



413 North Calhoun Street  
West Liberty, IA 52776  
319-627-2145

REDACTED – FOR PUBLIC INSPECTION

June 23, 2016

Marlene H. Dortch, Secretary  
Federal Communications Commission  
Office of the Secretary  
445 Twelfth Street S.W.  
Room 5-A225  
Washington, D.C. 20554

**RE: FCC FORM 481 – CARRIER ANNUAL REPORTING DATA COLLECTION  
CONFIDENTIAL FINANCIAL INFORMATION - SUBJECT TO PROTECTIVE  
ORDER BEFORE THE FEDERAL COMMUNICATIONS COMMISSION (FILED IN  
DOCKETS 14-58) AND CONFIDENTIAL FINANCIAL INFORMATION FILED  
PURSUANT TO SECTIONS .457 AND .459 OF THE FEDERAL COMMUNICATIONS  
COMMISSION RULES**

Dear Ms. Dortch,

West Liberty Telephone Company hereby submits the attached redacted and confidential versions of its “FCC Form 481 – Carrier Annual Reporting Data Collection” financial information pursuant to sections §54.313 and §54.422 of the Commission’s rules, as filed with the Universal Service Administrative Company.

Section 3005 of Form 481 requires the filing of financial information per 47 C.F.R. §54.313(f)(2). West Liberty Telephone Company maintains that this information is “Confidential Financial Information” on the grounds that it is competitively sensitive information which could be used to disadvantage or harm West Liberty Telephone Company and is submitting this information pursuant to Protective Order, DA 16-296 as described below. In addition, West Liberty Telephone Company is requesting confidential treatment pursuant to sections 0.457 and 0.459 of the Commission’s rules for the 2015 Service Quality Improvement Plan Progress Report that is required by section 54.313(a)(1) to be attached to this report. Similar to the financial information submitted under section 54.313(f)(2), the information contained in the 2015 Service Quality



Improvement Plan Progress Report contains competitively sensitive information, including but not limited to projected build-out plans and capital expenditures, that is secure from public access that could be used by a competitor to disadvantage or harm West Liberty Telephone Company.

First, West Liberty Telephone Company is submitting the 54.313(f)(2) "Confidential Financial Information" as a "Stamped Confidential Document" with each page bearing the legend CONFIDENTIAL FINANCIAL INFORMATION - SUBJECT TO PROTECTIVE ORDER, BEFORE THE FEDERAL COMMUNICATIONS COMMISSION and also submitting the .457 and .459 "Confidential Financial Information" as a "Stamped Confidential Document" with each page labeled "CONFIDENTIAL FINANCIAL INFORMATION - SUBJECT TO PROTECTIVE ORDER, BEFORE THE FEDERAL COMMUNICATIONS COMMISSION". One copy of the "Stamped Confidential Document(s)" and accompanying cover letter are enclosed.

Second, West Liberty Telephone Company is submitting the "Stamped Confidential Document(s)" as a "Redacted Confidential Document" where the "Confidential Financial Information" has been redacted. One copy of the "Redacted Confidential Document(s)" and accompanying cover letter with each page labeled "REDACTED - FOR PUBLIC INSPECTION" are being filed through the Commission's Electronic Comment Filing System ("ECFS").

FCC Form 481 also will be filed prior to July 1st with the State Commission.

Please contact me with any questions you have on this filing.

Sincerely,

/s/ Lane Bailey

Lane Bailey  
West Liberty Telephone Company  
(319) 627-2145  
[bailey@Corp.Lcom.net](mailto:bailey@Corp.Lcom.net)

Attachments

<b>FCC Form 481 - Carrier Annual Reporting</b> <b>Data Collection Form</b>	FCC Form 481 OMB Control No. 3066-0988/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	351332
<015> Study Area Name	WEST LIBERTY TEL CO
<020> Program Year	2017
<030> Contact Name: Person USAC should contact with questions about this data	LAMR BAILLY
<035> Contact Telephone Number; Number of the person identified in data line <030>	3196272145 ext.233
<039> Contact Email Address; Email of the person identified in data line <030>	bailly@Corp.Lcom.net
Form Type	54.313 and 54.422

<b>(100) Service Quality Improvement Reporting Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	351332
<015>	Study Area Name	WEST LIBERTY TEL CO
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	LANE BAILEY
<035>	Contact Telephone Number - Number of person identified in data line <030>	3186272145 ext. 233
<039>	Contact Email Address - Email Address of person identified in data line <030>	bailey@corp.lcom.net

<110> Has your company received its ETC certification from the FCC? (yes / no)

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.

3513321a112.pdf

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

















(00) 00000000000000000000 Data Collection Form	FCC Form 481 CMB Control No. 3060-0986 CMB Control No. 3060-0800 July 2013
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<010>	Study Area Code	351332
<015>	Study Area Name	WEST LIBERTY TBL CO
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	LANE BAILEY
<035>	Contact Telephone Number - Number of person identified in data line <030>	3196272145 ext. 233
<039>	Contact Email Address - Email Address of person identified in data line <030>	bailey@Corp.Lcom.net
<900>	Does the company serve Tribal Lands?	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:

- <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

Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0811 JUL2013
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<010>	Study Area Code	351332
<015>	Study Area Name	WEST LIBERTY TEL CO
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	LANE BAILEY
<035>	Contact Telephone Number - Number of person identified in data line <030>	3196272145 ext.233
<039>	Contact Email Address - Email Address of person identified in data line <030>	baileycorp.Lcon.net

<1000>	Voice services rate comparability certification	Yes
<1010>	Attach detailed description for voice services rate comparability compliance	351332ia1010.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	351332ia1030.pdf Name of Attached Document



(1200) Terms and Condition for Lifeline Customers Lifeline Data Collection Form	FCC Form 481 OMB Control No. 3060-0988 JTM2013
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<010> Study Area Code	351332
<015> Study Area Name	WEST LIBERTY TEL CO
<020> Program Year	2017
<030> Contact Name - Person USAC should contact regarding this data	LAMB BAILEY
<035> Contact Telephone Number - Number of person identified in data line <030>	3196272145 ext. 233
<039> Contact Email Address - Email Address of person identified in data line <030>	bailey@corp.lcom.net

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

351332101210.pdf

Name of Attached Document

<1220> Link to Public Website

HTTP [www.libertycommunications.com](http://www.libertycommunications.com)

\*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:

- <1211> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers.
- <1212> Details on the number of minutes provided as part of the plan.
- <1213> Additional charges for toll calls, and rates for each such plan.

<010>	Study Area Code	351332
<015>	Study Area Name	WEST LIBERTY TEL CO
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	LANE BAILEY
<035>	Contact Telephone Number - Number of person identified in data line <030>	3196272145 Ext. 233
<039>	Contact Email Address - Email Address of person identified in data line <030>	bailey@Corp.Lcom.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)(iii) 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)(iii) 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)

<010>	Study Area Code	351332
<015>	Study Area Name	WEST LIBERTY TEL CO
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	LANE BAILEY
<035>	Contact Telephone Number - Number of person identified in data line <030>	3196272145 ext.233
<039>	Contact Email Address - Email Address of person identified in data line <030>	bailey@Corp.Lcom.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.

(3009) Progress Report on 5 Year Plan  
 Carrier certifies to 54.313(f)(1)(iii)

(3010A) Milestone Certification (47 CFR § 54.313(f)(1)(i)) Yes - Attach Certification

(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)

(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



(4005) Rural Broadband Experiment Additional Documentation Data Collection Form	FCC Form 481 OMB Control No. 3060-0886/ OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	351332
<015>	Study Area Name	WEST LIBERTY TEL CO
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	LANE BAILEY
<035>	Contact Telephone Number - Number of person identified in data line <030>	3196272145 ext. 233
<039>	Contact Email Address - Email Address of person identified in data line <030>	bailey@corp.lcom.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

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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

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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

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Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0686 JUL 2013
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<010> Study Area Code	351332
<015> Study Area Name	WEST LIBERTY TEL CO
<020> Program Year	2017
<030> Contact Name - Person USAC should contact regarding this data	IANE BAILEY
<035> Contact Telephone Number - Number of person identified in data line <030>	3196272333 ext. 233
<039> Contact Email Address - Email Address of person identified in data line <030>	bailey@corp.lcom.net

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

CERTIFICATION OF ACCURACY	
I, the undersigned, certify that the information furnished on this form is true and correct; that I am an authorized officer of the reporting carrier; and that I am duly sworn to file true and correct information.	
Name of Reporting Carrier:	WEST LIBERTY TEL CO
Signature of Authorized Officer:	CERTIFIED ONLINE Date 06/14/2016
Printed name of Authorized Officer:	Iane Bailey
Title or position of Authorized Officer:	Accountant
Telephone number of Authorized Officer:	3196270233 ext.
Study Area Code of Reporting Carrier:	351332 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 CMB Control No. 3060-0986CMB JUN2013
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<010> Study Area Code	351332
<015> Study Area Name	WEST LIBERTY TEL CO
<020> Program Year	2017
<030> Contact Name - Person USAC should contact, regarding this data	LANE BALLEW
<035> Contact Telephone Number - Number of person identified in data line <030>	3196272145 ext. 233
<039> Contact Email Address - Email Address of person identified in data line <030>	ballew@corp.lcom.net

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

CERTIFICATION OF AUTHORIZED AGENT FOR UNIVERSAL SERVICE SUPPORT RECIPIENTS ON BEHALF OF THE 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 AUTHORIZED AGENT FOR UNIVERSAL SERVICE SUPPORT RECIPIENTS ON BEHALF OF THE 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, FIT, : _____	
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







# West Liberty Telephone Company

2016

## PROGRESS REPORT ON QUALITY IMPROVEMENT PLAN

### PREAMBLE

This document is an integral part of the Company's 2015 Annual Report, as attached to Form 481. It is in compliance with §54.313(a)(1) adopted in the FCC's USF/ICC Transformation Order (11-161) and incorporates all further clarifications identified in subsequent Reconsideration Orders, as applicable, that were in effect at the time the Annual Report was due by Rule to the requisite regulatory authorities.

West Liberty Telephone Company advises that the environment in which the Company operates is dynamic, not static. As a result, certain network targets identified in its initial 5 Year Network Improvement Plan filed in 2014, may be modified in response to regulatory decisions that have been subsequently adopted, and as their implication upon the Company's financial viability in providing the required services and service level quality became known.

Modifications to the network plan may also have been taken due to changes in market conditions, technology vendor support, weather or other emergency related contingencies.

Targets not met or changed since the initial 5 Year Plan filing are identified and reasons provided for those changes

### UNIVERSAL SERVICE SUPPORT RECEIVED IN 2015

Per the Universal Service Administrative Company (USAC), as available for the period up to this filing, West Liberty received a total of \$ [REDACTED] in USF support funds. The breakdown of the funding to the point of filing is:

\$ [REDACTED]	High Cost Loop Support
\$ [REDACTED]	Connect American Fund-Intercarrier Compensation Support
\$ [REDACTED]	Interstate Common Line Support
\$ [REDACTED]	Safety Net Additive

Universal Service Support funds are used to: 1) maintain, upgrade, and improve the Company's network and, 2) cover operating expenses and debt commitments as necessary to permit it to offer a high level of service for both voice and broadband within the authorized serving area.

USF support will continue to be included in the Company's current revenue accounts and forward-looking projections. Revenues, in the aggregate, are used for both capital expenditures as well as to cover operating expenses and fixed costs incurred to obtain capital from lenders. The Company does not segregate USF separately for purposes of capital and operating expenditures; USF is expended in the same proportion as all other revenue sources.

## West Liberty Telephone Company

The proportionate share of USF expenditures in 2015 for CAPEX was \$ [REDACTED] (66.6%); for OPEX \$ [REDACTED] (33.4%).

In the accompanying 2015 project detail, expenditures for network improvements sometimes involve service quality, coverage and capacity as an integrated improvement project and are not mutually exclusive from one another. In terms of cost, projects involving multiple qualifiers are of equal dollar equivalence. Where a project involves a single qualifier, it is so noted.

### PROGRESS REPORT

#### 2015

##### WEST LIBERTY EXCHANGE

West Liberty Exchange projected projects for 2015 have been completed per the forecast for a total cost of \$ [REDACTED] or approximately \$ [REDACTED] more than estimated. ONT replacement costs were higher than originally estimated. These costs were used to improve service quality, coverage and capacity for its voice and broadband network.

##### WEST BRANCH EXCHANGE

West Branch Exchange projected projects for 2015 have been completed per the forecast with the exception of the FTTH projects for a total cost of \$ [REDACTED] or approximately \$ [REDACTED] less than estimated. The FTTH projects were deferred to 2016 or not completed due to contractor availability and weather conditions. These costs were used to improve service quality, coverage and capacity for its voice and broadband network.

##### ALL EXCHANGES

West Liberty Telephone's company-wide projected projects, including repair and maintenance for 2015 have been completed per the forecast for a total cost of \$ [REDACTED] or approximately \$ [REDACTED] more than estimated. Miscellaneous Outside Plant costs were higher than originally estimated. These costs were used to improve service quality, coverage and capacity for its voice and broadband network.

The total costs for all exchanges was \$ [REDACTED] or approximately \$ [REDACTED] less than originally estimated. All costs were used to improve service quality, coverage and capacity for its voice and broadband network.

**Legend**

Exchange Boundaries - Purple

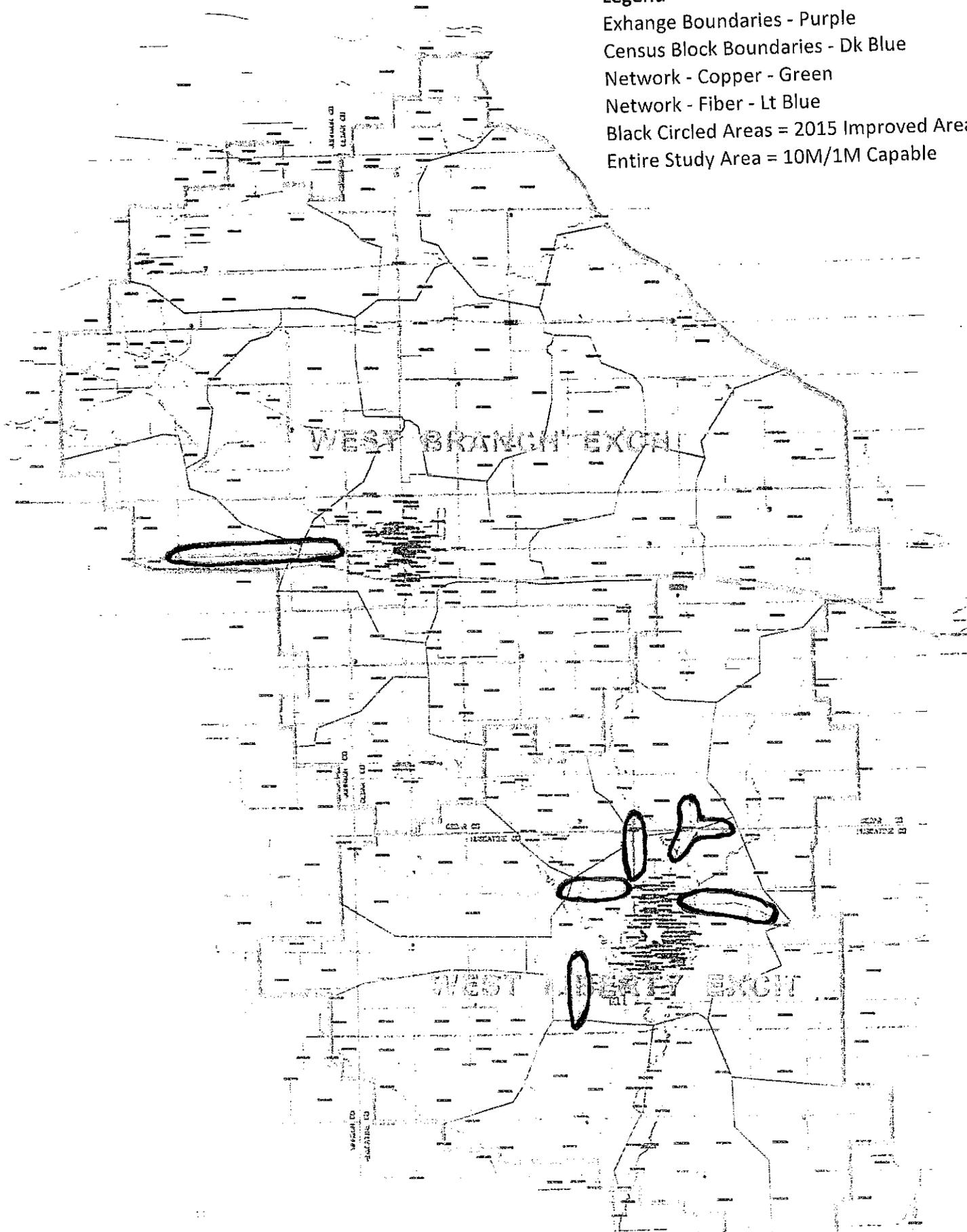
Census Block Boundaries - Dk Blue

Network - Copper - Green

Network - Fiber - Lt Blue

Black Circled Areas = 2015 Improved Areas

Entire Study Area = 10M/1M Capable



WEST LIBERTY WEST BRANCH  
EXCHANGES  
FOR FCC FORM 481



351332ia510

West Liberty Telephone Company

Service Quality Standards and Consumer Protection Rules Compliance

Telco 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.

351332ia610

West Liberty Telephone Company

Functionality in Emergency Situations

Our backup power capabilities include significant battery back up capabilities at both Central Offices, along with natural gas generators. Our rural equipment has an eight hour battery backup, which will soon be increased to sixteen hours as a result of the switch to more efficient equipment requiring less power. We also maintain eight gasoline fueled portable generators for maintaining power to rural equipment in extended outages.

Important communications links are protected by redundant fibers and equipment inside of our Central Office. Our rural plant in West Branch is protected by a SONET ring and an ERPS ring. Our rural plant in West Liberty is also protected by an ERPS ring.

In an emergency situation we would regulate excessive traffic by rate limiting specific VLAN's to ensure delivery of essential services

351332ia1010

West Liberty Telephone Company

Voice Service Rate Comparability

Per Public Notice DA 16-362, for reporting year 2015 the average urban local service rate floor was \$21.93. After adding two standard deviations our residential local service rates are under the benchmark total of \$41.07.

Our Company's residential local service rates are as follows;

Residential urban	\$22.95
Residential rural	\$22.95

The only state fee to be added to these rates is a \$1.00 E-911 service charge.

West Liberty Telephone Company hereby certifies that all its residential local service rates are below the average urban local service rate plus two standard deviations as prescribed by the Wireline Competition Bureau.

  
Signature

Date JUNE 16, 2016

Jerry S. Melick

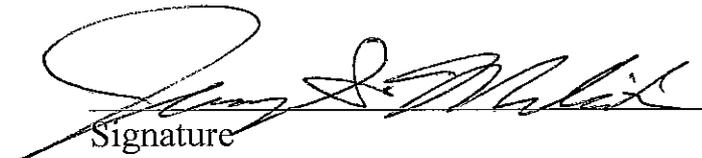
President

351332ia1030

West Liberty Telephone Company

Broadband Service Rate Comparability

West Liberty Telephone Company hereby certifies that it offers a 10M down 1M up broadband connection rate that is priced under the \$77.80 benchmark as prescribed by the Wireline Competition Bureau.



Signature

Date JUNE 16, 2016

Jerry S. Melick

President

351332ia1210

West Liberty Telephone Company

Lifeline Customers Minutes of Use and Additional Toll Charges

Lifeline customers receive the same residential service as regular subscribers, but at a reduced monthly recurring rate.

Thus, lifeline subscribers have an unlimited number of local calling minutes.

As for toll, lifeline subscribers, similar to every West Liberty Telephone subscriber, are free to choose their own toll usage plans through IXC's that serve the West Liberty Telephone exchange.

## Low-Income Telephone Assistance Program

### **Lifeline**

Lifeline is a plan that assists qualified low-income lowans by providing a monthly reduction of \$9.25 on their local telephone bill.

You may only receive low-income assistance from one wireline or wireless telephone provider per household.\*

**\*NOTE:**

A "Household" is defined as any individual or group of individuals who are living together at the same address as one economic unit. An "economic unit" consists of all adult individuals contributing to and sharing in the income and expenses of a household.

### **Eligibility Requirements**

To be eligible for Lifeline assistance, you must meet income-based criterion currently defined as at or below 135 % of the Federal Poverty Guidelines (see table inside) OR participate in at least one of the following programs:

- Medicaid
- Supplemental Nutrition Assistance Program (SNAP)
- Supplemental Security Income (SSI)
- Federal Public Housing Assistance
- Low-Income Home Energy Assistance Program (LIHEAP)
- Temporary Assistance to Needy Families Program (TANF)
- National School Lunch Program (NSL)

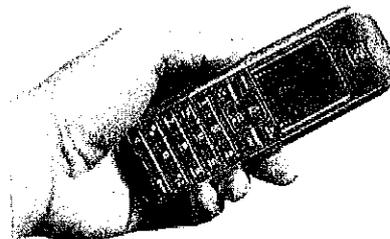
In addition, you must not currently be receiving Lifeline assistance, and no other person in your household can be subscribed to the Lifeline program.

### **To Apply for Lifeline:**

1. Complete the certification form attached to this brochure, (please include any supporting documents) and submit it to your local telecommunications provider's business office. This address can be found in your local telephone directory.
2. Re-certification forms are mailed to all subscribers every year. When you receive a re-certification form, complete and return it to your local telecommunications provider within 30 days. Your telecommunications provider will suspend your eligibility for low-income assistance if you do not return the re-certification form.

## Federal Government Lifeline Program for Low-Income Telephone Assistance

Revised: September 2015



Courtesy of:

The Iowa Communications Alliance,  
Iowa Utilities Board,  
and  
Liberty Communications, your Local  
Communications Provider

**Liberty**  
communications

# 135 percent of federal poverty guidelines

(As of January 22, 2015)

Number of people living in home	Household Income (at or below)
1	\$15,890
2	\$21,506
3	\$27,122
4	\$32,738
5	\$38,354
6	\$43,970
7	\$49,586
8	\$55,202
* For each additional person	Add \$5,616

## Application Checklist

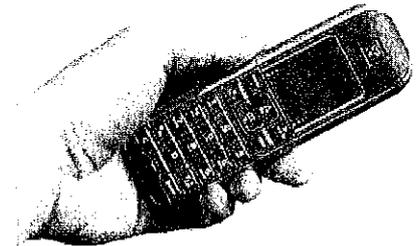
Please provide the following information:

1. A signed and completed Lifeline assistance certification form.
2. A copy of one of the following if applying based on the size and income level of a customer's household:
  - Last year's federal or state income tax return
  - Current annual income statement from employer
  - Paycheck stubs for most recent three consecutive months
  - Social Security statement of benefits
  - Veteran's Administration statement of benefits
  - Retirement or pension statement of benefits
  - Unemployment or worker's compensation statement of benefits
  - Letter of participation in general assistance
  - Divorce decree or child support documentation

3. Supporting documentation of program-based eligibility if applying based on participation in any programs listed on the back of this brochure.

Acceptable documentation of program eligibility includes the current or prior year's statement of benefits from a qualifying assistance program, a notice, letter or documents of participation in a qualifying assistance program, or another official document demonstrating that you, or one or more of your dependents, or your household receives benefits from a qualifying assistance program. **These documents will be securely retained and will not be shared by the local telecommunications provider.**

For questions, please call Liberty Communications at (319) 627-2145.



Company Name: Liberty Communications

**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

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 #: \_\_\_\_\_

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
- Supplemental Security Income (SSI)
- Federal Public Housing Assistance Section 8
- Low-Income Home Energy Assistance Program (LIHEAP)
- Temporary Assistance to Needy Families Program (TANF)
- National School Lunch Program (NSL) Free Lunch Program; 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 telephone assistance from any other wireline or wireless telephone provider?

\_\_\_\_\_ Yes \_\_\_\_\_ No

By 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 have read the information on this certification form and understand that I must meet the qualifications listed on this form to receive assistance from this program.
- I understand that the individual named on the documentation provided demonstrating program-based eligibility, if not me, is part of my household.
- I understand that 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.
- I understand that willfully providing false or fraudulent information to receive a Lifeline benefit is punishable by law.
- I understand that Lifeline is a federal government benefit program and willfully making false statements in order to obtain that benefit can be punished by fine or imprisonment, or that I can be barred from the program.
- I agree to provide documentation of my eligibility, when required to do so.
- By participating in this government program, I agree to allow my provider to give my full name, full residential address, date of birth and the last four digits of my social security number to the national database. I understand that failure to comply will deny me the Lifeline benefit.
- I certify that my household is receiving no more than one Lifeline-supported service and understand that violation of this requirement will result in de-enrollment from the program and could result in criminal prosecution.
- I understand that I may not transfer my service to any other individual.
- I acknowledge that I may be required to re-certify my eligibility for Lifeline at any time and failure to re-certify my continued eligibility will result in de-enrollment and termination of Lifeline benefits.
- I understand that I must notify my telecommunications provider within 30 days if I no longer meet the income-based or program-based criteria for receiving Lifeline service, if I am receiving more than one Lifeline benefit, or if another member of my household is receiving a Lifeline benefit, and that I may be subject to penalties if I fail to do so.
- If I move to a new address, I agree to provide my new address to my telephone provider within 30 days.
- I understand completion of this certification form does not constitute immediate acceptance into this program.
- I have been advised by my new carrier that if I am currently receiving Lifeline benefits from another carrier, I agree to discontinue receiving that other carrier's benefit and instead receive my one Lifeline benefit on this account.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Prompt return of this certification form to your local telephone provider is necessary to ensure proper credits to your account. Certified low-income telephone assistance subscribers will receive a re-certification form annually from their local telecommunications provider and must return that form to their telecommunications provider within 30 days to ensure the continuation of assistance benefits.

**SERVICE PROVIDER USE ONLY**

Telephone # 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

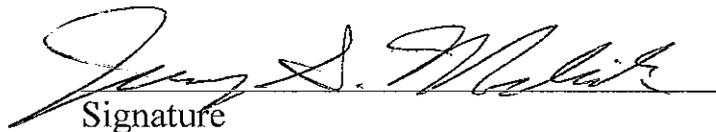
Reviewed by: \_\_\_\_\_ Date Reviewed: \_\_\_\_\_

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West Liberty Telephone Company

Milestone Certification

I certify that West Liberty Telephone Company has taken reasonable steps to provide, upon reasonable request, broadband service at actual speeds of at least 10Mbps 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.

  
Signature

JUNE 16, 2016  
Date

Jerry S. Melick

President

351332ia3012

West Liberty Telephone Company

Community Anchor Institutions

West Liberty Telephone Company did not provide newly deployed broadband service to any Anchor Institutions in the community during the previous calendar year. The reason it did not do so is because all said institutions were all already being served.

351332ia3024

West Liberty Telephone Company

Officer Certification of Financial Statements

I certify that I am an officer of the reporting carrier. My responsibilities include ensuring the accuracy of financial reporting. I hereby certify that West Liberty Telephone Company was not audited in the ordinary course of business in the preceding fiscal year and the attached reviewed financial information is in accordance with the accounts and other records of our system and to the best of my knowledge and belief the information reported is accurate.

Craig A. Bieber  
Signature

6/16/16  
Date

Craig A. Bieber

Treasurer

351332ia3026

West Liberty Telephone Company

Confidentiality of Financial Information

I certify that the attached pages of financial information for West Liberty Telephone Company which are labeled as confidential (Confidential) are such under the protective orders of the following dockets:

CONFIDENTIAL FINANCIAL INFORMATION – SUBJECT TO PROTECTIVE ORDER IN WC DOCKET NOS. 10-90, 07-135, 05-337, 03-109, CC DOCKET NOS. 01-92, 96-45, GN DOCKET NO. 09-51, WT DOCKET NO. 10-208, BEFORE THE FEDERAL COMMUNICATIONS COMMISSION.

  
Signature

JUNE 16, 2016  
Date

Jerry S. Melick

President



## INDEPENDENT ACCOUNTANT'S REVIEW REPORT

To the Board of Directors  
West Liberty Telephone Company and Subsidiary  
West Liberty, Iowa

We have reviewed the accompanying consolidated balance sheets of West Liberty Telephone Company (an Iowa corporation) and subsidiary as of December 31, 2015 and 2014, and the related consolidated statements of operations, stockholders' equity and cash flows for the years then ended, and the related notes to the consolidated financial statements. A review includes primarily applying analytical procedures to management's financial data and making inquiries of company management. A review is substantially less in scope than an audit, the objective of which is the expression of an opinion regarding the consolidated financial statements as a whole. Accordingly, we do not express such an opinion

### Management's Responsibility for the Consolidated Financial Statements

Management is responsible for the preparation and fair presentation of the consolidated financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement whether due to fraud or error.

### Accountant's Responsibility

Our responsibility is to conduct the review engagement in accordance with Statements on Standards of Accounting and Review Services promulgated by the Accounting and Review Services Committee of the AICPA. Those standards require us to perform procedures to obtain limited assurance as a basis for our reporting whether we are aware of any material modifications that should be made to the consolidated financial statements for them to be in accordance with accounting principles generally accepted in the United States of America. We believe the results of our procedures provide a reasonable basis for our conclusion.

### Accountant's Conclusion

Based upon our review, we are not aware of any material modifications that should be made to the accompanying consolidated financial statements in order for them to be in accordance with accounting principles generally accepted in the United States of America.

REDACTED - FOR PUBLIC INSPECTION

The consolidating supplementary information found on pages 16 - 18 is presented for purposes of additional analysis and is not a required part of the basic consolidated financial statements. The information is the representation of management. We have reviewed the information and, based on our review, we are not aware of any material modifications that should be made to the information in order for it to be in accordance with accounting principles generally accepted in the United States of America. We have not audited the information and, accordingly, do not express an opinion on such information.

/s/ Kiesling Associates LLP

West Des Moines, Iowa

May 10, 2016

REDACTED - FOR PUBLIC INSPECTION

WEST LIBERTY TELEPHONE COMPANY  
WEST LIBERTY, IOWA

CONSOLIDATED BALANCE SHEETS  
December 31, 2015 and 2014

	<u>2015</u>	<u>2014</u>
<u>ASSETS</u>		
CURRENT ASSETS		
Cash and cash equivalents	\$	
Accounts receivable:		
Due from customers		
Interexchange carriers		
Other		
Inventory		
Prepayments		
OTHER NONCURRENT ASSETS		
Partnership investments		
Other investments		
Intangibles, net of amortization		
PROPERTY, PLANT AND EQUIPMENT		
Plant in service		
Less accumulated depreciation		
TOTAL ASSETS	\$	

See Accompanying Notes and Independent Accountant's Review Report

WEST LIBERTY TELEPHONE COMPANY  
WEST LIBERTY, IOWA

CONSOLIDATED BALANCE SHEETS  
December 31, 2015 and 2014

	<u>2015</u>	<u>2014</u>
<u>LIABILITIES AND STOCKHOLDERS' EQUITY</u>		
CURRENT LIABILITIES		
Accounts payable	\$	
Advance billing and payments		
Customer deposits		
Accrued taxes		
Other		
STOCKHOLDERS' EQUITY		
Common stock - \$1 par value, 2,000,000 shares authorized, 7,692 shares issued and outstanding		
Retained earnings		
Noncontrolling interest		
TOTAL LIABILITIES AND STOCKHOLDERS' EQUITY	\$	

See Accompanying Notes and Independent Accountant's Review Report

WEST LIBERTY TELEPHONE COMPANY  
WEST LIBERTY, IOWA

CONSOLIDATED STATEMENTS OF OPERATIONS  
Years ended December 31, 2015 and 2014

	<u>2015</u>	<u>2014</u>
OPERATING REVENUES		
Local network services	\$	
Network access services		
Long distance services		
Internet services		
Video services		
Equipment sales		
Miscellaneous revenue		
OPERATING EXPENSES		
Plant specific operations		
Plant nonspecific operations		
Cost of long distance services		
Cost of internet services		
Cost of video services		
Cost of equipment sales		
Depreciation and amortization		
Customer operations		
Corporate operations		
General taxes		
OPERATING INCOME		
OTHER INCOME (EXPENSE)		
Interest and dividend income		
Interest expense		
Other, net		
INCOME BEFORE NONCONTROLLING INTEREST IN NET INCOME		
NONCONTROLLING INTEREST IN NET INCOME		
NET INCOME	\$	

See Accompanying Notes and Independent Accountant's Review Report

WEST LIBERTY TELEPHONE COMPANY  
WEST LIBERTY, IOWA

CONSOLIDATED STATEMENTS OF STOCKHOLDERS' EQUITY  
Years ended December 31, 2015 and 2014

	<u>Common Stock</u>		<u>Retained</u>	<u>Noncontrolling</u>	<u>Total</u>
	<u>Shares</u>	<u>Amount</u>	<u>Earnings</u>	<u>Interest</u>	<u>Stockholders'</u>
					<u>Equity</u>
Balance at December 31, 2013					
Net income					
Distributions paid					
Balance at December 31, 2014					
Net income					
Distributions paid					
Capital call					
Balance at December 31, 2015					

See Accompanying Notes and Independent Accountant's Review Report

WEST LIBERTY TELEPHONE COMPANY  
WEST LIBERTY, IOWA

CONSOLIDATED STATEMENTS OF CASH FLOWS  
Years ended December 31, 2015 and 2014

	<u>2015</u>	<u>2014</u>
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>		
Net income	\$	
Adjustments to reconcile net income to net cash provided by operating activities:		
Depreciation and amortization		
Equity loss in unconsolidated affiliates		
Noncontrolling interest		
Loss on disposal of property		
Changes in assets and liabilities:		
(Increase) Decrease in:		
Receivables		
Materials and supplies		
Prepayments		
Increase (Decrease) in:		
Accounts payable		
Accrued taxes		
Other		
Net cash provided by operating activities		
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>		
Capital expenditures		
Purchase of investments		
Purchase of intangibles		
Proceeds from sale of investment		
Salvage, net of cost of removing plant		
Net cash used in investing activities		
<b>CASH FLOWS FROM FINANCING ACTIVITIES</b>		
Distributions to noncontrolling interest		
Capital call		
Distributions paid		
Net cash used in financing activities		
Net Decrease in Cash and Cash Equivalents		
Cash and Cash Equivalents at Beginning of Year		
Cash and Cash Equivalents at End of Year	\$	

See Accompanying Notes and Independent Accountant's Review Report