the Secretary
445 12th Street, SW
Washington, DC 20554

Re: WC Docket No. 14-58
2017 ETC Annual Report of Grand River Mutual Tel. Corporation
Study Area Code 351888

Dear Ms. Dortch:

On behalf of Grand River Mutual Tel. Corporation ("Company"), JSI files the attached confidential version of the FCC Form 481 ETC annual reporting information pursuant to sections 54.313 and 54.422 of the Commission's rules.[1] Company seeks confidential treatment under Protective Order for section 54.313(f)(2) financial information.[2] The redacted version is also being filed this date via the FCC's Electronic Comment Filing System. In addition, attached is a letter requesting confidential treatment under Sections 0.457 and 0.459 of the Company's outage reporting as required by Section 54.313.[3]

Please direct any questions regarding the filing to the undersigned.

Sincerely,

John Kuykendall
JSI Vice President
301-459-7590
jkuykendall@jsitel.com

[1] 47 C.F.R. §§ 54.313, 54.422.
[2] *Connect America Fund et al.*, WC Docket Nos. 10-90 and 14-58, Protective Order, DA 16-296 rel. March 22, 2016 (Protective Order). 47 C.F.R. § 54.313(f)(2).
[3] 47 C.F.R. §§ 0.457, 0.459, 54.313.

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Federal Communications Commission
Office of the Secretary
445 12th Street, SW
Washington, DC 20554

Re: WC Docket No. 14-58
2017 ETC Annual Report of Grand River Mutual Tel. Corporation
Study Area Code 351888
Request for Confidentiality

Dear Ms. Dortch:

John Staurulakis, Inc. ("JSI"), on behalf of its client Grand River Mutual Tel. Corporation (the "Company") hereby requests, pursuant to Sections 0.457 and 0.459 of the Commission's rules,[1] withholding from public inspection certain information contained in an attachment to the above referenced reporting requirement. The Company provides the following in support of its request, numbered consistent with the subparagraphs of Section 0.459(b).[2]

1. The information for which the Company is seeking confidential treatment is an attachment to the Company's annual reporting information pursuant to Sections 54.313 and 54.422 of the Commission's rules ("Report").[3]

2. Rate-of-Return Eligible Telecommunications Carriers ("ETCs") must report outage information which is contained in an attachment to the 2017 ETC Annual Report.

3. The information contained in the attachment for which the Company seeks the withholding from public inspection is the entirety of data pertaining to the Company's outages provided at FCC Form 481 Line 200 attachment, Service Outage Reporting. Information of this nature is confidential commercial information routinely withheld from public inspection.

4. With respect to identifying the degree to which the outage data contained in the Line 200 attachment concerns a service that is subject to competition, the information pertains to the network and operations of a telecommunications company that has competitors that could benefit if they were able to have access to this information.

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[1] 47 C.F.R. §§ 0.457, 0.459.
[2] 47 C.F.R. § 0.459(b)(1) through (9).
[3] 47 C.F.R. §§ 54.313, 54.422.

5. With respect to identifying possible exposure to competitive harm, the information contained in the subject attachment is information that is not customarily released to the public. Outage information is only known to the Company and its authorized agents. If the Information is not protected, it would have economic value to potential competitors which would place the Company at a competitive disadvantage.

6. With respect to steps the Company has taken to ensure against unauthorized disclosure of the information contained in the attachment, the Company is filing the outage attachment under seal. The Company protects the secrecy of this information with a security protocol that ensures the information is not inadvertently disclosed or disseminated. Only directors, managers and employees with a direct need to know are authorized to access the information.

7. Any previous versions of this information are not publicly available.

8. Because the information is not routinely available, a need exists for maintaining the confidentiality of this information permanently.

9. The Commission has previously concluded that there is a presumptive likelihood of substantial competitive harm from disclosure of outage information.[4] The Commission also determined the disclosure of outage reporting information to the public could present an unacceptable risk of more effective terrorist activity and could therefore result in potential harm to the public and the national defense.

Based on the preceding, JSI respectfully requests on behalf of the Company that the Commission grant confidential treatment under Section 0.459 to Company's outage data provided at FCC Form 481 Line 200 attachment.

Please contact the undersigned with any questions regarding this request.

Sincerely,

John Kuykendall
JSI Vice President
301-459-7590
jkuykendall@jsitel.com

[4] *See In the Matter of New Part 4 of the Commission's Rules Concerning Disruptions to Communications*, ET Docket No. 04-35, *Report and Order and Further Notice of Proposed Rulemaking*, FCC 04-188, rel. Aug. 19, 2004, para. 45.

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	351888
<015>	Study Area Name	GRAND RIVER MUTUAL TEL. CORPORATION
<020>	Program Year	2018
<030>	Contact Name: Person USAC should contact with questions about this data	Jenni Neff
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6607482575 ext.
<039>	Contact Email Address: Email of the person identified in data line <030>	jneff@grm.net
	Form Type	54.313 and 54.422

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

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

<010>	Study Area Code	351888
<015>	Study Area Name	GRAND RIVER MUTUAL TEL. CORPORATION
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Jenni Neff
<035>	Contact Telephone Number - Number of person identified in data line <030>	6607482575 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jneff@grm.net

<210> For the prior calendar year, were there any reportable voice service outages? Yes

<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

-- See attached worksheet --

(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	351888
<015>	Study Area Name	GRAND RIVER MUTUAL TEL. CORPORATION
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Jenni Neff
<035>	Contact Telephone Number - Number of person identified in data line <030>	6607482575 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jneff@grm.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

(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	351888
<015>	Study Area Name	GRAND RIVER MUTUAL TEL. CORPORATION
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Jenni Neff
<035>	Contact Telephone Number - Number of person identified in data line <030>	6607482575 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jneff@grm.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 Data Collection Form

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

<010>	Study Area Code	351888
<015>	Study Area Name	GRAND RIVER MUTUAL TEL. CORPORATION
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Jenni Neff
<035>	Contact Telephone Number - Number of person identified in data line <030>	6607482575 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jneff@grm.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	351888IA510.pdf
<515>	Certify compliance with applicable minimum service standards	

(600) Functionality in Emergency Situations
Data Collection Form

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

<010>	Study Area Code	351888
<015>	Study Area Name	GRAND RIVER MUTUAL TEL. CORPORATION
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Jenni Neff
<035>	Contact Telephone Number - Number of person identified in data line <030>	6607482575 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jneff@grm.net
<600>	Certify compliance regarding ability to function in emergency situations	Yes
<610>	Descriptive document for Functionality in Emergency Situations	351888IA610.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

<010>	Study Area Code	351888
<015>	Study Area Name	GRAND RIVER MUTUAL TEL. CORPORATION
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Jenni Neff
<035>	Contact Telephone Number - Number of person identified in data line <030>	6607482575 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jneff@grm.net

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

<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**

-- 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

<010>	Study Area Code	351888
<015>	Study Area Name	GRAND RIVER MUTUAL TEL. CORPORATION
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Jenni Neff
<035>	Contact Telephone Number - Number of person identified in data line <030>	6607482575 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jneff@grm.net

<711>

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

(800) Operating Companies
Data Collection Form

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

<010>	Study Area Code	351888
<015>	Study Area Name	GRAND RIVER MUTUAL TEL. CORPORATION
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Jenni Neff
<035>	Contact Telephone Number - Number of person identified in data line <030>	6607482575 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jneff@grm.net

<810>	Reporting Carrier	Grand River Mutual Telephone Corp. Iowa
<811>	Holding Company	Grand River Mutual Telephone Corporation
<812>	Operating Company	Grand River Mutual Telephone Corp. Iowa

<813>

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

-- See attached worksheet --

(900) Tribal Lands Reporting
Data Collection Form

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

<010>	Study Area Code	351888
<015>	Study Area Name	GRAND RIVER MUTUAL TEL. CORPORATION
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Jenni Neff
<035>	Contact Telephone Number - Number of person identified in data line <030>	6607482575 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jneff@grm.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:

		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	351888
<015>	Study Area Name	GRAND RIVER MUTUAL TEL. CORPORATION
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Jenni Neff
<035>	Contact Telephone Number - Number of person identified in data line <030>	6607482575 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jneff@grm.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	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	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

<010>	Study Area Code	351888
<015>	Study Area Name	GRAND RIVER MUTUAL TEL. CORPORATION
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Jenni Neff
<035>	Contact Telephone Number - Number of person identified in data line <030>	6607482575 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jneff@grm.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
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	351888
<015>	Study Area Name	GRAND RIVER MUTUAL TEL. CORPORATION
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Jenni Neff
<035>	Contact Telephone Number - Number of person identified in data line <030>	6607482575 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jneff@grm.net

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

351888IA1200.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. ✔

(2005) 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	351888
<015>	Study Area Name	GRAND RIVER MUTUAL TEL. CORPORATION
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Jenni Neff
<035>	Contact Telephone Number - Number of person identified in data line <030>	6607482575 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jneff@grm.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
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

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)

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

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

<010>	Study Area Code	351888
<015>	Study Area Name	GRAND RIVER MUTUAL TEL. CORPORATION
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Jenni Neff
<035>	Contact Telephone Number - Number of person identified in data line <030>	6607482575 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jneff@grm.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.

Progress Report on 5 Year Plan

(3009) Carrier certifies to 54.313(f)(1)(iii) — Yes - Attach Certification

(3010A) Certification of Public Interest Obligations {47 CFR § 54.313(f)(1)(i)}

(3010B) Please Provide Attachment — Name of Attached Document Listing Required Information: 351888IA3010.pdf

(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) — ◉ ○

(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: 351888MO3017.pdf

(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) with 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

<010>	Study Area Code	351888
<015>	Study Area Name	GRAND RIVER MUTUAL TEL. CORPORATION
<020>	Program Year	2018
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<035>	Contact Telephone Number - Number of person identified in data line <030>	6607482575 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jneff@grm.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	351888
<015>	Study Area Name	GRAND RIVER MUTUAL TEL. CORPORATION
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Jenni Neff
<035>	Contact Telephone Number - Number of person identified in data line <030>	6607482575 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jneff@grm.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

<010>	Study Area Code	351888
<015>	Study Area Name	GRAND RIVER MUTUAL TEL. CORPORATION
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Jenni Neff
<035>	Contact Telephone Number - Number of person identified in data line <030>	6607482575 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jneff@grm.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:

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.

Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013

<010>	Study Area Code	351888
<015>	Study Area Name	GRAND RIVER MUTUAL TEL. CORPORATION
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<035>	Contact Telephone Number - Number of person identified in data line <030>	6607482575 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jneff@grm.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) John Staurulakis, Inc. **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: John Staurulakis, Inc.

Name of Reporting Carrier: GRAND RIVER MUTUAL TEL. CORPORATION

Signature of Authorized Officer: CERTIFIED ONLINE Date: 06/21/2017

Printed name of Authorized Officer: Mark Yungeberg

Title or position of Authorized Officer: Vice Pres

Telephone number of Authorized Officer: 6607483231 ext.

Study Area Code of Reporting Carrier: 351888 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.

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: GRAND RIVER MUTUAL TEL. CORPORATION

Name of Authorized Agent Firm: John Staurulakis, Inc.

Signature of Authorized Agent or Employee of Agent: CERTIFIED ONLINE Date: 06/21/2017

Name of Authorized Agent Employee: John Staurulakis, Inc.

Title or position of Authorized Agent or Employee of Agent Staff Consultant

Telephone number of Authorized Agent or Employee of Agent: 3014597590 ext.

Study Area Code of Reporting Carrier: 351888 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.

Attachments

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

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

<010>	Study Area Code	351888
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<039>	Contact Email Address - Email Address of person identified in data line <030>	jneff@grm.net

<210> For the prior calendar year, were there any reportable voice service outages? Yes

<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
	6										

Grand River Mutual Telephone Corp Iowa's demonstration of complying with applicable service quality standards and consumer protection rules for voice and broadband services:

In establishing this certification in its *2005 ETC Order*,[1] the FCC found that an ETC must make "a specific commitment to objective measures to protect consumers." [2] The Commission found that for wireless ETCs, compliance with CTIA's Consumer Code for Wireless Service would satisfy this requirement and that the sufficiency of other commitments would be considered on a case-by-case basis. In this context, the FCC stated, "to the extent a wireline or wireless ETC applicant is subject to consumer protection obligations under state law, compliance with such laws may meet our requirement."[3]

1) Grand River-IA complies with the quality of service standard, service connection, held order and service interruption performance provisions of the state of Iowa, as promulgated in Iowa Administrative Code §199-22.6. Grand River-IA is committed to providing the highest quality service to its customers.
2) Grand River-IA complies with the requirements of 47 CFR Part 64 Subpart U, Customer Proprietary Network Information and Subpart Y, Truth in Billing Requirements for Common Carriers, and Federal Trade Commission Red Flag rules to prevent identity theft. A company manual for CPNI and Red Flags is in place, and employee training is conducted annually and new hires are instructed on the programs as required by their job functions.
3) The Company is subject to consumer protection obligations for broadband services under federal law. These obligations include, but are not limited to,

[1] Federal-State Joint Board on Universal Service, CC Docket No. 96-45, Report and Order, FCC 05-46 (rel. Mar. 17, 2005) ("2005 ETC Order").
[2] Id. at para. 28.
[3] Id. at n. 72.

the following: public disclosure of accurate information regarding network management practices, performance, and commercial terms of broadband internet access services; as a means of providing sufficient information for consumers to make informed choices regarding use of such services, and for content, application, service and device providers to develop, market, and maintain internet offerings as specified in F.C.C. 47 C.F.R. Part 8 §8.3.

4) The Company furthermore will comply with all requirements set forth in the *2015 Open Internet Order* when it becomes effective.

Grand River Mutual Telephone Corp Ability to Function in Emergency Situations for voice and broadband services:

Grand River Mutual Telephone Corporation ("Grand River-IA") hereby certifies that it is able to function in emergency situations as set forth in the Code of Federal Regulations, Title 4 7, Part 54, Subpart C, §54.202(a)(2)[1] and the Iowa Administrative Code § 199-22.6(5).

Description of Functionality in Emergency Situations

1) Grand River-IA has 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.
2) Specifically, each of Grand River-IA's Community Dial Offices is equipped with a battery backup system capable of powering the equipment for a minimum of 8 hours with no outside power source. Each office also has a backup emergency generator capable of running for an extended number of days on liquid propane or diesel fuel. All digital loop carriers have battery backup also and are powered by portable generators during power outages. Where the company has deployed fiber to the home technology, the customer NID's have a UPS battery backup in case of emergency. Grand River-IA has built redundant facilities between its exchanges, affiliated companies and also back to its toll facilities which exit to the public switched telephone network. This redundant facility is in the form of SO NET or Asynchronous transport. The Company can change call routing translations as needed to reroute traffic around damaged facilities. Changing call routing

[1] Section 54.202(a)(2) requires ETCs that are designated by the Commission to "demonstrate its ability to remain functional in emergency situations, including a demonstration that it has 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."

translations will also allow the Company to manage traffic spikes throughout its network, as emergency situations require. Grand River-IA takes no responsibility for the capabilities of interconnected networks to manage traffic spikes resulting from emergency situations, but will continue its best efforts for its own network during such events.

(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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<039>	Contact Email Address - Email Address of person identified in data line <030>	jneff@grm.net

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

<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**
IA	ALL		FR	18.0	0.0	0.0	0.0	18.0

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(710) Broadband Price Offerings
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>	jneff@grm.net

<711>

<a1> State	<a2> Exchange (ILEC)	<b1> Residential Rate	<b2> State Regulated Fees	<c> Total Rates 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}
IA	All	42.95	0.0	42.95	6.0	1.0	999999.0	Other, no usage allowance
IA	All (bundled)	35.65	0.0	35.65	6.0	1.0	999999.0	Other, no usage allowance
IA	All	60.0	0.0	60.0	15.0	3.0	999999.0	Other, no usage allowance
IA	All (bundled)	49.8	0.0	49.8	15.0	3.0	999999.0	Other, no usage allowance
IA	All	79.95	0.0	79.95	25.0	10.0	999999.0	Other, no usage allowance
IA	All (bundled)	66.36	0.0	66.36	25.0	10.0	999999.0	Other, no usage allowance
IA	All	139.95	0.0	139.95	50.0	25.0	999999.0	Other, no usage allowance
IA	All (bundled)	119.01	0.0	119.01	50.0	25.0	999999.0	Other, no usage allowance
IA	All	49.95	0.0	49.95	10.0	1.0	999999.0	Other, no usage allowance
IA	All (bundled	42.33	0.0	42.33	10.0	1.0	999999.0	Other, no usage allowance

(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	GRAND RIVER MUTUAL TEL. CORPORATION
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<039>	Contact Email Address - Email Address of person identified in data line <030>	jneff@grm.net

<810>	Reporting Carrier	Grand River Mutual Telephone Corp. Iowa
<811>	Holding Company	Grand River Mutual Telephone Corporation
<812>	Operating Company	Grand River Mutual Telephone Corp. Iowa

<813>

<a1>	<a2>	<a3>
Affiliates	**SAC**	**Doing Business As Company or Brand Designation**
South Central Communications, Inc.	351888	SCC Networks
Lathrop Telephone Company	421932	LTC Networks
Grand River Mutual Telephone Corporation - MO	421888	GRM Networks

LIFELINE SERVICE

Lifeline Service

Lifeline Service is a government benefit program established by the Federal Communications Commission (FCC) and is available to qualifying low-income subscribers for certain residential telecommunications services. The terms and conditions of Lifeline service, including monthly discount amounts, are set forth in rules established by the FCC and Commission and available at the Company's office.

In addition, the terms and conditions of Lifeline service are available on the Company's website as follows: www.grm.net

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GRM NETWORKS
ADVANCED TECHNOLOGY EXCEPTIONAL SERVICE

CONTACT US

Webmail: Broadband | Dial-up/Apple

Custom Search

INTERNET HELP DESK CHAT eBILL

Menu

Home / Phone

PHONE

GRM Networks, LTC Networks and SCC Networks are proud to offer phone service to many communities in Iowa and Missouri. View information below to see our Rates, Terms and Conditions and other important information. Or, use the links to the left to learn about long distance service and calling features!

ONLINE TELEPHONE DIRECTORIES

- GRM Networks Missouri
- GRM Networks & SCC Networks Iowa
- LTC Networks

RATES, TERMS AND CONDITIONS

Click any link below to download a PDF of rates, terms and conditions for the area listed.

- Grand River Long Distance – Missouri
- Grand River Long Distance – Iowa
- Lathrop Long Distance

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- Iowa Local Exchanges Rates
- SCC Networks Local Exchange Rates
- GRM Networks Services Catalog – Iowa
- SCC Networks Services Catalog

+ NO CALL LIST

+ EMERGENCY TELEPHONE NUMBERS

+ DIRECTORY

− LIFELINE PROGRAM

You may be eligible for assistance with your phone or Internet bill through the federal Lifeline program. For a program application, click the links below or for more information about the federal program, go to the Lifeline website at www.usac.org/li/.

Missouri residents that qualify for the federal Lifeline program automatically qualify for the state program and receive an additional discount. If you are a Missouri resident and do not qualify for the federal Lifeline program, you may qualify for the state Disabled Program. The application for this program is contained within the Lifeline application for Missouri customers listed below. More information on the programs offered by the State of Missouri is available at https://psc.mo.gov/Telecommunications/USFLifeline.

- Lifeline Application: For GRM Networks Missouri Customers
- Lifeline Application: For GRM Networks Iowa Customers
- Lifeline Application: For LTC Networks Customers
- Lifeline Application: For SCC Networks Customers

+ PHONE SCAMS

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EMPLOYMENT OPPORTUNITIES

FORMS AND POLICIES

GRLD/LLD RATES, TERMS & CONDITIONS

DMCA

FOLLOW US ON FACEBOOK:

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GRM Networks

Iowa Lifeline Assistance Certification Form

*The information on this application is strictly confidential and will only be used to assess your eligibility for Lifeline Assistance. Any documentation received will be securely retained and will not be shared.**

(PLEASE PRINT)

Name:

_____

(Last) (First) (Middle)

Residential Address: (may not be a P.O. Box)

_____

(Street) (Apt. #) (City) (State) (Zip)

Check one below:

☐ Permanent Address ☐ Temporary Address (must verify address every 90 days)

Is this address occupied by multiple households? _____ Yes _____ No
(*see definition of household on next page*)

Billing Address (if different than Residential Address):

_____

(Street) (City) (State) (Zip)

Telephone number or existing account number:_____

Date of Birth:(mm/dd/yyyy)_____ **Last 4 digits of Social Security #:** _ _ _ _

Choose ONE service to apply the Lifeline discount: (*check with provider for availability)*

☐ Telephone ☐ Broadband Internet Access Service ("BIAS") ☐ Service Bundle (Phone and BIAS)

Please answer the following questions:

1. Are you or anyone in your household currently participating in any of the following programs? *(Check one & attach documentation*)*

   ☐ Medicaid (e.g. Title XIX/Medical, State Supplemental Assistance)

   ☐ Supplemental Nutrition Assistance Program

   ☐ Supplemental Security Income (SSI)

   ☐ Federal Public Housing Assistance

   ☐ Veterans and Survivors Pension Benefit; **OR**

2. Is your income at or below 135 percent of the Federal Poverty Guidelines?
   _____ Yes _____ No *(Proof of income is required*)*

   If yes, how many persons are in your household? _____

3. Are you or anyone else in your household currently receiving any Lifeline assistance from any other wireline or wireless telephone provider, or any other BIAS provider?
   _____ Yes _____ No

**Federal law requires your provider to review and securely retain this documentation. Federal law also prevents your provider from sharing these documents with unauthorized persons.*

Lifeline Household Worksheet

Only one Lifeline Program-supported service per household is allowed under Federal law.

Your **household** is everyone who lives together at your address and contributes to, or shares in, the income and expenses of the household. Household expenses include food, health care expenses, and the cost of renting or paying a mortgage on your place of residence and utilities. Income includes salary, public assistance benefits, social security payments, pensions, unemployment compensation, veteran's benefits, inheritances, alimony, child support payments, worker's compensation benefits, gifts, and lottery winnings.

Answer the questions below to determine if there is more than one household living at your address, and if your household already receives a Lifeline Program benefit. Providing false information on this form may result in losing your Lifeline service and/or criminal penalties.

1. Does another adult (age 18 or emancipated minor) live with you AND have a Lifeline-discounted service or a "free" wireless Lifeline service? For example, husband, wife, domestic partner, parent, son, daughter, another relative (such as a sibling, aunt, cousin, grandparent, grandchild, etc.), a roommate, or another person.

_____ **No**. You are **ELIGIBLE** for Lifeline because no one in your household has Lifeline. Please **SIGN below** to certify that this is true and complete the rest of this form.

_____ **Yes**. Please answer question 2 below.

2. Do you share expenses for bills, good, or other living expenses AND share income (salary, public assistance benefits, social security payments or other income) with the person in question #1 that has a Lifeline-discounted service?

_____ **No**. You are **ELIGIBLE** for Lifeline because no one in your household has Lifeline. Please **SIGN below** to certify that this is true and complete the rest of this form.

_____ **Yes**.

Do NOT complete the rest of this form. You are ***NOT* ELIGIBLE** because someone in your household already has Lifeline.

I certify that the information provided above is true and that no one in my household already has Lifeline. I understand that violating the one-per-household requirement is against the Federal Communications Commission's rules and I may lose my Lifeline benefits, and may be prosecuted by the United States government for violating the rules.

_____

Signature Date

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Please check boxes below to verify you understand that:

- 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;
- Only one Lifeline service is available per household;
- A household is 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;
- A household is not permitted to receive Lifeline benefits from multiple providers;
- Violation of the one-per-household limitation constitutes a violation of the Commission's rules and will result in the subscriber's de-enrollment from the program; and
- Lifeline is a non-transferable benefit and the subscriber may not transfer his or her benefit to any other person.

By initialing each line and signing below, I certify under penalty of perjury the information contained within this certification form is true and correct to the best of my knowledge:

_____ **I certify** that I meet the income-based or program-based eligibility criteria for receiving Lifeline.

_____ **I certify** that I will notify the carrier within 30 days if for any reason I no longer satisfy the criteria for receiving Lifeline (for example, if I no longer meet the income-based or program-based criteria for receiving Lifeline support, or if I am receiving more than one Lifeline benefit, or another member of my household is receiving a Lifeline benefit).

_____ **I certify** that if I am seeking to qualify for Lifeline as an eligible resident of Tribal lands, that I live on Tribal lands, as defined in federal law.

_____ **I certify** that if I move to a new address, I will provide that new address to the eligible telecommunications carrier within 30 days.

_____ I understand that my household will receive only one Lifeline service and, to the best of my knowledge, **I certify** that my household is not already receiving a Lifeline service.

_____ **I certify** that the information contained in this certification form is true and correct to the best of my knowledge,

_____ **I acknowledge** that providing false or fraudulent information to receive Lifeline benefits is punishable by law;

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

Signature_____ Date_____

Prompt return of this certification form to your local telecommunications or BIAS provider is necessary to ensure proper credits to your account. Certified Lifeline assistance subscribers will receive a re-certification form annually from their local telecommunications or BIAS provider and must return that form to their provider within 60 days to ensure the continuation of assistance benefits.

SERVICE PROVIDER USE ONLY

Telephone # or Account # associated with Lifeline service: _____

Initiation Date: _____ De-enrollment Date: _____

Type of documentation Reviewed: ☐Award Letter ☐Voucher ☐Benefits card ☐Income Statement ☐Other _____

Identifying Information of Document Submitted: _____

Documentation Expiration date (if applicable): _____

Name on Documentation (if different from name of applicant): _____

Method documentation was provided: ☐In Person ☐Fax ☐Mail ☐Electronically

Reviewed by: _____ Date Reviewed: _____

Grand River Mutual Tel. Corporation (SAC 351888)

Response to Line 3010 – Milestone Certification (47 CFR §54.313(f)(1)(i))

Grand River Mutual Tel. Corporation hereby certifies that throughout 2017, it took 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. If a request for broadband service at actual speeds of at least 10 Mbps downstream/1 Mbps upstream is unreasonable, the Company offers broadband service at the highest available speed.

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ATTACHMENT - LINE 3017

ATTACHMENT REDACTED IN ENTIRETY