Your business is our business.

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

REDACTED FOR PUBLIC INSPECTION

June 28, 2017

Via Hand Delivery

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

Re: WC Docket No. 14-58
2017 ETC Annual Report of Lockhart Telephone Company
Study Area Code 240532

Dear Ms. Dortch:

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

Please direct any questions regarding the filing to the undersigned.

Sincerely,

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

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

<010>	Study Area Code	240532
<015>	Study Area Name	LOCKHART TEL CO INC
<020>	Program Year	2018
<030>	Contact Name: Person USAC should contact with questions about this data	Eric S. Ramey
<035>	Contact Telephone Number: Number of the person identified in data line <030>	8035819152 ext.
<039>	Contact Email Address: Email of the person identified in data line <030>	eric.ramey@truvista.biz
	Form Type	54.313 and 54.422

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

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

<010>	Study Area Code	240532
<015>	Study Area Name	LOCKHART TEL CO INC
<020>	Program Year	2018
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<039>	Contact Email Address - Email Address of person identified in data line <030>	eric.ramey@truvista.biz

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

<220>

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

(300) Unfulfilled Service Request
Data Collection Form

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

<010>	Study Area Code	240532
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<039>	Contact Email Address - Email Address of person identified in data line <030>	eric.ramey@truvista.biz

<300> Unfulfilled service request (voice) 0

<310> Detail on attempts (voice)

Name of Attached Document

<320> Unfulfilled service request (broadband) 0

<330> Detail on attempts (broadband)

Name of Attached Document

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

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

<010>	Study Area Code	240532
<015>	Study Area Name	LOCKHART TEL CO INC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Eric S. Ramey
<035>	Contact Telephone Number - Number of person identified in data line <030>	8035819152 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	eric.ramey@truvista.biz
<400>	Select from the drop-down list to indicate how you would like to report voice complaints (zero or greater) for voice telephony service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize.	Offered only fixed voice
<410>	Complaints per 1000 customers for fixed voice	0.0
<420>	Complaints per 1000 customers for mobile voice	
<430>	Select from the drop-down list to indicate how you would like to report end-user customer complaints (zero or greater) for broadband service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize.	Offered only fixed broadband
<440>	Complaints per 1000 customers for fixed broadband	0.0
<450>	Complaints per 1000 customers for mobile broadband	

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

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

<010>	Study Area Code	240532
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<035>	Contact Telephone Number - Number of person identified in data line <030>	8035819152 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	eric.ramey@truvista.biz
<500>	Certify compliance with applicable service quality standards and consumer protection rules	Yes
<510>	Descriptive document for Service Quality Standards & Consumer Protection Rules Compliance	240532sc510.pdf
<515>	Certify compliance with applicable minimum service standards	

(600) Functionality in Emergency Situations
Data Collection Form

REDACTED FOR PUBLIC INSPECTION

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

<010>	Study Area Code	240532
<015>	Study Area Name	LOCKHART TEL CO INC
<020>	Program Year	2018
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<039>	Contact Email Address - Email Address of person identified in data line <030>	eric.ramey@truvista.biz
<600>	Certify compliance regarding ability to function in emergency situations	Yes
<610>	Descriptive document for Functionality in Emergency Situations	240532sc610.pdf

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

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

<010>	Study Area Code	240532
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<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Eric S. Ramey
<035>	Contact Telephone Number - Number of person identified in data line <030>	8035819152 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	eric.ramey@truvista.biz

<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 --

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(710) Broadbrand Price Offerings
Data Collection Form

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

<010>	Study Area Code	240532
<015>	Study Area Name	LOCKHART TEL CO INC
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<035>	Contact Telephone Number - Number of person identified in data line <030>	8035819152 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	eric.ramey@truvista.biz

<711>

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

-- See attached worksheet --

REDACTED FOR PUBLIC INSPECTION

(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	240532
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<035>	Contact Telephone Number - Number of person identified in data line <030>	8035819152 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	eric.ramey@truvista.biz

<810>	Reporting Carrier	Lockhart Telephone Company
<811>	Holding Company	Chester Telephone Company
<812>	Operating Company	Lockhart Telephone Company

<813>

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

-- See attached worksheet --

REDACTED FOR PUBLIC INSPECTION

(900) Tribal Lands Reporting
Data Collection Form

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

<010>	Study Area Code	240532
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<039>	Contact Email Address - Email Address of person identified in data line <030>	eric.ramey@truvista.biz

<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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<035>	Contact Telephone Number - Number of person identified in data line <030>	8035819152 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	eric.ramey@truvista.biz

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

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(1100) No Terrestrial Backhaul Reporting Data Collection Form

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

<010>	Study Area Code	240532
<015>	Study Area Name	LOCKHART TEL CO INC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Eric S. Ramey
<035>	Contact Telephone Number - Number of person identified in data line <030>	8035819152 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	eric.ramey@truvista.biz

<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).	

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

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

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<035>	Contact Telephone Number - Number of person identified in data line <030>	8035819152 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	eric.ramey@truvista.biz

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

240532sc1210.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	240532
<015>	Study Area Name	LOCKHART TEL CO INC
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<030>	Contact Name - Person USAC should contact regarding this data	Eric S. Ramey
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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)

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

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

<010>	Study Area Code	240532
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<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Eric S. Ramey
<035>	Contact Telephone Number - Number of person identified in data line <030>	8035819152 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	eric.ramey@truvista.biz

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

Progress Report on 5 Year Plan

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

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

(3010B) Please Provide Attachment — Name of Attached Document Listing Required Information: 240532sc3010.pdf

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

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

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

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

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

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

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

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

(3018) If the response is no on line 3014, is your company audited? — (Yes/No) ◉ ○

If the response is yes on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:

(3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers ✔

(3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows ✔

(3021) Management letter and/or audit opinion issued by the independent certified public accountant that performed the company's financial audit. ✔

If the response is no on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:

(3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers ☐

(3023) Underlying information subjected to a review by an independent certified public accountant ☐

(3024) Underlying information subjected to an officer certification. ☐

(3025) Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows ☐

(3026) Attach the worksheet listing required information — Name of Attached Document Listing Required Information: 240532sc3026.pdf

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

Data Collection Form

FCC Form 481

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

July 2013

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<039>	Contact Email Address - Email Address of person identified in data line <030>	eric.ramey@truvista.biz

Financial Data Summary

(3027) Revenue

(3028) Operating Expenses

(3029) Net Income

(3030) Telephone Plant In Service(TPIS)

(3031) Total Assets

(3032) Total Debt

(3033) Total Equity

(3034) Dividends

[redacted]

Name of Attached Document Listing Required Information

(4005) Rural Broadband Experiment Additional Documentation Data Collection Form

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

<010>	Study Area Code	240532
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<039>	Contact Email Address - Email Address of person identified in data line <030>	eric.ramey@truvista.biz

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 _____

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

<010>	Study Area Code	240532
<015>	Study Area Name	LOCKHART TEL CO INC
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<035>	Contact Telephone Number - Number of person identified in data line <030>	8035819152 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	eric.ramey@truvista.biz

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.

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

<010>	Study Area Code	240532
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<039>	Contact Email Address - Email Address of person identified in data line <030>	eric.ramey@truvista.biz

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) John Staurulakis, Inc. **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: John Staurulakis, Inc.

Name of Reporting Carrier: LOCKHART TEL CO INC

Signature of Authorized Officer: CERTIFIED ONLINE Date: 06/27/2017

Printed name of Authorized Officer: David Brunt

Title or position of Authorized Officer: EVP & CFO

Telephone number of Authorized Officer: 8035819195 ext.

Study Area Code of Reporting Carrier: 240532 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: LOCKHART TEL CO INC

Name of Authorized Agent Firm: John Staurulakis, Inc.

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

Name of Authorized Agent Employee: John Staurulakis, Inc.

Title or position of Authorized Agent or Employee of Agent Staff Director - Regulatory

Telephone number of Authorized Agent or Employee of Agent: 7705692015 ext.1

Study Area Code of Reporting Carrier: 240532 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

Lockhart Telephone Company, Inc.
Demonstration of Complying with Applicable Service Quality Standards and Consumer Protection Rules for Voice and Broadband

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

Lockhart Telephone Company, Inc. ("Company") hereby certifies that it is in compliance with applicable service quality standards and consumer protection rules. Lockhart is subject to consumer protection obligations under both federal and South Carolina state law. These obligations include, but are not limited to, the following: (1) filing a Local Exchange Tariff pursuant to the requirements of the Public Service Commission of South Carolina which disclose rates, and terms and conditions of service to customers (Section 103-612.2.1 of the South Carolina Code of Regulations); (2) adherence to state consumer protection requirements governing telephone providers which govern Standards and Quality of Service (Sections 103-661, 103-662, and 103-663 of the South Carolina Code of Regulations); Customer Relations, including billing,

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

deposits, discontinuance and termination of service (Sections 103-620 through 103-633 of the South Carolina Code of Regulations); Engineering and Safety Standards (Sections 103-640 through 103-646 and 103-670 through 103-672 of the South Carolina Code of Regulations); Inspections and Tests (Sections 103-650 through 103-653 of the South Carolina Code of Regulations); Records and Reports (Sections 103-610 through 103-619 of the South Carolina Code of Regulations) and Customer Complaints (Section 103-628 of the South Carolina Code of Regulations); (3) truth-in-billing requirements (Section 103-622.1 of the South Carolina Code of Regulations); and (4) CPNI, Red Flag Rules and other applicable federal and state requirements governing the protection of customers' privacy.

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

Lockhart Telephone Company
Demonstration of Ability to Function in Emergency Situations for Voice and Broadband

In light of the new requirements established for reporting on the FCC Form 481 which requires carriers to provide a document that demonstrates the ability to function in emergency situations, Lockhart Telephone Company (the "Company"), hereby certifies that that it is able to function in emergency situations as set forth in the applicable federal and state rules. Specifically, the Company is in compliance with all applicable South Carolina rules and regulations (Section 103-646 of the South Carolina Code of Regulations – *see below*) which the Company demonstrates herein also satisfies the federal requirements under rule 47 C.F.R. § 54.202(a)(2)[1].

Under these State rules and requirements, the Company is required to ensure that each central office contains "as a minimum two hours of battery reserve;" "make adequate provisions for emergency power;" and, in offices without installed emergency power facilities, has "a mobile power unit available which can be delivered and connected within the period of the battery reserve and can maintain the office for an extended period of time." Specifically, the Company has battery back-up and can supply the necessary back-up power with a readily available portable generator that enables the network to keep running until power is restored. The Company's standby generators and battery back-up support both voice and broadband network equipment should an emergency situation occur.

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

Further, under these State rules and requirements, the Company must have in place, "reasonable provisions" to meet emergencies from various forms of emergency situations and "inform its employees as to procedures to be followed in the event of emergency in order to prevent or minimize interruption or impairment of telephone service." As part of these provisions, the Company ensures that it is capable of managing traffic spikes resulting from emergency situations and has in place a specific repair plan in case there is damage to fiber facilities over which traffic is delivered. Under this plan, any cut in fiber can be repaired by a company-owned splicing trunk in four hours or less. Changing call routing translations will also allow Company to manage traffic spikes throughout its network, as emergency situations require. The Company applies these same procedures for its broadband since the network is a shared/integrated network for both voice and broadband services.

Section 103-646 of the South Carolina Code of Regulations

103-646. Emergency Operation.

A. Telephone utilities shall make reasonable provisions to meet emergencies resulting from failures of lighting or power services, unusual and prolonged increases in traffic, illness of personnel, or from fire, storm, or other acts of God and inform its employees as to procedures to be followed in the event of emergency in order to prevent or minimize interruption or impairment of telephone service.

B. Each central office shall contain as a minimum two hours of battery reserve. All central offices shall make adequate provisions for emergency power. In offices without installed emergency power facilities, there shall be a mobile

power unit available which can be delivered and connected within the period of the battery reserve and can maintain the office for an extended period of time.

C. In exchanges exceeding 5,000 lines[2], a permanent auxiliary power unit shall be installed.

[2] Lockhart Telephone is less than 5,000 access lines.

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

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

<010>	Study Area Code	240532
<015>	Study Area Name	LOCKHART TEL CO INC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Eric S. Ramey
<035>	Contact Telephone Number - Number of person identified in data line <030>	8035819152 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	eric.ramey@truvista.biz

<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**
SC	Lockhart		FR	15.99	0.0	0.3	0.0	16.29

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(710) Broadband Price Offerings
Data Collection Form

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

<010>	Study Area Code	240532
<015>	Study Area Name	LOCKHART TEL CO INC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Eric S. Ramey
<035>	Contact Telephone Number - Number of person identified in data line <030>	8035819152 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	eric.ramey@truvista.biz

<711>

<a1> State	<a2> Exchange (ILEC)	<b1> Residential Rate	<b2> State Regulated Fees	<c> Total Rates and Fees	<d1> Broadband Service - Download Speed (Mbps)	<d2> Broadband Service -Upload Speed (Mbps)	<d3> Usage Allowance (GB)	<d4> Usage Allowance Action Taken When Limit Reached {select}
SC	LOCKHART	39.99	0.31	40.3	1.5	0.384	999999.0	Other, No Usage Allowance or Limits
SC	LOCKHART	44.99	0.31	45.3	3.0	0.384	999999.0	Other, No Usage Allowance or Limits
SC	LOCKHART	49.99	0.31	50.3	6.0	0.512	999999.0	Other, No Usage Allowance or Limits
SC	LOCKHART	54.99	0.31	55.3	10.0	0.512	999999.0	Other, No Usage Allowance or Limits
SC	LOCKHART	64.99	0.31	65.3	20.0	1.0	999999.0	Other, No Usage Allowance or Limits

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(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	240532
<015>	Study Area Name	LOCKHART TEL CO INC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Eric S. Ramey
<035>	Contact Telephone Number - Number of person identified in data line <030>	8035819152 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	eric.ramey@truvista.biz

<810>	Reporting Carrier	Lockhart Telephone Company
<811>	Holding Company	Chester Telephone Company
<812>	Operating Company	Lockhart Telephone Company

<813>

<a1>	<a2>	<a3>
Affiliates	**SAC**	**Doing Business As Company or Brand Designation**
Chester Telephone Company	240516	TruVista
Ridgeway Telephone Company	240541	TruVista
Chester Long Distance Services, LLC		TruVista

(1200) Terms and Conditions for Lifeline Customers
Study Area Code: 240532
Study Area Name: Lockhart Telephone Company

Lockhart Telephone Company, d/b/a TruVista does not offer any plans only available to Lifeline customers. Lifeline customers may subscribe to any voice or broadband plan under the same terms and conditions as any non-Lifeline customer, with the exception that Lifeline customers may subscribe to Toll Limitation Service free of charge.

All Lockhart Telephone Co. d/b/a/ TruVista voice plans offer unlimited local calling.

All customers are eligible for any of the LD calling Plans which offer discounts based on packages of minutes up to unlimited nationwide long distance . These plans are offered through TruVista' s affiliated Long Distance Carrier (Chester Long Distance Services, Inc.).

If no plan is chosen , LD calls are billed on a per call/per minute basis.

.(**See http://www.truvista.net/) for a more detailed description of the terms and conditions of all TruVista products.**

The pages below are maintained on the TruVista internal web server as an aid to employees:

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11/7/2016

• • •

«First_Name»«Last_Name»
«Street_Address»
«City», «State» «Zip»-«Zip4»

Dear Lifeline Customer,

On December 2, 2016, you may notice some changes to your Lifeline Program benefit. These changes – and what they mean for customers – are outlined below.

You can now apply your monthly discount to internet service

You will be able to apply your monthly Lifeline discount towards internet service. If you would like to switch to an internet plan, ask your telephone company or internet provider if a Lifeline Program cell phone data plan or home internet service is available in your area.

You can still choose phone service
You can continue to apply your monthly Lifeline discount to your home or cell phone, but **you can only receive a discount on ONE option – phone or internet.** Some companies may give you the option to apply the discount to a service bundle, such as home phone and home internet service.

You must participate in at least one of the following programs to be eligible for a Lifeline Program discount:

- Supplemental Nutrition Assistance Program (SNAP)
- Supplemental Security Income (SSI)
- Medicaid
- Federal Public Housing Assistance
- Veterans Pension and Survivors Benefit Program
- Income below the Federal Poverty guideline
- Bureau of Indian Affairs General Assistance
- Tribally-administered Temporary Assistance for Needy Families (TTANF)
- Food Distribution on Indian Reservations (FDPIR)
- HEAD Start

If you signed up for a Lifeline discount through the National School Lunch Program, Temporary Assistance for Needy Families (TANF), Low-Income Home Energy Assistance Program (LIHEAP), or any other state-run program, your phone or internet provider will ask you to confirm your enrollment in one of the above, eligible programs when they do your next eligibility confirmation.

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TRUVISTA®

Changing companies

If you decide to apply your monthly Lifeline discount to either home internet service or a data plan for your cell phone, you must remain with the company that provides your service for at least 12 months. After that, you are free to switch to a different company. If you move to a different state or to an area where your company does not offer service, let your company know. They will guide you through the process of changing companies.

If you sign up for new home or cell phone service, you need to stay with your company for at least 2 months. If you choose to apply your discount to a bundle, ask the company which change policy applies.

If you have any questions about any of these changes, please contact your telephone or internet company or log on to http://www.lifelinesupport.org/ls/ for more details.

Sincerely,

Swonda M. Dixon

Swonda M. Dixon
Administration & Compliance Manager
TruVista : 112 York Street : Chester, SC 29706 : Office: 803-581-9172
Enclosure

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TRUVISTA

LIFELINE ENROLLMENT / RECERTIFICATION APPLICATION

This signed application is required to enroll you in the Lifeline program in your state. This application is only for the purpose of verifying your participation in these programs and will not be used for any other purpose.

Things to know about the Lifeline Program:
- Lifeline is a Federal benefit that is not transferrable to any other person;
- Lifeline service is available for only one line per household. A household cannot receive benefits from multiple providers. Not all lifeline services are marketed under the name Lifeline, and may be offered under other names;
- A household is defined, for purposes of the Lifeline program, as any individual or group of individuals at the same address that share expenses; and,
- Violation of the one-per household rule is not permitted under federal rules and will result in the subscriber's de-enrollment from the program and possible criminal prosecution by the U. S. Government.

Section 1: Consumer Information

1 I am 18 years of age or older. ☐ Yes ☐ No

2 First Name: 3 Last Name:

4 Date of Birth (mm/dd/yyyy): 5 Last 4-digits of Social Security Number:

If you are unable to provide the last four digits of a Social Security Number, complete line 6.

6 Tribal Identification (Tribal ID) Number (if applicable):

7 Telephone Number:

Service address of principal residence (no Post Office Box):

8 Street Address: 9 Apt:

10 City: 11 State: 12 Zip Code:

13 Is this a temporary address? ☐ Yes ☐ No

Billing address, if different from service address (may include Post Office Box):

14 Street Address: 15 Apt:

16 City: 17 State: 18 Zip Code:

Section 2: Program Requirement - One Per Household

A "household" is any individual or group of individuals who live together at the same address and share income expenses. Only one person in a household can qualify to receive Lifeline Program-supported telephone service. Only one telephone service in a household can receive Lifeline Program support. A household may not receive Lifeline Program benefits from multiple service providers.

19 ☐ My initials here certify that I meet the one-per-household requirement. I understand that falsely certifying eligibility is a violation of the rules of the Federal Communications Commission and will result in my removal from the Lifeline Program and could result in criminal prosecution by the United States Government.

20 ☐ My initials here certify that I reside on Tribal lands (if applicable).

21 Do you live at an address at which there are multiple households? ☐ Yes ☐ No

If "yes" is checked, you must complete a supplemental form to recertify your eligibility. Please contact your service provider.

Section 3: Program Requirement - Eligibility

Complete this section to indicate that you (or your dependent or a member of your household) received benefits from at least one of the programs listed below OR your household meets the income requirement.

22 ☐ I (or my dependent or member of my household) received benefits from at least one of the programs listed below.
If checked, please indicate the program(s) from which you (or your dependent or member of your household) receives benefits.
Check all that apply.

- ☐ Medicaid
- ☐ Supplemental Nutritional Assistance Program (SNAP)
- ☐ Supplemental Security Income (SSI)
- ☐ Federal Public Housing Assistance (Section 8)
- ☐ Low Income Home Energy Assistance Program (LIHEAP)
- ☐ Temporary Assistance for Needy Families (TANF)
- ☐ National School Lunch / Free Lunch Program (NSL)

☐ State provided assistance program: _____.

**Note: If none of the above federal assistance program boxes are checked and you do not meet the income requirements below, you must contact your service provider in order to recertify. Your service provider's toll-free number can be found on the letter sent with this form.*

☐ I do not receive benefits, but my dependent or a member of my household does receive benefits from a program checked above. Full name of dependent or household member receiving benefits _____.

23 ☐ My household income is at or below the amount listed below for my state.
If checked, number of people in my household: _____

2016 Poverty Guidelines for the 48 Contiguous States and the District of Columbia - 135%
(Effective: January 25, 2016)

Household Size	South Carolina
1	$11,880
2	$16,020
3	$20,160
4	$24,300
5	$28,440
6	$32,580
7	$36,730
8	$40,890

For families/households with more than 8 persons, add $4,160 for each additional person.

Source: https://www.federalregister.gov/documents/2016/01/25/2016-01450/annual-update-of-the-hhs-poverty-guidelines

Section 4: Notification Obligations

You have obligations if you receive Lifeline Program benefits. You must initial the statements below to acknowledge you understand your obligations:

24 ☐ I will notify my service provider within 30 days if I (or my dependent or household member) no longer participate(s) in the federal/state programs identified in my application or if my household income exceeds 135% of the Federal Poverty Guidelines.

25 ☐ I will notify my service provider within 30 days if I or my household begins to receive more than one Lifeline Program benefit.

26 ☐ I will notify my service provider within 30 days if I no longer qualify for Lifeline Program benefits for any reason.

27 ☐ I will notify my service provider of my new address within 30 days of moving.

28 ☐ I understand these notification obligations and that I may be subject to penalties if I fail to provide this notice.

Section 5: Certifications

You must certify the following statements. You must read and initial all certifications.

29 ☐ I hereby certify under penalty of perjury that I (or my dependent or other member of my household) currently receive(s) benefits from the federal/state program(s) identified above or my annual household income is at or below 135% of the Federal Poverty Guidelines (or the amount that applies to my state as indicated in the chart above).

30 ☐ I hereby certify under penalty of perjury that I acknowledge that my household can only receive one Lifeline Program benefit and to the best of my knowledge my household is not receiving more than one Lifeline Program benefit from either a home phone or wireless service provider.

31 ☐ I hereby certify under penalty of perjury that I agree not to transfer my Lifeline Program benefits to another person.

32 ☐ I hereby certify under penalty of perjury that I acknowledge that I may be required to recertify my continued eligibility at any time and failure to recertify my eligibility for the Lifeline Program as required will result in my removal from the Lifeline Program.

33 ☐ I hereby certify under penalty of perjury that I agree that my service provider may transmit to the Administrator of the National Lifeline Accountability Database my full name, my full residential address, my date of birth, the last four digits of my Social Security Number, my Tribal Identification Number (if I am a member of a Tribal nation), the telephone number to be associated with the Lifeline Program benefit, the date on which the Lifeline Program service began, the date on which the Lifeline Program benefit ended, the amount of support sought by my service provider, and the means through which I qualify for the Lifeline Program benefit, I understand that transmission of this information is required to ensure the proper administration of the Lifeline Program. I also understand that if I refuse to have this information transmitted to the Administrator, I will be denied Lifeline Program benefits.

34 ☐ I hereby certify under penalty of perjury that my service provider may continue to monitor my participation in the identified federal/state program(s) for continued eligibility for Lifeline Program benefits.

35 ☐ I hereby certify under penalty of perjury that I agree to allow my service provider to exchange any necessary information with the appropriate state or federal agency to verify my eligibility to participate in the Lifeline Program.

36 ☐ I hereby certify under penalty of perjury that all of my responses and acknowledgements provided on this application are true and correct to the best of my knowledge.

37 ☐ I hereby certify under penalty of perjury that I acknowledge that willingly making false statements or providing false or fraudulent information to obtain Lifeline Program benefits is punishable by law and can result in fines, imprisonment, de-enrollment, or being barred from the program.

38 Signature:

39 Date: 40 Printed Name:

Lockhart Telephone Company, Inc. - SAC 240532

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

Lockhart Telephone Company, Inc. - SAC 240532 hereby certifies that throughout 2016, it took reasonable steps to provide upon reasonable request broadband service at actual speeds of at least 10 Mbps downstream/1 Mbps upstream, with latency suitable for real-time applications, including Voice over Internet Protocol, and usage capacity that is reasonably comparable to comparable offerings in urban areas and that requests for such service are met within a reasonable amount of time. If a request for broadband service at actual speeds of at least 10 Mbps downstream/1 Mbps upstream is unreasonable, the Company offers broadband service at the highest available speed.

REDACTED – FOR PUBLIC INSPECTION

ATTACHMENT - LINE 3026

ATTACHMENT REDACTED IN ENTIRETY