REDACTED - FOR PUBLIC INSPECTION

Pamela Hintz
651.621.8535 – Direct
PHintz@otcpas.com

OlsenThielen
CPAS AND ADVISORS
Depend on Our People. Count on Our Advice.SM

June 29, 2017

Marlene H. Dortch
Secretary
Federal Communications Commission
445 12th Street, S.W.
Washington, DC 20554

ATTENTION: WIRELINE COMPETION BUREAU

RE: Form 481 ETC filing pursuant to Sections 54.313 and 54.422
SAC 361347, MN, Albany Mutual Telephone Association
Connect America Fund WC Dockets 10-90, 11-42 and 14-58

Dear Secretary Dortch:

Pursuant to Sections 54.313 and 54.422 of the Commission's Rules, please accept the attached FCC Form 481 of Albany Mutual Telephone Association, MN, SAC 361347 (the "Company") for filing with the Commission.

The Company is filing the attached redacted version via ECFS.

Kindly direct any questions regarding this transmittal to the undersigned. Thank you.

Sincerely,

Pamela Hintz
Senior Telecommunications Consultant
phintz@otcpas.com
(651) 621-8535

Enclosures

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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	361347
<015>	Study Area Name	ALBANY MUTUAL ASSN
<020>	Program Year	2018
<030>	Contact Name: Person USAC should contact with questions about this data	PAMELA HINTZ
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6516218535 ext.
<039>	Contact Email Address: Email of the person identified in data line <030>	phintz@otcpas.com
	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	ALBANY MUTUAL ASSN
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<039>	Contact Email Address - Email Address of person identified in data line <030>	phintz@otcpas.com

<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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<035>	Contact Telephone Number - Number of person identified in data line <030>	6516218535 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	phintz@otcpas.com

<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	361347
<015>	Study Area Name	ALBANY MUTUAL ASSN
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	PAMELA HINTZ
<035>	Contact Telephone Number - Number of person identified in data line <030>	6516218535 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	phintz@otcpas.com
<400>	Select from the drop-down list to indicate how you would like to report voice complaints (zero or greater) for voice telephony service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize.	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

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<035>	Contact Telephone Number - Number of person identified in data line <030>	6516218535 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	phintz@otcpas.com
<500>	Certify compliance with applicable service quality standards and consumer protection rules	Yes
<510>	Descriptive document for Service Quality Standards & Consumer Protection Rules Compliance	361347mn510.pdf
<515>	Certify compliance with applicable minimum service standards	

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(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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<035>	Contact Telephone Number - Number of person identified in data line <030>	6516218535 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	phintz@otcpas.com
<600>	Certify compliance regarding ability to function in emergency situations	Yes
<610>	Descriptive document for Functionality in Emergency Situations	361347mn610.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

<010>	Study Area Code	361347
<015>	Study Area Name	ALBANY MUTUAL ASSN
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	PAMELA HINTZ
<035>	Contact Telephone Number - Number of person identified in data line <030>	6516218535 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	phintz@otcpas.com

<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	361347
<015>	Study Area Name	ALBANY MUTUAL ASSN
<020>	Program Year	2018
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<039>	Contact Email Address - Email Address of person identified in data line <030>	phintz@otcpas.com

<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 --					

(800) Operating Companies
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	ALBANY MUTUAL ASSN
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	PAMELA HINTZ
<035>	Contact Telephone Number - Number of person identified in data line <030>	6516218535 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	phintz@otcpas.com

<810>	Reporting Carrier	Albany Mutal Telephone Association
<811>	Holding Company	Albany Mutual Telephone Association
<812>	Operating Company	Albany Mutual Telephone Association

<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

<010>	Study Area Code	361347
<015>	Study Area Name	ALBANY MUTUAL ASSN
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	PAMELA HINTZ
<035>	Contact Telephone Number - Number of person identified in data line <030>	6516218535 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	phintz@otcpas.com

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

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

<920> Tribal Government Engagement Obligation

Name of Attached Document

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

<010>	Study Area Code	361347
<015>	Study Area Name	ALBANY MUTUAL ASSN
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	PAMELA HINTZ
<035>	Contact Telephone Number - Number of person identified in data line <030>	6516218535 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	phintz@otcpas.com

<1000>	Voice services rate comparability certification	Yes
<1010>	Attach detailed description for voice services rate comparability compliance	361347mn1010.pdf Name of Attached Document
<1020>	Broadband comparability certification	Yes - Pricing is no more than the most recent applicable benchmark announced by the Wireline Competition Bureau
<1030>	Attach detailed description for broadband comparability compliance	361347mn1030.pdf Name of Attached Document

(1100) No Terrestrial Backhaul Reporting Data Collection Form

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

<010>	Study Area Code	361347
<015>	Study Area Name	ALBANY MUTUAL ASSN
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	PAMELA HINTZ
<035>	Contact Telephone Number - Number of person identified in data line <030>	6516218535 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	phintz@otcpas.com

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

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

(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

<010>	Study Area Code	361347
<015>	Study Area Name	ALBANY MUTUAL ASSN
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	PAMELA HINTZ
<035>	Contact Telephone Number - Number of person identified in data line <030>	6516218535 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	phintz@otcpas.com

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

361347mn1210.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	361347
<015>	Study Area Name	ALBANY MUTUAL ASSN
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<039>	Contact Email Address - Email Address of person identified in data line <030>	phintz@otcpas.com

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>	phintz@otcpas.com

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

	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)}		361347mn3010.pdf
(3010B)	Please Provide Attachment	Name of Attached Document Listing Required Information	
(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	361347mn3026.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

<010>	Study Area Code	361347
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<039>	Contact Email Address - Email Address of person identified in data line <030>	phintz@otcpas.com

Financial Data Summary

(3027) Revenue	[redacted]
(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

<010>	Study Area Code	361347
<015>	Study Area Name	ALBANY MUTUAL ASSN
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	PAMELA HINTZ
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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

<010>	Study Area Code	361347
<015>	Study Area Name	ALBANY MUTUAL ASSN
<020>	Program Year	2018
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<039>	Contact Email Address - Email Address of person identified in data line <030>	phintz@otcpas.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.

Name of Reporting Carrier:

Signature of Authorized Officer: Date

Printed name of Authorized Officer:

Title or position of Authorized Officer:

Telephone number of Authorized Officer:

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

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

Certification - Agent / Carrier
Data Collection Form

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>	phintz@otcpas.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

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

I certify that (Name of Agent) Olsen Thielen **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: Olsen Thielen

Name of Reporting Carrier: ALBANY MUTUAL ASSN

Signature of Authorized Officer: CERTIFIED ONLINE Date: 06/29/2017

Printed name of Authorized Officer: Steve Katka

Title or position of Authorized Officer: CEO/General Manager

Telephone number of Authorized Officer: 3208452101 ext.

Study Area Code of Reporting Carrier: 361347 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: ALBANY MUTUAL ASSN

Name of Authorized Agent Firm: Olsen Thielen

Signature of Authorized Agent or Employee of Agent: CERTIFIED ONLINE Date: 06/29/2017

Name of Authorized Agent Employee: Tom Campbell

Title or position of Authorized Agent or Employee of Agent Consultant

Telephone number of Authorized Agent or Employee of Agent: 6516218535 ext.

Study Area Code of Reporting Carrier: 361347 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

REDACTED - FOR PUBLIC INSPECTION

(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	361347
<015>	Study Area Name	ALBANY MUTUAL ASSN
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	PAMELA HINTZ
<035>	Contact Telephone Number - Number of person identified in data line <030>	6516218535 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	phintz@otcpas.com

<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**
MN	Albany		FR	18.0	0.0	0.0	0.0	18.0
MN	Freeport		FR	18.0	0.0	0.0	0.0	18.0
MN	New Munich		FR	18.0	0.0	0.0	0.0	18.0

REDACTED - FOR PUBLIC INSPECTION

(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	361347
<015>	Study Area Name	ALBANY MUTUAL ASSN
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	PAMELA HINTZ
<035>	Contact Telephone Number - Number of person identified in data line <030>	6516218535 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	phintz@otcpas.com

<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}
MN	All	29.95	0.0	29.95	3.0	1.0	999999.0	Other, No limit on usage allowance
MN	All	34.95	0.0	34.95	20.0	3.0	999999.0	Other, No limit on usage allowance
MN	All	44.95	0.0	44.95	20.0	10.0	999999.0	Other, No limit on usage allowance
MN	All	44.95	0.0	44.95	60.0	5.0	999999.0	Other, No limit on usage allowance
MN	All	54.95	0.0	54.95	20.0	20.0	999999.0	Other, No limit on usage allowance
MN	All	54.95	0.0	54.95	30.0	10.0	999999.0	Other, No limit on usage allowance
MN	All	64.95	0.0	64.95	30.0	20.0	999999.0	Other, No limit on usage allowance
MN	All	79.95	0.0	79.95	100.0	10.0	999999.0	Other, No limit on usage allowance
MN	All	119.95	0.0	119.95	1000.0	50.0	999999.0	Other, No limit on usage allowance

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	361347
<015>	Study Area Name	ALBANY MUTUAL ASSN
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	PAMELA HINTZ
<035>	Contact Telephone Number - Number of person identified in data line <030>	6516218535 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	phintz@otcpas.com

<810>	Reporting Carrier	Albany Mutal Telephone Association
<811>	Holding Company	Albany Mutual Telephone Association
<812>	Operating Company	Albany Mutual Telephone Association

<813>

<a1>	<a2>	<a3>
Affiliates	**SAC**	**Doing Business As Company or Brand Designation**
Central Stearns Comsis, Inc.		

SAC: 361347
State: MN
Albany Mutual Assn
Form 481 Line No. 510 Compliance with Service Quality Standards and Consumer Protection

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As required by MN. Rule "7812.0700 Minnesota General Service Quality Requirements. Subpart 1" the local services provided by Albany Mutual Assn are provided under internal company operating procedures and publically available tariffs which are in compliance with applicable Minnesota Public Utility Commission orders and rules including:

7810.0100 DEFINITIONS.
7810.0200 SCOPE.
7810.0300 STATUTORY AUTHORITY.

RECORDS AND REPORTS
7810.0400 RETENTION OF RECORDS.
7810.0500 DATA TO BE FILED WITH THE COMMISSION.
7810.0600 REPORT TO COMMISSION ON SERVICE DISRUPTION.
7810.0900 LOCATION OF RECORDS.

CUSTOMER RELATIONS
7810.1000 INFORMATION AVAILABLE TO CUSTOMER AND PUBLIC.
7810.1100 COMPLAINT PROCEDURES.
7810.1200 RECORD OF COMPLAINT.

CUSTOMER BILLING; DEPOSIT AND GUARANTEE REQUIREMENTS
7810.1400 CUSTOMER BILLING.
7810.1500 DEPOSIT AND GUARANTEE REQUIREMENTS.
7810.1600 DEPOSIT.
7810.1700 GUARANTEE OF PAYMENT.

DISCONNECTION OF SERVICE; SERVICE DELAY
7810.1800 PERMISSIBLE SERVICE DISCONNECTIONS WITH NOTICE.
7810.1900 PERMISSIBLE SERVICE DISCONNECTIONS WITHOUT NOTICE.
7810.2000 NONPERMISSIBLE REASONS TO DISCONNECT SERVICE.
7810.2100 MANNER OF DISCONNECTION.
7810.2200 RECONNECTION OF SERVICE.
7810.2300 NOTICE REQUIREMENTS.
7810.2400 BILL DISPUTES.
7810.2500 ESCROW PAYMENTS.
7810.2600 WAIVING RIGHT TO DISCONNECT; EMERGENCY STATUS.
7810.2800 DELAY IN INITIAL SERVICE OR UPGRADE.

DIRECTORIES
7810.2900 CONTENT OF DIRECTORIES.
7810.3000 DIRECTORY ASSISTANCE.
7810.3100 CHANGES OR ERROR OF LISTED NUMBER.

ENGINEERING
7810.3200 CONSTRUCTION OF TELEPHONE PLANT.
7810.3300 MAINTENANCE OF PLANT AND EQUIPMENT.
7810.3900 EMERGENCY OPERATIONS.

SAC: 361347
State: MN
Albany Mutual Assn
Form 481 Line No. 510 Compliance with Service Quality Standards and Consumer Protection

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INSPECTIONS, TESTS, SERVICE REQUIREMENTS
7810.4100 ACCESS TO TEST FACILITIES.
7810.4300 ACCURACY REQUIREMENTS.
7810.4900 ADEQUACY OF SERVICE.
7810.5000 UTILITY OBLIGATIONS.
7810.5100 TELEPHONE OPERATORS.
7810.5200 ANSWERING TIME.
7810.5300 DIAL SERVICE REQUIREMENTS.
7810.5400 INTEROFFICE TRUNKS.
7810.5500 TRANSMISSION REQUIREMENTS.
7810.5800 INTERRUPTIONS OF SERVICE.
7810.5900 CUSTOMER TROUBLE REPORTS.
7810.6000 PROTECTIVE MEASURES.
7810.6100 SAFETY PROGRAM.

Albany Mutual Assn is in compliance with Federal CPNI rules, Red Flag Rules and other Federal and State requirements governing the protection of Customer's privacy.

SAC: 361347
State: MN
Albany Mutual Assn
Form 481 Line No. 610 Description of Functionality in Emergency Situations

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Albany Mutual Assn pursuant to MN Rule "7810.390 Emergency Operations" has:

- Established reasonable provisions to meet emergencies resulting from failures of lighting or power service, sudden and prolonged increases in traffic, illness of operators or from fire, storm, or acts of God including provisions for emergency power that meet or exceed the rule requirement to provide:
    - A minimum of four hours of battery service in each central office.
    - A permanently installed power unit in exchanges exceeding 5000 lines.
    - Mobile power units that can be delivered on short notice and which can be readily connected in offices without installed emergency power facilities.

- Has informed employees as to the procedures to be followed, including reasonable rerouting of traffic around damaged facilities and the deployment of emergency power, in the event of emergency in order to prevent or mitigate interruption or impairment of telecommunications service.

SAC: 361347
State: MN
Albany Mutual Assn
Form 481 Line No. 1010 Descriptive document for Voice Services Rate Comparability

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Line 1010 – Description of Voice Services Rate Comparability: Provide a detailed description of how your pricing of fixed voice services is no more than two standard deviations above the applicable national average urban rate for voice service, as published annually by the Wireline Competition Bureau, as required in 47 C.F.R. § 54.313(a)(10).

On February 14, 2017, the Wireline Competition Bureau announced results of the Urban Rate Survey for Voice Services as part of FCC Public Notice DA 17-167. Referenced in this public notice are the results required to meet the rate comparability as noted:

"Based on the survey results, the reasonable comparability benchmark for voice services is $49.51.[3]

[3] Id. at 17694, para. 84."

As required Albany Mutual Assn hereby certifies that its current fixed voice services for residential subscribers as defined in the USF/ICC Transformation Order is below $49.51.

SAC: 361347
State: MN
Albany Mutual Assn
Form 481 Line No. 1030 Descriptive document for Broadband Service Rate Comparability

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Line 1030 – Description of Broadband Service Rate Comparability: Provide a detailed description of how your pricing of a Broadband service meeting the Commission's Public Interest Obligations is no more than the applicable benchmark, as published annually by the Wireline Competition Bureau, pursuant to 47 C.F.R. § 54.313(a)(12).

On February 14, 2017, the Wireline Competition Bureau announced the results of the Urban Rate Survey for Broadband Service as part of FCC Public Notice DA 17-167. Referenced in this public notice are the results required to meet the rate comparability as noted:

Based on the survey results, the reasonable comparability benchmark calculations for broadband services can be calculated at http://www.fcc.gov/encyclopedia/urban-rate-survey-data.

As required Albany Mutual Assn hereby certifies that it offers a Broadband service to residential subscribers at pricing that is no more than the applicable benchmark rate.

SAC: 361347
State: MN
Albany Mutual Assn
Form 481 Line No. 1210 Lifeline Plans Terms and Conditions

Albany Mutual Assn offers Lifeline Service Credit according to basic service requirements listed in **Minnesota Administrative Rule "7811.0600 – Basic Local Service Requirements."**

Subpart 1. Required services. A local service provider (LSP) shall provide, as part of its local service offering, the following to all customers within its service area:

A. Single party voice-grade service and touch-tone capability;
B. 911 or enhanced 911 access;
C. 1+ intraLATA and interLATA presubscription and code-specific equal access to interexchange carriers subscribing to its switched access service;
D. Access to directory assistance, directory listings, and operator services;
E. Toll and information service-blocking capability without recurring monthly charges as provided in the commission's ORDER REGARDING LOCAL DISCONNECTION AND TOLL BLOCKING CHARGES, Docket No. P-999/CI-96-38 (June 4, 1996), and its ORDER GRANTING TIME EXTENSIONS AND CLARIFYING ONE PORTION OF PREVIOUS ORDER, Docket No. P-999/CI-96-38 (September 16, 1996), which are incorporated by reference, are not subject to frequent change, and are available through the statewide interlibrary loan system;
F. One complete directory per year for each local calling area, which may include more than one local calling area, consistent with the customer option provisions of part 7810.2950 and, upon a customer's request and in the customer's preferred format among the formats offered by the local service provider, one copy of any other directory within the local calling area;
G. A white pages and directory assistance listing, or, upon customer request, a private listing that allows the customer to have an unlisted or unpublished telephone number;
H. Call-tracing capability according to chapter 7813;
I. Blocking capability according to the commission's ORDER ESTABLISHING CONDITIONS FOR THE PROVISION OF CUSTOMER LOCAL AREA SIGNALING SERVICES, Docket No. P-999/CI-92-992 (June 17, 1993) and its ORDER AFTER RECONSIDERATION, Docket No. P-999/CI-92-992 (December 3, 1993), which are incorporated by reference, are not subject to frequent change, and are available through the statewide interlibrary loan system;
J. Telecommunications relay service capability or access necessary to comply with state and federal regulations.

Subpart 2. Separate flat rate service offering. At a minimum, each LSP shall offer the services identified in subpart 1 as a separate tariff or price list offering on a flat rate basis. An LSP may also offer basic local service on a measured rate basis or in combination with other services. An LSP may impose separate charges for the services set forth in subpart 1 only to the extent permitted by applicable laws, rules, and commission orders.

SAC: 361347
State: MN
Albany Mutual Assn
Form 481 Line No. 1210 Lifeline Plans Terms and Conditions

Subpart 3. Service area obligations: all LSPs. An LSP shall provide its local services on a nondiscriminatory basis, consistent with its certificate under part 7811.0300 or 7811.0350, to all customers who request service and whose premises fall within the carrier's service area boundaries or, for an interim period, to all requesting customers whose premises fall within the operational areas of the local service provider's service area under part 7811.0300, subpart 4, or 7811.0350, subpart 4. The obligation to provide resale services does not extend beyond the service capability of the underlying carrier whose service is being resold. The obligation to provide facilities-based services does not require an LSP that is not an eligible telecommunications carrier (ETC) to build out its facilities to customers not abutting its facilities or to serve a customer if the local service provider cannot reasonably obtain access to the point of demarcation on the customer's premises.

Subpart 4. Service area obligations: ETCs. An LSP designated an ETC by the commission must provide local service, including, if necessary, facilities-based service, to all requesting customers within the carrier's service area on a nondiscriminatory basis, regardless of a customer's proximity to the carrier's facilities. An LSP may assess special construction charges approved by the commission if existing facilities are not available to serve the customer.

The Local Service Tariff is on file with Minnesota Public Utility Commission.

All Lifeline subscribers must meet the terms and conditions of Federal Lifeline Eligibility Rules.

Albany Mutual Assn adheres to all Federal Lifeline eligibility rules and regulations as well as Minnesota Administrative Rule "7817.0400 - Eligibility for Telephone Assistance Credits" which states:

Minnesota Administrative Rule 237 Chapter 7817.0400

Subpart 1. Information provided. Each local service provider shall annually mail a notice of the availability of the telephone assistance plan to each residential subscriber in a regular billing. If a subscriber has chosen to receive the regular billing other than through U.S. mail, the local service provider shall send the notice in a regular billing using the delivery method chosen by the subscriber for delivery of the regular billing. The notice must state the following: YOU MAY BE ELIGIBLE FOR ASSISTANCE IN PAYING YOUR TELEPHONE BILL IF YOU RECEIVE BENEFITS FROM CERTAIN LOW-INCOME ASSISTANCE PROGRAMS OR MEET CERTAIN INCOME LIMITS. FOR MORE INFORMATION OR AN APPLICATION FORM PLEASE CONTACT ___(local service provider) . On request, the local service provider shall mail to a person an application form developed by the commission and the Department of Commerce, and a brochure that describes the telephone assistance plan's eligibility requirements and application process.

Subpart 2. Application process. On completing and signing the application certifying under penalty of perjury that the information provided by the applicant is true and that the statutory criteria for eligibility are satisfied, the applicant must return it to the local service provider for enrollment in the telephone assistance plan. An application may be made by the subscriber, the subscriber's spouse, or a person authorized by the subscriber to act on the subscriber's behalf.

Subpart 4. Eligibility criteria. To be eligible for a telephone assistance credit the applicant must:

A. be a subscriber who resides in Minnesota or has moved to Minnesota and intends to remain; and
B. be eligible for the federal Lifeline telephone service discount.

SAC: 361347
State: MN
Albany Mutual Assn
Form 481 Line No. 1210 Lifeline Plans Terms and Conditions

Subpart 7. Applicant and recipient responsibilities. Each applicant and each recipient shall provide current information to the local service provider about permanent changes that affect the applicant's or recipient's eligibility.

Subpart 8. Local service provider responsibilities.

A. A local service provider shall begin providing telephone assistance credits to an applicant in the earliest possible billing cycle but not later than the second billing cycle following submission of a completed application demonstrating eligibility. If certified, the local service provider shall notify the applicant by, for example, placing telephone assistance credits on the bill.

B. If an applicant is denied eligibility, the local service provider shall notify the applicant in writing of the reasons for the denial, of the right to appeal, and of the right to reapply.

The specific Company terms and conditions for service are set forth in the Company's tariff pages included in Exhibit 1, attached.

Exhibit 1

SAC: 361347
State: MN
Albany Mutual Assn
Form 481 Line No. 1210 Lifeline Plans Terms and Conditions

LOCAL EXCHANGE SERVICE

The rates for Local Exchange Service are subject to the conditions set forth herein and the General Regulations governing provision of service. The General Regulations are set forth in Section 2 of this tariff book.

Local Exchange Service

A. The Local Exchange Service Rates in this section are for service only and do not include any terminal equipment beyond the point of demarcation.

B. The rates applicable to Local Exchange Service are composed of a Line Access Rate component plus (where applicable) an Extended Area Service component.

C. Service Upgrades

1) At the option of the Company, services will be upgraded to business individual line and residence individual line or two party services as facilities for the provision of such services permit.

2) Upgrading of business and residence services may be accomplished on a line by line basis at the option of the Company.

3) As an exchange is upgraded, as set forth in 1) above, the rates shown on the appropriate rate schedule will be applied.

D. Extended Area Service

1) Establishment and discontinuance of EAS will be contingent upon Commission authorization.

2) Extended Area Service rate component.

a) EAS is a premium-type service offering made by the Company to certain exchanges, under specific conditions.

b) The Extended Area Service rate component, where applicable, is included in the Local Exchange Service Rate.

E. Taxes

1) Applicable taxes levied by state, county and local taxing authorities are in addition to the rates set forth in this tariff. (See also General Regulations, Section 2).

Rates

Class of Service	Monthly Rates			
	Albany Exchange	Freeport Exchange	New Munich Exchange	
BUSINESS:				
One Party - Access	$ 18.75	$ 18.70	$ 16.60	
PBX Trunk - Access	18.75	18.70	16.60	
Key System Line - Access	18.75	18.70	16.60	
Basic Coin Telephone Service	18.75	18.70	16.60	
RESIDENCE:				
One Party - Access	18.00	18.00	18.00	(I)

All rates are billed in advance. Payment for service is due when the statement is rendered.

Seasonal service is available for customers requiring less than 12 months of service per year. The rate for seasonal service is determined in accordance with section 5, page 48 of this tariff book.

LOCAL EXCHANGE SERVICE

Extended Area Service (EAS)

Exchange	EAS to Exchange
Albany	Avon Freeport Holdingford New Munich Upsala
Freeport	Albany New Munich Upsala
New Munich	Albany Freeport

SAC: 361347
State: MN
Albany Mutual Assn
Response to Line 3010 – Milestone Certification (47 CFR §54.313(f)(1)(i))

Albany Mutual Assn hereby certifies that throughout 2016, it took reasonable steps to provide upon reasonable request broadband service at actual speeds of at least 4 Mbps downstream/1 Mbps upstream, and currently, it is taking reasonable steps to provide upon reasonable request actual speeds of at least 10 Mbps downstream/1 Mbps upstream broadband service at 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 as determined in an annual survey, and that requests for such service are met within a reasonable amount of time.

DOCUMENT REDACTED IN ITS ENTIRETY