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Via ECFS

June 26, 2017

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

Re: WC Docket 14-58, ETC Annual Report and Certification
South Central Telephone Association, Inc. - Oklahoma, Study Area Code 431831

Dear Ms. Dortch:

Pursuant to sections 54.313 and 54.422 of the Commission's Rules South Central Telephone Association, Inc. - Oklahoma hereby submits its annual Form 481. South Central Telephone Association, Inc. - Oklahoma seeks confidential treatment of its financial information under the FCC's protective Order for section 54.313(f)(2)[1] and is filing a redacted version in the Electronic Comment Filing System.

Respectfully submitted,

Ashley Kopp
Senior Financial Consultant

[1] In the Matter of Connection America Fund, WC Docket No. 10-90; ETC Annual Reports and Certifications, WC Docket No. 14-58. Protective Order, DA 16-296, rel. March 22, 2016. ("Protective Order").

526 Chapel Hills Drive, Suite 100 • Colorado Springs, CO 80920
Ph: 719.266.4334 • Fax: 719.266.4335 • info@tcatel.com • www.tcatel.com

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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	431831
<015>	Study Area Name	S. CENTRAL TEL - OK
<020>	Program Year	2018
<030>	Contact Name: Person USAC should contact with questions about this data	Ashley Kopp
<035>	Contact Telephone Number: Number of the person identified in data line <030>	7192664334 ext.1030
<039>	Contact Email Address: Email of the person identified in data line <030>	akopp@tcatel.com
	Form Type	54.313 and 54.422

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(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	431831
<015>	Study Area Name	S. CENTRAL TEL - OK
<020>	Program Year	2018
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<039>	Contact Email Address - Email Address of person identified in data line <030>	akopp@tcatel.com

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

<220>

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

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(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	431831
<015>	Study Area Name	S. CENTRAL TEL - OK
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Ashley Kopp
<035>	Contact Telephone Number - Number of person identified in data line <030>	7192664334 ext.1030
<039>	Contact Email Address - Email Address of person identified in data line <030>	akopp@tcatel.com

<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	431831
<015>	Study Area Name	S. CENTRAL TEL - OK
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Ashley Kopp
<035>	Contact Telephone Number - Number of person identified in data line <030>	7192664334 ext.1030
<039>	Contact Email Address - Email Address of person identified in data line <030>	akopp@tcatel.com
<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	431831
<015>	Study Area Name	S. CENTRAL TEL - OK
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<030>	Contact Name - Person USAC should contact regarding this data	Ashley Kopp
<035>	Contact Telephone Number - Number of person identified in data line <030>	7192664334 ext.1030
<039>	Contact Email Address - Email Address of person identified in data line <030>	akopp@tcatel.com
<500>	Certify compliance with applicable service quality standards and consumer protection rules	Yes
<510>	Descriptive document for Service Quality Standards & Consumer Protection Rules Compliance	431831OK510.pdf
<515>	Certify compliance with applicable minimum service standards	

(600) Functionality in Emergency Situations
Data Collection Form

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

<010>	Study Area Code	431831
<015>	Study Area Name	S. CENTRAL TEL - OK
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<035>	Contact Telephone Number - Number of person identified in data line <030>	7192664334 ext.1030
<039>	Contact Email Address - Email Address of person identified in data line <030>	akopp@tcatel.com
<600>	Certify compliance regarding ability to function in emergency situations	Yes
<610>	Descriptive document for Functionality in Emergency Situations	431831OK610.pdf

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

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

<010>	Study Area Code	431831
<015>	Study Area Name	S. CENTRAL TEL - OK
<020>	Program Year	2018
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<035>	Contact Telephone Number - Number of person identified in data line <030>	7192664334 ext.1030
<039>	Contact Email Address - Email Address of person identified in data line <030>	akopp@tcatel.com

<701>	Residential Local Service Charge Effective Date	1/1/2017
<702>	Single State-wide Residential Local Service Charge	18.0

<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 --

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(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	431831
<015>	Study Area Name	S. CENTRAL TEL - OK
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<039>	Contact Email Address - Email Address of person identified in data line <030>	akopp@tcatel.com

<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 --					

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(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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<035>	Contact Telephone Number - Number of person identified in data line <030>	7192664334 ext.1030
<039>	Contact Email Address - Email Address of person identified in data line <030>	akopp@tcatel.com

<810>	Reporting Carrier	South Central Telephone Association, Inc.
<811>	Holding Company	South Central Telephone Association, Inc.
<812>	Operating Company	South Central Telephone Association, Inc.

<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	431831
<015>	Study Area Name	S. CENTRAL TEL - OK
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Ashley Kopp
<035>	Contact Telephone Number - Number of person identified in data line <030>	7192664334 ext.1030
<039>	Contact Email Address - Email Address of person identified in data line <030>	akopp@tcatel.com

<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.	

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(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	431831
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<035>	Contact Telephone Number - Number of person identified in data line <030>	7192664334 ext.1030
<039>	Contact Email Address - Email Address of person identified in data line <030>	akopp@tcatel.com

<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	431831
<015>	Study Area Name	S. CENTRAL TEL - OK
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<030>	Contact Name - Person USAC should contact regarding this data	Ashley Kopp
<035>	Contact Telephone Number - Number of person identified in data line <030>	7192664334 ext.1030
<039>	Contact Email Address - Email Address of person identified in data line <030>	akopp@tcatel.com

<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).	

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(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	431831
<015>	Study Area Name	S. CENTRAL TEL - OK
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<035>	Contact Telephone Number - Number of person identified in data line <030>	7192664334 ext.1030
<039>	Contact Email Address - Email Address of person identified in data line <030>	akopp@tcatel.com

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

431831OK1210.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. ✔

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(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	431831
<015>	Study Area Name	S. CENTRAL TEL - OK
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<039>	Contact Email Address - Email Address of person identified in data line <030>	akopp@tcatel.com

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)

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(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

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<039>	Contact Email Address - Email Address of person identified in data line <030>	akopp@tcatel.com

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)}		431831OK3010.pdf
(3010B)	Please Provide Attachment	Name of Attached Document Listing Required Information	
(3012A)	Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}	No - No New Community Anchors	
(3012B)	Please Provide Attachment	Name of Attached Document Listing Required Information	
(3013)	Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)}	(Yes/No)	◉ ○
(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	431831OK3017.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	

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[The Financial Statement of The South Central Telephone Association, Inc. – Oklahoma filed pursuant to 47 C.F.R. § 54.313(f)(2) is redacted in its entirety as Highly Confidential 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	431831
<015>	Study Area Name	S. CENTRAL TEL - OK
<020>	Program Year	2018
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<039>	Contact Email Address - Email Address of person identified in data line <030>	akopp@tcatel.com

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 _____

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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	431831
<015>	Study Area Name	S. CENTRAL TEL - OK
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<039>	Contact Email Address - Email Address of person identified in data line <030>	akopp@tcatel.com

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: S. CENTRAL TEL - OK

Signature of Authorized Officer: CERTIFIED ONLINE Date 06/26/2017

Printed name of Authorized Officer: Kelly Johnson

Title or position of Authorized Officer: CEO

Telephone number of Authorized Officer: 6209301000 ext.

Study Area Code of Reporting Carrier: 431831 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.

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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	431831
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<039>	Contact Email Address - Email Address of person identified in data line <030>	akopp@tcatel.com

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

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier

I certify that (Name of Agent)_____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.

Name of Authorized Agent:

Name of Reporting Carrier:

Signature of Authorized Officer: Date:

Printed name of Authorized Officer:

Title or position of Authorized Officer:

Telephone number of Authorized Officer:

Study Area Code of Reporting Carrier: Filing Due Date for this form:

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier

I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.

Name of Reporting Carrier:

Name of Authorized Agent Firm:

Signature of Authorized Agent or Employee of Agent: Date:

Name of Authorized Agent Employee:

Title or position of Authorized Agent or Employee of Agent

Telephone number of Authorized Agent or Employee of Agent:

Study Area Code of Reporting Carrier: Filing Due Date for this form:

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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Attachments

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

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

<010>	Study Area Code	431831
<015>	Study Area Name	S. CENTRAL TEL - OK
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Ashley Kopp
<035>	Contact Telephone Number - Number of person identified in data line <030>	7192664334 ext.1030
<039>	Contact Email Address - Email Address of person identified in data line <030>	akopp@tcatel.com

<701>	Residential Local Service Charge Effective Date	1/1/2017
<702>	Single State-wide Residential Local Service Charge	18.0

<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**
OK	ALL		FR	18.0	0.49	0.39	0.0	18.88

(710) Broadband Price Offerings
Data Collection Form

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

<010>	Study Area Code	431831
<015>	Study Area Name	S. CENTRAL TEL - OK
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Ashley Kopp
<035>	Contact Telephone Number - Number of person identified in data line <030>	7192664334 ext.1030
<039>	Contact Email Address - Email Address of person identified in data line <030>	akopp@tcatel.com

<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}
OK	ALL	39.95	0.0	39.95	12.0	2.0	999999.0	Other, No limit on usage allowance
OK	ALL	69.95	0.0	69.95	25.0	5.0	999999.0	Other, No limit on usage allowance
OK	ALL	89.95	0.0	89.95	50.0	10.0	999999.0	Other, No limit on usage allowance

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(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	431831
<015>	Study Area Name	S. CENTRAL TEL - OK
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Ashley Kopp
<035>	Contact Telephone Number - Number of person identified in data line <030>	7192664334 ext.1030
<039>	Contact Email Address - Email Address of person identified in data line <030>	akopp@tcatel.com

<810>	Reporting Carrier	South Central Telephone Association, Inc.
<811>	Holding Company	South Central Telephone Association, Inc.
<812>	Operating Company	South Central Telephone Association, Inc.

<813>

<a1>	<a2>	<a3>
Affiliates	**SAC**	**Doing Business As Company or Brand Designation**
South Central Wireless, Inc.		SC Telecom
South Central Communications		SC Telecom
South Central Telephone Association Inc. Kansas	411831	SC Telecom

FCC Form 481 Certifications

FCC Form 481 Line 510

Line 510: Service Quality Standards & Consumer Protection Rules Compliance

Service Quality Standards

The company complies with the service quality standards as adopted by the FCC and the Oklahoma Corporation Commission (OCC).

Consumer Protection Rules

The company complies with the following consumer protection rules:

- FCC rules regarding verification of orders for telecommunications service as required of submitting carriers {47 CFR §64.1100}
- The FCC's Truth-in-Billing Requirements {47 CFR §64.2400}
- Billing practice standards as approved by the OCC.
- All of the requirements of 47 C.F.R. § Part 64 Subpart U, Customer Proprietary Network Information and Federal Trade Commission 16 C.F.R. §681, Identity Theft Red Flags

101 S. MAIN . MEDICINE LODGE, KS 67104
620-930-1000 *phone* • 620-930-1050 *fax*

FCC Form 481 Certifications

FCC Form 481 Line 610

Line 610: Functionality in Emergency Situations

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

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FCC Form 481 Certifications

FCC Form 481 Line 1210

Low-Income Telephone Assistance Program Terms & Conditions

South Central Telephone Association provides unlimited local calling for residential customers at a discount of $9.25 a month for basic lifeline. The lifeline service from South Central Telephone Association provides access to emergency, operator, interexchange, and directory assistance services. The service does not include enhanced calling features such as voice mail, caller ID, call forwarding, internet or long distance telephone service. Toll Restriction service is provided at no charge for Lifeline customers.

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620-930-1000 *phone* • 620-930-1050 *fax*

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SC TELCOM

MILESTONE CERTIFICATION

June 20, 2017

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

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

Dear Ms. Dortch:

South Central Telephone Association - OK, Study Area Code 431831, in accordance with 47 C.F.R. § 54.313(f)(1)(i) of the Commission's rules, herby certifies that it is taking reasonable steps to provide upon reasonable request broadband service at actual speeds of at least 10 Mbps downstream/1 Mbps upstream, with latency suitable for real-time applications, including Voice over Internet Protocol, and usage capacity that is reasonably comparable to comparable offerings in urban areas and that requests for such service are met within a reasonable amount of time.

Respectfully submitted,

Kelly Johnson
CEO / General Manager

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[The Financial Statement of The South Central Telephone Association, Inc. – Oklahoma filed pursuant to 47 C.F.R. § 54.313(f)(2) is redacted in its entirety as Highly Confidential Information]