HARDY
TELECOMMUNICATIONS
advantage networking

VIA ECFS

June 27, 2016

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

RE: Hardy Telecommunications, Inc (CLEC) FCC Form 481 submittal – Program Year 2017

Dear Ms. Dortch,

Hardy Telecommunications Inc. (SAC 209009) hereby submits the attached "FCC From 481 – Carrier Annual Reporting Data Collection" pursuant to sections 54.313 and 54.422 of the Commission's rules, as filed with the Universal Service Administrative Company.

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

Sincerely,

D. Scott Sherman

D. Scott Sherman
General Manager and CEO

HARDYNET.COM
2255 Kimseys Run Road • Lost River, WV 26810 • Voice: 304.897.9911 • Fax: 304.897.6585 • Http://www.Hardynet.com
121 South Main Street • Moorefield, WV 26836 • Voice: 304.530.5000 • Fax: 304.530.5100

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	209009
<015>	Study Area Name	HARDY TELECOMMUNICATIONS, INC.
<020>	Program Year	2017
<030>	Contact Name: Person USAC should contact with questions about this data	Jennifer Kimble
<035>	Contact Telephone Number: Number of the person identified in data line <030>	3048979911 ext.
<039>	Contact Email Address: Email of the person identified in data line <030>	jkimble@hardynet.com
	Form Type	54.313 and 54.422

(100) Service Quality Improvement Reporting
Data Collection Form

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

<010>	Study Area Code	209009
<015>	Study Area Name	HARDY TELECOMMUNICATIONS, INC.
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Jennifer Kimble
<035>	Contact Telephone Number - Number of person identified in data line <030>	3048979911 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jkimble@hardynet.com

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

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

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

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

Name of Attached Document

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

<113> Maps detailing progress towards meeting plan targets

<114> Report how much universal service (USF) support was received

<115> How much (USF) was used to improve service quality and how support was used to improve service quality

<116> How much (USF) was used to improve service coverage and how support was used to improve service coverage

<117> How much (USF) was used to improve service capacity and how support was used to improve service capacity

<118> Provide an explanation of network improvement targets not met in the prior calendar year.

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

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

<010>	Study Area Code	209009
<015>	Study Area Name	HARDY TELECOMMUNICATIONS, INC.
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Jennifer Kimble
<035>	Contact Telephone Number - Number of person identified in data line <030>	3048979911 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jkimble@hardynet.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

(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	209009
<015>	Study Area Name	HARDY TELECOMMUNICATIONS, INC.
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Jennifer Kimble
<035>	Contact Telephone Number - Number of person identified in data line <030>	3048979911 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jkimble@hardynet.com

<300> Unfulfilled service request (voice): 0

<310> Detail on attempts (voice)

Name of Attached Document

<320> Unfulfilled service request (broadband)

<330> Detail on attempts (broadband)

Name of Attached Document

(400) Number of Complaints per 1,000 customers Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013

<010>	Study Area Code	204009
<015>	Study Area Name	HARDY TELECOMMUNICATIONS, INC.
<020>	Program Year	2013
<030>	Contact Name - Person USAC should contact regarding this data	Jennifer Kimble
<035>	Contact Telephone Number - Number of person identified in data line <030>	3048979911 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jkimble@hardynet.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.	
<440>	Complaints per 1000 customers for fixed broadband	
<450>	Complaints per 1000 customers for mobile broadband	

(500) Compliance With Service Quality Standards and Consumer Protection Rules
Data Collection Form

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

<010>	Study Area Code	209009
<015>	Study Area Name	HARDY TELECOMMUNICATIONS, INC.
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Jennifer Kimble
<035>	Contact Telephone Number - Number of person identified in data line <030>	3048979911 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jkimble@hardynet.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	209009WV510.pdf

(600) Functionality in Emergency Situations
Data Collection Form

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

<010>	Study Area Code	209009
<015>	Study Area Name	HARDY TELECOMMUNICATIONS, INC.
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Jennifer Kimble
<035>	Contact Telephone Number - Number of person identified in data line <030>	3048979911 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jkimble@hardynet.com
<600>	Certify compliance regarding ability to function in emergency situations	Yes
<610>	Descriptive document for Functionality in Emergency Situations	209009WV610.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	209009
<015>	Study Area Name	HARDY TELECOMMUNICATIONS, INC.
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Jennifer Kimble
<035>	Contact Telephone Number - Number of person identified in data line <030>	3048979911 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jkimble@hardynet.com

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

<703>

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

(710) Broadbrand Price Offerings
Data Collection Form

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

<010>	Study Area Code	209009
<015>	Study Area Name	HARDY TELECOMMUNICATIONS, INC.
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Jennifer Kimble
<035>	Contact Telephone Number - Number of person identified in data line <030>	3048979911 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jkimble@hardynet.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*}

(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	209009
<015>	Study Area Name	HARDY TELECOMMUNICATIONS, INC.
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Jennifer Kimble
<035>	Contact Telephone Number - Number of person identified in data line <030>	3048979911 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jkimble@hardynet.com

<810>	Reporting Carrier	Hardy Telecommunications, Inc
<811>	Holding Company	Hardy Telecommunications, Inc.
<812>	Operating Company	Hardy Telecommunications, Inc

<813>

<a1> Affiliates	<a2> SAC	<a3> 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	209009
<015>	Study Area Name	HARDY TELECOMMUNICATIONS, INC.
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Jennifer Kimble
<035>	Contact Telephone Number - Number of person identified in data line <030>	3048979911 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jkimble@hardynet.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 document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

		Select Yes or No or Not Applicable
<921>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions.	
<922>	Feasibility and sustainability planning;	
<923>	Marketing services in a culturally sensitive manner;	
<924>	Compliance with Rights of way processes	
<925>	Compliance with Land Use permitting requirements	
<926>	Compliance with Facilities Siting rules	
<927>	Compliance with Environmental Review processes	
<928>	Compliance with Cultural Preservation review processes	
<929>	Compliance with Tribal Business and Licensing requirements.	

(1000) Voice and Broadband Service Rate Comparability Data Collection Form

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

<010>	Study Area Code	209009
<015>	Study Area Name	HARDY TELECOMMUNICATIONS, INC.
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Jennifer Kimble
<035>	Contact Telephone Number - Number of person identified in data line <030>	3048979911 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jkimble@hardynet.com

<1000> Voice services rate comparability certification: Yes

<1010> Attach detailed description for voice services rate comparability compliance: 209009WV1010.pdf

Name of Attached Document

<1020> Broadband comparability certification

<1030> Attach detailed description for broadband comparability compliance

Name of Attached Document

(1100) No Terrestrial Backhaul Reporting Data Collection Form

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

<010>	Study Area Code	209009
<015>	Study Area Name	HARDY TELECOMMUNICATIONS, INC.
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Jennifer Kimble
<035>	Contact Telephone Number - Number of person identified in data line <030>	3048979911 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jkimble@hardynet.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).	

(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	209009
<015>	Study Area Name	HARDY TELECOMMUNICATIONS, INC.
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Jennifer Kimble
<035>	Contact Telephone Number - Number of person identified in data line <030>	3048979911 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jkimble@hardynet.com

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

209009WV1210.pdf

Name of Attached Document

<1220> Link to Public Website

HTTP http://www.hardynet.net/residential/telephone/lifeline/

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

<1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, ☑

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

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

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

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

<010>	Study Area Code	209009
<015>	Study Area Name	HARDY TELECOMMUNICATIONS, INC.
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Jennifer Kimble
<035>	Contact Telephone Number - Number of person identified in data line <030>	3048979911 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jkimble@hardynet.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

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

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

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

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

<2024A> Round 2 Recipient of Incremental Support?

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

Name of Attached Document Listing Required Information

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

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

Name of Attached Document Listing Required Information

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

Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}

<2016> Certification support used to build broadband

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

<2017A> Connect America Fund Phase II recipient?

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

Name of Attached Document Listing Required Information

<2018> Attach the number, names, and addresses of community anchor institutions to which the carrier newly began providing access to broadband service in the preceding calendar year - 54.313(e)(2)(ii)

Name of Attached Document Listing Required Information

<2019> Recipient certifies that it bid on category one telecommunications and Internet access services in response to all FCC Form 470 postings seeking broadband service that meets the connectivity targets for the schools and libraries universal service support program for eligible schools and libraries located within any area in a census block where the carrier is receiving Phase II model-based support, and that such bids were at rates reasonably comparable to rates charged to eligible schools and libraries in urban areas for comparable offerings - 54.313(e)(2)(v)

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

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

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

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

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

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

<010>	Study Area Code	209009
<015>	Study Area Name	HARDY TELECOMMUNICATIONS, INC.
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Jennifer Kimble
<035>	Contact Telephone Number - Number of person identified in data line <030>	3048979911 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jkimble@hardynet.com

Complete the items below to note compliance with five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

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

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

Data Collection Form

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

<010>	Study Area Code	209009
<015>	Study Area Name	HARDY TELECOMMUNICATIONS, INC.
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Jennifer Kimble
<035>	Contact Telephone Number - Number of person identified in data line <030>	3048979911 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jkimble@hardynet.com

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	209009
<015>	Study Area Name	HARDY TELECOMMUNICATIONS, INC.
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Jennifer Kimble
<035>	Contact Telephone Number - Number of person identified in data line <030>	3048979911 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jkimble@hardynet.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 _____

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	209009
<015>	Study Area Name	HARDY TELECOMMUNICATIONS, INC.
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Jennifer Kimble
<035>	Contact Telephone Number - Number of person identified in data line <030>	3048979911 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jkimble@hardynet.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: HARDY TELECOMMUNICATIONS, INC.

Signature of Authorized Officer: CERTIFIED ONLINE Date 06/24/2016

Printed name of Authorized Officer: David Sherman

Title or position of Authorized Officer: GM & CEO

Telephone number of Authorized Officer: 3048979911 ext.9421

Study Area Code of Reporting Carrier: 209009 Filing Due Date for this form: 07/01/2016

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

Certification - Agent / Carrier Data Collection Form

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

<010>	Study Area Code	209009
<015>	Study Area Name	HARDY TELECOMMUNICATIONS, INC.
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Jennifer Kimble
<035>	Contact Telephone Number - Number of person identified in data line <030>	3048979911 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jkimble@hardynet.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.

Attachments

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

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

<010>	Study Area Code	209009
<015>	Study Area Name	HARDY TELECOMMUNICATIONS, INC.
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Jennifer Kimble
<035>	Contact Telephone Number - Number of person identified in data line <030>	3048979911 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jkimble@hardynet.com

<701>	Residential Local Service Charge Effective Date	1/1/2016
<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
WV	Hardy		MS	13.0	0.0	0.0	2.9	15.9
WV	Hardy		MS	15.0	0.0	0.0	1.05	16.05
WV	Hardy		MS	21.0	0.0	0.0	0.22	21.22
WV	Hardy		FR	28.0	0.0	0.0	0.0	28.0

(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	209009
<015>	Study Area Name	HARDY TELECOMMUNICATIONS, INC.
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Jennifer Kimble
<035>	Contact Telephone Number - Number of person identified in data line <030>	3048979911 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jkimble@hardynet.com

<810>	Reporting Carrier	Hardy Telecommunications, Inc
<811>	Holding Company	Hardy Telecommunications, Inc.
<812>	Operating Company	Hardy Telecommunications, Inc

<813>

<a1> Affiliates	<a2> SAC	<a3> Doing Business As Company or Brand Designation
Hardy Telecommunications, Inc. - ILEC	200259	
HardyNet, LLC		

FCC Form 481 Carrier Annual Reporting – Other Attachments

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

Consumer Protection

Voice and Broadband

Hardy Telecommunications (Hardy) complies with the requirements of 47CFR Part 64 Subpart U, Customer Proprietary Network Information and the Federal Trade Commission Red Flag Rules to prevent identity theft. A manual for each of those programs is in place and is part of the employees' handbook. Employee and Board of Directors training is conducted annually and new hires are instructed on the programs as required by their job functions.

Service Quality Standards

Voice

The Company complies with the service quality standards and consumer protection rules set forth by the West Virginia Public Service Commission, and within its rules and regulations as it relates to Service Quality Standards and Consumer Protection Rules. Hardy is committed to providing the highest quality service to its customers.

Broadband

Hardy generally follows the service standards noted in NECA Tariff #5 and is committed to provide the highest quality service to its broadband customers.

Line 610 - Emergency Operations Functionality & Capability

The Company prides itself on updating and maintaining all of its plant and equipment to prevent outages before they happen. If outages do occur, the Company has a 24-hour/7 days-a-week on call staff and alarm reporting systems in place that send the necessary notifications to the 24-hour/7 days-a-week personnel monitoring these systems. The Company certifies that it follows best practices that are designed to allow them to remain functional in an emergency situation through the use of back-up power to ensure functionality.

Absent catastrophic failure of the network or elements of it, the Company has the capability to engage in some re-routing of traffic based on what facilities are damaged. While the Company has engineered its network based on accepted industry engineering practices, changing call routing may, to some extent, permit the Company to manage traffic patterns throughout its network during emergency situations.

The Company performs exercises to test disaster preparedness on each site's back-up power systems and they are tested weekly. Major transport facilities are also tested periodically to ensure failover reliability.

The company provides the following information regarding its central office back-up battery and generator capability during electricity failures within its operating areas. The company has deployed battery back-up power in its central office that will produce an estimated twenty(20) hours of back-up power for the Company's central office. The initiation of the Company's battery back-up capability is triggered instantaneously of the network identifying the existence of a loss of power.

The Company also has a back-up gas generator that is available at its central office should it be necessary. The generator would provide an additional 100 hours of back-up power capability based on fuel capacity. Assuming the availability of fuel at the locations, the generator would provide sufficient power to operate even longer absent some unforeseen breakdown of it. Based on current contingency preparation plans, the Company estimates that the necessary generator-provided back-up power capability can be deployed and functioning within a minute of the identification of its need, well within the time frame of the estimated battery power back-up capability possessed by the Company. In addition, the Company has two portable generators that can be moved to the necessary site(s) to recharge batteries at the site(s).

Voice Service Rate Comparability

As evidenced by the data provided in line 700 of this form 481, the Company's voice service pricing is no more than two standard deviations above the national average urban rate ($47,48) as announced by the Wireline Competition Bureau on April 16, 2015 (DA 15-470)

Lifeline Certification, Verification, and Confirmation for Determining Initial and Continuing Eligibility of Consumers for USF Supported Lifeline Services

General Assertion/Certification:

The Company has policies and procedures in place to ensure that its Lifeline subscribers are eligible to receive Lifeline services. The Company has instituted certification and verification procedures in accordance with Section 54.416 of the rules of the Federal Communications Commission (the "FCC"). Specifically, the Company refers to any and all consumers who request USF supported services from Hardy Telecommunications to the West Virginia Department of Health and Human Resources for proper confirmation and documentation of eligibility. Hardy Telecommunications proceeds with instituting such services after the proper documentation of eligibility from the DHHR is received from the consumer.

In addition, as required by Section 54.410 of the FCC's rules, the Company obtains a valid certification form for each subscriber for whom the Company will be seeking Lifeline reimbursement. A copy of the Company's "Annual Lifeline Certification and Verification" form has been attached to the Company's submission in response to the May 1, 2012 "Commission Order" in the above referenced proceeding.

Based on the foregoing, my knowledge, information and belief, I hereby certify that the Company has policies and procedures in place to ensure that its Lifeline subscribers are eligible to receive Lifeline services, that the Company is in compliance with all federal Lifeline certification procedures, and that the Company has obtained a valid certification form for each subscriber for whom the carrier seeks Lifeline reimbursement.

Scott Sherman, General Manager and CEO of Hardy Telecommunications, Inc. and its Operating Companies

Table of Contents for Additional Supporting Documents:

- Lifeline Assistance (Guideline for Customers)
- Lifeline Assistance Certifications
- Lifeline Assistance Tariff as Currently Filed and on record with the West Virginia Public Service Commission
- Website link regarding Company's Lifeline Assistance Program:
  http://www.hardynet.net/residential/telephone/lifeline/

LIFELINE ASSISTANCE

1. Lifeline Assistance consists of a credit in the amount of $9.25 on eligible customer's bills.

2. The Lifeline discount can apply to ANY residential service plans that provide voice telephony service.

    - Partial payments will first be applied to pay down the allocated price for Lifeline voice services.

3. In order to be eligible to receive Lifeline Assistance, the customer must certify that s/he participates in one of the following:

    - Medicaid
    - Supplemental Nutrition Assistance Program (SNAP), formerly known as Food Stamps
    - Supplemental Security Income (SSI)
    - Federal Public Housing Assistance
    - Low Income Home Energy Assistance Program (LIHEAP)
    - National School Lunch Program's Free Lunch Program
    - Temporary Assistance for Needy Families (TANF)
    - Income is at/below 135% of the Federal Poverty Guidelines

4. If the customer claims to qualify based on income, s/he must present acceptable documentation of the household income. Acceptable documentation includes: the prior year's tax return, current income statement from an employer or paycheck stub, a Social Security statement of benefits, a Veterans Administration statement of benefits, a retirement/pension statement of benefits, an Unemployment/Workmen's Compensation statement of benefits, federal or tribal notice letter of participation in General Assistance, a divorce decree, child support, or other official document.

5. If the customer presents documentation of income that does not cover a full year (e.g., pay stubs), the customer must present three consecutive months worth of the same document.

6. Customer must fill out the attached Lifeline Assistance Certification. Once the form is complete, you must print your name and sign at the appropriate places on the form.

7. Make a copy of the form and give the customer a copy. The original is to be kept in a file.

8. A service deposit cannot be collected on an eligible customer.

LIFELINE ASSISTANCE CERTIFICATION

I hereby certify, under penalty of perjury, that I am eligible to receive Lifeline Assistance for the following reason(s): *(Please check all that apply)*

_____ Medicaid

_____ Food Stamps

_____ Supplemental Security Income (SSI)

_____ Federal Public Housing Assistance

_____ Low Income Home Energy Assistance Program (LIHEAP)

_____ National School Lunch Program's Free Lunch Program

_____ Temporary Assistance for Needy Families (TANF)

_____ Income is at/below 135% of the Federal Poverty Guidelines

I also certify, under penalty of perjury, the following:

_____ Number of Individual's in my household

_____ Date of birth

_____ Last four (4) digits of my Social Security Number

_____ Household meets the income requirements

_____ Presented documentation of income accurately represents the household income

I further acknowledge, under penalty of perjury, the following requirements: *(Please acknowledge by initialing each)*

_____ Lifeline is a federal benefit and is available for only ONE line per household.

_____ Violation of the one-per-household requirement would constitute a violation of the Commission's rules and would result in subscriber's de-enrollment from the Lifeline program, and potentially prosecution by the United States government.

_____ Lifeline service is a non-transferrable benefit.

_____ Will notify Hardy Telecommunications, Inc. within 30 days when I am no longer eligible for Lifeline services; or, am receiving more than one Lifeline-supported service.

_____ Information in applications is true and correct to the best of my knowledge. False or fraudulent information is punishable by fine or imprisonment.

_____
Customer Signature

_____
Customer Name

_____
Date

_____
Hardy Employee Name

NETWORK ACCESS LINE SERVICE

LIFELINE ASSISTANCE

The Company, as part of its obligations as an Eligible Telecommunications Carrier, offers the Lifeline Assistance Program to eligible low-income subscribers. Lifeline Assistance is offered under the terms and conditions provided below: C C

1. Lifeline Assistance

   a. General

      Lifeline Assistance is a federal program offering a discount to qualifying low-income subscribers, as provided for below. Lifeline Assistance provides eligible subscribers a discount for the following package of services: voice-grade access to the public switched network or functional equivalent; minutes of use for local service; access to E-911 services; and, toll limitation service at no charge. S S

   b. Regulations

      1) Unless other eligibility requirements are established by the Commission, Lifeline Assistance is available to all subscribers who participate in one of the following programs: Medicaid; Supplemental Nutrition Assistance Program (SNAP), formerly known as food stamps; Supplemental Security Income (SSI); Federal Public Housing Assistance; Low-Income Home Energy Assistance Program (LIHEAP); National School Lunch Program's free lunch program; and, Temporary Assistance for Needy Families (TANF). C C

      2) Each subscriber to Lifeline Assistance must certify in writing to the Company, under penalty of perjury, that s/he receives benefits under a program outlined in sub-paragraph (b) (1), above, and must, on that same document, agree to notify the Company if s/he ceases to participate in the program(s). The certification form shall conform to the requirements described herein, and shall be made available upon request to any subscriber. The Company shall retain all such subscriber certifications in order to furnish proof of subscriber eligibility as may be required from time to time by Universal Service Administrators.

NETWORK ACCESS LINE SERVICE

LIFELINE ASSISTANCE/LINK UP (cont'd.)

1. Lifeline Assistance (cont'd.)

   b. Regulations (cont'd.)

D

3) A subscriber may elect at the time of subscription or later to Lifeline Assistance to receive toll limitation as part of Lifeline Assistance. "Toll limitation" is a service that allows a subscriber to elect not to allow the completion of outgoing toll calls from the subscriber's residence.

4) Lifeline Assistance will not be disconnected for non-payment of toll charges, unless the Company first obtains a waiver from the Commission that the Company would otherwise incur substantial costs, that the Company offers toll limitation without charge, and that telephone subscribership among low-income subscribers in the Company's service area is greater than or equal to the national subscribership rate for low-income consumers. For purposes of this paragraph, a "low-income consumer" is one with an income below the poverty level for a family of four residing in West Virginia. The Company shall follow all applicable notice provisions as established, from time to time, by the Commission, as part of using a waiver, if granted. The Company may apply for waivers as necessary.

5) The Company may not collect a service deposit in order to initiate Lifeline Assistance if the qualifying low-income subscriber voluntarily elects toll limitation from the Company.

6) Eligibility for Lifeline service shall be subject to initial and continuing verification by the local WV Department of Health and Human Resources. S

c. Lifeline Assistance provides a discount to the subscriber's monthly local telephone service. The discount is only available for one telephony service per household. The flat-rate discount available per month is $9.25. C C

NETWORK ACCESS LINE SERVICE

LIFELINE ASSISTANCE/LINK UP (cont'd.)

1. Lifeline Assistance (cont'd.)

   d. The Company shall apply the baseline payments received by the administrator of the Federal Lifeline Assistance program to waive the qualifying customer's federal End-User Common Line Charge. The Company shall apply any additional Federal support amount to the qualifying subscriber's basic local exchange service rate.

   D

   e. Partial payments that are received from Lifeline customers shall first be applied to local service charges and then to any outstanding toll charges.

2. Link Up

   D

USAC
Universal Service Administrative Company®

CONFIRMATION

Congratulations. Your filing has been successfully certified.

Filing 1 was successfully certified on Fri 24 Jun 16 10:02:14 AM EDT by jfrye@hardynet.com .

SAC : 209009

498 ID : 143028655

Carrier Name : HARDY TELECOMMUNICATIONS, INC.

Program Year : 2017

A confirmation email will be sent to the email address on record for your user ID. Please email USAC at HCCERTS@USAC.ORG if you do not receive this email within 24 hours.

Please take this quick survey and give us your thoughts! Your feedback will help improve the filing process. Take Survey

Return to 481 Search | Print Confirmation Page