VantagePoint
An Employee Owned Company

**REDACTED – FOR PUBLIC INSPECTION**

June 20, 2016

*Via Electronic Filing*

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

Re: WC Docket No. 14-58
2016 ETC Annual Report Pursuant to 47 C.F.R. § 54.313 and 54.422
2016 ETC Annual Report of Piedmont Telephone Membership Corp., Study Area Code 230497

Dear Secretary,

On behalf of Piedmont Telephone Membership Corp., we have attached for filing confidential and redacted versions of the FCC Form 481 ETC annual reporting information pursuant to 47 CFR 54.313 and 47 CFR 54.422 of the Commission's rules. Piedmont Telephone Membership Corp seeks confidential treatment under the Commission's existing confidentiality rules at 47 CFR 0.457 and 47 CFR 0.459 for the information filed pursuant to Section 54.313(a)(1) and Section 54.313(f)(2) of the Commission's regulations[1]. The redacted version is also being filed this date via the FCC's Electronic Comment Filing System.

Sincerely,

/s/ *Leah Richter*
Senior Financial Analyst
Phone: (605) 995-1793
Fax: (605) 995-1778
Leah.Richter@Vantagepnt.com

Enclosure(s)

cc: Amy Hanson, COO, Piedmont Telephone Membership Corp
Charles Tyler, Telecommunications Access Policy Division

[1] *Connect America Fund et al.*, WC Docket No. 10-90 *et al.*, Protective Order, 27 FCC Rcd 14231 (Wireline Comp. Bur. 2012) (Protective Order).

REDACTED-FOR PUBLIC INSPECTION

**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 | 230497 |
| <015> | Study Area Name | PIEDMONT MEMBERSHIP |
| <020> | Program Year | 2017 |
| <030> | Contact Name: Person USAC should contact with questions about this data | Leah Richter |
| <035> | Contact Telephone Number: Number of the person identified in data line <030> | 6059951793 ext. |
| <039> | Contact Email Address: Email of the person identified in data line <030> | Leah.Richter@vantagepnt.com |
| | Form Type | 54.313 and 54.422 |

**(100) Service Quality Improvement Reporting**
**Data Collection Form**

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

| | | |
|---|---|---|
| <010> | Study Area Code | 230497 |
| <015> | Study Area Name | PIEDMONT MEMBERSHIP |
| <020> | Program Year | 2017 |
| <030> | Contact Name - Person USAC should contact regarding this data | Leah Richter |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 6059951793 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | Leah.Richter@vantagepnt.com |

| | | |
|---|---|---|
| <110> | Has your company received its ETC certification from the FCC? | (yes / no ) ○ ● |
| <111> | If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC? | (yes / no ) ○ ○ |

If your answer to Line <111> is yes, please file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

230497nc112.pdf

Name of Attached Document

Please select the appropriate responses below (Yes, No, Not Applicable) to confirm that the attached document(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to §54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

| | | |
|---|---|---|
| <113> | Maps detailing progress towards meeting plan targets | Yes |
| <114> | Report how much universal service (USF) support was received | Yes |
| <115> | How much (USF) was used to improve service quality and how support was used to improve service quality | Yes |
| <116> | How much (USF) was used to improve service coverage and how support was used to improve service coverage | Yes |
| <117> | How much (USF) was used to improve service capacity and how support was used to improve service capacity | Yes |
| <118> | Provide an explanation of network improvement targets not met in the prior calendar year. | Yes |

**(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 | PIEDMONT MEMBERSHIP |
| <020> | Program Year | 2017 |
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| <039> | Contact Email Address - Email Address of person identified in data line <030> | Leah.Richter@vantagepnt.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

| | | |
|---|---|---|
| <010> | Study Area Code | 230497 |
| <015> | Study Area Name | PIEDMONT MEMBERSHIP |
| <020> | Program Year | 2017 |
| <030> | Contact Name - Person USAC should contact regarding this data | Leah Richter |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 6059951793 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | Leah.Richter@vantagepnt.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 | 230497 |
| <015> | Study Area Name | PIEDMONT MEMBERSHIP |
| <020> | Program Year | 2017 |
| <030> | Contact Name - Person USAC should contact regarding this data | Leah Richter |
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| <039> | Contact Email Address - Email Address of person identified in data line <030> | Leah.Richter@vantagepnt.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 both fixed and mobile voice |
| <410> | Complaints per 1000 customers for fixed voice | 0.0 |
| <420> | Complaints per 1000 customers for mobile voice | 0.0 |
| <430> | Select from the drop-down list to indicate how you would like to report end-user customer complaints (zero or greater) for broadband service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize. | Offered both fixed and mobile broadband |
| <440> | Complaints per 1000 customers for fixed broadband | 0.0 |
| <450> | Complaints per 1000 customers for mobile broadband | 0.0 |

**(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 | 230497 |
| <015> | Study Area Name | PIEDMONT MEMBERSHIP |
| <020> | Program Year | 2017 |
| <030> | Contact Name - Person USAC should contact regarding this data | Leah Richter |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 6059951793 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | Leah.Richter@vantagepnt.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 | 230497nc510.pdf |

**(600) Functionality in Emergency Situations**
**Data Collection Form**

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

| | | |
|---|---|---|
| <010> | Study Area Code | 230497 |
| <015> | Study Area Name | PIEDMONT MEMBERSHIP |
| <020> | Program Year | 2017 |
| <030> | Contact Name - Person USAC should contact regarding this data | Leah Richter |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 6059951793 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | Leah.Richter@vantagepnt.com |
| <600> | Certify compliance regarding ability to function in emergency situations | Yes |
| <610> | Descriptive document for Functionality in Emergency Situations | 230497nc610.pdf |

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

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

| | | |
|---|---|---|
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| <015> | Study Area Name | PIEDMONT MEMBERSHIP |
| <020> | Program Year | 2017 |
| <030> | Contact Name - Person USAC should contact regarding this data | Leah Richter |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 6059951793 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | Leah.Richter@vantagepnt.com |

| | | |
|---|---|---|
| <701> | Residential Local Service Charge Effective Date | 1/1/2016 |
| <702> | Single State-wide Residential Local Service Charge | |

<703>

| <a1> | <a2> | <a3> | <b1> | <b2> | <b3> | <b4> | <b5> | <c> |
|---|---|---|---|---|---|---|---|---|
| **State** | **Exchange (ILEC)** | **SAC (CETC)** | **Rate Type** | **Residential Local Service Rate** | **State Subscriber Line Charge** | **State Universal Service Fee** | **Mandatory Extended Area Service Charge** | **Total per line Rates and Fees** |
| | | | | | | | | |

-- See attached worksheet --

**(710) Broadbrand Price Offerings**
**Data Collection Form**

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

| | | |
|---|---|---|
| <010> | Study Area Code | 230497 |
| <015> | Study Area Name | PIEDMONT MEMBERSHIP |
| <020> | Program Year | 2017 |
| <030> | Contact Name - Person USAC should contact regarding this data | Leah Richter |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 6059951793 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | Leah.Richter@vantagepnt.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*}** |
| | | | | | | | | |
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| | | | -- See attached worksheet -- | | | | | |
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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 | 230497 |
| <015> | Study Area Name | PIEDMONT MEMBERSHIP |
| <020> | Program Year | 2017 |
| <030> | Contact Name - Person USAC should contact regarding this data | Leah Richter |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 6059951793 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | Leah.Richter@vantagepnt.com |

| | | |
|---|---|---|
| <810> | Reporting Carrier | Surry Telephone Membership Corp |
| <811> | Holding Company | Name Not Available |
| <812> | Operating Company | N/A |

**<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 | 230497 |
| <015> | Study Area Name | PIEDMONT MEMBERSHIP |
| <020> | Program Year | 2017 |
| <030> | Contact Name - Person USAC should contact regarding this data | Leah Richter |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 6059951793 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | Leah.Richter@vantagepnt.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 document(s), 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 | 230497 |
| <015> | Study Area Name | PIEDMONT MEMBERSHIP |
| <020> | Program Year | 2017 |
| <030> | Contact Name - Person USAC should contact regarding this data | Leah Richter |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 6059951793 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | Leah.Richter@vantagepnt.com |

| | | |
|---|---|---|
| <1000> | Voice services rate comparability certification | Yes |
| <1010> | Attach detailed description for voice services rate comparability compliance | 230497nc1010.pdf<br>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 | 230497nc1030.pdf<br>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 | 230497 |
| <015> | Study Area Name | PIEDMONT MEMBERSHIP |
| <020> | Program Year | 2017 |
| <030> | Contact Name - Person USAC should contact regarding this data | Leah Richter |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 6059951793 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | Leah.Richter@vantagepnt.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

| | | |
|---|---|---|
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| <030> | Contact Name - Person USAC should contact regarding this data | Leah Richter |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 6059951793 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | Leah.Richter@vantagepnt.com |

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

230497nc1210.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. ✔

**(2000) Price Cap Carrier Additional Documentation**
**Data Collection Form**
*Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers*

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

| | | |
|---|---|---|
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| <015> | Study Area Name | PIEDMONT MEMBERSHIP |
| <020> | Program Year | 2017 |
| <030> | Contact Name - Person USAC should contact regarding this data | Leah Richter |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 6059951793 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | Leah.Richter@vantagepnt.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

<2010> 2nd Year Certification 47 CFR § 54.313(b)(1)(i) - Note that for the July 1 2016 certification, this applies to Round 2 recipients of Incremental Support

<2011> 3rd Year Certification 47 CFR § 54.313(b)(1)(ii) - Note that for the July 1 2016 certification, this applies to Round 1 recipients of Incremental Support

<2022> Recipient certifies, representing year two 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 two - 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 two - 54.313(b)(2)(ii). Round 2 recipients only.

Name of Attached Document Listing Required Information

<2025A> Round 1 or Round 2 Recipient of Incremental Support?

<2025B> Attach geocoded Information for Phase I milestone reports (Round 1 for year three and Round 2 for year two) - Connect America Fund , WC Docket 10-90, Report and Order, FCC 13-

Name of Attached Document Listing Required Information

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

**(2000) Price Cap Carrier Additional Documentation (Continued)**
**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?

<2017B> Attach information for Phase II - 54.313(e)(1) - list of geocoded locations already meeting the 54.309 public interest obligations at the end of calendar year 2015 and total amount of Phase II support, if any, the price cap carrier used for capital expenditures in 2015.

Name of Attached Document Listing Required Information

<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)(2)(ii)

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)(2)(v)

<2020> Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 40% of its supported locations in the state on December 31, 2017 - 54.313(e)(3)

<2021> Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 60% of its supported locations in the state on December 31, 2018 - 54.313(e)(4)

<2026> Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 80% of its supported locations in the state on December 31, 2019 - 54.313(e)(5)

<2027> Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 100% of its supported locations in the state on December 31, 2020 - 54.313(e)(6)

**(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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| <035> | Contact Telephone Number - Number of person identified in data line <030> | 6059951793 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | Leah.Richter@vantagepnt.com |

Complete the items below to note compliance with five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring 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) | Milestone Certification {47 CFR § 54.313(f)(1)(i)} | | |
| (3010B) | Please Provide Attachment | Name of Attached Document Listing Required Information | 230497nc3010.pdf |
| (3012A) | Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)} | Yes - Attach New Community Anchors | |
| (3012B) | Please Provide Attachment | Name of Attached Document Listing Required Information | 230497nc3012.pdf |
| (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 | 230497nc3017.pdf |
| (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) for Balance Sheet, Income Statement and Statement of Cash Flows | | ☐ |
| (3026) | Attach the worksheet listing required information | Name of Attached Document Listing Required Information | |

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

**Data Collection Form**

FCC Form 481

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

July 2013

| | | |
|---|---|---|
| <010> | Study Area Code | 230497 |
| <015> | Study Area Name | PIEDMONT MEMBERSHIP |
| <020> | Program Year | 2017 |
| <030> | Contact Name - Person USAC should contact regarding this data | Leah Richter |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 6059951793 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | Leah.Richter@vantagepnt.com |

**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 | 230497 |
| <015> | Study Area Name | PIEDMONT MEMBERSHIP |
| <020> | Program Year | 2017 |
| <030> | Contact Name - Person USAC should contact regarding this data | Leah Richter |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 6059951793 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | Leah.Richter@vantagepnt.com |

**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<br>OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2013 |
|---|---|

| | | |
|---|---|---|
| <010> | Study Area Code | 230497 |
| <015> | Study Area Name | PIEDMONT MEMBERSHIP |
| <020> | Program Year | 2017 |
| <030> | Contact Name - Person USAC should contact regarding this data | Leah Richter |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 6059951793 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | Leah.Richter@vantagepnt.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: PIEDMONT MEMBERSHIP

Signature of Authorized Officer: CERTIFIED ONLINE Date 06/22/2016

Printed name of Authorized Officer: Amy Hanson

Title or position of Authorized Officer: Chief Operating Officer

Telephone number of Authorized Officer: 3363744517 ext.

Study Area Code of Reporting Carrier: 230497 Filing Due Date for this form: 07/01/2016

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<br>OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2013 |
|---|---|

| | | |
|---|---|---|
| <010> | Study Area Code | 230497 |
| <015> | Study Area Name | PIEDMONT MEMBERSHIP |
| <020> | Program Year | 2017 |
| <030> | Contact Name - Person USAC should contact regarding this data | Leah Richter |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 6059951793 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | Leah.Richter@vantagepnt.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)_____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.**

Name of Authorized Agent:

Name of Reporting Carrier:

Signature of Authorized Officer: Date:

Printed name of Authorized Officer:

Title or position of Authorized Officer:

Telephone number of Authorized Officer: ext.

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

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

**TO BE COMPLETED BY THE AUTHORIZED AGENT:**

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

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

Name of Reporting Carrier:

Name of Authorized Agent Firm:

Signature of Authorized Agent or Employee of Agent: Date:

Name of Authorized Agent Employee:

Title or position of Authorized Agent or Employee of Agent

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

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

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

# Attachments

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

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

| | | |
|---|---|---|
| <010> | Study Area Code | 230497 |
| <015> | Study Area Name | PIEDMONT MEMBERSHIP |
| <020> | Program Year | 2017 |
| <030> | Contact Name - Person USAC should contact regarding this data | Leah Richter |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 6059951793 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | Leah.Richter@vantagepnt.com |

| | | |
|---|---|---|
| <701> | Residential Local Service Charge Effective Date | 1/1/2016 |
| <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** |
| NC | 336-787 | | FR | 14.0 | 6.5 | 1.16 | 0.0 | 21.66 |
| NC | 336-752 | | FR | 14.0 | 6.5 | 1.16 | 0.0 | 21.66 |

**(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 | 230497 |
| <015> | Study Area Name | PIEDMONT MEMBERSHIP |
| <020> | Program Year | 2017 |
| <030> | Contact Name - Person USAC should contact regarding this data | Leah Richter |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 6059951793 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | Leah.Richter@vantagepnt.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} |
|---|---|---|---|---|---|---|---|---|
| NC | 336-787 | 34.95 | 0.0 | 34.95 | 4.0 | 1.0 | 999999.0 | Other, None at this time |
| NC | 336-752 | 34.95 | 0.0 | 34.95 | 4.0 | 1.0 | 999999.0 | Other, None at this time |
| | | | | | | | | |
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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 | 230497 |
| <015> | Study Area Name | PIEDMONT MEMBERSHIP |
| <020> | Program Year | 2017 |
| <030> | Contact Name - Person USAC should contact regarding this data | Leah Richter |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 6059951793 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | Leah.Richter@vantagepnt.com |

| | | |
|---|---|---|
| <810> | Reporting Carrier | Surry Telephone Membership Corp |
| <811> | Holding Company | Name Not Available |
| <812> | Operating Company | N/A |

<813>

| <a1> | <a2> | <a3> |
|---|---|---|
| **Affiliates** | **SAC** | **Doing Business As Company or Brand Designation** |
| Carolina West Wireless | | Carolina West Wireless |
| WSS, LLC | | WSS, LLC |
| Access On | | Access On |
| Piedmont Communications Services, Inc. | 230497 | Piedmont Communications Services, Inc. |
| Piedmont Communications Services, Inc. | 230497 | Surry Telecommunications, Inc. |

**REDACTED - FOR PUBLIC INSPECTION**

**PIEDMONT TELEPHONE MEMBERSHIP CORP (SAC 230497)**

**ATTACHMENT LINE 112**

**Service Quality Improvement Reporting**
**Pursuant to 47 C.F.R § 54.313(a)(1)**

**ATTACHMENT REDACTED IN ENTIRETY**

Attachment Line 510

**CERTIFICATION OF PIEDMONT TELEPHONE MEMBERSHIP CORP**

**Reporting Period January 1 – December 31, 2015**

**Sec. 54.313(a)(5) and Sec. 54.422 Service Quality Standards and Consumer Protection Rules Compliance**

Pursuant to § 54.313(a)(5) for High-cost Recipients and § 54.422 for Lifeline Support Recipients, Carrier hereby certifies that it is in compliance with applicable service quality standards and consumer protection rules. Carrier follows Customer Proprietary Network Information (CPNI) rules and also files the annual CPNI certification with the FCC pursuant to the FCC's current CPNI rules and regulations.

I verify that the foregoing is true and correct. Executed on May 13, 2016.

_/s/ Amy R. Hanson____

Amy R. Hanson

Chief Operating Officer

Piedmont Telephone Membership Corp

SAC: 230497

Attachment Line 610

**CERTIFICATION OF PIEDMONT TELEPHONE MEMBERSHIP CORP**

**Reporting Period January 1 – December 31, 2015**

**Sec. 54.313(a)(6) and Sec. 54.422 Ability to Function in an Emergency Situation**

Pursuant to § 54.313(a)(6) for High-cost Recipients and § 54.422 for Lifeline Support Recipients, Carrier hereby certifies that it is able to function in emergency situations as set forth in § 54.202(a)(2). Carrier is able to remain functional in an emergency situation through the use of back-up power to ensure functionality without an external power source. All Carrier's electronic equipment locations are equipped with battery backup facilities which are designed for eight hours of reserve power. Critical locations such as central offices also are equipped with stand-by generators. This equipment enables it to provide service for a reasonable period of time if external power is lost. Carrier's network is engineered to handle reasonable excess traffic in the event of traffic spikes resulting from emergency situations. Carrier has redundancy in its network for use in re-rerouting traffic when facilities are damaged.

I verify that the foregoing is true and correct. Executed on May 13, 2016.

/s/ Amy R. Hanson

Amy R. Hanson

Chief Operating Officer

Piedmont Telephone Membership Corp

SAC: 230497

Attachment Line 1010

**CERTIFICATION OF PIEDMONT TELEPHONE MEMBERSHIP CORP**

**Reporting Period January 1 – December 31, 2015**

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

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

The WCB announced that the average local end-user rate plus state regulated fees of the surveyed incumbent LECs in urban areas is $41.07. This was published in the FCC's Public Notice, WC Docket No. 10-90, DA 16-362, released April 5, 2016. Carrier's voice service rates are less than two standard deviations in relation to the applicable 2016 national average urban rate as established by the WCB.

I verify that the foregoing is true and correct. Executed on May 13, 2016.

/s/ Amy R. Hanson

Amy R. Hanson

Chief Operating Officer

Piedmont Telephone Membership Corp

SAC: 230497

Attachment Line 1030

**CERTIFICATION OF PIEDMONT TELEPHONE MEMBERSHIP CORP**

**Reporting Period January 1 – December 31, 2015**

**47 CFR 54.313(g) – Broadband Services Rate Comparability**

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

The following table was published in the FCC's Public Notice, WC Docket No. 10-90, DA 16-362, released April 5, 2016. The table provides the 2016 benchmark for a number of different broadband service offerings.

| Download Speed (Mbps) | Upload Speed (Mbps) | Usage Allowance (GB) | Benchmark |
|---|---|---|---|
| 10 | 1 | 100 | $71.40 |
| 10 | 1 | 250 | $75.99 |
| 10 | 1 | Unlimited | $77.80 |
| 25[9] | 5 | 250 | $95.08 |
| 25[10] | 5 | Unlimited | $96.89 |

I verify that the foregoing is true and correct. Executed on June 10, 2016.

/s/ Amy R. Hanson

Amy R. Hanson, Chief Operating Officer

Piedmont Telephone Membership Corp

SAC: 230497

# Piedmont Telephone North Carolina Lifeline Application

## Application for Lifeline

- Lifeline is a federal benefit and willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment or being barred from the program
- Only one Lifeline service is available per household
- A household is defined, for purposes of the Lifeline program, as any individual or group of individuals who live together at the same address and share income and expenses
- A household is not permitted to receive Lifeline benefits from multiple providers
- Violation of the one-per-household limitation constitutes a violation of the Federal Communications Commission's (or "FCC") rules and will result in the subscriber's de-enrollment from the program
- Lifeline is a non-transferable benefit and the subscriber may not transfer his or her benefit to any other person.

## How to apply: four steps

1. Choose whether you will apply because you participate in a qualifying program or because your total household income falls within the guidelines.
2. Fill out the form. You must indicate your service address as well as your billing address (if not the same as your service address), as well as your SSN and your date of birth.
3. You must provide photocopies of either the program or income documents.
4. You must sign the bottom of the application indicating that you are complying with the Lifeline benefit rules.

## Qualifying Methods

You may qualify for Lifeline either because you participate in one of the following programs or because your income is within the following guidelines. **NOTE**: **You may receive Social Security and Medicare benefits, but to qualify for Lifeline, you must receive benefits from one of the following programs or your income must fall within the guidelines.**

You MUST send photocopies of any qualifying documentation. NOTE: SEND PHOTOCOPIES ONLY; WE WILL NOT RETURN ANY DOCUMENTATION.

**Program Eligibility**

- Supplemental Nutrition Assistance Program (SNAP)
- Federal Public Housing/Section 8
- Medicaid
- Supplemental Security Income (SSI)
- National School Lunch (NSL) free lunch program
- Low Income Home Energy Assistance Program (LIHEAP)
- Temporary Assistance for Needy Families (TANF) or *Work First*

Documentation includes a photocopy of a card or an award letter.

**Income Eligibility**

| Annual Income Based on Household Size | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | For each add'l person |
| $11,770 | $15,930 | $20,090 | $27,250 | $28,410 | $32,570 | $36,730 | $40,890 | + $4,160/person |

Documentation needed to qualify for Lifeline through income is noted on next page.

# Piedmont Telephone North Carolina Lifeline Application

When completed, mail or fax form to:
**Piedmont Telephone P.O. Box 646, Dobson, NC 27017**

Customer Name:_____
Customer Service Address: _____Temporary**(required):** Yes:__No:__
City:_____ State:_____ Zip Code:_____
Customer Bill Address: _____
City:_____ State:_____ Zip Code:_____
Customer's Home Telephone:_____
Customer's Social Security Number : _____
Customer's Date of Birth xx/xx/xxx: _____

Please choose 1 OR 2.

1. I certify that I participate in at least one of the following programs (check all that apply) and I am providing a photocopy of a document that demonstrates my participation in one of these programs. NOTE: SEND PHOTOCOPIES ONLY; WE WILL NOT RETURN ANY DOCUMENTATION.

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

2. I certify that my total household income falls within the guidelines listed on Page 1 and I also certify that this is how many people live in my household **(required):** Adults ____ Children _____. I am providing a photocopy of the following qualifying documents:

| | |
|---|---|
| ☐ Prior year's state or federal tax return | ☐ Retirement / pension statement of benefits |
| ☐ Current income statement from an employer | ☐ Unemployment/Workmen's Compensation statement of benefits |
| ☐ Paycheck stubs for most recent 3 months | ☐ Federal notice letter of participation in General Assistance |
| ☐ Social Security statement of benefits | ☐ Veterans Administration Statement of Benefits |
| ☐ Child Support document | ☐ Other official document containing income information |
| ☐ Divorce decree | |

**I certify, under penalty of perjury, that:**

1. I meet the income-based or program-based eligibility criteria for receiving Lifeline, shown above.
2. I will notify the carrier within 30 days if for any reason I no longer satisfy the criteria for receiving Lifeline including, as relevant, if I no longer meet the income-based or program-based criteria for receiving Lifeline support, I am receiving more than one Lifeline benefit, or another member of my household is receiving a Lifeline benefit.
3. If I move to a new address, I will provide that new address to Piedmont Telephone within 30 days.
4. My household will receive <u>only one Lifeline service</u> and, to the best of my knowledge, my household is not already receiving a Lifeline service.
5. The information contained in this certification form is true and correct to the best of my knowledge.
6. I acknowledge that providing false or fraudulent information to receive Lifeline benefits is punishable by law.
7. I acknowledge that I may be required to re-certify my continued eligibility for Lifeline at any time, and my failure to re-certify my continued eligibility will result in de-enrollment and the termination of my Lifeline benefits.

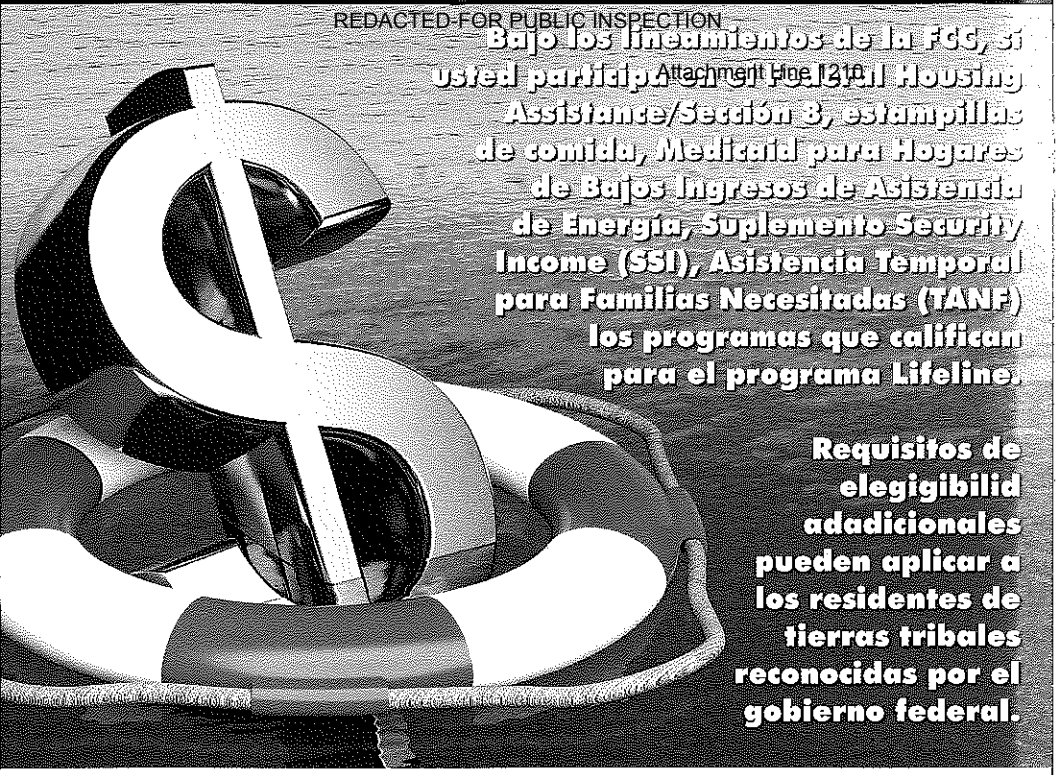
I hereby authorize Piedmont Telephone to release any of my information contained in this Lifeline Application required for the administration of the Lifeline program to the FCC or its designee, including the Universal Service Administrative Company, and to any state and federal agency, as required by law.

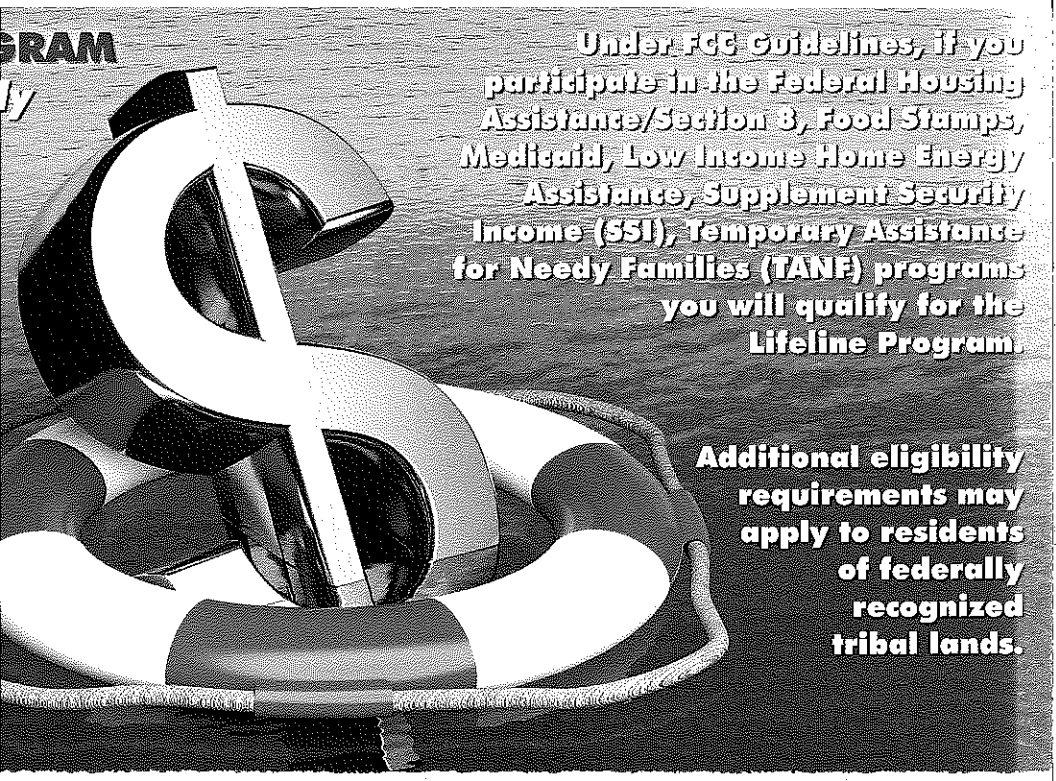
Applicant's Signature:_____Date:_____

For agent use only:
Type of document for program eligibility: Type of document for income eligibility:

REDACTED FOR PUBLIC INSPECTION





Attachment Line 3010

**CERTIFICATION OF PIEDMONT TELEPHONE MEMBERSHIP CORP**

**Reporting Period January 1 – December 31, 2015**

**Sec. 54.313(f)(1)(i) Milestone Certification**

Pursuant to § 54.313 f)(1)(i) for Rate-of-Return Carriers, Carrier hereby certifies it is taking reasonable steps to provide upon reasonable request broadband service at actual speeds of at least 4 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 as determined in an annual survey, and that requests for such service are met within a reasonable amount of time.

I verify that the foregoing is true and correct. Executed on May 13, 2016.

/s/ Amy R. Hanson

Amy R. Hanson

Chief Operating Officer

Piedmont Telephone Membership Corp

SAC: 230497

Attachment Line 3012

**CERTIFICATION OF PIEDMONT TELEPHONE MEMBERSHIP CORP**

**Reporting Period January 1 – December 31, 2015**

**Sec. 54.313(f)(1)(ii) Community Anchor Institutions**

Pursuant to § 54.313(f)(1)(ii) for Rate-of-Return Carriers, Carrier hereby certifies the following number, names, and addresses of community anchor institutions to which the ETC newly began providing access to broadband service in the preceding calendar year.

Access to broadband services has been available prior to 2015 to all known anchor institutions within Carrier's service area. All requests for broadband services, and speed, were fulfilled in 2015. Carrier continues to monitor customer demand and technological innovation, planning to size its network in anticipation of requests and demand for higher speed broadband needs.

I verify that the foregoing is true and correct. Executed on May 13, 2016.

/s/ Amy R. Hanson

Amy R. Hanson

Chief Operating Officer

Piedmont Telephone Membership Corp

SAC: 230497

**REDACTED - FOR PUBLIC INSPECTION**

**PIEDMONT TELEPHONE MEMBERSHIP CORP (SAC 230497)**

**ATTACHMENT LINE 3017**

**Financial Reports**
**Pursuant to 47 C.F.R § 54.313(f)(2)**

**ATTACHMENT REDACTED IN ENTIRETY**