REDACTED - FOR PUBLIC INSPECTION

June 20, 2016

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

Re: Connect America Fund, WC Docket No. 14-58, 47 CFR § 54.313 Annual Reporting Requirements for High-Cost Recipients (Form 481)

Dear Ms. Dortch:

Attached please find EPICTouch Co's high-cost support recipient annual report pursuant to 47 CFR § 54.313 (Form 481).

EPICTouch Co. is filing certain financial information, reported pursuant to 47 CFR §54.313(f)(2), as confidential under the March 22, 2016 Protective Order (DA 16-296). Pursuant to that Order, each page of this filing has been marked "REDACTED - FOR PUBLIC INSPECTION." The non-redacted version of this information has been marked "CONFIDENTIAL INFORMATION - SUBJECT TO PROTECTIVE ORDER BEFORE THE FEDERAL COMMUNICATIONS COMMISSION." As such, EPICTouch Co. requests that the non-redacted version of its submission be withheld from public inspection.

EPICTouch Co. is also requesting confidential treatment of certain information being filed pursuant to 47 CFR § 54.202(a)(1)(ii)and 54.313(a)(1) (five year service quality improvement plan) under 47 CFR § 0.457 and 0.459. The redacted version of this filing has been marked "REDACTED - FOR PUBLIC INSPECTION." The non-redacted version has been marked "CONFIDENTIAL - NOT FOR PUBLIC INSPECTION."

Pursuant to 47 CFR § 0.459, EPICTouch Co. offers the following in support of its request for confidential treatment of certain information.

- *Identification of the specific information for which confidential treatment is sought*: EPICTouch Co. seeks confidential treatment of the five year service quality improvement plan required per 47 CFR § 54.202(a)(1)(ii) and 54.313(a)(1),

- *Identification of the Commission proceeding in which the information was submitted or a description of the circumstances giving rise to the submission*: EPICTouch Co. is providing the five year service quality improvement plan as part of its annual high-cost support recipient report per 47 CFR § 54.313.

- *Explanation of the degree to which the information is commercial or financial, or contains a trade secret or is privileged*: EPICTouch Co. considers the information to be highly sensitive in that it contains statements about the Company's future investment plans, and discusses specific equipment and strategies the Company will utilize to provide services.

- *Explanation of the degree to which the information concerns a service that is subject to competition*: EPICTouch Co. provides voice and broadband services that are in competition with various landline and wireless providers; thus, the investment data disclosed is related to services subject to competition to a high degree.

- *Identification of any measures taken by the submitting party to prevent unauthorized disclosure:* EPICTouch Co. makes the data being provided available only to employees, consultants, and attorneys on a limited, need-to-know basis.

- *Identification of whether the information is available to the public and the extent of any previous disclosure of the information to third parties*: The information is not publicly available.

- *Justification of the period during which the submitting party asserts that material should not be available for public disclosure*: EPICTouch Co. requests that the data provided be treated as confidential indefinitely. Due to the sensitive nature of the data, it would not be appropriate for public disclosure at any time in the foreseeable future.

- *Any other information that the party seeking confidential treatment believes may be useful in assessing whether its request for confidential treatment should be granted*: None.

Accordingly, EPICTouch Co. requests confidential treatment of the five year service quality improvement plan pursuant to section 0.457 and 0.459 of the Commission's rules.

The redacted version of this Form 481 submission will be filed via the Commission's Electronic Comment Filing System (ECFS) in the above-captioned docket.

If you have any questions about this filing, please contact the undersigned.

Sincerely,

Trent D. Boaldin

Trenton D. Boaldin

Attachment

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	439011
<015>	Study Area Name	EPIC TOUCH CO.
<020>	Program Year	2017
<030>	Contact Name: Person USAC should contact with questions about this data	Becky Scott
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6206972111 ext.
<039>	Contact Email Address: Email of the person identified in data line <030>	bscott@epictouch.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	439011
<015>	Study Area Name	EPIC TOUCH CO.
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Becky Scott
<035>	Contact Telephone Number - Number of person identified in data line <030>	6206972111 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	bscott@epictouch.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.

439011OK112.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	Not Applicable
<114>	Report how much universal service (USF) support was received	Not Applicable
<115>	How much (USF) was used to improve service quality and how support was used to improve service quality	Not Applicable
<116>	How much (USF) was used to improve service coverage and how support was used to improve service coverage	Not Applicable
<117>	How much (USF) was used to improve service capacity and how support was used to improve service capacity	Not Applicable
<118>	Provide an explanation of network improvement targets not met in the prior calendar year.	Not Applicable

(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	439011
<015>	Study Area Name	EPIC TOUCH CO.
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Becky Scott
<035>	Contact Telephone Number - Number of person identified in data line <030>	6206972111 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	bscott@epictouch.com

<210> For the prior calendar year, were there any reportable voice service outages? No

<220>

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

(300) Unfulfilled Service Request
Data Collection Form

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

<010>	Study Area Code	439011
<015>	Study Area Name	EPIC TOUCH CO.
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Becky Scott
<035>	Contact Telephone Number - Number of person identified in data line <030>	6206972111 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	bscott@epictouch.com

<300> Unfulfilled service request (voice) 0

<310> Detail on attempts (voice)

Name of Attached Document

<320> Unfulfilled service request (broadband)

<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	439011
<015>	Study Area Name	EPIC TOUCH CO.
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Becky Scott
<035>	Contact Telephone Number - Number of person identified in data line <030>	5206972111 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	bscott@epictouch.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 mobile voice
<410>	Complaints per 1000 customers for fixed voice	
<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.	
<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

<010>	Study Area Code	439011
<015>	Study Area Name	EPIC TOUCH CO.
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Becky Scott
<035>	Contact Telephone Number - Number of person identified in data line <030>	6206972111 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	bscott@epictouch.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	439011OK510.pdf

(600) Functionality in Emergency Situations
Data Collection Form

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

<010>	Study Area Code	439011
<015>	Study Area Name	EPIC TOUCH CO.
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Becky Scott
<035>	Contact Telephone Number - Number of person identified in data line <030>	6206972111 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	bscott@epictouch.com
<600>	Certify compliance regarding ability to function in emergency situations	Yes
<610>	Descriptive document for Functionality in Emergency Situations	439011OK610.pdf

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

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

<010>	Study Area Code	439011
<015>	Study Area Name	EPIC TOUCH CO.
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Becky Scott
<035>	Contact Telephone Number - Number of person identified in data line <030>	6206972111 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	bscott@epictouch.com

<701>	Residential Local Service Charge Effective Date	1/1/2016
<702>	Single State-wide Residential Local Service Charge	43.99

<703>

<a1> State	<a2> Exchange (ILEC)	<a3> SAC (CETC)	<b1> Rate Type	<b2> Residential Local Service Rate	<b3> State Subscriber Line Charge	<b4> State Universal Service Fee	<b5> Mandatory Extended Area Service Charge	<c> 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	439011
<015>	Study Area Name	EPIC TOUCH CO.
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Becky Scott
<035>	Contact Telephone Number - Number of person identified in data line <030>	6206972111 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	bscott@epictouch.com

<711>

<a1> State	<a2> Exchange (ILEC)	<b1> Residential Rate	<b2> State Regulated Fees	<c> Total Rate 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*}

(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	439011
<015>	Study Area Name	EPIC TOUCH CO.
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Becky Scott
<035>	Contact Telephone Number - Number of person identified in data line <030>	6206972111 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	bscott@epictouch.com

<810>	Reporting Carrier	Epic Touch Company
<811>	Holding Company	Epic Touch Company
<812>	Operating Company	Epic Touch Company

<813>

<a1> Affiliates	<a2> SAC	<a3> 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	439011
<015>	Study Area Name	EPIC TOUCH CO.
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Becky Scott
<035>	Contact Telephone Number - Number of person identified in data line <030>	6206972111 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	bscott@epictouch.com

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

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

<920> Tribal Government Engagement Obligation

Name of Attached Document

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

		Select Yes or No or Not Applicable
<921>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions.	
<922>	Feasibility and sustainability planning;	
<923>	Marketing services in a culturally sensitive manner;	
<924>	Compliance with Rights of way processes	
<925>	Compliance with Land Use permitting requirements	
<926>	Compliance with Facilities Siting rules	
<927>	Compliance with Environmental Review processes	
<928>	Compliance with Cultural Preservation review processes	
<929>	Compliance with Tribal Business and Licensing requirements.	

(1000) Voice and Broadband Service Rate Comparability Data Collection Form

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

<010>	Study Area Code	439011
<015>	Study Area Name	EPIC TOUCH CO.
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Becky Scott
<035>	Contact Telephone Number - Number of person identified in data line <030>	6206972111 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	bscott@epictouch.com

<1000> Voice services rate comparability certification — Not Applicable

<1010> Attach detailed description for voice services rate comparability compliance

Name of Attached Document

<1020> Broadband comparability certification

<1030> Attach detailed description for broadband comparability compliance

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	439011
<015>	Study Area Name	EPIC TOUCH CO.
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Becky Scott
<035>	Contact Telephone Number - Number of person identified in data line <030>	6206972111 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	bscott@epictouch.com

<1100>	Certify whether terrestrial backhaul options exist (Y/N)	Yes
<1130>	Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(g).	

(1200) Terms and Condition for Lifeline Customers
Lifeline
Data Collection Form

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

<010>	Study Area Code	439011
<015>	Study Area Name	EPIC TOUCH CO.
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Becky Scott
<035>	Contact Telephone Number - Number of person identified in data line <030>	6206972111 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	bscott@epictouch.com

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

439011OK1210.pdf

Name of Attached Document

<1220> Link to Public Website HTTP

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

<1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, ☑

<1222> Details on the number of minutes provided as part of the plan, ☑

<1223> Additional charges for toll calls, and rates for each such plan. ☑

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

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

<010>	Study Area Code	439011
<015>	Study Area Name	EPIC TOUCH CO.
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Becky Scott
<035>	Contact Telephone Number - Number of person identified in data line <030>	6206972111 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	bscott@epictouch.com

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

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

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

<2022> Recipient certifies, representing year two after filing a notice of acceptance of funding pursuant to 54.312(c), that the locations in question are not receiving support under the Broadband Initiatives Program or the Broadband Technology Opportunities Program for projects that will provide broadband with speeds of at least 4 Mbps/1Mbps - 54.313(b)(2)(i). Round 2 recipients only.

<2023> The attachment on line 2024 includes a statement of the total amount of capital funding expended in the previous year in meeting Connect America Phase I deployment obligations, accompanied by a list of census blocks indicating where funding was spent. This covers year two - 54.313(b)(2)(ii). Round 2 recipients only.

<2024A> Round 2 Recipient of Incremental Support?

<2024B> Attach list of census blocks indicating where funding was spent in year two - 54.313(b)(2)(ii). Round 2 recipients only.

Name of Attached Document Listing Required Information

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

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

Name of Attached Document Listing Required Information

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

(2000) Price Cap Carrier Additional Documentation (Continued)	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers	July 2013

Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}

<2016> Certification support used to build broadband

Connect America Phase II Reporting {47 CFR § 54.313(e)}

<2017A> Connect America Fund Phase II recipient?

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

Name of Attached Document Listing Required Information

<2018> Attach the number, names, and addresses of community anchor institutions to which the carrier newly began providing access to broadband service in the preceding calendar year - 54.313(e)(2)(ii)

Name of Attached Document Listing Required Information

<2019> Recipient certifies that it bid on category one telecommunications and Internet access services in response to all FCC Form 470 postings seeking broadband service that meets the connectivity targets for the schools and libraries universal service support program for eligible schools and libraries located within any area in a census block where the carrier is receiving Phase II model-based support, and that such bids were at rates reasonably comparable to rates charged to eligible schools and libraries in urban areas for comparable offerings - 54.313(e)(2)(v)

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

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

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

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

(3005) Rate Of Return Carrier Additional Documentation
Data Collection Form

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

<010>	Study Area Code	439011
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<020>	Program Year	2017
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<035>	Contact Telephone Number - Number of person identified in data line <030>	6206972111 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	bscott@epictouch.com

Complete the items below to note compliance with five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

Progress Report on 5 Year Plan

(3009) Carrier certifies to 54.313(f)(1)(iii)

(3010A) Milestone Certification (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) for Balance Sheet, Income Statement and Statement of Cash Flows ☐

(3026) Attach the worksheet listing required information — Name of Attached Document Listing Required Information

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

Data Collection Form

FCC Form 481

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

July 2013

<010>	Study Area Code	439011
<015>	Study Area Name	EPIC TOUCH CO.
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<035>	Contact Telephone Number - Number of person identified in data line <030>	6206972111 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	bscott@epictouch.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

<010>	Study Area Code	439011
<015>	Study Area Name	EPIC TOUCH CO.
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Becky Scott
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<039>	Contact Email Address - Email Address of person identified in data line <030>	bscott@epictouch.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	439011
<015>	Study Area Name	EPIC TOUCH CO.
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Becky Scott
<035>	Contact Telephone Number - Number of person identified in data line <030>	6206972111 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	bscott@epictouch.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: EPIC TOUCH CO.

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

Printed name of Authorized Officer: Trenton Boaldin

Title or position of Authorized Officer: President

Telephone number of Authorized Officer: 6206972111 ext.

Study Area Code of Reporting Carrier: 439011 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	439011
<015>	Study Area Name	EPIC TOUCH CO.
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Becky Scott
<035>	Contact Telephone Number - Number of person identified in data line <030>	6206972111 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	bscott@epictouch.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

(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	439011
<015>	Study Area Name	EPIC TOUCH CO.
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Becky Scott
<035>	Contact Telephone Number - Number of person identified in data line <030>	6206972111 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	bscott@epictouch.com

<701>	Residential Local Service Charge Effective Date	1/1/2016
<702>	Single State-wide Residential Local Service Charge	43.99

<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
OK	ALL		FR	43.99	0.0	0.66	0.0	44.65

(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	439011
<015>	Study Area Name	EPIC TOUCH CO.
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Becky Scott
<035>	Contact Telephone Number - Number of person identified in data line <030>	6206972111 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	bscott@epictouch.com

<810>	Reporting Carrier	Epic Touch Company
<811>	Holding Company	Epic Touch Company
<812>	Operating Company	Epic Touch Company

<813>

<a1> Affiliates	<a2> SAC	<a3> Doing Business As Company or Brand Designation
Elkhart Telephone	411764	

REDACTED FOR PUBLIC INSPECTION

Attachment – Line 112

Epic Touch Company

SAC 439011

CONTAINS CONFIDENTIAL INFORMATION
ATTACHMENT REDACTED IN ITS ENTIRETY

AFFIDAVIT CERTIFYING COMPLIANCE WITH §54.313(a)(5) AND §54.313(a)(6)

Epic Touch Co. hereby certifies to the pursuant to the requirements under 47 C.F.R. §54.313(a)(5) and §54.313(a)(6) that:

1) Epic Touch Co. has established operating procedures designed to facilitate compliance with applicable service quality standards, CTIA Code, and consumer protection rules.

2) Epic Touch Co. has established operating procedures designed to facilitate compliance with service quality standards which may include customer remedies and improvement plans.

3) Epic Touch Co. Inc. is able to remain functional in emergency situations as set forth in §54.202(a)(2), Specifically, the reporting carrier has a reasonable amount of back-up power to ensure functionality without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations. and

I certify under penalty of perjury under the laws of the State of Kansas

Trent D. Boaldin DATED this 28th day of June, 2016

Trenton D. Boaldin
Epic Touch Co.
PO Box 1260
Elkhart, KS 67950

SUBSCRIBED AND SWORN to before me this 28 day of June, 2016

Connie Barnett
Notary Public

My Commission Expires: 9-25-17

CONNIE BARNETT
NOTARY PUBLIC
STATE OF KANSAS
My Appt Exp.: 9-25-17

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Trenton D. Boaldin
Epic Touch Co.
PO Box 1260
Elkhart, KS 67950

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STATE OF KANSAS
My Appt Exp.: 9-25-17

SECTION 5 – EPIC TOUCH LIFELINE AND LINKUP USF SERVICE

5.1 Lifeline Service

5.1.1 Description and Applicability

A. Lifeline Service is an assistance program using a combination of wireless facilities and resold service. Lifeline Service only includes basic dial tone service and the services set forth in Section 5.1.2 hereof. Lifeline Service does not include any of the enhanced features generally available to subscribers of the Company's Community Plan, including Caller ID, 3-way conference calling, voice mail, phone-to-phone SMS to other Epic Touch customers, call waiting, and call forwarding.

B. Eligible customers will receive a credit as set forth in Section 5.1.4 below. This credit shall be applied to the Lifeline Service that eligible customers receive from the Company. Epic Touch's Lifeline Service rates are set forth in Section 5.1.5, which take into account the credit set forth in Section 5.1.4.

C. Customers shall not receive more than one Lifeline credit regardless of the number of residential lines or locations where the customer receives service within the State of Oklahoma.

D. All charges, either recurring or nonrecurring, assessed for any service or feature other than Lifeline Service shall be billed at the applicable rate.

E. Lifeline Service shall not be available on a retroactive basis.

5.1.2 Designated Services Available to Lifeline Customers*

The following Services shall be offered to eligible Lifeline Customers using a combination of the Company's wireless facilities and resold service:

A. Single Party Service
B. Local Usage
C. Touch Tone Services
D. Voice Grade Access to the Public Switched Network
E. Access to Emergency Services
F. Access to Operator Services
G. Access to Interexchange Services
H. Access to Directory Assistance
I. Availability of Toll Restriction at No Charge

* Lifeline service may not be disconnected for non-payment of toll charges. Eligible customers accepting toll restriction services shall not be required to pay a deposit.

Trent D. Boaldin
Epic Touch Co.
610 S. Cosmos Street
Elkhart, KS 67950-1260

SECTION 5 – EPIC TOUCH LIFELINE AND LINKUP USF SERVICE (cont'd)

5.1 Lifeline Service (cont'd)

5.1.3 Eligibility Requirements

A. Customers or applicants seeking a Lifeline service credit must provide documentation to the Company establishing that the customer or applicant meets one or more of the following eligibility requirements prior to receiving the Lifeline service credit.

1. The applicant or customer must meet the requirements for eligibility for either Medicaid, Food Stamps, federal public housing, Low-Income Energy Assistance Program, or Supplemental Security Income. Additionally, persons who are eligible recipients of income assistance for Vocational Rehabilitation (including Aid to the Hearing Impaired) are also eligible for the Lifeline Service credit; or

2. Are eligible for or receive assistance or benefits, as certified by the State Department of Rehabilitation services, under programs providing vocational rehabilitation, including aid to the hearing impaired; or

3. Are eligible for or receive assistance or benefits, as certified by the Oklahoma Tax Commission, pursuant to the Sales Tax Relief Act, section 5011 et seq. of Title 68 of the Oklahoma Statutes.

4. For federal income tax purposes, the applicant is not a dependant unless over sixty years of age.

B. The eligibility requirements listed above will be certified to by the applicant or the applicable state agency. The Company assumes no responsibility for the certification of customers or applicants eligibility.

Upon receipt of the applicant's documentation establishing eligibility as stated above, the Company will begin providing the credit.

C. Lifeline customers are required to provide documentation for the purpose of determining their continuing eligibility for the Lifeline credit, upon request of the Company, no less frequently than annually.

D. The Lifeline service credit will be discontinued for customers who no longer meet the eligibility requirements for Lifeline Service credit.

Trent D. Boaldin
Epic Touch Co.
610 S. Cosmos Street
Elkhart, KS 67950-1260

Epic Touch Co.
Cause No. PUD 200300167
Order No. 500425

Oklahoma Tariff No. 1
1st Revised Sheet 34
Cancels Original Sheet 34

SECTION 5 – EPIC TOUCH LIFELINE AND LINKUP SERVICE (cont'd)

5.1. *Lifeline Service* (cont'd)

5.1.4 Lifeline Credits

		Monthly Credit*	
A.	Federal Lifeline Discount:	$9.25	(CR)
			(RT)

*Credit amount will not exceed the total of the subscriber line charge and the residential local exchange rate. In no instance will a subscriber's monthly local exchange rate be less than $2.50 after application of the Lineline credits.

Public Utility Division
201300188
Tariff Sheets Approved
per 165:55-5-10(c)

Trent D. Boaldin
Epic Touch Co.
610 S. Cosmos Street
Elkhart, KS 67950-1260

SECTION 5 – EPIC TOUCH LIFELINE AND LINKUP USF SERVICE (cont'd)

5.1 Lifeline Service (cont'd)

5.1.5 Monthly Lifeline Service Rates

A. Lifeline Wireless USF Service – Epic Touch shall charge the following rate for Lifeline Wireless USF Service. Such service shall include 500 minutes per month of local usage, and are available at any time of the day or week, without incurring additional charges above the basic universal service plan cost.

Monthly Service Fee: $15.00/month

B. Lifeline Resale USF Service – Epic Touch shall charge the following rates for Lifeline Resale USF Service, on an exchange by exchange basis, within its service area. Such service shall include 500 minutes per month of local usage, and are available at any time of the day or week, without incurring additional charges above the basic universal service plan cost. These rates are for a service period of one month, and are payable in advance:

Exchange:	(NPA/NNX):	Residential:
Adams	(580-253)	$16.56
Balko	(580-646)	$16.56
Beaver	(580-625)	$18.00
Boise City	(580-544)	$18.00
Bryan's Corner	(580-361)	$16.56
Eva	(580-545)	$18.00
Felt-Wheeless	(580-426)	$18.00
Floris	(580-259)	$16.56
Forgan	(580-487)	$16.56
Gate	(580-934)	$18.00
Goodwell	(580-349)	$19.45
Griggs	(580-543)	$18.00

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Epic Touch Co.
610 S. Cosmos Street
Elkhart, KS 67950-1260

SECTION 4 – EPIC TOUCH RESALE USF SERVICE (cont'd)

5.1 Lifeline Service (cont'd)

5.1.5 Monthly Lifeline Service Rates (cont'd)

B. Lifeline Resale USF Service (cont'd)

Exchange:	(NPA/NNX):	Residential: *
Guymon	(580-338; 580-468)	$19.45
Hardesty	(580-888)	$16.56
Kenton	(580-261)	$18.00
Keyes	(580-546)	$18.00
Laverne	(580-921)	$18.00
Logan	(580-837)	$18.00
Texhoma	(580-423)	$18.00
Turpin	(580-778)	$19.45
Tyrone	(580-854)	$16.56

Trent D. Boaldin
Epic Touch Co.
610 S. Cosmos Street
Elkhart, KS 67950-1260

www.epictouch.com
EPICTOUCH
bringing neighbors together

AFFIDAVIT

STATE OF Kansas)
)
COUNTY OF Morton)

BEFORE ME, the undersigned authority, appeared Trenton D. Boaldin, who deposed and stated:

1. My name is Trenton D. Boaldin. I am employed by Epic Touch Co. as its President. I am an officer of Epic Touch Co. and am authorized to give this affidavit on behalf of Epic Touch Co. This affidavit is being given to support the Oklahoma Corporation Commission's certification as required by 47 C.F.R. § 54.314.

2. Epic Touch Co. hereby certifies that it has used all federal high-cost and CAF support it received in the preceding calendar year, 2015, and will use all such support it receives in the new calendar year, 2017, only for the provision, maintenance, and upgrading of facilities capable of delivering voice and broadband services to homes, businesses and community anchor institutions for which the support is intended, regardless of the rule under which that support is provided.

FURTHER THE AFFIANT SAYETH NOT.

Trenton D. Boaldin
President, Epic Touch Co.

SUBSCRIBED AND SWORN TO BEFORE ME this 28 day of June, 2016.

NOTARY PUBLIC

CONNIE BARNETT
NOTARY PUBLIC
STATE OF KANSAS
My Appt Exp.: 9-25-17

My Commission Expires: 9-25-17
(Notary Seal)