REDACTED FOR PUBLIC INSPECTION

Your business
is our business.

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

June 27, 2017

Via Hand Delivery

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

Re: WC Docket No. 14-58
2017 ETC Annual Report of Waldron Telephone Company
Study Area Code 310734

Dear Ms. Dortch:

On behalf of Waldron Telephone Company ("Company"), JSI files the attached confidential version of the FCC Form 481 ETC annual reporting information pursuant to sections 54.313 and 54.422 of the Commission's rules.[1] Company seeks confidential treatment under Protective Order for section 54.313(f)(2) financial information.[2] The redacted version is being filed this date via the FCC's Electronic Comment Filing System.

Please direct any questions regarding the filing to the undersigned.

Sincerely,

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

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

FCC Form 481 - Carrier Annual Reporting Data Collection Form

REDACTED FOR PUBLIC INSPECTION

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

<010>	Study Area Code	310734
<015>	Study Area Name	WALDRON TEL CO
<020>	Program Year	2018
<030>	Contact Name: Person USAC should contact with questions about this data	Lucinda Bernath
<035>	Contact Telephone Number: Number of the person identified in data line <030>	5172866211 ext.
<039>	Contact Email Address: Email of the person identified in data line <030>	cindy@wcomo.net
	Form Type	54.313 and 54.422

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

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

<010>	Study Area Code	310734
<015>	Study Area Name	WALDRON TEL CO
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<039>	Contact Email Address - Email Address of person identified in data line <030>	cindy@wcomo.net

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

<220>

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

(300) Unfulfilled Service Request
Data Collection Form

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

<010>	Study Area Code	310734
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<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Lucinda Bernath
<035>	Contact Telephone Number - Number of person identified in data line <030>	5172866211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cindy@wcomo.net

<300> Unfulfilled service request (voice) 0

<310> Detail on attempts (voice)

Name of Attached Document

<320> Unfulfilled service request (broadband) 0

<330> Detail on attempts (broadband)

Name of Attached Document

(400) Number of Complaints per 1,000 customers
Data Collection Form

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

<010>	Study Area Code	310734
<015>	Study Area Name	WALDRON TEL CO
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Lucinda Bernath
<035>	Contact Telephone Number - Number of person identified in data line <030>	5172866211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cindy@wcomo.net
<400>	Select from the drop-down list to indicate how you would like to report voice complaints (zero or greater) for voice telephony service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize.	Offered only fixed voice
<410>	Complaints per 1000 customers for fixed voice	0.0
<420>	Complaints per 1000 customers for mobile voice	
<430>	Select from the drop-down list to indicate how you would like to report end-user customer complaints (zero or greater) for broadband service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize.	Offered only fixed broadband
<440>	Complaints per 1000 customers for fixed broadband	0.0
<450>	Complaints per 1000 customers for mobile broadband	

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

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

<010>	Study Area Code	310734
<015>	Study Area Name	WALDRON TEL CO
<020>	Program Year	2018
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<035>	Contact Telephone Number - Number of person identified in data line <030>	5172866211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cindy@wcomo.net
<500>	Certify compliance with applicable service quality standards and consumer protection rules	Yes
<510>	Descriptive document for Service Quality Standards & Consumer Protection Rules Compliance	310734mi510.pdf
<515>	Certify compliance with applicable minimum service standards	

(600) Functionality in Emergency Situations
Data Collection Form

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

<010>	Study Area Code	310734
<015>	Study Area Name	WALDRON TEL CO
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<035>	Contact Telephone Number - Number of person identified in data line <030>	5172866211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cindy@wcomo.net
<600>	Certify compliance regarding ability to function in emergency situations	Yes
<610>	Descriptive document for Functionality in Emergency Situations	310734mi610.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	310734
<015>	Study Area Name	WALDRON TEL CO
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Lucinda Bernath
<035>	Contact Telephone Number - Number of person identified in data line <030>	5172866211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cindy@wcomo.net

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

<703>

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

-- See attached worksheet --

(710) Broadbrand Price Offerings
Data Collection Form

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

<010>	Study Area Code	310734
<015>	Study Area Name	WALDRON TEL CO
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Lucinda Bernath
<035>	Contact Telephone Number - Number of person identified in data line <030>	5172866211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cindy@wcomo.net

<711>

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

(800) Operating Companies
Data Collection Form

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

<010>	Study Area Code	310734
<015>	Study Area Name	WALDRON TEL CO
<020>	Program Year	2018
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<035>	Contact Telephone Number - Number of person identified in data line <030>	5172866211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cindy@wcomo.net

<810>	Reporting Carrier	Waldron Telephone Company
<811>	Holding Company	Waldron Communication Company
<812>	Operating Company	Waldron Telephone Company

<813>	<a1>	<a2>	<a3>
	Affiliates	**SAC**	**Doing Business As Company or Brand Designation**

REDACTED FOR PUBLIC INSPECTION

(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	310734
<015>	Study Area Name	WALDRON TEL CO
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Lucinda Bernath
<035>	Contact Telephone Number - Number of person identified in data line <030>	5172866211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cindy@wcomo.net

<900> Does the filing entity offer tribal land services? (Y/N) No

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document

If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

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

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

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

<010>	Study Area Code	310734
<015>	Study Area Name	WALDRON TEL CO
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Lucinda Bernath
<035>	Contact Telephone Number - Number of person identified in data line <030>	5172866211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cindy@wcomo.net

<1000>	Voice services rate comparability certification	Yes
<1010>	Attach detailed description for voice services rate comparability compliance	Name of Attached Document
<1020>	Broadband comparability certification	Yes - Pricing is no more than the most recent applicable benchmark announced by the Wireline Competition Bureau
<1030>	Attach detailed description for broadband comparability compliance	Name of Attached Document

(1100) No Terrestrial Backhaul Reporting Data Collection Form

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

<010>	Study Area Code	310734
<015>	Study Area Name	WALDRON TEL CO
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Lucinda Bernath
<035>	Contact Telephone Number - Number of person identified in data line <030>	5172866211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cindy@wcomo.net

<1100>	Certify whether terrestrial backhaul options exist (Y/N)	Yes
<1130>	Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(g).	

(1200) Terms and Condition for Lifeline Customers
Lifeline
Data Collection Form

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

<010>	Study Area Code	310734
<015>	Study Area Name	WALDRON TEL CO
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<030>	Contact Name - Person USAC should contact regarding this data	Lucinda Bernath
<035>	Contact Telephone Number - Number of person identified in data line <030>	5172866211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cindy@wcomo.net

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

310734mi1210.pdf

Name of Attached Document

<1220> Link to Public Website

HTTP http://www.telecommich.org/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. ✔

(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	310734
<015>	Study Area Name	WALDRON TEL CO
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Lucinda Bernath
<035>	Contact Telephone Number - Number of person identified in data line <030>	5172866211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cindy@wcomo.net

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

<2011> 3rd Year Certification 47 CFR §54.313(b)(1)(ii) - Note that for the July 2017 certification, this applies to Round 2 recipients of Incremental Support.

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

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

<2024A> Round 2 Recipient of Incremental Support?

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

Name of Attached Document Listing Required Information

<2025A> Round 2 Recipient of Incremental Support?

<2025B> Attach geocoded Information for Phase I milestone reports (Round 2 for year three) - Connect America Fund , WC Docket 10-90, Report and Order, FCC 13-73, paragraph 35 (May 22, 2013).

Name of Attached Document Listing Required Information

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

(2005) Price Cap Carrier Additional Documentation
Data Collection Form
Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

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

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

<2016> Certification support used to build broadband

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

<2017A> Connect America Fund Phase II recipient?

<2017C> Total amount of Phase II support, if any, the price cap carrier used for capital expenditures in 2016.

<2018> Attach the number, names, and addresses of community anchor institutions to which the carrier newly began providing access to broadband service in the preceding calendar year - 54.313(e)(1)(ii)(A)

Name of Attached Document Listing Required Information

<2019> Recipient certifies that it bid on category one telecommunications and Internet access services in response to all FCC Form 470 postings seeking broadband service that meets the connectivity targets for the schools and libraries universal service support program for eligible schools and libraries located within any area in a census block where the carrier is receiving Phase II model-based support, and that such bids were at rates reasonably comparable to rates charged to eligible schools and libraries in urban areas for comparable offerings - 54.313(e)(1)(ii)(C)

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(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	310734
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<030>	Contact Name - Person USAC should contact regarding this data	Lucinda Bernath
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<039>	Contact Email Address - Email Address of person identified in data line <030>	cindy@wcomo.net

Select from the drop down menu or check the boxes below to note compliance with 54.313(f)(1). Privately held carriers must ensure compliance with the financial reporting requirements set forth in 47 CFR 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

Progress Report on 5 Year Plan

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

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

(3010B) Please Provide Attachment — Name of Attached Document Listing Required Information: 310734mi3010.pdf

(3012A) Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)} — No - No New Community Anchors

(3012B) Please Provide Attachment — Name of Attached Document Listing Required Information

(3013) Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)} — (Yes/No) ◉ ○

(3014) If yes, does your company file the RUS annual report — (Yes/No) ○ ◉

Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:

(3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers) ☐

(3016) Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows ☐

(3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation — Name of Attached Document Listing Required Information

(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: 310734mi3026.pdf

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

Data Collection Form

FCC Form 481

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

July 2013

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

Financial Data Summary

(3027) Revenue

(3028) Operating Expenses

(3029) Net Income

(3030) Telephone Plant In Service(TPIS)

(3031) Total Assets

(3032) Total Debt

(3033) Total Equity

(3034) Dividends

[redacted]

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	310734
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<039>	Contact Email Address - Email Address of person identified in data line <030>	cindy@wcomo.net

4005 Rural Broadband Experiment

Authorized Rural Broadband Experiment (RBE) recipients must address the certification for public interest obligations, provide a list of newly served community anchor institutions, and provide a list of locations where broadband has been deployed.

Public Interest Obligations – FCC 14-98 (paragraphs 26-29, 78)
Please address Line 4001 regarding compliance with the Commission's public interest obligations. All RBE participants must provide a response to Line 4001.

4001. Recipient certifies that it is offering broadband to the identified locations meeting the requisite public interest obligations consistent with the category for which they were selected, including broadband speed, latency, usage capacity, and rates that are reasonably comparable to rates for comparable offerings in urban areas?

Community Anchor Institutions – FCC 14-98 (paragraph 79)

4003a. RBE participants must provide the number, names, and addresses of community anchor institutions to which they newly deployed broadband service in the preceding calendar year. On this line, please respond (yes – attach new community anchors, no – no new anchors) to indicate whether this list will be provided.

If yes to 4003A, please provide a response for 4003B.

4003b. Provide the number, names and addresses of community anchor institutions to which the recipient newly began providing access to broadband service in the preceding calendar year. Name of Attached Document Listing Required Information _____

Broadband Deployment Locations – FCC 14-98 (paragraph 80)

4004a. Attach a list of geocoded locations to which broadband has been deployed as of the June 1st immediately preceding the July 1st filing deadline for the FCC Form 481. Name of Attached Document Listing Required Information _____

4004b. Attach evidence demonstrating that the recipient is meeting the relevant public service obligations for the identified locations. Materials must at least detail the pricing, offered broadband speed and data usage allowances available in the relevant geographic area. Name of Attached Document Listing Required Information _____

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

<010>	Study Area Code	310734
<015>	Study Area Name	WALDRON TEL CO
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<039>	Contact Email Address - Email Address of person identified in data line <030>	cindy@wcomo.net

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

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.

Name of Reporting Carrier:

Signature of Authorized Officer: Date

Printed name of Authorized Officer:

Title or position of Authorized Officer:

Telephone number of Authorized Officer:

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

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

Certification - Agent / Carrier
Data Collection Form

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

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

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

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

I certify that (Name of Agent) JSI **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: JSI

Name of Reporting Carrier: WALDRON TEL CO

Signature of Authorized Officer: CERTIFIED ONLINE Date: 06/23/2017

Printed name of Authorized Officer: Lucinda Bernath

Title or position of Authorized Officer: Vice President

Telephone number of Authorized Officer: 5172866211 ext.

Study Area Code of Reporting Carrier: 310734 Filing Due Date for this form: 07/03/2017

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

TO BE COMPLETED BY THE AUTHORIZED AGENT:

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

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

Name of Reporting Carrier: WALDRON TEL CO

Name of Authorized Agent Firm: JSI

Signature of Authorized Agent or Employee of Agent: CERTIFIED ONLINE Date: 06/23/2017

Name of Authorized Agent Employee: Cassandra Heyne

Title or position of Authorized Agent or Employee of Agent Consultant

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

Study Area Code of Reporting Carrier: 310734 Filing Due Date for this form: 07/03/2017

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

Attachments

Waldron Telephone Company's Demonstration of Compliance with Service Quality Standards and Consumer Protection Rules for Voice and Broadband Services:

In establishing this certification in its *2005 ETC Order*,[1] the FCC found that an ETC must make "a specific commitment to objective measures to protect consumers."[2] The Commission found that for wireless ETCs, compliance with CTIA's Consumer Code for Wireless Service would satisfy this requirement" and that the sufficiency of other commitments would be considered on a case-by-case basis.[3] In this context, the FCC stated, "to the extent a wireline or wireless ETC applicant is subject to consumer protection obligations under state law, compliance with such laws may meet our requirement."[4]

Waldron Telephone Company ("Company") hereby certifies that it is complying with state and federal service quality standards and consumer protection rules. The Company is subject to consumer protection obligations for voice services under state law. These obligations include, but are not limited to, the following: (1) filing a Local Exchange Tariff pursuant to the requirements of The Michigan Public Service Commission (MPSC), as specified in Section 202(b) of the Michigan Telecommunications Act (MTA) and MPSC Case No. U-11103, which disclose rates, terms and conditions of service to customers; (2) adherence to Michigan state consumer protection requirements governing telephone providers, Prohibitions as identified in Sections 305 and 502 of the MTA, Costing

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[1] *Federal-State Joint Board on Universal Service*, CC Docket No. 96-45, Report and Order, FCC 05-46 (rel. Mar. 17, 2005) ("*2005 ETC Order*").
[2] *Id.* at para. 28.
[3] *Id.* The FCC noted that under the CTIA Consumer Code, wireless carriers agree to: "(1) disclose rates and terms of service to customers; (2) make available maps showing where service is generally available; (3) provide contract terms to customers and confirm changes in service; (4) allow a trial period for new service; (5) provide specific disclosures in advertising; (6) separately identify carrier charges from taxes on billing statements; (7) provide customers the right to terminate service for changes to contract terms; (8) provide ready access to customer service; (9) promptly respond to consumer inquiries and complaints received from government agencies; and (10) abide by policies for protection of consumer privacy." *Id.* at n. 71.
[4] *Id.* at n. 72.

Procedures as determined by the MPSC in Case No. U-11103, and Compliance with Anti-Slamming Procedures as adopted in MPSC Case No. U-11757 and Case No. 11900; and (3) CPNI, Red Flag Rules and other federal and state requirements governing the protection of customers' privacy.

The Company is subject to consumer protection obligations for broadband services under federal law. These obligations include, but are not limited to, the following: public disclosure of accurate information regarding network management practices, performance, and commercial terms of broadband internet access services; as a means of providing sufficient information for consumers to make informed choices regarding use of such services, and for content, application, service and device providers to develop, market, and maintain internet offerings as specified in F.C.C. 47 C.F.R. Part 8 §8.3. The Company furthermore will comply with all requirements set forth in the *2015 Open Internet Order* when it becomes effective.

Waldron Telephone Company's Demonstration of Ability to Function in Emergency Situations

Waldron Telephone Company ("Company") hereby certifies that it is able to function in emergency situations as set forth in the Code of Federal Regulations, Title 47, Part 54, Subpart C, §54.202(a)(2)[1] and the Michigan Telecommunications Act (MTA). The Company's voice and broadband network is designed to remain functional in emergency situations without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations as required by Section 54.202(a)(2). The Company can change call routing translations as needed to reroute traffic around damaged facilities. Changing call routing translations will also allow the Company to manage traffic spikes throughout its network, as emergency situations require.

Specifically, each central office building is supplied with standby generators and battery back-up that enable the central office to keep running until power is restored so long as fuel is available, or until system changes are made to reroute traffic. The Company has battery backup at all office locations and in its electronic equipment sites in accordance with the specifications identified in Section 305c(a) of the MTA, 484.2305c Emergency power requirements; compliance. The Company complies with the FCC's backup power requirements, effective October 16, 2015.

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[1] Section 54.202(a)(2) requires ETCs that are designated by the Commission to "demonstrate its ability to remain functional in emergency situations, including a demonstration that it has a reasonable amount of back-up power to ensure functionality without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations."

REDACTED FOR PUBLIC INSPECTION

(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	310734
<015>	Study Area Name	WALDRON TEL CO
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Lucinda Bernath
<035>	Contact Telephone Number - Number of person identified in data line <030>	5172866211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cindy@wcomo.net

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

<703>

<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<b4>	<b5>	<c>
State	**Exchange (ILEC)**	**SAC (CETC)**	**Rate Type**	**Residential Local Service Rate**	**State Subscriber Line Charge**	**State Universal Service Fee**	**Mandatory Extended Area Service Charge**	**Total per line Rates and Fees**
MI	Hillsdale		FR	20.09	0.0	0.0	0.0	20.09
MI	Lenawee		FR	21.59	0.0	0.0	0.0	21.59

REDACTED FOR PUBLIC INSPECTION

(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	310734
<015>	Study Area Name	WALDRON TEL CO
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Lucinda Bernath
<035>	Contact Telephone Number - Number of person identified in data line <030>	5172866211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cindy@wcomo.net

<711>

<a1>	<a2>	<b1>	<b2>	<c>	<d1>	<d2>	<d3>	<d4>
State	**Exchange (ILEC)**	**Residential Rate**	**State Regulated Fees**	Total Rates and Fees	**Broadband Service - Download Speed (Mbps)**	Broadband Service -Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached {select}
MI	ALL	49.95	0.0	49.95	6.0	1.0	999999	Other, N/A
MI	ALL	72.95	0.0	72.95	10.0	1.0	999999	Other, N/A
MI	ALL	89.95	0.0	89.95	15.0	1.0	999999	Other, N/A
MI	ALL	94.95	0.0	94.95	20.0	1.0	999999	Other, N/A
MI	ALL	137.97	0.0	137.97	6.0	1.0	999999	Other, N/A; standalone
MI	ALL	155.32	0.0	155.32	10.0	1.0	999999	Other, N/A; standalone

Michigan Lifeline Administration Service

IMPORTANT INFORMATION

Please Review Before Submitting Application

For questions, please call 1-866-321-2323.

PROGRAM QUALIFICATION AND APPLICABLE DISCOUNTS

The Federal Communications Commission (FCC) made changes to Lifeline regulations that went into effect on December 2, 2016. As a result, customers may qualify for full or reduced benefits. The table below applies to customer who enroll in the Lifeline program after December 2, 2016 and to currently enrolled customers on their service initiation date when the FCC's "rolling recertification" process begins on July 1, 2017.

Program Participation	Federal/State Discount	MPSC Discount	Total Discount
Federal Public Housing Assistance	$9.25	$2.00 [B]	**$11.25** [A]
Medicaid	$9.25	$2.00 [B]	**$11.25** [A]
Supplemental Nutrition Assistance Program	$9.25	$2.00 [B]	**$11.25** [A]
Supplemental Security Income	$9.25	$2.00 [B]	**$11.25** [A]
Low-Income Home Energy Assistance Program	$9.25 [B]	$2.00 [B]	**$11.25** [A]
National School Lunch Program	$9.25 [B]	$2.00 [B]	**$11.25** [A]
Temporary Assistance for Needy Families	$9.25 [B]	$2.00 [B]	**$11.25** [A]
Veteran's Pension Program	$9.25	$0	**$9.25**
Veteran's Survivor's Pension Program	$9.25	$0	**$9.25**

[A] *Qualifying customers age 65 and over receive additional $1.10 per month discount.*

[B] *Applies to voice-only service or voice/broadband bundled service; not applicable to broadband-only service.*

INCOME INFORMATION AND GUIDELINES

Customers that don't participate in any of the programs listed above can still qualify for discounts if their annual household income is at certain thresholds set by the federal and state governments. The tables below provide applicable discount amounts and current guidelines.

Income Level	Federal/State Discount	MPSC Discount	Total Discount
Annual Income At or Below 150% of Poverty Level	$9.25	$2.00 [B]	**$11.25** [A]

[A] *Qualifying customers age 65 and over receive additional $1.10 per month discount.*

[B] *Applies to voice-only service or voice/broadband bundled service; not applicable to broadband-only service.*

Number in Household	150% of Federal Poverty Level
1	$18,090
2	$24,360
3	$30,630
4	$36,900
For each additional household member add	$6,270

BROADBAND AND VOICE SERVICES QUALIFY FOR DISCOUNTS

Federal Lifeline Benefits are now available for qualifying broadband as well as voice services.

Broadband Service: Federal discounts are only available on certain services. State discounts do not apply.

- Broadband speeds must be 10 Mbps download and 1 Mbps upload or faster to qualify.
- Lifeline discounts on broadband include a transfer restriction (port freeze) for 12 months. This means that once Lifeline broadband discounts begin on your service you will be unable to obtain a Lifeline discount with another provider for 12 months if you switch your service. If you already have a Lifeline broadband discount with another provider, you cannot get a Lifeline discount from a new provider until 12 months after your current broadband Lifeline discounts began.

Voice Service and Bundled Voice-Broadband Service: Federal and state discounts are available to qualified participants.

- Lifeline discounts on voice include a transfer restriction (port freeze) for 60 days. This means you are unable to obtain the Lifeline discount on service with another provider for 60 days from the date that your current voice service Lifeline discounts began.
- If you purchase a bundle of voice and qualifying broadband, the federal discount will be applied to your qualifying bundle, and the 12-month benefit transfer restriction will apply. State discounts will apply to your voice services only.
- If you purchase voice service and a non-qualifying broadband service, you will receive both state and federal Lifeline discounts on your voice service.
- Certain exceptions to the transfer restrictions apply. See www.usac.org/ls/change-my-company.aspx for more information.

General Condition Applicable to All Services:

- Total Lifeline discounts cannot exceed the price of service.

LIFELINE ADMINISTRATION SERVICE PROCESSES APPLICATIONS FOR THE FOLLOWING COMPANIES

AcenTek	Deerfield Farmers' Telephone Co.	Southwest Michigan Communications
Allband Communications Coop.	Hiawatha Telephone Co.	Springport Telephone Co.
Baraga Telephone Co.	Kaleva Telephone Co.	TDS Telecom
Barry County Telephone Co.	Lennon Telephone Co.	Thumb Cellular
Blanchard Telephone Co.	Michigan Central Broadband Co.	Upper Peninsula Telephone Co.
Bloomingdale Communications	Midway Telephone Co.	Waldron Telephone Co.
Carr Telephone Co.	Ogden Communications	Westphalia Broadband, Inc.
CenturyLink	Ontonagon County Telephone Co.	Westphalia Telephone Co.
Chapin Telephone Co.	Pigeon Telephone Co.	Winn Telecom
Climax Telephone Co.	Sand Creek Telephone Co.	Winn Telephone Co.

If your phone company is not on the list above, please contact them directly to apply for Lifeline discounts.

LEGAL REQUIREMENTS

PLEASE READ THE FOLLOWING IMPORTANT INFORMATION ABOUT THE LIFELINE PROGRAM BEFORE YOU APPLY:

- Lifeline is a non-transferable benefit and the subscriber may not transfer his or her benefit to any other person.
- The applicant must meet either income-based or program-based eligibility.
- Lifeline is a federal benefit and willfully making false or fraudulent statements to obtain the benefit is a violation of federal law and can result in fines, imprisonment, de-enrollment or being barred from the program.
- Only one Lifeline service is available per household. A household is defined for the purposes of the Lifeline program as any individual or group of individuals who live together at the same address and share income and expenses.
- A household is not permitted to receive Lifeline assistance from multiple telephone service providers. This includes both wireless and wireline providers.
- Violation of the one-per-household limitation constitutes a violation of the Federal Communications Commission's rules and will result in the subscriber's de-enrollment from the program and potentially prosecution by the US government.
- The applicants understands that if they are currently receiving Lifeline benefits from another carrier, by submitting this application, they agree to discontinue receiving another carrier's benefit and receive their one Lifeline benefit through the submission of this company's application.
- The applicant agrees to notify their telephone company within 30 days if s/he no longer meets the income-based or program-based eligibility criteria for receiving Lifeline support, if a household is receiving more than one Lifeline benefit, or another member of the household is receiving a Lifeline benefit, and may be subjected to penalties upon failure to do so.
- The applicant will notify their telephone company within 30 days of any changes to residential address.
- The applicant may be required to recertify their continued eligibility in the Lifeline program at any time and understands that failure to do so will result in termination of participation in the program.
- The applicant consents to Lifeline Administration Service providing their Lifeline service account information, including but not limited to, the applicant's name, residential address, phone number, date of birth, last 4 digits of social security number, the date on which Lifeline service was initiated/terminated, amount of Lifeline support provided, and the means of eligibility criteria through which the applicant qualified, to the Universal Service Administrative Company (USAC), USAC's agents and/or the National Lifeline Accountability Database (NLAD) to ensure the proper administration of the Lifeline program. The applicant understands that failure to do so will result in rejection of request for Lifeline services.
- The applicant understands that once s/he signs up for discounts with one provider, s/he cannot receive Lifeline benefits from another provider for a period of time. For voice-only services that qualify for Lifeline discounts, the applicant cannot move benefits to another provider for 60 days. For broadband services that qualify for Lifeline discounts, the applicant cannot move benefits to another provider for 12 months.

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Michigan Lifeline Administration Service

LIFELINE APPLICATION

TOLL FREE 1-866-321-2323

To apply for Lifeline Service, complete the application below and send it to:
Lifeline Administration Service, PO Box 11037, Lansing, Michigan 48901 or fax to **517-482-3548**

IDENTIFICATION INFORMATION (PLEASE PRINT)

Applicant's phone number:	Name of phone company:	
Date of Birth:	Last 4-digits of Social Security Number:	
Last Name:	First Name:	M.I.:

Street:

You must provide a residential street address. Per FCC regulations, it cannot be a P.O. Box.

City: State: ZIP:

This is my permanent address: Yes ☐ No ☐ This is a rural address with no postal route: Yes ☐ No ☐

Billing Address, City, State and Zip Code (if different from Service Address)

There are multiple unique households (e.g. nursing home, assisted living facility) at my address, as defined in this program. YES ☐ NO ☐

The service I subscribe to is: ☐ Voice Only ☐ Broadband Only ☐ Both Voice and Broadband

PROGRAM QUALIFICATION DETERMINATION

To be eligible for Lifeline discounts, regulations require you to be participating in one of the assistance programs listed below or to have an annual income that meets certain thresholds. Please complete Step 1 and Step 2 below.

Step 1. Indicate if you, or the member of your household named below, receives assistance from one of the listed programs. **Include documentation of participation in the checked program with your completed application.**

Name of person enrolled in program:

☐ Federal Public Housing Assistance	☐ Veteran's Survivor Pension Benefits
☐ Medicaid	☐ Low-Income Home Energy Assistance Program
☐ Supplemental Nutrition Assistance Program	☐ National School Lunch Program
☐ Supplemental Security Income	☐ Temporary Assistance for Needy Families
☐ Veteran's Pension Benefits	

Step 2. If you do not participate in any of the programs listed in Step 1, you may still qualify for a discount based on annual household income. Complete this section by providing the information requested below. **Include photocopies that document total gross household income based on one of the listed methods and include a completed Lifeline Household Worksheet.**

TOTAL MONTHLY GROSS INCOME: $	**NUMBER OF HOUSEHOLD MEMBERS:**
☐ Prior year's state or federal tax return.	☐ Current Annual Gross Income Statement from Employer
☐ Social Security statement of benefits	☐ Paycheck stubs or other official document containing income information for any 3 consecutive months within last 12 months
☐ Retirement/pension statement of benefits	☐ Veterans Administration statement of benefits
☐ Unemployment/Worker's Compensation Statement of Benefits	☐ Divorce decree or child support document containing income information

APPLICANT ACKNOWLEDGEMENTS

PLEASE READ AND INITIAL EACH OF THE FOLLOWING STATEMENTS TO INDICATE THAT YOU UNDERSTAND AND AGREE:

____I understand and consent to Lifeline Administration Service providing my Lifeline service account information, including but not limited to, my name, residential address, phone number, date of birth, the last 4 digits of my social security number, the date on which my Lifeline service was initiated/terminated, the amount of Lifeline support provided, and the means through which I qualified for Lifeline, to the Universal Service Administrative Company (USAC), USAC's agents and/or the National Lifeline Accountability Database to ensure the proper administration of the Lifeline program. I understand that if I fail to provide this consent, Lifeline Administration Service will deny me Lifeline service.

____I certify that I meet either the income-based eligibility criteria in Step 1 or the program-based eligibility criteria in Step 2 above.

____Lifeline is a non-transferable benefit and the subscriber may not transfer his or her benefit to any other person.

____Lifeline is a federal benefit and willfully making false or fraudulent statements to obtain the benefit is a violation of federal law and can result in fines, imprisonment, de-enrollment or being barred from the program.

____Lifeline support is only available for a single phone line at my principal residence and I certify to the best of my knowledge that no one else in my household is receiving Lifeline discounts. (A "household" is defined as any individual or group of individuals who live together at the same address and share income and expenses.)

____Violation of the one-per-household limitation constitutes a violation of the Federal Communication Commission's rules and will result in the subscriber's de-enrollment from the program and potentially prosecution by the US government.

____I understand that if I am identified as receiving more than one Lifeline benefit, all telephone service providers involved may be notified so that I may select one service and be de-enrolled from the other(s).

____I will notify my telephone company within 30 days if I no longer meet the income-based or program-based eligibility criteria for receiving Lifeline support, if I am receiving more than one Lifeline benefit, or another member of my family is receiving a Lifeline benefit, and I may be subject to penalties if I fail to do so.

____I will notify my telephone company within 30 days of any changes to my residential address.

____I may be required to certify my continued eligibility for Lifeline at any time and I know failure to do so will result in termination of my participation in the program.

____I understand that once I sign up for discounts with one provider, I cannot receive Lifeline benefits from another provider for a period of time. For voice-only services that qualify for Lifeline discounts, I cannot move benefits to another provider for 60 days. For broadband services that qualify for Lifeline discounts, I cannot move benefits to another provider for 12 months.

APPLICANT SIGNATURE

I certify, under penalty of perjury, that the information provided in this application and supporting documentation is true and complete.

Signature:	Date:

REVISED 4/2017

Michigan Lifeline Administration Service
Lifeline Household Worksheet

Lifeline Program support is a federal benefit that provides a monthly discount on home phone (i.e., landline phone) or cell phone service. **Only one Lifeline Program-supported service per household** is allowed under Federal law. Answer the questions on the following page to determine if there is more than one household living at your address, and if your household already receives a Lifeline Program benefit.

Providing false information on this form may result in losing your Lifeline Program-supported service and possible criminal penalties.

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

Members of a household are not permitted to receive more than one Lifeline Program-supported service. You are receiving a copy of this form because records indicate that more than one person at this address is receiving a Lifeline Program benefit. Each person at this address who receives a Lifeline Program benefit and has not yet completed and returned a household worksheet will receive a copy of this form, pre-populated with his/her name, address and telephone number.

If you DO NOT share income and expenses with the other adult(s) living at this address who receive Lifeline Program benefits, or there are no other adult(s) living at this address receiving Lifeline Program benefits, you **MUST STILL** sign this form to continue to receive your Lifeline Program benefit. If you fail to do so, you will be de-enrolled from your Lifeline Program benefit.

If you live with another adult(s) who shares income and expenses with you and who has a Lifeline Program benefit on his or her phone service, your household is receiving more than one Lifeline Program benefit. If so, you **MUST** take the following steps: (1) consult with the other adult(s) in your household currently receiving a Lifeline Program benefit and decide who will keep the Lifeline Program benefit for the household; and (2) the person who will keep the Lifeline Program benefit, AND ONLY THAT PERSON will fill out the form IN FULL and return it to his or her telephone service provider within 30 of days of the date of this communication. The telephone number listed on this form will be the number which will retain the Lifeline Program benefit.

If the PERSON IN YOUR HOUSEHOLD WHO WISHES TO KEEP THE LIFELINE PROGRAM BENEFIT FOR THE ENTIRE HOUSEHOLD HAS ALREADY PROVIDED a household worksheet to their service provider, then NO FURTHER ACTION IS NECESSARY. (The person named below does not need to sign and send this form to their Lifeline provider).

After 30 days of the date of this letter, all other subscribers at this address below who have not completed a household worksheet will NO LONGER have a Lifeline Program benefit.

Name _____ **Telephone Number** _____

Address _____

Street **Apt.** **City** **State** **Zip**

1. Does your husband, wife, or domestic partner living at your address have a Lifeline Program-discounted phone service?	
_____ **No**. Please answer question 2 below.	_____ **Yes**. If **YOU** are the person who will keep the Lifeline benefit, **check OPTION B at the bottom and sign this Form. If you are not keeping your Lifeline benefit, DO NOT submit this form.**

2. Does another adult (age 18 or older, or emancipated minor) live with you AND have a Lifeline Program-discounted phone service?	
_____ **No. Please check OPTION A below and SIGN THIS FORM.**	_____ **YES**. Please answer question 3 below.

3. Do you share expenses for bills, food, or other living expenses <u>AND</u> share income with the person in question #2?	
_____ **No. Please check OPTION C below and SIGN THIS FORM.**	_____ **Yes**. If **YOU** are the person who will keep the Lifeline Program benefit, **check OPTION B at the bottom and sign this form. If you are not keeping your Lifeline benefit, DO NOT submit this form.**

Please check the box below for the one that applies to you:

OPTION A. [ ] No one in my household, other than myself, is currently receiving a Lifeline Program benefit and therefore I may continue to receive a Lifeline Program benefit.

OPTION B. [ ] There are others in my household that are currently receiving a Lifeline Program benefit; by signing this form, I will be the only member of this household to continue to receive a Lifeline Program benefit.

OPTION C. [ ] There are other adults who reside at the above listed address who receive a Lifeline Program benefit but do not share income and expenses with me, therefore since I am the only member in my household receiving a Lifeline Program benefit, I may continue to receive that benefit.

I certify that the information provided above is true. I understand that violating the one-per-household requirement is against the Federal Communications Commission's rules and I may lose my Lifeline Program benefits, and may be prosecuted by the United States government for violating the rules.

Signature_____ Date_____

Please return the signed form to [Insert Company Name] at [address, email, fax]

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LOCAL TELEPHONE EXCHANGE SERVICE

LIFELINE SERVICE

A. DESCRIPTION

1. Lifeline Service applies discounts to monthly recurring rates for qualifying residential customers. These discounts are applied to existing tariffed rates and charges for residential telephone service.

2. In order to be eligible for Lifeline Service a residential customer's household income must be at or below 150% of the poverty level as determined by the United States Office of Management and Budget and as approved by the State Treasurer or the customer must participate in one of the following federal assistance programs:

   a. Medicaid
   b. Food stamps
   c. Supplemental security income
   d. Federal public housing assistance
   e. Low-income home energy assistance program
   f. National school lunch program's free lunch program
   g. Temporary assistance for needy families.

3. Lifeline Service includes the services and functionalities enumerated in by the F.C.C. as follows: voice grade access to the public switched network; local usage; dual tone multi-frequency signaling or its functional equivalent; single-party service or its functional equivalent; access to operator services; access to interexchange service; access to directory assistance; and toll blocking for qualifying customers.

4. Other services can be provided with the Lifeline Service at applicable rates and charges.

h. REGULATIONS

1. Regulations specified elsewhere in the Company's tariffs apply to Lifeline Service.

2. Lifeline Service is available only with residence services, excluding foreign exchange service. Lifeline Service is limited to one line per household at the customer's primary residence.

3. A miscellaneous service charge does not apply when Lifeline Service is added or discontinued to existing service when that is the only work being done.

4. a. A discount of 20% of the Basic Local Exchange rate or $11.25, whichever is greater, on the monthly rate for Basic Local Exchange Service for Lifeline customers is applicable. For Lifeline customers 65 years of age or more, the discount will be 25% of the Basic Local Exchange rate or $12.35, whichever is greater. The total discount shall not exceed 100% of all end-user common line charges and the Basic Local Exchange rate.

   b. The credit will be applied in the following order: (1) The Interstate End User Access Charge, National Exchange Carriers Association, Inc. Tariff F.C.C. No. 5, Access Service. (2) The balance of the credit, if any, will be applied as a credit to the Basic Local Exchange rate. (D)

   c. The Company will provide, at the qualifying customer's option, toll blocking service at no charge. The Company defines toll blocking as a service provided by the Company that lets the customer elect not to allow the completion of outgoing toll calls from their telecommunications channel.

   d. The Company will not require a service deposit in order to initiate Lifeline Service if the qualifying customer voluntarily elects toll blocking service.

   e. The Company will not disconnect Lifeline Service for non-payment of toll charges by qualifying customers.

5. The Lifeline plan will apply after receipt and processing of a completed Company or community/government provided application, including documentation indicating that the household income meets the eligibility standards established above.

6. Customers of Lifeline Service must notify the Company of any changes which would affect qualification. Reverification of eligibility will take place on an ongoing basis. When the customer is no longer eligible for Lifeline service, the Lifeline discount would be discontinued and regular tariff rates and charges would apply.

Mark Bernath, President, Waldron Telephone Company, PO Box 197, Waldron, MI 49288, 517-286-6211, info@waldrontel.com

REDACTED FOR PUBLIC INSPECTION

Waldron Telephone Company
M.P.S.C. No. 1 (R)

5th Revised Sheet No. 6
Cancels 4th Revised Sheet No. 6

LOCAL TELEPHONE EXCHANGE SERVICE

Exchange: WALDRON

A. GENERAL

1. The provision of service at the rates shown below is subject to the regulations given in the General Rules and Regulations as they now exist and are filed with and form part of this Tariff.

2. The rates shown below entitle the customer to messages without other charge to all stations bearing the designation of a central office of the following exchanges, which comprise the Local Service Area:

   WALDRON HUDSON MORENCI PRATTVILLE RANSOM

   Waldron will block calls dialed 1-plus to stations within the Waldron, Hudson, Morenci, Prattville or Ransom exchanges. Waldron will treat calls dialed without 1-plus as local calls and Waldron will bill those calls according to this tariff.

3. The Company will designate local calls as "Local VNXX Calls" if they meet all of the following criteria: (N)
   a. The dialed phone number is associated with a rate center included in the calling party's Local Calling Area,
   b. The end user associated with the called number is not physically located within the rate center associated with the dialed phone number,
   c. The rate center in which the dialed party is physically located is not within the customer's Local Calling Area,
   d. The provider of Basic Local Exchange Service to the dialed phone number does not agree to compensate the Company for those calls per the Company's applicable access tariff based on the jurisdiction of a call to the physical location of the dialed party, and
   e. The Company has posted numbers meeting the above four criteria on the Company's website as Local VNXX Calls.

   If a customer so requests, the Company will block direct dialing to all Local VNXX Calls. (N)

B. BASIC SERVICE RATES, MONTHLY RATES: Within the Base Rate Area:

Class of Service	ALL
Residence 1-Party Line	$18.72*

	NON-EDUCATIONAL		
	6 or fewer lines	7 or more lines	EDUCATIONAL
Business 1-Party Line	$21.06*	$18.56*	$18.56*
PBX Trunk	$25.26*	$22.76*	$22.76*

*The charges for basic local exchange service and end user access line charge were integrated and rates were increased effective July 1, 2001.

Issued: October 2, 2007

Effective: January 1, 2008

Issued under authority of Public Act 179 of 1991 as amended

Mark Bernath, President
PO Box 197
Waldron, MI 49288-0197

Michigan Public Commission
2/20/08
FILED

Waldron Telephone Company (SAC 310734)

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

Waldron Telephone Company hereby certifies that throughout 2016, it took reasonable steps to provide upon reasonable request broadband service at actual speeds of at least 10 Mbps downstream/1 Mbps upstream, with latency suitable for real-time applications, including Voice over Internet Protocol, and usage capacity that is reasonably comparable to comparable offerings in urban areas and that requests for such service are met within a reasonable amount of time. If a request for broadband service at actual speeds of at least 10 Mbps downstream/1 Mbps upstream is unreasonable, the Company offers broadband service at the highest available speed.

REDACTED – FOR PUBLIC INSPECTION

ATTACHMENT - LINE 3026

ATTACHMENT REDACTED IN ENTIRETY