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EUGENE MALISZEWSKYJ
ENGINEERING CONSULTANT

WRITER'S CONTACT INFORMATION
sta@bloostonlaw.com
202-828-5562

June 30, 2016

REDACTED – FOR PUBLIC INSPECTION

VIA ECFS

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

RE: Form 481 – Carrier Annual Reporting Data Collection, 2016
WC Dockets No. 14-58 and 10-90

Dear Ms. Dortch:

Pursuant to sections 54.313(i) and 54.422(c) of the Commission's Rules,[1] Northeast Florida Telephone Company (the "Company") hereby submits a copy of its "FCC Form 481 – Carrier Annual Reporting Data Collection Form," as filed with the Universal Service Administrative Company. A copy is also being submitted to the appropriate state regulatory commission and tribal government, as further required by sections 54.313(i) and 54.422(c).

Pursuant to the Protective Order adopted by the Commission in this proceeding,[2] the Company requests confidential treatment for the financial information included in its report, as required by §54.313(f)(2), on the grounds that it is commercially sensitive information that is not normally released to the public. The Company also requests confidential treatment for its Five Year Service Quality Plan pursuant to sections 0.457 and 0.459 of the Commission's Rules. A

[1] 47 CFR §§54.313 and 54.422.

[2] *In the Matter of Connect America Fund, et al.,* PROTECTIVE ORDER, WC Docket No. 10-90, et al., DA 16-296, released March 22, 2016..

letter in support of the Company's request is attached hereto.

In accordance with the Protective Order and the Commission's rules, one redacted copy has been submitted via ECFS, and one confidential non-redacted copy has been submitted on paper via hand delivery to the Secretary's Office.

If you have any questions, please do not hesitate to contact the undersigned.

Sincerely,

Salvatore Taillefer, Jr.

Counsel to
Northeast Florida Telephone Company

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Federal Communications Commission
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Washington, DC 20554

RE: Form 481 – Carrier Annual Reporting Data Collection, 2016
WC Dockets No. 14-58 and 10-90

Dear Ms. Dortch:

Pursuant to §0.457 and §0.459 of the Commission's rules, Northeast Florida Telephone Company ("the Company"), by its attorneys, hereby requests that certain materials and information be withheld from public inspection. Specifically, the Company requests confidential treatment of the Five Year Service Quality Improvement Plan and the outage reporting information (the "Confidential Information") attached to its Form 481 filing.

In support of its request for confidential treatment and pursuant to the requirements under § 0.459(b) of the Commission's rules, the Company states the following:

1. *Identification of the specific information for which confidential treatment is sought.*

The Company seeks confidential treatment of the Confidential Information, attachment 210335fl112 to the Form 481 filing accompanying this letter, which contains sensitive financial information about the Company as well as information about the Company's projected network improvements and upgrades for voice and broadband services during the period from 2015 through 2019; and its outage information, Line 200, which contains competitively sensitive information.

2. *Identification of the Commission proceeding in which the information was submitted or description of the circumstances giving rise to the submission.*

The Confidential Information is being submitted as part of the annual Eligible Telecommunications Carrier Report (Form 481) mandated by section 54.313 of the

Commission's rules.

3. *Explanation of the degree to which the information is commercial or financial, or contains a trade secret or is privileged.*

The Confidential Information is highly confidential and sensitive commercial and financial information which constitutes trade secrets or sensitive commercial and financial information that "would customarily be guarded from competitors,"[1] and is therefore exempted from mandatory disclosure under FOIA Exemption 4 and Section 0.457(d) of the Commission's rules.[2]

4. *Explanation of the degree to which the information concerns a service that is subject to competition.*

The Confidential Information relates to voice and broadband services provided by the Company that are subject to competition from competitive local exchange carriers, cable television system operators, electric power utilities, fixed and mobile wireless service providers, and/or satellite carriers.

5. *Explanation of how disclosure of the information could result in substantial competitive harm.*

Disclosure of the Confidential Information is likely to result in substantial competitive harm to the Company because the Confidential Information could provide competitors with commercially sensitive insights related to the Company's operations, service offerings, and costs.

6. *Identification of any measures taken by the submitting party to prevent unauthorized disclosure.*

The Company does not make the Confidential Information publically available in any way and further limits internal access to key employees subject to strict non-disclosure obligations.

7. *Identification of whether the information is available to the public and the extent of any previous disclosure of the information to third parties.*

The Company does not make the Confidential Information available to the public and it has not previously allowed disclosure of the confidential information to third parties that are not otherwise bound by confidentiality obligations.

---

[1] *Id.* § 0.457(d)(2).

[2] 5 U.S.C. § 552(b)(4): 47 C.F,R. § 0.457(d).

8. *Justification of the period during which the submitting party asserts that the material should not be available for public disclosure.*

The Confidential Information should be treated as confidential for an indefinite period, as the Company will always be subject to competition and the competitive harms associated with the disclosure of the confidential information.

In order to provide adequate protection from public disclosure, the Commission should strictly limit distribution of the Confidential Information within the Commission on a "need to know" basis and not allow any distribution outside of the Commission. In the event that any person or entity outside the Commission requests disclosure of the Confidential Information, the Company requests that it be so notified immediately so that it can oppose such request or take other action to safeguard its interests as it deems necessary.

Please direct any questions regarding this submission to the undersigned.

Respectfully submitted,

Salvatore Taillefer, Jr.
Counsel for
Northeast Florida Telephone Company

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FCC Form 481

FCC Form 481 - Carrier Annual Reporting Data Collection Form

OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	210335
<015>	Study Area Name	NORTHEAST FLORIDA
<020>	Program Year	2017
<030>	Contact Name: Person USAC should contact with questions about this data	Amanda Molina
<035>	Contact Telephone Number: Number of the person identified in data line <030>	9042590029 ext.
<039>	Contact Email Address: Email of the person identified in data line <030>	amolina@townes.net
	Form Type	54.313 and 54.422

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(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	210335
<015>	Study Area Name	NORTHEAST FLORIDA
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Amanda Molina
<035>	Contact Telephone Number - Number of person identified in data line <030>	9042590029 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	amolina@townes.net

<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.

210335fl112.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

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(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	210335
<015>	Study Area Name	NORTHEAST FLORIDA
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Amanda Molina
<035>	Contact Telephone Number - Number of person identified in data line <030>	9042590029 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	amolina@townes.net

<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 --

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(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	210335
<015>	Study Area Name	NORTHEAST FLORIDA
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Amanda Molina
<035>	Contact Telephone Number - Number of person identified in data line <030>	9042590029 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	amolina@townes.net

<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

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(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	210335
<015>	Study Area Name	NORTHEAST FLORIDA
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Amanda Molina
<035>	Contact Telephone Number - Number of person identified in data line <030>	9042590029 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	amolina@townes.net
<400>	Select from the drop-down list to indicate how you would like to report voice complaints (zero or greater) for voice telephony service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize.	Offered only fixed voice
<410>	Complaints per 1000 customers for fixed voice	0.169492
<420>	Complaints per 1000 customers for mobile voice	
<430>	Select from the drop-down list to indicate how you would like to report end-user customer complaints (zero or greater) for broadband service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize.	Offered only fixed broadband
<440>	Complaints per 1000 customers for fixed broadband	0.0
<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	210335
<015>	Study Area Name	NORTHEAST FLORIDA
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Amanda Molina
<035>	Contact Telephone Number - Number of person identified in data line <030>	9042590023 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	amolina@towness.net
<500>	Certify compliance with applicable service quality standards and consumer protection rules	Yes
<510>	Descriptive document for Service Quality Standards & Consumer Protection Rules Compliance	210335f1510.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	210335
<015>	Study Area Name	NORTHEAST FLORIDA
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Amanda Molina
<035>	Contact Telephone Number - Number of person identified in data line <030>	9042590029 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	amolina@towns.net
<600>	Certify compliance regarding ability to function in emergency situations	Yes
<610>	Descriptive document for Functionality in Emergency Situations	210335f1610.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	210335
<015>	Study Area Name	NORTHEAST FLORIDA
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Amanda Molina
<035>	Contact Telephone Number - Number of person identified in data line <030>	9042590029 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	amolina@townes.net

<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 --

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(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	210335
<015>	Study Area Name	NORTHEAST FLORIDA
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Amanda Molina
<035>	Contact Telephone Number - Number of person identified in data line <030>	9042590029 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	amolina@townes.net

<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 --

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(800) Operating Companies
Data Collection Form

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

<010>	Study Area Code	210335
<015>	Study Area Name	NORTHEAST FLORIDA
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Amanda Molina
<035>	Contact Telephone Number - Number of person identified in data line <030>	9042590029 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	amolina@townes.net

<810>	Reporting Carrier	Northeast Florida Telephone Company
<811>	Holding Company	Townes Telecommunications, Inc.
<812>	Operating Company	Northeast Florida Telephone Company

<813>

<a1> Affiliates	<a2> SAC	<a3> Doing Business As Company or Brand Designation
-- See attached worksheet --		

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(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	210335
<015>	Study Area Name	NORTHEAST FLORIDA
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Amanda Molina
<035>	Contact Telephone Number - Number of person identified in data line <030>	9042590029 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	amolina@townes.net

<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.	

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(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	210335
<015>	Study Area Name	NORTHEAST FLORIDA
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Amanda Molina
<035>	Contact Telephone Number - Number of person identified in data line <030>	9042590029 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	amolina@townes.net

<1000>	Voice services rate comparability certification	Yes
<1010>	Attach detailed description for voice services rate comparability compliance	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	Name of Attached Document

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(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	210335
<015>	Study Area Name	NORTHEAST FLORIDA
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Amanda Molina
<035>	Contact Telephone Number - Number of person identified in data line <030>	9042590029 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	amolina@townes.net

<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).	

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(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	210335
<015>	Study Area Name	NORTHEAST FLORIDA
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Amanda Molina
<035>	Contact Telephone Number - Number of person identified in data line <030>	9042590029 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	amolina@townes.net

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

210335f11210.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. ☑

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(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. 3060-0985/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	210335
<015>	Study Area Name	NORTHEAST FLORIDA
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Amanda Molina
<035>	Contact Telephone Number - Number of person identified in data line <030>	9042590029 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	amolina@townes.net

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.

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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)		

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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)

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(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	210335
<015>	Study Area Name	NORTHEAST FLORIDA
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Amanda Molina
<035>	Contact Telephone Number - Number of person identified in data line <030>	9042590029 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	amolina@townes.net

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)}		210335f13010.pdf
(3010B)	Please Provide Attachment	Name of Attached Document Listing Required Information	
(3012A)	Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}	No - No New Community Anchors	
(3012B)	Please Provide Attachment	Name of Attached Document Listing Required Information	
(3013)	Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)}	(Yes/No)	◉ ○
(3014)	If yes, does your company file the RUS annual report	(Yes/No)	○ ◉
	Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:		
(3015)	Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)		☐
(3016)	Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows		☐
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	Name of Attached Document Listing Required Information	
(3018)	If the response is no on line 3014, is your company audited?	(Yes/No)	◉ ○
	If the response is yes on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:		
(3019)	Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers		✓
(3020)	Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows		✓
(3021)	Management letter and/or audit opinion issued by the independent certified public accountant that performed the company's financial audit.		✓
	If the response is no on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:		
(3022)	Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers		☐
(3023)	Underlying information subjected to a review by an independent certified public accountant		☐
(3024)	Underlying information subjected to an officer certification.		☐
(3025)	Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows		☐
(3026)	Attach the worksheet listing required information	Name of Attached Document Listing Required Information	210335f13026.pdf

(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	210335
<015>	Study Area Name	NORTHEAST FLORIDA
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Amanda Molina
<035>	Contact Telephone Number - Number of person identified in data line <030>	9042590029 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	amolina@townes.net

Financial Data Summary

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

Name of Attached Document Listing Required Information

REDACTED - FOR PUBLIC INSPECTION

REDACTED - FOR PUBLIC INSPECTION

(4005) Rural Broadband Experiment Additional Documentation Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013

<010>	Study Area Code	210335
<015>	Study Area Name	NORTHEAST FLORIDA
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Amanda Molina
<035>	Contact Telephone Number - Number of person identified in data line <030>	9042590029 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	amolina@towner.net

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	210335
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<035>	Contact Telephone Number - Number of person identified in data line <030>	9042590029 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	amolina@townes.net

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: NORTHEAST FLORIDA

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

Printed name of Authorized Officer: Amanda Molina

Title or position of Authorized Officer: Vice President of External Relations

Telephone number of Authorized Officer: 9042590029 ext.

Study Area Code of Reporting Carrier: 210335 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	210335
<015>	Study Area Name	NORTHEAST FLORIDA
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Amanda Molina
<035>	Contact Telephone Number - Number of person identified in data line <030>	9042590029 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	amolina@townes.net

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

LINE 112: PROGRESS REPORT UPDATE

REDACTED IN ENTIRETY

LINE 200: SERVICE OUTAGE REPORTING (VOICE)

REDACTED IN ENTIRETY

Carrier Name:	Northeast Florida Telephone Company
Carrier SPIN:	143001439
Carrier SAC:	210335
Operating State:	Florida

Line 510: Service Quality Standards and Consumer Protection Rules Compliance for voice and broadband services

NEFCOM complies with the following federal consumer protection rules and regulations:

FCC 47 C.F.R. §§64.2001-64.2011 – Customer Proprietary Network Information ("CPNI")
FTC 16 C.F.R. §681.2 – Identity Theft Red Flags and Address Discrepancies Under the Fair and Accurate Credit Transactions Act of 2003
All customer protection and disclosures established by the Fair Credit Reporting Act (15 U.S.C. §§1681, *et seq.*) and the Truth in Lending Act (15 U.S.C. §§1601, *et seq.*)

The Company has a CPNI Policy Manual detailing and enforcing the requirements of the federal CPNI rules. Each year, the CPNI Compliance Officer (1) communicates with the Company's attorneys and/or consultants regarding CPNI responsibilities, requirements and restrictions; (2) supervises the training of Company employees and agents who use or have access to CPNI; (3) supervises the use, disclosure, distribution or access to the Company's CPNI by independent contractors and joint venture partners; (4) maintains records regarding the use of CPNI in marketing campaigns; and (5) receives, reviews and resolves questions or issues regarding use, disclosure, distribution or provision of access to CPNI. The CPNI Compliance Officer certifies compliance annually with the FCC by March 1.

The Company has an Identity Theft Prevention Program ("the Program") that was approved by the Board of Directors in September 2008. The Board appointed Red Flag Coordinator is responsible for updating the Program as necessary; the day-today supervision of the Program; training Company employees regarding their responsibilities with respect to the Program; and responding to employee questions and concerns regarding identity theft or the Program. The Red Flag Coordinator is required to annually prepare an Identity Theft Prevention Program Compliance Report for the Board's approval by October 1. The Identity Theft Prevention Program Compliance Report evaluates the effectiveness of the Program; the nature and extent of the Company's service provider arrangements and their impact on the effectiveness of the Program; reports any significant incidents involving identity theft and the Company's response to such incidents; and provides recommendations to the Board for periodic reviews of the Program and the adoption of material changes and other revisions, modifications and updates to the Program.

The Company is subject to consumer protection obligations for broadband services under federal law. These obligations include, but are not limited to, the following: public disclosure of accurate information regarding network management practices, performance, and commercial terms of broadband internet access services; as a means of providing sufficient information for consumers to make informed choices regarding use of such services, and for content, application, service and device providers to develop, market, and maintain internet offerings as specified in F.C.C. 47 C.F.R. Part 8 §8.3.

Carrier Name:	Northeast Florida Telephone Company
Carrier SPIN:	143001439
Carrier SAC:	210335
Operating State:	Florida

Line 610: Functionality in Emergency Situations for voice and broadband services

Northeast Florida Telephone Company ("NEFCOM" or "the Company") has an Emergency Operations Plan ("EOP" or "the Plan") that addresses the requirements for continuity of service and systematic restoration of service after loss of service due to an emergency. The EOP is administered and maintained by a member of senior management of the parent company, Townes Telecommunications, Inc., and is reviewed annually to ensure that each applicable section is accurate and any changes or updates to the Plan are made on a timely basis.

An Emergency Director has been authorized to implement the provisions of the EOP. The Emergency Director conducts training with employees and is responsible for ensuring that all new employees are provided a 30 minute overview of the Plan as part of their orientation. Specific supervisory personnel receive additional intense instructions regarding special areas of the Plan

The Plan established an Emergency Committee made up of senior management and key company personnel, who upon notification by the Emergency Director that a potential emergency exists, convene to declare an emergency, notify affected parties and assume control of restoration of service efforts.

An emergency control center is established at the Company's business office, which is equipped with a back-up power generator and a wireless telephone set. Depending upon the severity and type of emergency and the safety of the emergency location, a control center may be established at the site of the event.

In case of power outages, batteries in the central office will last on average 8 hours depending on how many lines (AMP load) are served at that particular location. The stand-by generator has 24 hour diesel capacity and small generators are available to be put on smaller concentrators if power is lost. The small generators have to be refueled every few hours.

The Company's standby generators and battery back-up support both voice and broadband network equipment should an emergency situation occur.

REDACTED - FOR PUBLIC INSPECTION

(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	210335
<015>	Study Area Name	NORTHEAST FLORIDA
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Amanda Molina
<035>	Contact Telephone Number - Number of person identified in data line <030>	9042590029 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	amolina@townes.net

<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
FL	Macclenny		FR	14.0	0.0	0.0	0.0	14.0
FL	Sanderson		FR	14.0	0.0	0.0	0.0	14.0

REDACTED - FOR PUBLIC INSPECTION

REDACTED - FOR PUBLIC INSPECTION

(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	210335
<015>	Study Area Name	NORTHEAST FLORIDA
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Amanda Molina
<035>	Contact Telephone Number - Number of person identified in data line <030>	9042590029 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	amolina@townes.net

<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}
FL	All	39.95	0.0	39.95	6.0	1.0	999999.0	Other, No Usage Allowance
FL	All	49.95	0.0	49.95	10.0	1.0	999999.0	Other, No Usage Allowance
FL	All	59.95	0.0	59.95	15.0	1.0	999999.0	Other, No Usage Allowance
FL	All	69.95	0.0	69.95	25.0	1.0	999999.0	Other, No Usage Allowance
FL	All	79.95	0.0	79.95	50.0	1.0	999999.0	Other, No Usage Allowance
FL	All	89.95	0.0	89.95	100.0	1.0	999999.0	Other, No Usage Allowance

REDACTED - FOR PUBLIC INSPECTION

<010>	Study Area Code	210335
<015>	Study Area Name	NORTHEAST FLORIDA
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Amanda Molina
<035>	Contact Telephone Number - Number of person identified in data line <030>	9042590029 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	amolina@townes.net

<810>	Reporting Carrier	Northeast Florida Telephone Company
<811>	Holding Company	Townes Telecommunications, Inc.
<812>	Operating Company	Northeast Florida Telephone Company

<813>

<a1> Affiliates	<a2> SAC	<a3> Doing Business As Company or Brand Designation
Choctaw Telephone Company	421893	N/A
Electra Telephone Company	442069	N/A
Haxtun Telephone Company	462190	N/A
MoKan Dial, Inc. - Kansas	411807	N/A
MoKan Dial, Inc. - Missouri	421807	N/A
Northeast Florida Telephone Company	210335	NEFCOM
Pymatuning Independent Telephone Company	170200	N/A
Tatum Telephone Company	442150	N/A
Walnut Hill Telephone Company	401729	N/A
MoKan Communications, Inc.		N/A
NEFCOM Long Distance, Inc.		NEFCOM Communications, Inc.
PT Communications		N/A

REDACTED - FOR PUBLIC INSPECTION

REDACTED - FOR PUBLIC INSPECTION

Carrier Name: Northeast Florida Telephone Company
Carrier SPIN: 143001439
Carrier SAC: 210335
Operating State: Florida

Line 1210: Terms and Conditions for Lifeline Program Customers

Northeast Florida Telephone Company ("NEFCOM" or "the Company") complies with the FCC CFR 47 §§54.4, Universal Service Support for Low-Income Customers and the Florida Public Service Commission's rule 25-4.0665 relating to Lifeline Service. The Company has developed a Lifeline Program Policy & Procedures Manual, which incorporates both the federal and state Low-Income Program requirements. Lifeline is a non-transferable retail service offering for which qualifying low-income consumers receive a $9.25 federal discount and a $3.50 company discount on flat rated basic local telephone service, whether it is purchased on a stand-alone basis or as part of a bundled service that includes voice and data services and optional calling features. Lifeline customers are charged a separate charge for toll calls, but are provided Toll Blocking free of charge if they elect to subscribe to the service. The Lifeline supported services are as shown below:

	NEFCOM	
Residence Access Line	14.00	
Federal SLC	6.50	
Total Monthly Rate	20.50	
Lifeline Discounts to Total Monthly Rate:		
Federal Flat Rate Lifeline Support	(9.25)	***FCC 497: Lifeline Worksheet***
Company Lifeline Support	(3.50)	
Total Lifeline Service Monthly Rate	**(12.75)**	
Net Monthly Local Service for Lifeline Customer	**7.75**	

Additional Services:
Toll Blocking is free to Lifeline customers who subscribe to this service.

The company is required to include the Lifeline Service Program in their Local Exchange Tariff. The rates for basic local residential service are also contained in the Local Exchange Tariff and the rates for the federal SLC are included in the NECA Tariff No. 5. Changes to any of these rates must be approved by the appropriate regulatory agency.

Carrier Name:	Northeast Florida Telephone Company
Carrier SPIN:	143001439
Carrier SAC:	210335
Operating State:	Florida

Line 3010: Milestone Certification

Northeast Florida Telephone Company ("NEFCOM" or "the Company"), pursuant to, and in accordance with, F.C.C. 47 C.F.R § 54.202(a) and § 54.313(f)(1)(i), hereby submits this letter of certification that the Company is taking reasonable steps to provide upon reasonable request broadband service at actual speeds of at least 10Mbps downstream/1Mbsp 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, and that requests for such service are met within a reasonable amount of time.

LINE 3026: FINANCIAL STATEMENTS

REDACTED IN ENTIRETY