GVNW CONSULTING, INC.

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COLORADO SPRINGS, CO 80918
TEL. 719.594.5800
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June 28, 2017 *VIA ECFS*

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

RE: James Valley Wireless, LLC FCC Form 481 submittal

Dear Ms. Dortch,

James Valley Wireless, LLC hereby submits the attached "FCC Form 481 – Carrier Annual Reporting Data Collection" pursuant to sections §54.313 and §54.422 of the Commission's rules, as filed with the Universal Service Administrative Company.

If you have any questions, please contact me at jushio@gvnw.com or 719-594-5814.

Sincerely,

/s/ Judi Ushio

Judi Ushio
Midwest Division Manager

Enclosures

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	399014
<015>	Study Area Name	JAMES VALLEY WIRELESS, LLC
<020>	Program Year	2018
<030>	Contact Name: Person USAC should contact with questions about this data	Tanya Berndt
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6057251073 ext.
<039>	Contact Email Address: Email of the person identified in data line <030>	tanyab@nvc.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

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<015>	Study Area Name	JAMES VALLEY WIRELESS, LLC
<020>	Program Year	2018
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<035>	Contact Telephone Number - Number of person identified in data line <030>	6057251073 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tanyab@nvc.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

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

<300> Unfulfilled service request (voice) 0

<310> Detail on attempts (voice)

Name of Attached Document

<320> Unfulfilled service request (broadband)

<330> Detail on attempts (broadband)

Name of Attached Document

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

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

<010>	Study Area Code	399014
<015>	Study Area Name	JAMES VALLEY WIRELESS, LLC
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<035>	Contact Telephone Number - Number of person identified in data line <030>	6057251073 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tanyab@nvc.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 mobile voice
<410>	Complaints per 1000 customers for fixed voice	
<420>	Complaints per 1000 customers for mobile voice	0.0
<430>	Select from the drop-down list to indicate how you would like to report end-user customer complaints (zero or greater) for broadband service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize.	
<440>	Complaints per 1000 customers for fixed broadband	
<450>	Complaints per 1000 customers for mobile broadband	

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

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

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<035>	Contact Telephone Number - Number of person identified in data line <030>	6057251073 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tanyab@nvc.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	399014SD510.pdf
<515>	Certify compliance with applicable minimum service standards	

(600) Functionality in Emergency Situations
Data Collection Form

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

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<039>	Contact Email Address - Email Address of person identified in data line <030>	tanyab@nvc.net
<600>	Certify compliance regarding ability to function in emergency situations	Yes
<610>	Descriptive document for Functionality in Emergency Situations	399014SD610.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

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<039>	Contact Email Address - Email Address of person identified in data line <030>	tanyab@nvc.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
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July 2013

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<039>	Contact Email Address - Email Address of person identified in data line <030>	tanyab@nvc.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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July 2013

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

<810>	Reporting Carrier	James Valley Wireless, LLC
<811>	Holding Company	James Valley Cooperative Telephone Company
<812>	Operating Company	James Valley Wireless, 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>	tanyab@nvc.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

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

<1000> Voice services rate comparability certification: Yes

<1010> Attach detailed description for voice services rate comparability compliance: 399014SD1010.pdf

Name of Attached Document

<1020> Broadband comparability certification

<1030> Attach detailed description for broadband comparability compliance

Name of Attached Document

(1100) No Terrestrial Backhaul Reporting Data Collection Form

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

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<039>	Contact Email Address - Email Address of person identified in data line <030>	tanyab@nvc.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
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July 2013

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

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

399014SD1210.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

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<039>	Contact Email Address - Email Address of person identified in data line <030>	tanyab@nvc.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)

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

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

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<039>	Contact Email Address - Email Address of person identified in data line <030>	tanyab@nvc.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)

(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

July 2013

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

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	399014
<015>	Study Area Name	JAMES VALLEY WIRELESS, LLC
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<039>	Contact Email Address - Email Address of person identified in data line <030>	tanyab@nvc.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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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: JAMES VALLEY WIRELESS, LLC

Signature of Authorized Officer: CERTIFIED ONLINE Date 06/21/2017

Printed name of Authorized Officer: James Groft

Title or position of Authorized Officer: CEO

Telephone number of Authorized Officer: 6053972323 ext.

Study Area Code of Reporting Carrier: 399014 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.

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

Name of Authorized Agent:

Name of Reporting Carrier:

Signature of Authorized Officer: Date:

Printed name of Authorized Officer:

Title or position of Authorized Officer:

Telephone number of Authorized Officer:

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

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

TO BE COMPLETED BY THE AUTHORIZED AGENT:

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

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

Name of Reporting Carrier:

Name of Authorized Agent Firm:

Signature of Authorized Agent or Employee of Agent: Date:

Name of Authorized Agent Employee:

Title or position of Authorized Agent or Employee of Agent

Telephone number of Authorized Agent or Employee of Agent:

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

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

Attachments

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

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

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<039>	Contact Email Address - Email Address of person identified in data line <030>	tanyab@nvc.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**
SD	James Valley Wireless		FR	24.95	0.0	0.0	0.0	24.95
SD	James Valley Wireless		FR	39.95	0.0	0.0	0.0	39.95
SD	James Valley Wireless		FR	49.95	0.0	0.0	0.0	49.95

(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	399014
<015>	Study Area Name	JAMES VALLEY WIRELESS, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Tanya Berndt
<035>	Contact Telephone Number - Number of person identified in data line <030>	6057251073 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tanyab@nvc.net

<810>	Reporting Carrier	James Valley Wireless, LLC
<811>	Holding Company	James Valley Cooperative Telephone Company
<812>	Operating Company	James Valley Wireless, LLC

<813>

<a1>	<a2>	<a3>
Affiliates	**SAC**	**Doing Business As Company or Brand Designation**
James Valley Cooperative Telephone Company	391664	James Valley Telecommunications
Northern Valley Communications, LLC	399017	NVC

CERTIFICATION OF JAMES VALLEY WIRELESS, LLC

Reporting Period January 1 – December 31, 2016

Sec. 54.313(a)(5) Service Quality Standards and Consumer Protection Rules Compliance

Pursuant to § 54.313(a)(5) for High-cost Recipients, James Valley Wireless, LLC hereby certifies that it is in compliance with applicable service quality standards and consumer protection rules. James Valley Wireless, LLC follows Customer Proprietary Network Information (CPNI) rules and also files the annual CPNI certification with the FCC pursuant to the FCC's current CPNI rules and regulations. Customer privacy notice information is attached. James Valley Wireless, LLC has also implemented an Identity Theft Prevention Program in accordance with the federal Red Flags Rule.

I verify that the foregoing is true and correct. Executed on June 8, 2017.

James Groft

James Groft, CEO

James Valley Wireless, LLC

Important Notice Regarding Your Account
OPT-OUT CPNI NOTICE

Northern Valley Communications (NVC) is requesting your approval to access, use, disclose, or distribute your Customer Proprietary Network Information (or "CPNI") for certain purposes. CPNI consists of the call, service and billing records regarding your use of the telecommunications services that you purchase from us (e.g., the telephone numbers you call; the frequency, timing and duration of your calls; and the telecommunications and information services you purchase).

NVC is requesting your approval to use your CPNI for the following purposes only: to develop and market new and additional services and to determine which customers may benefit from these services and enhancements. Use of CPNI data will allow NVC to tailor our service offerings to your individual needs.

For this purpose, CPNI data will be used by NVC only. This data will not be shared by NVC with any other outside source except as necessary and required to provide the service(s) to which you are already subscribed, and unless we are legally compelled to.

You have a right to the confidentiality of your CPNI, and NVC and other carriers have a duty, under federal law, to protect that confidentiality. You have a right to approve or disapprove the proposed access, use, disclosure and/or distribution of your CPNI.

If you approve, NVC may be better able to offer products and services tailored to your needs. Your approval will be valid for up to two years, but you may revoke or limit it at any time by notifying NVC in writing that you are doing so. If you disapprove, it will not affect the provision to you of any of the existing services which you purchase from NVC. However, we will not be able to use your CPNI to develop and offer to you new or additional services or service packages. Your disapproval will remain in effect until you revoke or limit it, which you may do in writing at any time.

If you are willing to give NVC your approval for the proposed use of your CPNI, you need do nothing further. Your approval will be deemed to have been granted thirty-three (33) days after this notice was sent to you. If you do not approve the proposed use of your CPNI, you need to sign and date the form below and return it to NVC in the enclosed envelope, or fax it to NVC at 725-1050, or call NVC's business office at 725-1000 during regular business hours (or by dialing 611 from your home phone) or email us at marketing@nvc.net.

I have read this **OPT-OUT CPNI NOTICE**, and **DO NOT** approve of the proposed use of CPNI for the customer account specified below.

Customer Name _____ Phone Number_____

Customer Billing Address_____

Signature_____

Date_____

NORTHERN VALLEY
COMMUNICATIONS

CERTIFICATION OF JAMES VALLEY WIRELESS, LLC

Reporting Period January 1 – December 31, 2016

Sec. 54.313(a)(6) Ability to Function in an Emergency Situation

Pursuant to § 54.313(a)(6) for High-cost Recipients, James Valley Wireless, LLC hereby certifies that it is able to function in emergency situations as set forth in § 54.202(a)(2). James Valley Wireless, LLC is able to remain functional in an emergency situation through the use of back-up power to ensure functionality without an external power source. James Valley Wireless, LLC has backup battery (or equivalent power) reserve in its central office, which enables it to provide service for a reasonable period of time if external power is lost. James Valley Wireless, LLC's network is engineered to handle reasonable excess traffic in the event of traffic spikes resulting from emergency situations. James Valley Wireless, LLC has redundancy in its network for use in re-rerouting traffic when facilities are damaged.

I verify that the foregoing is true and correct. Executed on June 8, 2017.

James Groft

James Groft, CEO

James Valley Wireless, LLC

CERTIFICATION OF JAMES VALLEY WIRELESS, LLC

Reporting Period January 1 – December 31, 2016

47 CFR 54.313(a)(10) - Voice Services Rate Comparability

Pursuant to 47 CFR 54.313(a)(10) for High-cost Recipients, Carrier hereby certifies that the pricing of Carrier's voice services is no more than two standard deviations above the applicable national average urban rate for voice service, as specified in the most recent public notice issued by the Wireline Competition Bureau and Wireless Telecommunications Bureau.

The WCB announced that the average local end-user rate plus state regulated fees of the surveyed incumbent LECs in urban areas is $49.51. This was published in the FCC's Public Notice, WC Docket No. 10-90, DA 17-167, released February 14, 2017. Carrier's voice service rates are less than two standard deviations in relation to the applicable 2017 national average urban rate as established by the WCB.

I verify that the foregoing is true and correct. Executed on June 8, 2017.

James Groft

James Groft, CEO

James Valley Wireless, LLC

LIFELINE ASSISTANCE APPLICATION

James Valley Wireless (399014)

Full Name _____
Last First M.I.

Address_____
Residential Address (may not be PO Box) Apartment/Unit #

Birth Date (mm/dd/yyyy) _____ Last 4 digits of Social Security #_____

Existing Phone Number_____ Head of Household Name_____

Lifeline is a federal government assistance benefit and willfully making false statements to obtain the benefit 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 as one economic unit. An "economic unit" consists of all adult individuals contributing to and sharing in the income and expenses of a household. A household may include related and unrelated persons. A household is not permitted to receive Lifeline benefits from multiple providers. Violation of the one-per-household limitation constitutes a violation of the FCC's rules and will result in de-enrollment from the program and, potentially, prosecution by the U.S. government. Lifeline is a non-transferable benefit and you may not transfer your benefit to any other person.

Select Type of applicable Lifeline Service (office staff may update as necessary)

☐ Voice/Cell ☐ Voice/Landline ☐ Broadband (meets minimum standard)

☐ Bundle (both Voice and Broadband meet minimum standard)

Note: Customers receiving Lifeline assistance are required to remain with their service provider for a minimum period before they may transfer the benefit to another provider -- a 60-day "port freeze" for voice services and a 12 month "port freeze" for broadband services.

Lifeline Discount Benefit Transfer

If you are currently receiving Lifeline from another provider and you wish to transfer your Lifeline discount under this application, you must initial the following statement:

_____ My current Lifeline service is not subject to a port freeze and I authorize James Valley Telecommunications to transfer any pre-existing discount with a different provider to my James Valley Telecommunications account, subject to all terms and conditions described in this application, understanding that only one Lifeline supported service is available per household.

Eligibility

Please identify all programs you, a dependent or another household member are currently enrolled in or if your household would like to qualify based on income based eligibility:

☐ Medicaid ☐ Supplemental Security Income (SSI) ☐ Federal Public Housing Assistance

☐ SNAP ☐ Veteran's Pension or Survivor's Pensions

If you do not participate in one or more of the programs listed, you may qualify for Lifeline if your household income does not exceed 135% of the Federal Poverty Guidelines (FPG). See table on the next page:

2017 Federal Poverty Guidelines – 135%

Household Size		Household Size	
1	$16,281	5	$38,853
2	$21,924	6	$44,496
3	$27,567	7	$50,139
4	$33,210	8	$55,782

Note: Proof of program participation or income will be required to qualify. Examples include a copy of your benefit ID card, eligibility letter from the authorizing agent or the prior year's statement of benefits. Sources of income include prior year's tax return, three months of paychecks from all employers or benefit statements from retirement/pension.

Please read the following statements, initial by each certification, and sign below.

_____I acknowledge that providing false or fraudulent statements to receive Lifeline benefits is punishable by law and can result in fines, imprisonment, de-enrollment or being barred from the program;

_____I affirm that the information contained in this application and certification form is true and correct to the best of my knowledge;

_____I certify that I meet the income-based or program-based eligibility criteria for receiving Lifeline, as provided for in 47 C.F.R. Section 54.409 and that I have provided any required documentation of eligibility;

_____I understand that my household can only receive one Lifeline service and, to the best of my knowledge, my household is not already receiving a Lifeline service;

_____I certify that the individual named on the documentation provided, demonstrating program-based eligibility, if not me, is part of my household;

_____I understand that Lifeline is a non-transferable benefit and that I may not transfer it to any other person;

_____I certify that if I move to a new address, I will provide that new address to James Valley Telecommunications within 30 days;

_____I certify that I will notify James Valley Telecommunications within 30 days if, for any reason, I no longer satisfy the criteria for receiving Lifeline including, as relevant, if I no longer meet the income-based or program- based criteria for receiving Lifeline support, if I am receiving more than one Lifeline benefit, or if another member of my household is receiving a Lifeline benefit;

_____I acknowledge that I may be required to re-certify my continued eligibility for Lifeline at any time, and my failure to re-certify as to my continued eligibility will result in de-enrollment and the termination of my Lifeline benefits pursuant to 47 C.F.R. Section 54.405(e)(4);

_____I understand that information from this application will be given to USAC and/or its agents for purpose of verifying that my household does not receive more than one benefit and that USAC may require additional information in order to verify my eligibility;

_____ **(Only if applicable)** I understand if I provided a temporary residential address for this application, I will be required to verify my temporary residential address every 90 days;

Signature_____ Date_____

OFFICE USE ONLY

Customer Provided Documents _____

Reviewer's Signature_____ Date _____ Application ID_____

Consent to Provide Lifeline Subscriber Information to the National Lifeline Accountability Database (NLAD) - JVT

The Federal Communications Commission has established the National Lifeline Accountability Database (NLAD) to detect and prevent consumers from receiving more than one discounted telecommunications service under the federal Lifeline program.

Under federal law, James Valley Telecommunications is required to check this database prior to signing up Lifeline subscribers and is also required to provide the following information to the federal database's administrator:

- The Lifeline subscriber's full name;
- The Lifeline subscriber's full residential address;
- The Lifeline subscriber's date of birth;
- The last four digits of the Lifeline subscriber's social security number;
- The telephone number associated with the Lifeline service;
- The date on which the Lifeline service was initiated;
- The date on which the Lifeline service was terminated (if applicable);
- The amount of Lifeline service support being sought for the subscriber; and
- The means through which the subscriber qualified for Lifeline service (income or program-based, Medicaid, SNAP, etc).

The above information related to your Lifeline service is being provided by James Valley Telecommunications to the National Lifeline Accountability Database to verify that you, as a Lifeline applicant and/or subscriber, are not receiving more than one Lifeline benefit, and to otherwise ensure proper administration of the Lifeline program.

I, the Lifeline applicant/subscriber, acknowledge that James Valley Telecommunications will transmit to the administrator of the federal National Lifeline Accountability Database the above-referenced information about my Lifeline account and service for inclusion into the database, and hereby consent to transmission of the information for purposes allowed by law relating to administration of the Lifeline program.

I further understand that a refusal or failure to provide this consent to release my Lifeline account and service information to the administrator for inclusion in the federal National Lifeline Accountability Database will result in a denial of or de-enrollment from Lifeline service.

Signature_____ Date_____