FCC Form 481 - Carrier Annual Reporting Data Collection Form

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

<010>	Study Area Code	339052
<015>	Study Area Name	Price County Information Systems LLC
<020>	Program Year	2018
<030>	Contact Name: Person USAC should contact with questions about this data	Catherine Mess
<035>	Contact Telephone Number: Number of the person identified in data line <030>	7153392151 ext.
<039>	Contact Email Address: Email of the person identified in data line <030>	pctc@pctcnet.net
	Form Type	54.422

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

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July 2013

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

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

<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

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

<300> Unfulfilled service request (voice)

<310> Detail on attempts (voice)

Name of Attached Document

<320> Unfulfilled service request (broadband)

<330> Detail on attempts (broadband)

Name of Attached Document

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

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<039>	Contact Email Address - Email Address of person identified in data line <030>	pctc@pctcnet.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.	
<410>	Complaints per 1000 customers for fixed voice	
<420>	Complaints per 1000 customers for mobile voice	
<430>	Select from the drop-down list to indicate how you would like to report end-user customer complaints (zero or greater) for broadband service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize.	
<440>	Complaints per 1000 customers for fixed broadband	
<450>	Complaints per 1000 customers for mobile broadband	

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

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

<500> Certify compliance with applicable service quality standards and consumer protection rules

<510> Descriptive document for Service Quality Standards & Consumer Protection Rules Compliance

<515> Certify compliance with applicable minimum service standards

(600) Functionality in Emergency Situations
Data Collection Form

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

<600> Certify compliance regarding ability to function in emergency situations

<610> Descriptive document for Functionality in Emergency Situations

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

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<039>	Contact Email Address - Email Address of person identified in data line <030>	pctc@pctcnet.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**

(710) Broadbrand Price Offerings
Data Collection Form

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<039>	Contact Email Address - Email Address of person identified in data line <030>	pctc@pctcnet.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*}**

(800) Operating Companies
Data Collection Form

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

<810>	Reporting Carrier	Price County Information Systems LLC
<811>	Holding Company	Not Applicable
<812>	Operating Company	Price County Information Systems LLC

<813>

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

-- See attached worksheet --

(900) Tribal Lands Reporting
Data Collection Form

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

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

<900> Does the filing entity offer tribal land services? (Y/N)

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

<1000> Voice services rate comparability certification

<1010> Attach detailed description for voice services rate comparability compliance

Name of Attached Document

<1020> Broadband comparability certification

<1030> Attach detailed description for broadband comparability compliance

Name of Attached Document

(1100) No Terrestrial Backhaul Reporting Data Collection Form

FCC Form 481
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July 2013

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

<1100> Certify whether terrestrial backhaul options exist (Y/N)

<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
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July 2013

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

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

339052wi1210.pdf

Name of Attached Document

<1220> Link to Public Website HTTP

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

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

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

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

(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	339052
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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)

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

FCC Form 481
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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)		
(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)	
(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	

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

Data Collection Form

FCC Form 481

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

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Financial Data Summary

(3027) Revenue	
(3028) Operating Expenses	
(3029) Net Income	
(3030) Telephone Plant In Service(TPIS)	
(3031) Total Assets	
(3032) Total Debt	
(3033) Total Equity	
(3034) Dividends	

Name of Attached Document Listing Required Information

(4005) Rural Broadband Experiment Additional Documentation Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013

<010>	Study Area Code	339052
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<039>	Contact Email Address - Email Address of person identified in data line <030>	pctc@pctcnet.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

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<039>	Contact Email Address - Email Address of person identified in data line <030>	pctc@pctcnet.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

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<035>	Contact Telephone Number - Number of person identified in data line <030>	7153392151 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	pctc@pctcnet.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) BKD LLP **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: BKD LLP

Name of Reporting Carrier: Price County Information Systems LLC

Signature of Authorized Officer: CERTIFIED ONLINE Date: 06/22/2017

Printed name of Authorized Officer: Catherine Mess

Title or position of Authorized Officer: Manager

Telephone number of Authorized Officer: 7153392151 ext.

Study Area Code of Reporting Carrier: 339052 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: Price County Information Systems LLC

Name of Authorized Agent Firm: BKD LLP

Signature of Authorized Agent or Employee of Agent: CERTIFIED ONLINE Date: 06/22/2017

Name of Authorized Agent Employee: Robert R. Abrams

Title or position of Authorized Agent or Employee of Agent Sr. Managing Consultant

Telephone number of Authorized Agent or Employee of Agent: 6046649110 ext.

Study Area Code of Reporting Carrier: 339052 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

(800) Operating Companies
Data Collection Form

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<810>	Reporting Carrier	Price County Information Systems LLC
<811>	Holding Company	Not Applicable
<812>	Operating Company	Price County Information Systems LLC

<813>

<a1>	<a2>	<a3>
Affiliates	**SAC**	**Doing Business As Company or Brand Designation**
Price County Telephone Company	330937	Price County Telephone Company

FCC Form 481 – Line 1210 Lifeline Service Terms & Conditions

SAC: **339052**
State: **WI**
Name: **Price County Information Systems LLC**

Price County Information Systems LLC offers Lifeline service to qualifying subscribers.

- Qualifying subscribers receive monthly Lifeline credits of $9.25 under the terms and conditions the federal Low Income program as may be modified from time to time in Orders released by the FCC's Wireline Competition Bureau (Bureau), plus credits of $0.75 under the terms and conditions of the Wisconsin Universal Service Fund.
    - Federal and Wisconsin Lifeline credits require eligible customers to subscribe to either the company's local service offering, or to a qualifying standalone broadband service.
    - The Wisconsin Lifeline Service credit is calculated and applied consistent with *PSC 160.062, Wis. Adm. Code*.
    - Federal and Wisconsin Lifeline credits are limited to one per qualifying household, and for service received from a single provider.
- If a Lifeline benefit is sought via the company's voice offering, the service provided meets these criteria:
    - Number of Local Minutes/Calls Provided: Unlimited local calling.
    - Additional Charges for Toll Calls: Toll calls and services for Lifeline subscribers are available and are billed at carriers' standard rates.
    - Access to repair and emergency services are provided.
    - Access to touch tone capability is provided, in the same manner as for regular customers.
    - No monthly or non-recurring charges for toll blocking features, pursuant to the then current language of *PSC 160.04, Wis. Adm. Code*.

Federal program eligibility for Lifeline service must be confirmed before the credit is issued. All subscribers must be recertified at least once each year, pursuant to rules of the federal Low Income Program.

The company implemented the required changes in the Lifeline program that became effective on December 2, 2016, pursuant to the Bureau's *2016 Lifeline Modernization Order in WC Docket No. 11-42*. These included updated some rules for customer eligibility and recertification, the list of qualifying programs and made adjustments on the portability of the Lifeline benefit

The company was one of the Wisconsin ETCs for which a Temporary Waiver was granted from some of December 2, 2016 changes in provisions of the federal Lifeline program through the Bureau's *Lifeline and Link Up Reform and Modernization Order DA 16-1324*, released December 1, 2016.

The company offers the combined state and federal Lifeline credits subject to both the federal rules and Wisconsin's Temporary Waiver.

Lifeline eligibility requires that income be no higher than 135% of the federal Poverty Guideline level, and/or participation in at one of the following programs, verified at least once each year.

The company offers the Lifeline credit based on the subscriber's participation in the eligible programs included in the federal rules, and any additional programs while permitted under Wisconsin's Temporary Waiver.

The Company's local service Terms and Conditions for Lifeline Service are attached.

Price County TelCom
Local Telephone Rates & Misc Charges

Park Falls

	Residential	Business
Activation/Installation	50.00	50.00
Move to new premise	50.00	50.00
Hourly work (1/2 hr min)	60.00	60.00
Misc Service Change	15.00	15.00
Basic rate (10/01/1998)	16.50*	28.95
Extension Calling	included	
Unlimited calling to:	Park Falls/Butternut	Park Falls/Butternut

! ! ! Bundle with Internet and/or IPTV and save ! ! !

Popular service features:	**Residential**	**Business**
Caller ID – number only	6.50	9.50
Caller ID – name and number (Business = $10.50)	7.95	10.50
Enhanced Call waiting (Caller ID on both calls)	3.50	3.50
Voice mail	3.95	8.00
Distinctive Ring/Teen Line/Shared Fax	6.00	6.00

Additional telephone services available ala carte at $3.50 each – or as part of a discounted bundle

- Auto Callback (on busy)
- Auto Recall (last incoming)
- Call Conferencing / 3-way Calling
- Call Control – Long Distance w/ PIN
- Call Forwarding - no answer/on busy
- Call Forwarding - remote setup
- Call Forwarding – variable
- Call Intercept w/ PIN
- Selective Call Acceptance
- Selective Call Forwarding
- Selective Call Rejection
- Selective Distinctive Ring
- Speed Dial 8

*Eligible customers may receive a $10.00 per month Lifeline credit

Lifeline Program

Lifeline is a government benefit program that provides discounts on monthly telephone service for eligible low-income consumers to help ensure they have the opportunities and security that telephone service affords, including being able to connect to jobs, family, and 911 services. Lifeline is supported by the federal Universal Service Fund (USF) and WI USF.

To be eligible for assistance in this plan, an applicant must participate in one of the following programs:

- WI Works (W2)
- Medical Assistance (MA)/Badger Care
- Supplemental Security Income (SSI)
- Food Stamps (SNAP)
- Low Income Home Energy Assistance Program (LIHEAP)
- WI Homestead Tax Credit (Schedule H)
- Temporary Assistance for Needy Families (TANF)
- Federal Public Housing Assistance (FPHA)/Section 8
- National School Lunch – Free Lunch Program

To apply contact Price County Telephone Co or Price County TelCom (in Park Falls)

The application form requires the last four digits of your social security number, your date of birth, signature and a copy of your benefit card or other documentation. Once your eligibility is verified, a credit will appear on your monthly telephone bill. Please note that only one Lifeline service is available per household and you are not permitted to receive Lifeline benefits from multiple providers (either landline or wireless/cellular).

Additional information is available from at FCC.gov and PSC.wi.gov. The Linkup Program is no longer available to residents living on non-tribal lands.