

## **FCC Form 481, Line 1210: Terms and Condition for Lifeline Customers**

### **Lifeline Telephone Assistance Program**

Financial assistance through the Lifeline program is available to help eligible Iowans afford and maintain basic telephone and broadband internet service. Lifeline participation enables Iowans to stay connected to jobs, family, community resources, and government and emergency services.

Lifeline is a federal government program that assists qualified Iowans by providing a monthly credit of \$9.25 on either one telephone service (home or wireless) or one internet service (home or mobile) per qualified household. Customers will have to choose whether to obtain federally subsidized service from a telephone or broadband provider. Households currently receiving more than one Lifeline service must select a single Lifeline service provider and enroll from the program with any other provider(s).

Households may continue to verify eligibility through proof of participation in any of the following programs:

- Supplemental Nutrition Assistance Program (SNAP)
- Supplemental Security Income (SSI)
- Medicaid
- Federal Public Housing Assistance
- Tribal-specific programs: Bureau of Indian Affairs General Assistance, Tribally-Administered Temporary Assistance for Needy Families (TTANF), Food Distribution Program on Indian Reservations (FDPIR), Head Start
- Veterans Pension and Survivors Benefit Programs
- Or, Income at or below 135% of the Federal Poverty Guidelines

The company's Lifeline terms and conditions are consistent with changes in the federal program.

A Lifeline application form, further describing the company's terms and conditions is available on the Board's site, [https://iub.iowa.gov/sites/default/files/documents/2019/02/lifelineapp\\_2019\\_universalform.pdf](https://iub.iowa.gov/sites/default/files/documents/2019/02/lifelineapp_2019_universalform.pdf), and available from the company. To apply, an applicant simply completes the application form and then return it to the company. Additionally, any residents of Tribal lands who were within the company's service area and eligible for Lifeline were asked to seek additional benefits, including potential Link-Up telephone installation benefits.

Re-certification forms consistent with the Lifeline program are sent to all Lifeline subscribers each year. In order to continue receiving Lifeline assistance, these forms must be completed and returned to the subscriber's telephone or broadband internet provider within 30 days. If the re-certification form is not returned, the telephone or internet provider will discontinue the subscriber's Lifeline assistance.

Information about the number of customers receiving Lifeline assistance is reported by each Iowa telephone company. For more information, call the Iowa Utilities Board toll free at 1.877.565.4450, or visit [www.fcc.gov/lifeline](http://www.fcc.gov/lifeline) or [www.usac.org](http://www.usac.org).

The minimum federal Lifeline standards during 2018, set by the FCC, are as follows:

- Landline: Unlimited local calling, or not less than applicable FCC-required minimums.
- Wireless voice service: no less than 750 free minutes, and 1000 free minutes beginning 12/1/18
- Wireless broadband: no less than 1 gigabytes (GB) of 3G data, and 2GB beginning 12/1/18
- Fixed broadband: no less than 250 gigabytes of data; download of 15MB/second; upload speed 2 MB/second, or faster. (Fixed broadband providers that do not offer a product meeting the minimum service standards to a particular customer's residence may receive the \$9.25 benefit if that customer purchases a fixed broadband offering that meets or exceeds 4 Mbps download and 1 Mbps upload.)

Equal access toll calls are available and are billed at carriers' standard rates for Lifeline subscribers.

Other services are available to Lifeline subscribers at additional costs, at the company's standard rates.

**FCC Form 481 - Carrier Annual Reporting  
Data Collection Form**

FCC Form 481

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

July 2018

<010>	Study Area Code	359062
<015>	Study Area Name	COMMCHOICE OF IOWA, LLC
<020>	Program Year	2020
<030>	Contact Name: Person USAC should contact with questions about this data	Paul Bergmann
<035>	Contact Telephone Number: Number of the person identified in data line <030>	7122714000 ext.
<039>	Contact Email Address: Email of the person identified in data line <030>	pbergmann@longlines.biz
Form Type		54.422

<010>	Study Area Code	359062
<015>	Study Area Name	COMMCHOICE OF IOWA, LLC
<020>	Program Year	2020
<030>	Contact Name - Person USAC should contact regarding this data	Paul Bergmann
<035>	Contact Telephone Number - Number of person identified in data line <030>	7122714000 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	pbergmann@longlines.biz

[illegible]

<010>	Study Area Code	359062
<015>	Study Area Name	COMMCHOICE OF IOWA, LLC
<020>	Program Year	2020
<030>	Contact Name - Person USAC should contact regarding this data	Paul Bergmann
<035>	Contact Telephone Number - Number of person identified in data line <030>	7122714000 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	pbergmann@longlines.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.	
<410>	Complaints per 1000 customers for fixed voice	
<420>	Complaints per 1000 customers for mobile voice	

<010>	Study Area Code	359062
<015>	Study Area Name	COMMCHOICE OF IOWA, LLC
<020>	Program Year	2020
<030>	Contact Name - Person USAC should contact regarding this data	Paul Bergmann
<035>	Contact Telephone Number - Number of person identified in data line <030>	7122714000 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	pbergmann@longlines.biz
<515>	Certify compliance with applicable minimum service standards	

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

<010>	Study Area Code	359062
<015>	Study Area Name	COMMCHOICE OF IOWA, LLC
<020>	Program Year	2020
<030>	Contact Name - Person USAC should contact regarding this data	Paul Bergmann
<035>	Contact Telephone Number - Number of person identified in data line <030>	7122714000 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	pbergmann@longlines.biz
<600>	Certify compliance regarding ability to function in emergency situations	
<610>	Descriptive document for Functionality in Emergency Situations	

<010>	Study Area Code	359062
<015>	Study Area Name	COMMCHOICE OF IOWA, LLC
<020>	Program Year	2020
<030>	Contact Name - Person USAC should contact regarding this data	Paul Bergmann
<035>	Contact Telephone Number - Number of person identified in data line <030>	7122714000 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	pbergmann@longlines.biz
<810>	Reporting Carrier	CommChoice of Iowa LLC
<811>	Holding Company	CommChoice of Iowa LLC
<812>	Operating Company	CommChoice of Iowa LLC

-- See attached worksheet --

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

<010>	Study Area Code	359062
<015>	Study Area Name	COMMCHOICE OF IOWA, LLC
<020>	Program Year	2020
<030>	Contact Name - Person USAC should contact regarding this data	Paul Bergmann
<035>	Contact Telephone Number - Number of person identified in data line <030>	7122714000 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	pbergmann@longlines.biz

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

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

<920> Tribal Government Engagement Obligation

Name of Attached Document

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

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

Select Yes or No or Not Applicable



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

FCC Form 481

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

July 2018

<010>	Study Area Code	359062
<015>	Study Area Name	COMMCHOICE OF IOWA, LLC
<020>	Program Year	2020
<030>	Contact Name - Person USAC should contact regarding this data	Paul Bergmann
<035>	Contact Telephone Number - Number of person identified in data line <030>	7122714000 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	pbergmann@longlines.biz

<1000> Voice services rate comparability certification

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

---

Name of Attached Document

<1020> Broadband comparability certification

<1030> Attach detailed description for broadband comparability compliance

---

Name of Attached Document

**(1100) No Terrestrial Backhaul Reporting  
Data Collection Form**
**FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2018**

<010>	Study Area Code	359062
<015>	Study Area Name	COMMCHOICE OF IOWA, LLC
<020>	Program Year	2020
<030>	Contact Name - Person USAC should contact regarding this data	Paul Bergmann
<035>	Contact Telephone Number - Number of person identified in data line <030>	7122714000 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	pbergmann@longlines.biz

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

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

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

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

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

<010>	Study Area Code	359062
<015>	Study Area Name	COMMCHOICE OF IOWA, LLC
<020>	Program Year	2020
<030>	Contact Name - Person USAC should contact regarding this data	Paul Bergmann
<035>	Contact Telephone Number - Number of person identified in data line <030>	7122714000 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	pbergmann@longlines.biz

359062IA1210.pdf

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

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

**(2005) Price Cap Carrier Additional Documentation**

FCC Form 481

**Data Collection Form**

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

*Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers*

July 2018

<010>	Study Area Code	359062
<015>	Study Area Name	COMMCHOICE OF IOWA, LLC
<020>	Program Year	2020
<030>	Contact Name - Person USAC should contact regarding this data	Paul Bergmann
<035>	Contact Telephone Number - Number of person identified in data line <030>	7122714000 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	pbergmann@longlines.biz

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

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

**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 2018.

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

Name of Attached Document Listing  
Required Information

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

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

FCC Form 481

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

<010>	Study Area Code	359062
<015>	Study Area Name	COMMCHOICE OF IOWA, LLC
<020>	Program Year	2020
<030>	Contact Name - Person USAC should contact regarding this data	Paul Bergmann
<035>	Contact Telephone Number - Number of person identified in data line <030>	7122714000 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	pbergmann@longlines.biz

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

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

CAF BLS Reporting

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

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

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

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

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

<010>	Study Area Code	359062
<015>	Study Area Name	COMMCHOICE OF IOWA, LLC
<020>	Program Year	2020
<030>	Contact Name - Person USAC should contact regarding this data	Paul Bergmann
<035>	Contact Telephone Number - Number of person identified in data line <030>	7122714000 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	pbergmann@longlines.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.

(3009)	Progress Report on 5 Year Plan Carrier certifies to 54.313(f)(1)(iii)		
(3010A)	Certification of Public Interest Obligations {47 CFR § 54.313(f)(1)(i)}		
(3010B)	Please Provide Attachment	Name of Attached Document Listing Required Information	<input type="text"/>
(3012A)	Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}		
(3012B)	Please Provide Attachment	Name of Attached Document Listing Required Information	<input type="text"/>
(3013)	Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)}	(Yes/No)	<input type="radio"/> <input type="radio"/>
(3014)	If yes, does your company file the RUS annual report	(Yes/No)	<input type="radio"/> <input type="radio"/>
	Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:		
(3015)	Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)		<input type="checkbox"/>
(3016)	Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	Name of Attached Document Listing Required Information	<input type="text"/>
(3018)	If the response is no on line 3014, is your company audited?	(Yes/No)	<input type="radio"/> <input type="radio"/>
	If the response is yes on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:		
(3019)	Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers		<input type="checkbox"/>
(3020)	Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3021)	Management letter and/or audit opinion issued by the independent certified public accountant that performed the company's financial audit.		<input type="checkbox"/>
	If the response is no on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:		
(3022)	Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers		<input type="checkbox"/>
(3023)	Underlying information subjected to a review by an independent certified public accountant		<input type="checkbox"/>
(3024)	Underlying information subjected to an officer certification.		<input type="checkbox"/>
(3025)	Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3026)	Attach the worksheet listing required information	Name of Attached Document Listing Required Information	<input type="text"/>

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

FCC Form 481

Data Collection Form

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

July 2018

<010>	Study Area Code	359062
<015>	Study Area Name	COMMCHOICE OF IOWA, LLC
<020>	Program Year	2020
<030>	Contact Name - Person USAC should contact regarding this data	Paul Bergmann
<035>	Contact Telephone Number - Number of person identified in data line <030>	7122714000 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	pbergmann@longlines.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

<b>(4005) Rural Broadband Experiment Additional Documentation</b> <b>Data Collection Form</b>	<b>FCC Form 481</b> <b>OMB Control No. 3060-0986/OMB Control No. 3060-0819</b> <b>July 2018</b>
--	---

<010>	Study Area Code	359062
<015>	Study Area Name	COMMCHOICE OF IOWA, LLC
<020>	Program Year	2020
<030>	Contact Name - Person USAC should contact regarding this data	Paul Bergmann
<035>	Contact Telephone Number - Number of person identified in data line <030>	7122714000 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	pbergmann@longlines.biz

**4005 Rural Broadband Experiment**

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

**Public Interest Obligations – FCC 14-98 (paragraphs 26-29, 78)**

Please address Line 4001 regarding compliance with the Commission’s public interest obligations. All RBE participants must provide a response to Line 4001.

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

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

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

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

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



<010>	Study Area Code	359062
<015>	Study Area Name	COMMCHOICE OF IOWA, LLC
<020>	Program Year	2020
<030>	Contact Name - Person USAC should contact regarding this data	Paul Bergmann
<035>	Contact Telephone Number - Number of person identified in data line <030>	7122714000 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	pbergmann@longlines.biz

5005 Alaska Plan

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

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

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

<5013>	<a>	<b>	<c>
	Description Of Backhaul Technology	Date Backhaul Available	Newly Served Locations or Population

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

<010>	Study Area Code	359062
<015>	Study Area Name	COMMCHOICE OF IOWA, LLC
<020>	Program Year	2020
<030>	Contact Name - Person USAC should contact regarding this data	Paul Bergmann
<035>	Contact Telephone Number - Number of person identified in data line <030>	7122714000 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	pbergmann@longlines.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.	

<b>Certification - Agent / Carrier</b> <b>Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2018
---	--

<010> Study Area Code	359062
<015> Study Area Name	COMMCHOICE OF IOWA, LLC
<020> Program Year	2020
<030> Contact Name - Person USAC should contact regarding this data	Paul Bergmann
<035> Contact Telephone Number - Number of person identified in data line <030>	7122714000 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	pbergmann@longlines.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) <u>BKD LLP</u> is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	BKD LLP
Name of Reporting Carrier:	COMMCHOICE OF IOWA, LLC
Signature of Authorized Officer:	CERTIFIED ONLINE Date: 06/26/2019
Printed name of Authorized Officer:	Paul Bergmann
Title or position of Authorized Officer:	CFO
Telephone number of Authorized Officer:	7122715535 ext.
Study Area Code of Reporting Carrier:	359062 Filing Due Date for this form: 07/01/2019
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

**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:	COMMCHOICE OF IOWA, LLC
Name of Authorized Agent Firm:	BKD LLP
Signature of Authorized Agent or Employee of Agent:	CERTIFIED ONLINE Date: 06/26/2019
Name of Authorized Agent Employee:	Bob Abrams
Title or position of Authorized Agent or Employee of Agent	Sr. Managing Consultant
Telephone number of Authorized Agent or Employee of Agent:	6086649110 ext.40949
Study Area Code of Reporting Carrier:	359062 Filing Due Date for this form: 07/01/2019
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

## Attachments

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

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

[illegible]