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 Minburn Telecommunications, Inc., Study Area Code 351158

Dear Secretary,

On behalf of Minburn Telecommunications, Inc., 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. Minburn Telecommunications, Inc. 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: Debra Lucht, General Manager/Assistant Secretary, Minburn Telecommunications, Inc.

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	351158
<015>	Study Area Name	MINBURN TELECOMM.
<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	351158
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<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.

351158IA112.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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<210> For the prior calendar year, were there any reportable voice service outages? Yes

<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

-- See attached worksheet --

(300) Unfulfilled Service Request
Data Collection Form

FCC Form 481
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July 2013

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<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	351158
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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

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<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	351158IA510.pdf

(600) Functionality in Emergency Situations
Data Collection Form

FCC Form 481
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<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	351158IA610.pdf

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

FCC Form 481
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<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

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<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

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July 2013

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<039>	Contact Email Address - Email Address of person identified in data line <030>	Leah.Richter@vantagepnt.com

<810>	Reporting Carrier	Minburn Telecommunications, Inc.
<811>	Holding Company	Minburn Telephone Company
<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

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<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

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<1000>	Voice services rate comparability certification	Yes
<1010>	Attach detailed description for voice services rate comparability compliance	351158IA1010.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	351158IA1030.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

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<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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<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

351158IA1210.pdf

Name of Attached Document

<1220> Link to Public Website

HTTP http://www.minburncomm.com/support/

"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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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

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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	351158IA3010.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	351158IA3012.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	351158IA3017.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

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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

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4005 Rural Broadband Experiment

Authorized Rural Broadband Experiment (RBE) recipients must address the certification for public interest obligations, provide a list of newly served community anchor institutions, and provide a list of locations where broadband has been deployed.

Public Interest Obligations – FCC 14-98 (paragraphs 26-29, 78)
Please address Line 4001 regarding compliance with the Commission's public interest obligations. All RBE participants must provide a response to Line 4001.

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

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

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

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

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

Broadband Deployment Locations – FCC 14-98 (paragraph 80)

4004a. Attach a list of geocoded locations to which broadband has been deployed as of the June 1st immediately preceding the July 1st filing deadline for the FCC Form 481. Name of Attached Document Listing Required Information _____

4004b. Attach evidence demonstrating that the recipient is meeting the relevant public service obligations for the identified locations. Materials must at least detail the pricing, offered broadband speed and data usage allowances available in the relevant geographic area. Name of Attached Document Listing Required Information _____

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

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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

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: MINBURN TELECOMM.

Signature of Authorized Officer: CERTIFIED ONLINE Date 06/28/2016

Printed name of Authorized Officer: Debra Lucht

Title or position of Authorized Officer: General Manager/Asst. Secretary

Telephone number of Authorized Officer: 5154382200 ext.

Study Area Code of Reporting Carrier: 351158 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
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	351158
<015>	Study Area Name	MINBURN TELECOMM.
<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:

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: 06/27/2016

Name of Authorized Agent Employee:

Title or position of Authorized Agent or Employee of Agent

Telephone number of Authorized Agent or Employee of Agent:

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

REDACTED-FOR PUBLIC INSPECTION

(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	351158
<015>	Study Area Name	MINBURN TELECOMM.
<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

<210> For the prior calendar year, were there any reportable voice service outages? Yes

<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
	07/28/2015	21:30	07/28/2015	22:30	573	573	No	Wireline (including cable) VoIP,Wireline (including cable) Voice (non-VoIP),Equip. fail at INS POP	Yes	Equipment replace	New Ring Design
	11/04/2015	10:51	11/04/2015	13:36	75	578	No	Wireline (including cable) VoIP,Wireline (including cable) Voice (non-VoIP),Fiber Cut	No	Re-spliced fiber	none
	11/28/2015	16:05	11/28/2015	20:30	21	578	No	Wireline (including cable) VoIP,Wireline (including cable) Voice (non-VoIP),Equip upgrade failure	Yes	Re provisioned equipment	none

(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	351158
<015>	Study Area Name	MINBURN TELECOMM.
<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**
IA	Woodward		FR	20.5	0.0	0.0	0.0	20.5
IA	Woodward		FR	16.0	0.0	0.0	0.0	16.0

(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	351158
<015>	Study Area Name	MINBURN TELECOMM.
<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}
IA	Woodward	44.95	0.0	44.95	1.5	0.768	999999.0	Other, None at this time
IA	Woodward	54.95	0.0	54.95	3.0	1.0	999999.0	Other, None at this time
IA	Woodward	64.95	0.0	64.95	5.0	1.0	999999.0	Other, None at this time
IA	Woodward	84.95	0.0	84.95	10.0	3.0	999999.0	Other, None at this time
IA	Woodward	95.95	0.0	95.95	15.0	3.0	999999.0	Other, None at this time
IA	Woodward	104.95	0.0	104.95	20.0	5.0	999999.0	Other, None at this time
IA	Woodward	124.95	0.0	124.95	30.0	10.0	999999.0	Other, None at this time

(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	351158
<015>	Study Area Name	MINBURN TELECOMM.
<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	Minburn Telecommunications, Inc.
<811>	Holding Company	Minburn Telephone Company
<812>	Operating Company	N/A

<813>

<a1>	<a2>	<a3>
Affiliates	**SAC**	**Doing Business As Company or Brand Designation**
Minburn Telephone Company	321245	Minburn Communications
Dallas County Wireless, Inc.	359110	Minburn Communications
Minburn Cablevision, Inc.		Minburn Communications

REDACTED - FOR PUBLIC INSPECTION

MINBURN TELECOMMUNICATIONS, INC. (SAC 351158)

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 MINBURN TELECOMMUNICATIONS, INC.

Reporting Period January 1 – December 31, 2015

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

Pursuant to § 54.313(a)(5) for High-cost Recipients, Carrier hereby certifies that it is in compliance with applicable service quality standards and consumer protection rules.

Carrier completes installation requests and responds to service orders from existing and new locations within 2 business days of the request. Carrier provides bill notification 30 days in advance of any customer rate changes. Carrier provides notice to customers of their billing practices through their terms and conditions located on their Carrier's website and in their retail office. An annual Lifeline Notice is also printed in the local newspaper annually. Carrier's procedures for receiving emergency calls during non-business hours include having a technician on call 24 hours a day, 7 days a week. Any after hour calls are directed to a voicemail which is sent via wave file to the technician on call. The technician then responds to all service related calls.

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. Attached is an annual notice to customers on matters related to customer privacy. Carrier has also implemented an Identity Theft Prevention Program in accordance with the federal Red Flags Rule.

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

/s/Debra Lucht

Debra Lucht, General Manager/Assistant Secretary

Minburn Telecommunications, Inc.

SAC: 351158

Minburn Communications
416 Chestnut St. Minburn IA 50167

CUSTOMER PROPRIETARY NETWORK INFORMATION

Minburn Communications (MC) knows the importance of personal privacy to our customers. MC keeps all account information strictly confidential to the fullest extent possible and uses industry-accepted technology to safeguard customer data. Recent changes in federal law concerning telecommunications companies regulate the use of account information to selectively market specific products and services to specific customers. What kind of information are we referring to? This information, legally referred to as Customer Proprietary Network Information (CPNI). This includes data such as which long distance carrier you have chosen, what calling features you use and which calling plans, if any, you have subscribed to.

Who uses this information and is it protected? Only MC can see or use this information. It is never released to outside companies. You have the right, and we have the duty under federal law, to protect the confidentiality of this type of information.

What do I need to do? No action on your part is necessary unless you wish to restrict MC use of this type of information to contact you for the purpose of tailoring our service offerings to your individual needs. Should you wish to restrict use of your CPNI, please contact your local office. Woodward: Phone 438-2200 Minburn: Phone 677-2264 Or email minburn@minburncomm.com

Your request should be sent within 30 days of receipt of this notice. Restricting CPNI may make you ineligible to receive information from MC about new products and services, packaged offerings, and various promotions.

How does this affect services I receive? Whatever you decide will not affect the provision of any services to which you subscribe. Your approval or denial for use of CPNI will remain valid until you tell us otherwise. You will still receive monthly bill inserts, quarterly newsletters, and other publications that are sent to all customers at the same time, so you will be kept up-to-date on what is happening in the company. We look forward to being able to serve your telecommunication needs more efficiently with new products and services based on the information we know about your account.

CHANGE OF ADDRESS

Effective Date _____

NAME

ADDITIONAL NAME

ADDRESS LINE 1

ADDRESS LINE 2

CITY **STATE** **ZIP** –

PRINTED ON RECYCLABLE PAPER

Minburn Communications
100 S Main St. Woodward IA 50276

CUSTOMER PROPRIETARY NETWORK INFORMATION

Minburn Communications (MC) knows the importance of personal privacy to our customers. MC keeps all account information strictly confidential to the fullest extent possible and uses industry-accepted technology to safeguard customer data. Recent changes in federal law concerning telecommunications companies regulate the use of account information to selectively market specific products and services to specific customers. What kind of information are we referring to? This information, legally referred to as Customer Proprietary Network Information (CPNI). This includes data such as which long distance carrier you have chosen, what calling features you use and which calling plans, if any, you have subscribed to.

Who uses this information and is it protected? Only MC can see or use this information. It is never released to outside companies. You have the right, and we have the duty under federal law, to protect the confidentiality of this type of information.

What do I need to do? No action on your part is necessary unless you wish to restrict MC use of this type of information to contact you for the purpose of tailoring our service offerings to your individual needs. Should you wish to restrict use of your CPNI, please contact your local office. Woodward: Phone 438-2200 Minburn: Phone 677-2264 Or email minburn@minburncomm.com

Your request should be sent within 30 days of receipt of this notice. Restricting CPNI may make you ineligible to receive information from MC about new products and services, packaged offerings, and various promotions.

How does this affect services I receive? Whatever you decide will not affect the provision of any services to which you subscribe. Your approval or denial for use of CPNI will remain valid until you tell us otherwise. You will still receive monthly bill inserts, quarterly newsletters, and other publications that are sent to all customers at the same time, so you will be kept up-to-date on what is happening in the company. We look forward to being able to serve your telecommunication needs more efficiently with new products and services based on the information we know about your account.

CHANGE OF ADDRESS

Effective Date _____

NAME

ADDITIONAL NAME

ADDRESS LINE 1

ADDRESS LINE 2

CITY **STATE** **ZIP** –

PRINTED ON RECYCLABLE PAPER

Attachment Line 610

CERTIFICATION OF MINBURN TELECOMMUNICATIONS, INC.

Reporting Period January 1 – December 31, 2015

Sec. 54.313(a)(6) Service Quality Standards and Consumer Protection Rules Compliance

Pursuant to § 54.313(a)(6) for High-cost 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. Carrier has backup battery (or equivalent power) reserve in it central office, which enables it to maintain a minimum of two hours of backup power to ensure functionality without an external power source 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-routing traffic when facilities are damaged.

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

/s/Debra Lucht

Debra Lucht, General Manager/Assistant Secretary

Minburn Telecommunications, Inc.

SAC: 351158

Attachment Line 1010

CERTIFICATION OF MINBURN TELECOMMUNICATIONS, INC.

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/ Debra Lucht

Debra Lucht, General Manager/Asst. Secretary

Minburn Telecommunications, Inc.

SAC: 351158

Attachment Line 1030

CERTIFICATION OF MINBURN TELECOMMUNICATIONS, INC.

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 7, 2016.

/s/ Debra Lucht

Debra Lucht, General Manager/Assistant Secretary

Minburn Telecommunications, Inc.

SAC: 351158

(1200)Terms and Conditions for Lifeline Program Consumers

Study Area Code: 351245

Study Area Name: Minburn Telephone Company

Attached is Minburn Telephone Company's Lifeline brochure and application form. Additional information is available on their website and they also place advertisements in the local newspapers as well as providing information to the local Community Action (CAP) agency that assists Low Income Home Energy Assistance Program (LIHEAP) applications.

Minburn Telephone Company's Rates and Pricing:

http://www.minburncomm.com/index.php?option=com_content&task=view&id=19&Itemid=42
http://www.minburncomm.com/images/FORMS_2013/mivoice%20application.pdf

Low-Income Telephone Assistance Program

Lifeline

Lifeline is a plan that assists qualified low-income Iowans by providing a monthly reduction of $9.25 on their local telephone bill.

You may only receive low-income assistance from one wireline or wireless telephone provider per household.*

***NOTE:**
A "Household" is defined as any individual or group of individuals who are living together at the same address as one economic unit. An "economic unit" consists of all adult individuals contributing to and sharing in the income and expenses of a household.

Eligibility Requirements

To be eligible for Lifeline assistance, you must meet income-based criterion currently defined as at or below 135 % of the Federal Poverty Guidelines (see table inside) **OR** participate in at least one of the following programs:

- Medicaid
- Supplemental Nutrition Assistance Program (SNAP)
- Supplemental Security Income (SSI)
- Federal Public Housing Assistance
- Low-Income Home Energy Assistance Program (LIHEAP)
- Temporary Assistance to Needy Families Program (TANF)
- National School Lunch Program (NSL)

In addition, you must not currently be receiving Lifeline assistance, and no other person in your household can be subscribed to the Lifeline program.

To Apply for Lifeline:

1. Complete the certification form attached to this brochure, (please include any supporting documents) and submit it to your local telecommunications provider's business office. This address can be found in your local telephone directory.

2. Re-certification forms are mailed to all subscribers every year. When you receive a re-certification form, complete and return it to your local telecommunications provider within 30 days. Your telecommunications provider will suspend your eligibility for low-income assistance if you do not return the re-certification form.

Attachment Line 1210

Federal Government Lifeline Program for Low-Income Telephone Assistance

Revised: January 2015

Courtesy of:

The Iowa Communications Alliance,
Iowa Utilities Board,
and
Minburn Communications, your Local Communications Provider

135 percent of federal poverty guidelines

(*As of January 22, 2015*)

Number of people living in home	Household Income (at or below)
1	$15,890
2	$21,506
3	$27,122
4	$32,738
5	$38,354
6	$43,970
7	$49,586
8	$55,202
* For each additional person	Add $5,616

Application Checklist

Please provide the following information:

1. A signed and completed Lifeline assistance certification form.

2. A copy of one of the following if applying based on the size and income level of a customer's household:

- Last year's federal or state income tax return
- Current annual income statement from employer
- Paycheck stubs for most recent three consecutive months
- Social Security statement of benefits
- Veteran's Administration statement of benefits
- Retirement or pension statement of benefits
- Unemployment or worker's compensation statement of benefits
- Letter of participation in general assistance
- Divorce decree or child support documentation

3. Supporting documentation of program-based eligibility if applying based on participation in any programs listed on the back of this brochure.

Acceptable documentation of program eligibility includes the current or prior year's statement of benefits from a qualifying assistance program, a notice, letter or documents of participation in a qualifying assistance program, or another official document demonstrating that you, or one or more of your dependents, or your household receives benefits from a qualifying assistance program. **These documents will not be kept or stored by the local telecommunications provider**.

For questions, please call your local telecommunications provider.

Company Name:_____

Attachment Line 1210

Iowa Lifeline Assistance Certification Form

The information on this application is strictly confidential and will only be used to assess your eligibility for Lifeline Assistance. Any documentation received will not be kept, shared or stored.

(PLEASE PRINT)

Name:

_____

(Last) (First) (Middle)

Residential Address: (may not be a P.O. Box)

_____

(Street) (Apt. #) (City) (State) (Zip)

Check one below:

☐ Permanent Address ☐ Temporary Address (must verify address every 90 days)

Is this address occupied by multiple households? _____Yes _____No

Billing Address (if different than Residential Address):

_____

(Street) (City) (State) (Zip)

Telephone number or existing account number:_____

Date of Birth:(mm/dd/yyyy)_____ **Last 4 digits of Social Security #:** _ _ _ _

Please answer the following questions:

1. Are you or anyone in your household currently participating in any of the following programs? *(Check one & attach documentation*)*

   ☐ Medicaid (e.g. Title XIX/Medical, State Supplemental Assistance)

   ☐ Supplemental Nutrition Assistance

   ☐ Supplemental Security Income (SSI)

   ☐ Federal Public Housing Assistance Section 8

   ☐ Low-Income Home Energy Assistance Program (LIHEAP)

   ☐ Temporary Assistance to Needy Families Program (TANF)

   ☐ National School Lunch Program (NSL) Free Lunch Program; **OR**

2. Is your income at or below 135 percent of the Federal Poverty Guidelines?
   _____Yes _____No *(*Proof of income is required)*

   If yes, how many persons are in your household? _____

3. Are you or anyone else in your household currently receiving any Lifeline telephone assistance from any other wireline or wireless telephone provider?
   _____Yes _____No

NOTE: Any documentation received with the certification form will not be kept or stored by the local telecommunications provider.

By signing below, I certify under penalty of perjury the information contained within this certification form is true and correct to the best of my knowledge:

Attachment Line 1210

☐ I have read the information on this certification form and understand that I must meet the qualifications listed on this form to receive assistance from this program.

☐ I understand that the individual named on the documentation provided demonstrating program-based eligibility, if not me, is part of my household.

☐ I understand that willfully providing false or fraudulent information to receive a Lifeline benefit is punishable by law.

☐ I understand that Lifeline is a federal government benefit program and willfully making false statements in order to obtain that benefit can be punished by fine or imprisonment, or that I can be barred from the program.

☐ I agree to provide documentation of my eligibility, when required to do so.

☐ By participating in this government program, I agree to allow my provider to give my full name, full residential address, date of birth and the last four digits of my social security number to the national database. I understand that failure to comply will deny me the Lifeline benefit.

☐ I certify that my household is receiving no more than one Lifeline-supported service and understand that violation of this requirement will result in de-enrollment from the program and could result in criminal prosecution.

☐ I understand that I may not transfer my service to any other individual.

☐ I acknowledge that I may be required to re-certify my eligibility for Lifeline at any time and failure to re-certify my continued eligibility will result in de-enrollment and termination of Lifeline benefits.

☐ I understand that I must notify my telecommunications provider within 30 days if I no longer meet the income- based or program-based criteria for receiving Lifeline service, if I am receiving more than one Lifeline benefit, or if another member of my household is receiving a Lifeline benefit, and that I may be subject to penalties if I fail to do so.

☐ If I move to a new address, I agree to provide my new address to my telephone provider within 30 days.

☐ I understand completion of this certification form does not constitute immediate acceptance into this program.

☐ I have been advised by my new carrier that if I am currently receiving Lifeline benefits from another carrier, I agree to discontinue receiving that other carrier's benefit and instead receive my one Lifeline benefit on this account.

Signature_____ Date_____

Prompt return of this certification form to your local telephone provider is necessary to ensure proper credits to your account. Certified low-income telephone assistance subscribers will receive a re-certification form annually from their local telecommunications provider and must return that form to their telecommunications provider within 30 days to ensure the continuation of assistance benefits.

SERVICE PROVIDER USE ONLY

Telephone # Associated with Lifeline service: _____

Initiation Date: _____ De-enrollment Date: _____

Type of documentation Reviewed: ☐Award Letter ☐Voucher ☐Benefits card ☐Income Statement ☐Other _____

Identifying Information of Document Submitted: _____

Documentation Expiration date (if applicable): _____

Name on Documentation (if different from name of applicant): _____

Method documentation was provided: ☐In Person ☐Fax ☐Mail ☐Electronically

Reviewed by:_____Date Reviewed: _____

Eligibility documentation destroyed by: _____ Date destroyed: _____

Attachment Line 3010

CERTIFICATION OF MINBURN TELECOMMUNICATIONS, INC.

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/Debra Lucht
Debra Lucht, General Manager/Assistant Secretary
Minburn Telecommunications, Inc.
SAC: 351158

Attachment Line 3012

CERTIFICATION OF MINBURN TELECOMMUNICATIONS, INC.

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/Debra Lucht
Debra Lucht, General Manager/Assistant Secretary
Minburn Telecommunications, Inc.
SAC: 351158

REDACTED - FOR PUBLIC INSPECTION

MINBURN TELECOMMUNICATIONS, INC. (SAC 351158)

ATTACHMENT LINE 3017

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

ATTACHMENT REDACTED IN ENTIRETY