

| | | |
|--|--|--|
| CONFIDENTIAL INFORMATION — SUBJECT TO PROTECTIVE ORDER IN WC DOCKET NOS. 14-58, 10-90, 31 FCC Rcd 2089 (WCB 2016) BEFORE THE FEDERAL COMMUNICATIONS COMMISSION FCC Form 481 - Carrier Annual Reporting Data Collection Form | | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2018 |
|--|--|--|

| | | |
|-----------|---|----------------------------------|
| <010> | Study Area Code | 341009 |
| <015> | Study Area Name | C-R TEL CO |
| <020> | Program Year | 2020 |
| <030> | Contact Name: Person USAC should contact with questions about this data | Barbara Galardo |
| <035> | Contact Telephone Number: Number of the person identified in data line <030> | 2075354126 ext. |
| <039> | Contact Email Address: Email of the person identified in data line <030> | barbara.galardo@consolidated.com |
| Form Type | | 54.313 and 54.422 |

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2018

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

Page 2

| | |
|--|--|
| (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 2018 |
|--|--|

| | | |
|-------|--|----------------------------------|
| <010> | Study Area Code | 341009 |
| <015> | Study Area Name | C-R TEL CO |
| <020> | Program Year | 2020 |
| <030> | Contact Name - Person USAC should contact regarding this data | Barbara Galardo |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 2075354126 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | barbara.galardo@consolidated.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. | |
| <410> | Complaints per 1000 customers for fixed voice | |
| <420> | Complaints per 1000 customers for mobile voice | |

| | | |
|--|---|--|
| (500) Compliance With Service Quality Standards and Consumer Protection Rules | | FCC Form 481 |
| Data Collection Form | | OMB Control No. 3060-0986/OMB Control No. 3060-0819 |
| | | July 2018 |
| <010> | Study Area Code | 341009 |
| <015> | Study Area Name | C-R TEL CO |
| <020> | Program Year | 2020 |
| <030> | Contact Name - Person USAC should contact regarding this data | Barbara Galardo |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 2075354126 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | barbara.galardo@consolidated.com |
| | | |
| <515> | Certify compliance with applicable minimum service standards | |

| | |
|---|---|
| (600) Functionality in Emergency Situations Data Collection Form | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2018 |
|---|---|

| | | |
|-------|---|----------------------------------|
| <010> | Study Area Code | 341009 |
| <015> | Study Area Name | C-R TEL CO |
| <020> | Program Year | 2020 |
| <030> | Contact Name - Person USAC should contact regarding this data | Barbara Galardo |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 2075354126 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | barbara.galardo@consolidated.com |
| <600> | Certify compliance regarding ability to function in emergency situations | Yes |
| <610> | Descriptive document for Functionality in Emergency Situations | 600 Business Continuity Plan.pdf |

| | |
|---------------------------|--|
| (800) Operating Companies | FCC Form 481 |
| Data Collection Form | OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2018 |

| | | |
|-------|---|----------------------------------|
| <010> | Study Area Code | 341009 |
| <015> | Study Area Name | C-R TEL CO |
| <020> | Program Year | 2020 |
| <030> | Contact Name - Person USAC should contact regarding this data | Barbara Galardo |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 2075354126 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | barbara.galardo@consolidated.com |

| | | |
|-------|-------------------|---|
| <810> | Reporting Carrier | Consolidated Communications of Central Illinois - C-R |
| <811> | Holding Company | Consolidated Communications Inc. |
| <812> | Operating Company | Consolidated Communications of Central Illinois |

[illegible]

| | |
|--|---|
| (900) Tribal Lands Reporting Data Collection Form | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2018 |
|--|---|

| | |
|---|----------------------------------|
| <010> Study Area Code | 341009 |
| <015> Study Area Name | C-R TEL CO |
| <020> Program Year | 2020 |
| <030> Contact Name - Person USAC should contact regarding this data | Barbara Galardo |
| <035> Contact Telephone Number - Number of person identified in data line <030> | 2075354126 ext. |
| <039> Contact Email Address - Email Address of person identified in data line <030> | barbara.galardo@consolidated.com |

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

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

<920> Tribal Government Engagement Obligation

Name of Attached Document

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(5) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

| Select Yes or No or Not Applicable |
|--|
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |

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

FCC Form 481

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

July 2018

| | | |
|-------|---|----------------------------------|
| <010> | Study Area Code | 341009 |
| <015> | Study Area Name | C-R TEL CO |
| <020> | Program Year | 2020 |
| <030> | Contact Name - Person USAC should contact regarding this data | Barbara Galardo |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 2075354126 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | barbara.galardo@consolidated.com |

<1000> Voice services rate comparability certification Yes

<1010> Attach detailed description for voice services rate comparability compliance 1010 Voice Service Rate Compatibility.pdf

Name of Attached Document

<1020> Broadband comparability certification Yes - Pricing is no more than the most recent applicable benchmark announced by the Wireline Competition Bureau

<1030> Attach detailed description for broadband comparability compliance 1030 Broadband Service Rate Compatibility.pdf

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 2018

| | | |
|-------|---|----------------------------------|
| <010> | Study Area Code | 341009 |
| <015> | Study Area Name | C-R TEL CO |
| <020> | Program Year | 2020 |
| <030> | Contact Name - Person USAC should contact regarding this data | Barbara Galardo |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 2075354126 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | barbara.galardo@consolidated.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).

<1140> Alaska Plan rate-of-return certification (yes, no, or not applicable) of compliance with approved performance plan.

| | |
|--|---|
| (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 2018 |
|--|---|

| | | |
|-------|---|----------------------------------|
| <010> | Study Area Code | 341009 |
| <015> | Study Area Name | C-R TEL CO |
| <020> | Program Year | 2020 |
| <030> | Contact Name - Person USAC should contact regarding this data | Barbara Galardo |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 2075354126 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | barbara.galardo@consolidated.com |

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

<1220> Link to Public Website

HTTP <http://www.tariffs.net/consolidated/tier.asp?cid=1854>

"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, | <input checked="" type="checkbox"/> |
| <1222> Details on the number of minutes provided as part of the plan, | <input checked="" type="checkbox"/> |
| <1223> Additional charges for toll calls, and rates for each such plan. | <input checked="" type="checkbox"/> |

| | |
|---|---|
| (2005) Price Cap Carrier Additional Documentation Data Collection Form <i>Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers</i> | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2018 |
|---|---|

| | | |
|-------|---|----------------------------------|
| <010> | Study Area Code | 341009 |
| <015> | Study Area Name | C-R TEL CO |
| <020> | Program Year | 2020 |
| <030> | Contact Name - Person USAC should contact regarding this data | Barbara Galardo |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 2075354126 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | barbara.galardo@consolidated.com |

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of frozen 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(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

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

Not Applicable

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

<2016> Certification support used to build broadband

Not Applicable

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

<2017A> Connect America Fund Phase II recipient?

No

<2017C> Total amount of Phase II support, if any, the price cap carrier used for capital expenditures in 2018.

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

Name of Attached Document Listing
Required Information

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

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

FCC Form 481

**OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2018**

| | | |
|-------|---|----------------------------------|
| <010> | Study Area Code | 341009 |
| <015> | Study Area Name | C-R TEL CO |
| <020> | Program Year | 2020 |
| <030> | Contact Name - Person USAC should contact regarding this data | Barbara Galardo |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 2075354126 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | barbara.galardo@consolidated.com |

(3007) Does this filing retain a Cost Consultant and/or Firm, or other Third Party to prepare financial and operations data disclosures submitted to the National Exchange Carrier Association (NECA), USAC, or the Administrator?

| (3007a) | (3007b) |
|--------------------|-------------------------------------|
| Name of Consultant | Name of Consultant Firm/Third Party |
| | |
| | |
| | |
| | |
| | |

CAF BLS Reporting

(3008A) Please indicate whether new locations were deployed during the prior calendar year. (Yes/No)

(3008B) Please enter the number of new locations deployed in the prior calendar year associated with each of the following speed tiers.

(3008B1) Number of newly built locations with access to broadband speeds of at least 10/1 Mbps but less than 25/3 Mbps.

(3008B2) Number of newly built locations with access to broadband speeds of 25/3 Mbps or higher.

(3008C) Please provide the percentage of deployment across the entire study area.

(3005) Rate Of Return Carrier Additional Documentation
Data Collection Form**FCC Form 481**
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2018

| | | |
|-------|---|----------------------------------|
| <010> | Study Area Code | 341009 |
| <015> | Study Area Name | C-R TEL CO |
| <020> | Program Year | 2020 |
| <030> | Contact Name - Person USAC should contact regarding this data | Barbara Galardo |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 2075354126 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | barbara.galardo@consolidated.com |

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

| | | |
|---------|--|--|
| (3009) | Progress Report on 5 Year Plan Carrier certifies to 54.313(f)(1)(iii) | |
| (3010A) | Certification of Public Interest Obligations {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) <input type="radio"/> <input type="radio"/> |
| (3014) | If yes, does your company file the RUS annual report | (Yes/No) <input type="radio"/> <input type="radio"/> |
| | 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) | <input type="checkbox"/> |
| (3016) | Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows | <input type="checkbox"/> |
| (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) <input type="radio"/> <input type="radio"/> |
| | 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 | <input type="checkbox"/> |
| (3020) | (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers | <input type="checkbox"/> |
| (3021) | Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows | <input type="checkbox"/> |
| (3022) | Management letter and/or audit opinion issued by the independent certified public accountant that performed the company's financial audit. | <input type="checkbox"/> |
| | 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 | <input type="checkbox"/> |
| (3023) | Underlying information subjected to a review by an independent certified public accountant | <input type="checkbox"/> |
| (3024) | Underlying information subjected to an officer certification. | <input type="checkbox"/> |
| (3025) | Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows | <input type="checkbox"/> |
| (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 2018 |
|--|---|

| | | |
|--------------------|---|----------------------------------|
| <010> | Study Area Code | 341009 |
| <015> | Study Area Name | C-R TEL CO |
| <020> | Program Year | 2020 |
| <030> | Contact Name - Person USAC should contact regarding this data | Barbara Galardo |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 2075354126 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | barbara.galardo@consolidated.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 | |

(4005) Rural Broadband Experiment Additional Documentation
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2018

| | | |
|-------|---|----------------------------------|
| <010> | Study Area Code | 341009 |
| <015> | Study Area Name | C-R TEL CO |
| <020> | Program Year | 2020 |
| <030> | Contact Name - Person USAC should contact regarding this data | Barbara Galardo |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 2075354126 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | barbara.galardo@consolidated.com |

4005 Rural Broadband Experiment

Authorized Rural Broadband Experiment (RBE) recipients must address the certification for public interest obligations and provide a list of newly served community anchor institutions.

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 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

| | | |
|-------|---|----------------------------------|
| <010> | Study Area Code | 341009 |
| <015> | Study Area Name | C-R TEL CO |
| <020> | Program Year | 2020 |
| <030> | Contact Name - Person USAC should contact regarding this data | Barbara Galardo |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 2075354126 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | barbara.galardo@consolidated.com |

5005 Alaska Plan

(5010) Do you participate in the Alaska plan? (Yes/No)

| | | |
|--------|---|----------|
| (5011) | Please indicate whether any terrestrial backhaul or other satellite backhaul became commercially available in the previous calendar year in areas previously served exclusively by performance-limiting satellite backhaul. | (Yes/No) |
|--------|---|----------|

| | | |
|--------|--|----------|
| (5012) | If the filing carrier identified in its approved performance plans that it relies exclusively on satellite backhaul for a certain portion of the population in its service area, indicate whether any terrestrial backhaul or other satellite backhaul became commercially available in the previous calendar year in areas that were previously served exclusively by satellite backhaul. | (Yes/No) |
|--------|--|----------|

[illegible]

| | |
|---|---|
| Certification - Reporting Carrier Data Collection Form | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2018 |
|---|---|

| | |
|---|----------------------------------|
| <010> Study Area Code | 341009 |
| <015> Study Area Name | C-R TEL CO |
| <020> Program Year | 2020 |
| <030> Contact Name - Person USAC should contact regarding this data | Barbara Galardo |
| <035> Contact Telephone Number - Number of person identified in data line <030> | 2075354126 ext. |
| <039> Contact Email Address - Email Address of person identified in data line <030> | barbara.galardo@consolidated.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: C-R TEL CO | |
| Signature of Authorized Officer: CERTIFIED ONLINE | Date 06/17/2019 |
| Printed name of Authorized Officer: Mike Skrivan | |
| Title or position of Authorized Officer: VP Regulatory | |
| Telephone number of Authorized Officer: 2075354150 ext. | |
| Study Area Code of Reporting Carrier: 341009 | Filing Due Date for this form: 07/01/2019 |
| 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 2018 |
|---|---|

| | |
|---|----------------------------------|
| <010> Study Area Code | 341009 |
| <015> Study Area Name | C-R TEL CO |
| <020> Program Year | 2020 |
| <030> Contact Name - Person USAC should contact regarding this data | Barbara Galardo |
| <035> Contact Telephone Number - Number of person identified in data line <030> | 2075354126 ext. |
| <039> Contact Email Address - Email Address of person identified in data line <030> | barbara.galardo@consolidated.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

| | |
|---|---|
| (800) Operating Companies Data Collection Form | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2018 |
|---|---|

| | |
|---|---|
| <010> Study Area Code | 341009 |
| <015> Study Area Name | C-R TEL CO |
| <020> Program Year | 2020 |
| <030> Contact Name - Person USAC should contact regarding this data | Barbara Galardo |
| <035> Contact Telephone Number - Number of person identified in data line <030> | 2075354126 ext. |
| <039> Contact Email Address - Email Address of person identified in data line <030> | barbara.galardo@consolidated.com |
| | |
| <810> Reporting Carrier | Consolidated Communications of Central Illinois - C-R |
| <811> Holding Company | Consolidated Communications Inc. |
| <812> Operating Company | Consolidated Communications of Central Illinois |

| <813> <a1> | <a2> | <a3> |
|---|--------|--|
| Affiliates | SAC | Doing Business As Company or Brand Designation |
| Consolidated Communications of Maine | | Consolidated Communications, Inc. |
| Consolidated Communications of Maine- China | 100004 | Consolidated Communications, Inc. |
| Consolidated Communications of Maine - Community Service | 100015 | Consolidated Communications, Inc. |
| Consolidated Communications of Maine - Maine | 100025 | Consolidated Communications, Inc. |
| Consolidated Communications of Maine- Standish | 100025 | Consolidated Communications, Inc. |
| Consolidated Communications of Maine- Northland | 103313 | Consolidated Communications, Inc. |
| Consolidated Communications of Maine - Sidney | 103313 | Consolidated Communications, Inc. |
| Consolidated Communications of Northern New England | | Consolidated Communications, Inc. |
| Consolidated Communications of Northern New England - New Hampshire | 105111 | Consolidated Communications, Inc. |
| Consolidated Communications of Northern New England - Maine | 125113 | Consolidated Communications, Inc. |
| Consolidated Communications of Northland Company | 143331 | Consolidated Communications, Inc. |
| Consolidated Communications of Vermont Company, LLC | 145115 | Consolidated Communications, Inc. |
| Berkshire Telephone Corporation | 150073 | Consolidated Communications, Inc. |
| Chatutauqua & Erie Telephone Co. | 150078 | Consolidated Communications, Inc. |
| Taconic Telephone Corp. | 150084 | Consolidated Communications, Inc. |
| The Bentleyville Communications Corporation | 170145 | Consolidated Communications, Inc. |
| Marianna & Scenery Hill Telephone Co | 170185 | Consolidated Communications, Inc. |
| Consolidated Communications of Pennsylvania | 170193 | Consolidated Communications, Inc. |
| Consolidated Communications of Florida | | Consolidated Communications, Inc. |
| Consolidated Communications of Florida - Florala | 210291 | Consolidated Communications, Inc. |
| Consolidated Communications of Florida - Perry | 210329 | Consolidated Communications, Inc. |
| Consolidated Communications of Florida - St. Joe | 210339 | Consolidated Communications, Inc. |
| Consolidated Communications of Ohio | | Consolidated Communications, Inc. |

| | |
|----------------------------------|--|
| (800) Operating Companies | FCC Form 481 |
| Data Collection Form | OMB Control No. 3060-0986/OMB Control No. 3060-0819 |
| | July 2018 |

| | | |
|-------|---|---|
| <010> | Study Area Code | 341009 |
| <015> | Study Area Name | C-R TEL CO |
| <020> | Program Year | 2020 |
| <030> | Contact Name - Person USAC should contact regarding this data | Barbara Galardo |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 2075354126 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | barbara.galardo@consolidated.com |
| <810> | Reporting Carrier | Consolidated Communications of Central Illinois - C-R |
| <811> | Holding Company | Consolidated Communications Inc. |
| <812> | Operating Company | Consolidated Communications of Central Illinois |

| <813> | <a1> | <a2> | <a3> |
|-------|---|--------|--|
| | Affiliates | SAC | Doing Business As Company or Brand Designation |
| | Consolidated Communications of Ohio - Columbus Grove | 300604 | Consolidated Communications, Inc. |
| | Consolidated Communications of Ohio - Germantown | 300618 | Consolidated Communications, Inc. |
| | Consolidated Communications of Ohio- Orwell | 300649 | Consolidated Communications, Inc. |
| | Consolidated Communications of Central Illinois | | Consolidated Communications, Inc. |
| | Consolidated Communications of Central Illinois - El Paso | 341004 | Consolidated Communications, Inc. |
| | Consolidated Communications of Central Illinois - C-R | 341009 | Consolidated Communications, Inc. |
| | Consolidated Communications of Central Illinois- Odin | 341065 | Consolidated Communications, Inc. |
| | Consolidated Communications of Illinois Company | 341037 | Consolidated Communications, Inc. |
| | Consolidated Communications of Minnesota | | |
| | Consolidated Communications of Minnesota - Mid Comm | 361375 | Consolidated Communications, Inc. |
| | Consolidated Communications of Minnesota - Mankato | 361375 | Consolidated Communications, Inc. |
| | Consolidated Communications of Texas | | Consolidated Communications, Inc. |
| | Consolidated Communications of Texas - Lufkin/Conroe | 442109 | Consolidated Communications, Inc. |
| | Consolidated Communications of Texas- Fort Bend | 442109 | Consolidated Communications, Inc. |
| | Consolidated Communications of Missouri Company | 421472 | Consolidated Communications, Inc. |
| | Consolidated Communications of Oklahoma Company | 431981 | Consolidated Communications, Inc. |
| | Consolidated Communications of Kansas | | Consolidated Communications, Inc. |
| | Consolidated Communications of Kansas - KS | 411835 | Consolidated Communications, Inc. |
| | Consolidated Communications of Kansas - CO | 461835 | Consolidated Communications, Inc. |
| | Consolidated Communications of Colorado | | Consolidated Communications, Inc. |
| | Consolidated Communications of Colorado - Big Sandy | 462192 | Consolidated Communications, Inc. |
| | Consolidated Communications of Colorado - Columbine | 462204 | Consolidated Communications, Inc. |
| | Consolidated Communications of Washington | | Consolidated Communications, Inc. |

| | | |
|-------|---|---|
| <010> | Study Area Code | 341009 |
| <015> | Study Area Name | C-R TEL CO |
| <020> | Program Year | 2020 |
| <030> | Contact Name - Person USAC should contact regarding this data | Barbara Galardo |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 2075354126 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | barbara.galardo@consolidated.com |
| <810> | Reporting Carrier | Consolidated Communications of Central Illinois - C-R |
| <811> | Holding Company | Consolidated Communications Inc. |
| <812> | Operating Company | Consolidated Communications of Central Illinois |

[illegible]



121 S. 17th St., Mattoon, IL 61938 | consolidated.com | NASDAQ: CNSL

SECTION 610 FUNCTIONALITY IN EMERGENCY SITUATIONS

Business Continuity Plan Overview

Introduction

Consolidated Communications, Inc. (“CCI”) is committed to maintaining a vigilant state of disaster preparedness for the interests of our customers, stockholders, employees and other critical stakeholders.

The purpose of our Business Continuity Plan (“BCP”) is to define the disaster preparedness and recovery protocols and procedures required to restore CCI’s critical business support functions, inside and outside plant systems and operations within CCI’s operating footprint.

BCP components detail CCI’s procedures for preparing for and responding to an emergency situation affecting our ability to deliver core services to our customers and our ability to meet legal dictates, and regulatory requirements.

This document discusses the following:

- BCP Scope
- BCP Components
- Plan Maintenance

BCP Scope

CCI’s business continuity response planning is concentrated on two critical operational areas:

- Customer Interfacing – It is recognized that a “business impact” only occurs when an *external-interfacing* element is disrupted. In essence, this means that if CCI experiences a disruptive event, but one that does not breach the outer-shell of the CCI operation and interrupt critical customer services, customer product or other external end-user, then it does not have a business impact, as defined by the BCP.
- Infrastructure Integrity – Without critical infrastructure systems, the ability for all other CCI business operations (back / front office) can come to a halt. It is these infrastructure systems that provide the critical human-factor of our customer-interfacing services. Critical infrastructure would address such services / systems as, building space for staff and equipment, service utilities, telecommunications and data network, IT network, and related infrastructure based items.

The BCP has been developed to assure the continuity of critical customer interfacing services and systems should a physical incident or workforce disruption event occur, which affects:

- Information Technology (“IT”)



121 S. 17th St., Mattoon, IL 61938 | consolidated.com | NASDAQ: CNSL

- Administrative and Support Operations
- Inside and Outside Plant Operations
- Network Operations Center (“NOC”)
- Dispatch
- Repair Center

CCI has developed response / recovery strategies addressing physically disruptive incidents and workforce related disruptive incidents. All response strategies are based on recovery time objectives of those department functions and critical infrastructure systems essential to sustain customer interfacing services.

BCP Components

The BCP consists of several components:

- Operational Preparedness for Expected Events (i.e. weather related events)
- Event / Crisis Communication Plan
- Redundancy Mapping
- Department Recovery Plans
- Information Technology Continuity Plan

The following is a brief summary of the plan components.

Operational Preparedness for Expected Events

Weather events such rain, snow, ice and wind can negatively impact power and communications infrastructure. While this threat cannot be eliminated, CCI takes steps to mitigate a storm’s impact through preparedness and response. Steps include:

- Pre-event planning based on information provided by National Oceanic and Atmospheric Administration (“NOAA”)
- 24 hour x 365 day monitoring by Network Operations Center
- Coordinate planning and recovery efforts through state emergency management groups
- Engage supply chain vendors to delivery additional stock prior to the expected event
- Inspect, test and fuel emergency generators in anticipation of a power outage
- Reallocate / relocate staff in order to respond to the pending event

Event / Crisis Communication Plan

Communications is a key element to respond and recover business operations. CCI uses a dual level communication strategy as part the Event Communication Plan. The primary level is the workgroup comprised of both employees and vendors that are directly involved in the recovery work. The secondary level consists of internal interested parties made up of our Strategic



121 S. 17th St., Mattoon, IL 61938 | consolidated.com | NASDAQ: CNSL

Leadership Team. The role of the secondary level is to facilitate communications both internally and externally regarding the event and our path to response and recovery.

Redundancy Mapping

The process of redundancy mapping reviews operations within the CCI organization to identify alternate facilities and work locations that can be used in the event a primary location is not accessible. Given the geographic spread of CCI's footprint, capabilities exist to relocate operations from event impacted areas. Through the mapping process, CCI is able to identify single points of failure and develop alternative work processes.

Department Recovery Plans

Each department has developed a recovery plan based on its critical operations as they pertain to the deliverables they contribute to our customers. CCI has triaged the recovery efforts based on the concept of customer servicing impact. Federal and State regulatory requirements, along with E-911 needs, have a high level of consideration in addition to the business impact concerns. The BCP goal is to minimize the disruption duration as much as is practical and provide a level of risk mitigation that will maintain critical operations. The recovery plans are built around a 24 hour to 72 hours response plan. This methodology focuses on the immediate steps that need to be taken to recover functional operations within short duration events (less than 24 hours) and well as long term plans to maintain functionality during an extended event (up to, or greater than 72 hours).

IT Recovery Plan

Like most operations, CCI is dependent on an IT infrastructure to conduct business and serve customers. Because of its importance, CCI has a continuity plan established specifically for IT operations. The IT continuity plan addresses security and access control of data sites, onsite / offsite data backup methods, processes for sequencing of system(s) recoveries and ultimately the use and execution of our established Disaster Recovery Site located elsewhere within the CCI footprint.

Plan Maintenance and Exercising

The BCP is a so called "living" document. Updates to the plan are ongoing with changes incorporated annually at a minimum. Individual plan components are reviewed with oversight from CCI's Risk Management Team. CCI has the BCP on a cloud based solution which will allow access to the plan components from any computer, smartphone and tablet.

**FCC FORM 481 Line 1010 – Voice Service Rate
Comparability**

The pricing of the company's voice service and Broadband service rate are no more than two standard deviations above the applicable national average urban rate for voice and broadband services, as specified in the most recent public notice, **DA 18-1280** released on December 20, 2018.

"Voice Rates. Based on the survey results, the 2019 urban average monthly rate (the rate floor) is \$26.98. Therefore, the reasonable comparability benchmark for voice services, two standard deviations above the urban average, is \$51.61. Under the Commission's rules, each ETC, including competitive ETCs providing fixed voice services, must certify in the FCC Form 481 filed no later than July 1, 2019, that the pricing of its basic residential voice services is no more than \$51.61.

FCC FORM 481 Line 1030 – Broadband Service Rate Comparability

The pricing of the companies voice service and broadband service are no more than two standard deviations above the applicable national average urban rate for voice and broadband services, as specified in the most recent public notice, FCC DA 18-1280 released on December 20, 2018.

Broadband Rates. Recipients of high-cost and/or Connect America Fund support that are subject to broadband performance obligations are required to offer broadband service at rates that are at or below the relevant reasonable comparability benchmark.¹

The following table provides the 2019 benchmark for a number of different broadband service offerings, though providers will need to determine the benchmark for services with characteristics not shown in the table.

| Download Bandwidth (Mbps) | Upload Bandwidth (Mbps) | Capacity Allowance (GB) | 2019 U.S. (\$) | 2019 AK (\$) |
|----------------------------------|--------------------------------|--------------------------------|-----------------------|---------------------|
| 4 | 1 | 200 | 66.12 | 113.19 |
| 4 | 1 | Unlimited | 70.76 | 119.06 |
| 10 | 1 | 200 | 72.31 | 121.54 |
| 10 | 1 | Unlimited | 77.30 | 127.75 |
| 25 | 3 | 200 | 77.65 | 129.52 |
| 25 | 3 | Unlimited | 82.66 | 135.75 |
| 25 | 5 | 200 | 78.49 | 129.78 |
| 25 | 5 | Unlimited | 83.50 | 136.01 |
| 50 | 5 | Unlimited | 100.85 | 153.64 |
| 100 | 10 | Unlimited | 106.23 | 161.16 |
| 250 | 25 | Unlimited | 128.69 | 203.67 |
| 500 | 50 | Unlimited | 148.35 | 223.87 |
| 1000 | 100 | Unlimited | 162.33 | 232.38 |
