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	341053
<015>	Study Area Name	METAMORA TEL CO
<020>	Program Year	2018
<030>	Contact Name: Person USAC should contact with questions about this data	Ann Dickerson
<035>	Contact Telephone Number: Number of the person identified in data line <030>	3093674197 ext.
<039>	Contact Email Address: Email of the person identified in data line <030>	adickerson@corp.mtco.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

<010>	Study Area Code	341053
<015>	Study Area Name	METAMORA TEL CO
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Ann Dickerson
<035>	Contact Telephone Number - Number of person identified in data line <030>	3093674197 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	adickerson@corp.mtco.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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<039>	Contact Email Address - Email Address of person identified in data line <030>	adickerson@corp.mtco.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	341053
<015>	Study Area Name	METAMORA TEL CO
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Ann Dickerson
<035>	Contact Telephone Number - Number of person identified in data line <030>	3093674197 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	adickerson@corp.mtco.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 mobile broadband
<440>	Complaints per 1000 customers for fixed broadband	
<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

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<030>	Contact Name - Person USAC should contact regarding this data	Ann Dickerson
<035>	Contact Telephone Number - Number of person identified in data line <030>	3093674197 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	adickerson@corp.mtco.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	341053il510.pdf
<515>	Certify compliance with applicable minimum service standards	

(600) Functionality in Emergency Situations
Data Collection Form

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

<010>	Study Area Code	341053
<015>	Study Area Name	METAMORA TEL CO
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Ann Dickerson
<035>	Contact Telephone Number - Number of person identified in data line <030>	3093674197 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	adickerson@corp.mtco.com
<600>	Certify compliance regarding ability to function in emergency situations	Yes
<610>	Descriptive document for Functionality in Emergency Situations	341053il610.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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<030>	Contact Name - Person USAC should contact regarding this data	Ann Dickerson
<035>	Contact Telephone Number - Number of person identified in data line <030>	3093674197 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	adickerson@corp.mtco.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 --

(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	341053
<015>	Study Area Name	METAMORA TEL CO
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Ann Dickerson
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<039>	Contact Email Address - Email Address of person identified in data line <030>	adickerson@corp.mtco.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

<010>	Study Area Code	341053
<015>	Study Area Name	METAMORA TEL CO
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Ann Dickerson
<035>	Contact Telephone Number - Number of person identified in data line <030>	3093674197 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	adickerson@corp.mtco.com

<810>	Reporting Carrier	Metamora Telephone Company
<811>	Holding Company	MTCO Corporation
<812>	Operating Company	Metamora Telephone Company

<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	341053
<015>	Study Area Name	METAMORA TEL CO
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Ann Dickerson
<035>	Contact Telephone Number - Number of person identified in data line <030>	3093674197 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	adickerson@corp.mtco.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

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

		Select Yes or No or Not
<921>	Needs assessment and deployment planning with a focus on Tribal	
<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	341053
<015>	Study Area Name	METAMORA TEL CO
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Ann Dickerson
<035>	Contact Telephone Number - Number of person identified in data line <030>	3093674197 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	adickerson@corp.mtco.com

<1000>	Voice services rate comparability certification	Yes
<1010>	Attach detailed description for voice services rate comparability compliance	341053il1010.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	341053il1030.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	341053
<015>	Study Area Name	METAMORA TEL CO
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Ann Dickerson
<035>	Contact Telephone Number - Number of person identified in data line <030>	3093674197 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	adickerson@corp.mtco.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	

(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	341053
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<030>	Contact Name - Person USAC should contact regarding this data	Ann Dickerson
<035>	Contact Telephone Number - Number of person identified in data line <030>	3093674197 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	adickerson@corp.mtco.com

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

341053il1210.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

<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	341053
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<020>	Program Year	2018
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<035>	Contact Telephone Number - Number of person identified in data line <030>	3093674197 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	adickerson@corp.mtco.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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<015>	Study Area Name	METAMORA TEL CO
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<039>	Contact Email Address - Email Address of person identified in data line <030>	adickerson@corp.mtco.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)}

(3010B) Please Provide Attachment — Name of Attached Document Listing Required Information: 341053il3010.pdf

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(3026) Attach the worksheet listing required information — Name of Attached Document Listing Required Information: 341053il3026.pdf

REDACTED – FOR PUBLIC INSPECTION

LINES 3027-3034

LINES REDACTED IN ENTIRETY

(4005) Rural Broadband Experiment 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>	3093674197 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	adickerson@corp.mtco.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 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013

<010>	Study Area Code	341053
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<039>	Contact Email Address - Email Address of person identified in data line <030>	adickerson@corp.mtco.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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<035>	Contact Telephone Number - Number of person identified in data line <030>	3093674197 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	adickerson@corp.mtco.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) BKD, LLP **is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.**

Name of Authorized Agent: BKD, LLP

Name of Reporting Carrier: METAMORA TEL CO

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

Printed name of Authorized Officer: Ann Dickerson

Title or position of Authorized Officer: Chief Financial Officer

Telephone number of Authorized Officer: 3093674197 ext.

Study Area Code of Reporting Carrier: 341053 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: METAMORA TEL CO

Name of Authorized Agent Firm: BKD, LLP

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

Name of Authorized Agent Employee: Robert R. Abrams

Title or position of Authorized Agent or Employee of Agent Sr. Managing Consultant

Telephone number of Authorized Agent or Employee of Agent: 6086649110 ext.

Study Area Code of Reporting Carrier: 341053 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

FCC Form 481 – Line 510 – Service Quality Standards & Consumer Protection Rules

SAC: **341053**
State: **IL**
Name: **Metamora Telephone Company**

47 CFR §54.313(a)(5) requires an ETC to certify that it complies with applicable voice & broadband service quality standards and consumer protection rules.

Metamora Telephone Company complies with consumer protection requirements applicable to voice and broadband services including those in 47 U.S.C. § 222 protecting the privacy of customer information, and 47 U.S.C. §§ 64.2001-2011 protecting Customer Proprietary Network Information.

Metamora Telephone Company complies with applicable service quality standards for local exchange telecommunications carriers in Title 83 the Illinois Administrative Code *(ILGA §730, Subpart E)* which includes adequacy of service, answer time, service interruptions, outages and notifications.

Metamora Telephone Company complies with consumer protection requirements including those found in Title 83 the Illinois Administrative Code *(ILGA §732),* covering local exchange service obligations, payment and billing practices, procedures for timely reimbursement of customer credits, customer education programs, and *(ILGA §755)*meeting state requirements regarding telecommunications access for persons with disabilities.

Metamora Telephone Company certifies it has complied with these requirements and will continue to comply with these requirements.

FCC Form 481 – Line 610 Ability To Remain Functional In An Emergency Situation

SAC: **341053**
State: **IL**
Name: **Metamora Telephone Company**

47 CFR §54.313(a)(6) requires an ETC to certify that it is able to function in emergency situation as set forth in 47 CFR §54.202 (a)(2).

Metamora Telephone Company complies with relevant sections for wireless ETCs in Title 83 the Illinois Administrative Code *(ILGA §730, Subpart C)* requiring it to make provisions to meet emergencies resulting from failures of commercial or power service, sudden and prolonged increases in traffic, illness of personnel, fire, storm, or other natural disasters. The company informs employees as to procedures to be followed in the event of emergency in order to prevent or minimize interruption or impairment of telecommunications service, and maintains at least 3 hours of reserve battery power.

Central Office batteries are maintained in accordance with Institute of Electrical and Electronic Engineers (IEEE) standards as adopted in Section 730.340 of the Illinois Administrative Code, and generators are tested each week.

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

Metamora Telephone Company certifies it has complied with, and will continue to comply with applicable requirements regarding its ability to remain functional in an emergency situation as set forth in 47 CFR §54.202 (a)(2).

(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	341053
<015>	Study Area Name	METAMORA TEL CO
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Ann Dickerson
<035>	Contact Telephone Number - Number of person identified in data line <030>	3093674197 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	adickerson@corp.mtco.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
IL	Germantown Hills		FR	17.6	3.39	0.02	0.0	21.01
IL	Germantown Hills		FR	19.48	3.39	0.02	0.0	22.89
IL	Germantown Hills		FR	18.6	3.39	0.02	0.0	22.01
IL	Germantown Hills		FR	20.48	3.39	0.02	0.0	23.89
IL	All		MT	9.0	0.0	0.02	0.0	9.02
IL	All		MT	11.0	0.0	0.02	0.0	11.02
IL	Metamora		FR	17.6	0.0	0.02	0.0	17.62
IL	Metamora		FR	19.48	0.0	0.02	0.0	19.5
IL	Metamora		FR	18.6	0.0	0.02	0.0	18.62
IL	Metamora		FR	20.48	0.0	0.02	0.0	20.5

(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	341053
<015>	Study Area Name	METAMORA TEL CO
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Ann Dickerson
<035>	Contact Telephone Number - Number of person identified in data line <030>	3093674197 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	adickerson@corp.mtco.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}
IL	All	29.95	0.0	29.95	4.0	1.0	999999	Other, No data limit.
IL	All	39.95	0.0	39.95	10.0	1.0	999999	Other, No data limit.
IL	All	49.95	0.0	49.95	30.0	1.0	999999	Other, No data limit.
IL	All	59.95	0.0	59.95	50.0	5.0	999999	Other, No data limit.
IL	All	49.95	0.0	49.95	100.0	10.0	999999	Other, No data limit.
IL	All	59.95	0.0	59.95	250.0	25.0	999999	Other, No data limit.

(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	341053
<015>	Study Area Name	METAMORA TEL CO
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Ann Dickerson
<035>	Contact Telephone Number - Number of person identified in data line <030>	3093674197 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	adickerson@corp.mtco.com

<810>	Reporting Carrier	Metamora Telephone Company
<811>	Holding Company	MTCO Corporation
<812>	Operating Company	Metamora Telephone Company

<813>

<a1> Affiliates	<a2> SAC	<a3> Doing Business As Company or Brand Designation
MTCO Communications, Inc.		
MTCO Development LLC		
Marseilles Cellular Inc.		
Marseilles Telephone Company of Marseilles IL	341050	Marseilles Telephone Company

FCC Form 481, Line 1010: Voice Services Rate Comparability

The Company certifies the pricing of 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 Company's pricing of fixed voice service, reported on line 703 of this filing, is below the current reasonable comparability benchmark for voice service ($49.51), as published by the Wireline Competition Bureau, in FCC DA 17-167, released February 14, 2017.

FCC Form 481, Line 1030: Broadband Comparability Compliance

The Company certifies it offers a service meeting the Commission's broadband public interest obligations, that is priced no higher than the applicable benchmark announced annually in a public notice issued by the Wireline Competition Bureau (FCC DA 17-167, released February 14, 2017), or is no higher than the non-promotional price charged for a comparable fixed wireline service in urban areas in the states or U.S. Territories where the eligible telecommunications carrier receives support.

FCC Form 481 – Line 1210 Lifeline Service Terms & Conditions

SAC: **341053**
State: **IL**
Name: **Metamora Telephone Company**

Metamora Telephone Company offers Lifeline service to qualifying subscribers.

- Qualifying subscribers receive a monthly Lifeline credit of $9.25 against the regular monthly rate for residential local telephone service, or qualifying broadband service, under the terms and conditions of the federal Low Income program as may be modified from time to time in Orders released by the FCC's Wireline Competition Bureau (Bureau). This benefit is limited to one per qualifying household, and for service received from a single provider.

- If a Lifeline benefit is sought via the company's voice offering, the service provided meets these criteria:

    - Number of Local Minutes/Calls Provided: Unlimited local calling.

    - Additional Charges for Toll Calls: Toll calls and services for Lifeline subscribers are available and are billed at carriers' standard rates.

    - Access to repair and emergency services are provided.

    - Access to touch tone capability is provided, in the same manner as for regular customers.

Federal program eligibility for Lifeline service must be confirmed before the credit is issued. All subscribers must be recertified at least once each year.

In May 2016, the Federal Communications Commission made many changes to the Lifeline program and added broadband internet access service to the list of subsidized services. However, these changes did not become effective until December 2, 2016.

The company implemented the required changes in the Lifeline program that became effective on December 2, 2016, pursuant to the Bureau's *2016 Lifeline Modernization Order in WC Docket No. 11-42.* These included updated some rules for customer eligibility and recertification, the list of qualifying programs and made adjustments on the portability of the Lifeline benefit

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

The rules for demonstrating eligibility for Lifeline have also changed. Households may continue to verify eligibility through proof of participation in Medicaid, the Supplemental Nutrition Assistance Program (SNAP or food stamps), Supplemental Security Income Program (SSI), Federal Public Housing Assistance Program, or Veteran's Pension or Survivor Benefits. Consumers may also qualify if they can provide proof of income below 135 percent of the federal poverty level. Participation in the Low-Income Home Energy Assistance Program (LIHEAP), Temporary Assistance to Needy Families Program, or the National School Lunch Programs will *no longer* be accepted as proof of eligibility, beginning December 2, 2016.

Additional Terms & Conditions:

- Lifeline service shall not be disconnected for non-payment of toll charges.
- Qualifying low-income subscribers who voluntarily elect toll blocking, where available, will not be required to pay a service deposit in order to initiate Lifeline Service. This service will only be provided at the customer's request.
- Qualifying Lifeline customers will not be charged a monthly number-portability charge.
- Annual verification, either through the Department of Human Services or, in lieu of electronic verification, applicants will sign the form contained in Illinois Administrative Code Part 757 Exhibit E, as proof of their income eligibility.

If a Lifeline benefit is sought via the company's voice offering, the service provided meets these notable criteria, among those of the federal program:

- Number of free Local Minutes/Calls provided under the federal program
- Additional Charges for Toll Calls: Toll calls and services for Lifeline subscribers are available and are billed at carriers' standard rates.
- Access to repair and emergency services are provided
- Access to touch tone capability is provided, in the same manner as for regular customers.

As of December 2, 2016, the minimum standards set by the FCC are as follows:

- Landline: Unlimited local calling
- Wireless voice service: 500 free minutes
- Wireless broadband: 500 megabytes (MB) of data
- Fixed broadband: 150 gigabytes of data; download of 10MB/second; upload speed 1 MB/second

Metamora Telephone Company's Lifeline service application form describing Terms and Conditions is attached.

MTCO COMMUNICATIONS, INC. www.mtco.com

Metamora Office
220 N. Menard St
Metamora, IL
800-859-6826

Marseilles Office
244 Lincoln St
Marseilles, IL
800-227-5161

Customer Name
Street Address
City, IL xxxxx-xxxx

Account xxxxxxxxxxx

Residential Telephone 309-xxx-xxxx

LIFELINE PROGRAM INFORMATION

June 13, 2017

Lifeline is an assistance program offered to customers with telephone or internet service.

When approved, both telephone and internet customers will receive a monthly Lifeline benefit in the amount of $9.25. In addition, new telephone customers will receive a one-time credit to cover the cost of their telephone installation.

To verify eligibility for the Lifeline benefit, please complete the attached application form and provide a copy of your proof of eligibility for one of the following programs:

Medicaid
Public Housing Assistance (FPHS) Section 8
Supplemental Nutrition Assistance Program (SNAP)
Supplemental Security Income (SSI)
Veteran's Pension and Survivor Benefits
Household income at or below 135 percent of the Federal Poverty Guidelines

Please note that federal guidelines prohibit eligible low-income customers from receiving more than one Lifeline benefit per household. An eligible customer/household may receive a discount on only ONE of the following: Land-line telephone, cellular telephone service or internet services. A customer whose household is currently receiving more than one Lifeline benefit must select a single Lifeline provider and contact the other provider to de-enroll from their program. Customers violating this rule may also be subject to criminal and/or civil penalties.

Customers are required to stay with their benefit provider of choice for at least 60 days for telephone service and 12 months for internet service. Please note that this is for the benefit period only, all service contracts with provider apply per their terms.

Once your application and appropriate documentation is received, we will apply for the Lifeline program on your behalf. Your benefit will reflect on your invoice when approved.

Please do not hesitate to contact us with any questions or concerns reqarding your application or documentation.

Sincerely,

MTCO Communications, Inc.

LIFELINE PROGRAM CERTIFICATION FORM

NAME_____ DATE_____

ADDRESS_____ APARTMENT_____

CITY_____ ZIP CODE_____

COUNTY_____ D.O.B._____

SOCIAL SECURITY #_____PUBLIC AID CASE #_____

For which benefit(s) do you wish to apply?

____ State Lifeline Benefit - one-time installation for NEW service

____ Federal Lifeline Benefit - monthly assistance with telephone service

Are you a particiapant as of this date of application in one of the programs listed below?

YES _____ NO_____

In which program(s) do you currently participate?

___ Medicaid

___ Public Housing Assistance (FPHA) Section 8

___ Supplemental Nutrition Assistance Program (SNAP)

___ Supplemental Security Income (SSI)

___ Veteran's Pension and Survivor Benefits

___ Household income at or below 135 percent of the Federal Poverty Guidelines

Do you currently receive a Lifeline benefit from any other provider? An example would be a free cell phone.

YES _____ NO_____

Under penalty of perjury, I confirm that I participate in the above stated program(s). I will notify MTCO in the event I cease to participate in the above indicated program(s). I am also aware that I am eligible to receive only one Lifeline benefit. By my signature below, I confirm that the only benefit I currently receive is from MTCO. I am also giving the Social Security Administration permission to inform MTCO whether or not I am entitled to Supplemental Security Income benefits as of the date of this application.

SIGNED_____DATE _____

FCC Form 481, Line 3010b: Certification of Public Interest Obligations

The Company certifies that it is progressing to provide upon a reasonable request, broadband services at actual speeds of 10Mbps downstream/1Mbps upstream, with latency suitable for real-time applications including VoIP and usage capacity that is reasonably comparable to reasonably comparable offerings in urban areas, and that requests for such service are met within a reasonable amount of time.

REDACTED – FOR PUBLIC INSPECTION

ATTACHMENT - LINE 3026

ATTACHMENT REDACTED IN ENTIRETY