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	361427
<015>	Study Area Name	MANKATO-HICKORYTECH
<020>	Program Year	2018
<030>	Contact Name: Person USAC should contact with questions about this data	Elsa Werner
<035>	Contact Telephone Number: Number of the person identified in data line <030>	9167861734 ext.
<039>	Contact Email Address: Email of the person identified in data line <030>	Elsa.Werner@consolidated.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	361427
<015>	Study Area Name	MANKATO-HICKORYTECH
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Elsa Werner
<035>	Contact Telephone Number - Number of person identified in data line <030>	9167861734 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	Elsa.Werner@consolidated.com

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

<220>

<a>	<b1>	<b2>	<b3>	<b4>	<c1>	<c2>	<d>	<e>	<f>	<g>	<h>
NORS Reference Number	**Outage Start Date**	**Outage Start Time**	**Outage End Date**	**Outage End Time**	**Number of Customers Affected**	**Total Number of Customers**	**911 Facilities Affected (Yes / No)**	**Service Outage Description (Check all that apply)**	**Did This Outage Affect Multiple Study Areas (Yes / No)**	**Service Outage Resolution**	**Preventative Procedures**
[redacted]											

(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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<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Elsa Werner
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<039>	Contact Email Address - Email Address of person identified in data line <030>	Elsa.Werner@consolidated.com

<300> Unfulfilled service request (voice)

<310> Detail on attempts (voice)

<320> Unfulfilled service request (broadband)

<330> Detail on attempts (broadband)

[redacted]

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	361427
<015>	Study Area Name	MANKATO-HICKORYTECH
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Elsa Werner
<035>	Contact Telephone Number - Number of person identified in data line <030>	9167861734 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	Elsa.Werner@consolidated.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.	[redacted]
<410>	Complaints per 1000 customers for fixed voice	
<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.	
<440>	Complaints per 1000 customers for fixed broadband	
<450>	Complaints per 1000 customers for mobile broadband	

(500) Compliance With Service Quality Standards and Consumer Protection Rules
Data Collection Form

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

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<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Elsa Werner
<035>	Contact Telephone Number - Number of person identified in data line <030>	9167861734 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	Elsa.Werner@consolidated.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	361427MN510.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

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<030>	Contact Name - Person USAC should contact regarding this data	Elsa Werner
<035>	Contact Telephone Number - Number of person identified in data line <030>	9167861734 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	Elsa.Werner@consolidated.com
<600>	Certify compliance regarding ability to function in emergency situations	[redacted]
<610>	Descriptive document for Functionality in Emergency Situations	

(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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<035>	Contact Telephone Number - Number of person identified in data line <030>	9167861734 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	Elsa.Werner@consolidated.com

<701> Residential Local Service Charge Effective Date [redacted]
<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
[redacted]								

(710) Broadbrand Price Offerings
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>	Elsa.Werner@consolidated.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*}**
[redacted]								

(800) Operating Companies
Data Collection Form

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

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<035>	Contact Telephone Number - Number of person identified in data line <030>	9167861734 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	Elsa.Werner@consolidated.com

<810>	Reporting Carrier	Consolidated Communications of Minnesota Company
<811>	Holding Company	Consolidated Communications Holdings, Inc.
<812>	Operating Company	Consolidated Communications of Minnesota 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

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<039>	Contact Email Address - Email Address of person identified in data line <030>	Elsa.Werner@consolidated.com

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

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

<920> Tribal Government Engagement Obligation

[redacted]

If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

<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.

[redacted]

(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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<039>	Contact Email Address - Email Address of person identified in data line <030>	Elsa.Werner@consolidated.com

<1000>	Voice services rate comparability certification	[redacted]
<1010>	Attach detailed description for voice services rate comparability compliance	
<1020>	Broadband comparability certification	
<1030>	Attach detailed description for broadband comparability compliance	

(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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<035>	Contact Telephone Number - Number of person identified in data line <030>	9167861734 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	Elsa.Werner@consolidated.com

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

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

[redacted]

(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>	Elsa.Werner@consolidated.com

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

361427MN1210.pdf

Name of Attached Document

<1220> Link to Public Website

HTTP https://www.consolidated.com/support/terms-policies/tariffs-service-catalogs/minnesota

"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. ✓

REDACTED – FOR PUBLIC INFORMATION

(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	361427
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<035>	Contact Telephone Number - Number of person identified in data line <030>	9167861734 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	Elsa.Werner@consolidated.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

[redacted]

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

[redacted]

<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)

[redacted]

(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

<010>	Study Area Code	361427
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<030>	Contact Name - Person USAC should contact regarding this data	Elsa Werner
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<039>	Contact Email Address - Email Address of person identified in data line <030>	Elsa.Werner@consolidated.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)		
(3010A)	Certification of Public Interest Obligations {47 CFR § 54.313(f)(1)(i)}		
(3010B)	Please Provide Attachment	Name of Attached Document Listing Required Information	
(3012A)	Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}		
(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	

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

Data Collection Form

FCC Form 481

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

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<039>	Contact Email Address - Email Address of person identified in data line <030>	Elsa.Werner@consolidated.com

Financial Data Summary

(3027) Revenue	
(3028) Operating Expenses	
(3029) Net Income	
(3030) Telephone Plant In Service(TPIS)	
(3031) Total Assets	
(3032) Total Debt	
(3033) Total Equity	
(3034) Dividends	

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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<030>	Contact Name - Person USAC should contact regarding this data	Elsa Werner
<035>	Contact Telephone Number - Number of person identified in data line <030>	9167861734 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	Elsa.Werner@consolidated.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

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<039>	Contact Email Address - Email Address of person identified in data line <030>	Elsa.Werner@consolidated.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: MANKATO-HICKORYTECH

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

Printed name of Authorized Officer: Michael Shultz

Title or position of Authorized Officer: Vice President Regulatory & Public Policy

Telephone number of Authorized Officer: 9367887414 ext.

Study Area Code of Reporting Carrier: 361427 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.

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

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<039>	Contact Email Address - Email Address of person identified in data line <030>	Elsa.Werner@consolidated.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:

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 INFORMATION

(700) Price Offerings including Voice Rate Data
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>	Elsa.Werner@consolidated.com

<701> Residential Local Service Charge Effective Date
<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**

REDACTED – FOR PUBLIC INFORMATION

(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	361427
<015>	Study Area Name	MANKATO-HICKORYTECH
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Elsa Werner
<035>	Contact Telephone Number - Number of person identified in data line <030>	9167861734 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	Elsa.Werner@consolidated.com

<711>

<a1>	<a2>	<b1>	<b2>	<c>	<d1>	<d2>	<d3>	<d4>
State	**Exchange (ILEC)**	**Residential Rate**	**State Regulated Fees**	Total Rates and Fees	**Broadband Service - Download Speed (Mbps)**	Broadband Service -Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached {select}
[redacted]								

(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	361427
<015>	Study Area Name	MANKATO-HICKORYTECH
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Elsa Werner
<035>	Contact Telephone Number - Number of person identified in data line <030>	9167861734 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	Elsa.Werner@consolidated.com

<810>	Reporting Carrier	Consolidated Communications of Minnesota Company
<811>	Holding Company	Consolidated Communications Holdings, Inc.
<812>	Operating Company	Consolidated Communications of Minnesota Company

<813>

<a1> Affiliates	<a2> SAC	<a3> Doing Business As Company or Brand Designation
Consoldiated Communications of California Company	542334	Consolidated Communications, or CCI
Consoldiated Communications of Illinois Company	341037	Consolidated Communications, or CCI
Consoldiated Communications of Fort Bend Company Company	442072	Consolidated Communications, or CCI
Consolidated Communications of Pennsylvania Company	170193	Consolidated Communications, or CCI
Consolidated Communications of MidComm Company	361375	Consolidated Communications, or CCI
Consoildated Communications of Texas Company	442109	Consolidated Communications, or CCI
Consolidated Communications Enterprise Services	549012	Consolidated Communications, or CCI

Federal Communications Commission
Form 481 Annual Reporting Data Collection Form
Section 510 Service Quality Standards &
Consumer Protection Rules Compliance

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

7810.0100 DEFINITIONS.
7810.0200 SCOPE.
7810.0300 STATUTORY AUTHORITY.

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

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

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

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

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

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

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

CCMN's customer service department has numerous Consumer Protection measures in place to protect customer information from improper use and disclosure, as well as to protect against fraud. For example, CCMN has policies and procedures in place regarding Customer Proprietary Network Information (CPNI) and regularly trains employees on same.

CCMN is also compliant with the Federal Trade Commission's guidelines to prevent identity theft (the "Red Flag" program). All employees are trained on the corporation's Code of Conduct, which requires employees to protect sensitive customer information from improper use and disclosure.

CCMN and all its affiliates have a Data Privacy and Security policy which applies to all employees.

CCMN has implemented a strict third-party qualification protocol to prevent unauthorized charges ("cramming") from appearing on customers' bills. In addition to the foregoing, CCMN has implemented information technology security measures to protect our network and customer information.

Federal Communications Commission
Form 481 Annual Reporting Data Collection Form

SECTION 610 FUNCTIONALITY IN EMERCENY SITUATIONS

§54.313(a)(6) – ABILITY OF VOICE SERVICE TO FUNCTION IN EMERGENCY SITUATIONS

[redacted]

§54.313(a)(6) – ABILITY OF BROADBAND SERVICE TO FUNCTION IN EMERGENCY SITUATIONS

[redacted]

LIFELINE AND MINNESOTA TELEPHONE ASSISTANCE PLAN

1. Definitions.

Lifeline, also known as Federal Lifeline Credit, is a federally sponsored assistance program as described in 47 CFR §54.401 et al, and is designed to make telephone service accessible to qualifying low income residential households.

The ***Telephone Assistance Plan (TAP)*** is a state sponsored program under Minnesota Statutes Chapter 237 and is designed to make telephone service accessible to low income residential households. Through these programs, eligible households will receive a monthly discount on their telephone service.

2. Eligibility for Lifeline and TAP

To be eligible for assistance, an applicant must meet the following guidelines:

a. A Lifeline customer may only receive assistance from one wireline or one wireless provider per residential household.

b. Applicant completes document and provides evidence that (1) the applicant meets income based criterion at or below 135 percent of the Federal Poverty Guidelines OR (2) participates in at least one of the following programs, as defined by 47 CFR 54:409:

- Medicaid/Medical Assistance (Title XIX state supplemental assistance)
- Supplemental Nutrition Assistance Program (SNAP)
- Supplemental Security Income (SSI)
- Federal Public Housing Assistance (Section 8)
- Low-Income Home Energy Assistance Program (LIHEAP)
- National School Lunch Program's Free Lunch Program
- Temporary Assistance for Needy Families (Minnesota Family Investment Program or MFIP)

Individuals who do not qualify under any of the above but live on a federally recognized reservation may qualify if the applicant signs a document certifying under penalty of perjury that the applicant received benefits from at least one of the following programs:

- Bureau of Indian Affairs General Assistance
- Tribally administered Temporary Assistance for Needy Families
- Head Start (only for those meeting its income qualifying standard)
- National School Lunch Programs fee lunch program

c. The Lifeline customer is responsible to notify the Company within 30 days when the customer ceases to participate in any of the above listed federal assistance programs.

LIFELINE AND MINNESOTA TELEPHONE ASSISTANCE PLAN

3. Terms and Conditions:

   a. The customer shall request Lifeline and TAP assistance through completion of a certification form, provided by the Company as governed by 47 CFR 54.410. Applicable federal and state credits to the customer's monthly account shall begin at the customer's earliest billing cycle, but no later than the second billing cycle after the date the notification is received.

   b. When the Company receives notification from the customer declaring that the customer no longer participates in the qualifying programs, the federal and state credits to that customer's monthly charges shall cease beginning with the start of the billing cycle beginning in the month after the month in which notification is received.

   c. A Service Charge shall not be billed to establish qualification for either the federal Lifeline or state TAP credit.

   d. When a customer enrolls for the state TAP credit, the Company is reimbursed for the cost of the service order activity.

   e. The customer will need to recertify eligibility on an annual basis.

4. Application of the Federal Lifeline and State TAP credits

   a. The Lifeline customer will receive a monthly credit toward the customer's local exchange service rate. The total monthly credit identified in 47 CFR 54.403 shall be used to reduce the Lifeline's customer rate.

   b. The state TAP credit shall be applied to further reduce the rates charges for residential General Services.

5. Certification Revocation

   If the Company discovers that conditions exist that disqualify the recipient of Lifeline or TAP, OR if the customer fails to recertify eligibility on an annual basis in accordance with the 47 CFR 54.403, local service will be billed at full rate. The customer will be billed retroactively to whichever is the most recent of the date TAP assistance commenced or the recipient no longer qualified for the service, not to exceed 12 months.

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LIFELINE AND MINNESOTA TELEPHONE ASSISTANCE PLAN (Cont'd)

6. Funding

The federal Lifeline credit is funded through the FCC universal service program. The state TAP credit shall be funded through the state Telephone Assistance Plan Surcharge on residence and business access lines with the 911 surcharge.

7. Rates

The surcharge rate is the effective rate ordered by the Minnesota Public Utilities Commission. The company is responsible for billing, collecting and remitting the surcharge to appropriate government agency.

FCC Form 481 OMB Control No. 3060-0986

Template for Reporting Community Anchor Institutions (Lines 2018, 3012B, and 4003B)

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