**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 | 351334 |
| <015> | Study Area Name | WESTERN IOWA ASSN |
| <020> | Program Year | 2017 |
| <030> | Contact Name: Person USAC should contact with questions about this data | Kim Steffen |
| <035> | Contact Telephone Number: Number of the person identified in data line <030> | 7129445711 ext. |
| <039> | Contact Email Address: Email of the person identified in data line <030> | kim.steffen@wiatel.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 | 351334 |
| <015> | Study Area Name | WESTERN IOWA ASSN |
| <020> | Program Year | 2017 |
| <030> | Contact Name - Person USAC should contact regarding this data | Kim Steffen |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 7129445711 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | kim.steffen@wiatel.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.

351334ia112.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

| | | |
|---|---|---|
| <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 | Yes |
| <116> | How much (USF) was used to improve service coverage and how support was used to improve service | Yes |
| <117> | How much (USF) was used to improve service capacity and how support was used to improve service | Yes |
| <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 | 351334 |
| <015> | Study Area Name | WESTERN IOWA ASSN |
| <020> | Program Year | 2017 |
| <030> | Contact Name - Person USAC should contact regarding this data | Kim Steffen |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 7129445711 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | kim.steffen@wiatel.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 |
|---|---|---|---|---|---|---|---|---|---|---|---|
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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 | 351334 |
| <015> | Study Area Name | WESTERN IOWA ASSN |
| <020> | Program Year | 2017 |
| <030> | Contact Name - Person USAC should contact regarding this data | Kim Steffen |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 7129445711 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | kim.steffen@wiatel.com |

<300> Unfulfilled service request (voice): 0

<310> Detail on attempts (voice)

Name of Attached Document

<320> Unfulfilled service request (broadband): 0

<330> Detail on attempts (broadband)

Name of Attached Document

**(400) Number of Complaints per 1,000 customers**
**Data Collection Form**

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

| | | |
|---|---|---|
| <010> | Study Area Code | 351334 |
| <015> | Study Area Name | WESTERN IOWA ASSN |
| <020> | Program Year | 2017 |
| <030> | Contact Name - Person USAC should contact regarding this data | Kim Steffen |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 7129445711 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | kim.steffen@wiatel.com |
| <400> | Select from the drop-down list to indicate how you would like to report voice complaints (zero or greater) for voice telephony service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize. | Offered only fixed voice |
| <410> | Complaints per 1000 customers for fixed voice | 0.0 |
| <420> | Complaints per 1000 customers for mobile voice | |
| <430> | Select from the drop-down list to indicate how you would like to report end-user customer complaints (zero or greater) for broadband service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize. | Offered only 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 | 351334 |
| <015> | Study Area Name | WESTERN IOWA ASSN |
| <020> | Program Year | 2017 |
| <030> | Contact Name - Person USAC should contact regarding this data | Kim Steffen |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 7129445711 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | kim.steffen@wiatel.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 | 351334ia510.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 | 351334 |
| <015> | Study Area Name | WESTERN IOWA ASSN |
| <020> | Program Year | 2017 |
| <030> | Contact Name - Person USAC should contact regarding this data | Kim Steffen |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 7129445711 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | kim.steffen@wiatel.com |
| <600> | Certify compliance regarding ability to function in emergency situations | Yes |
| <610> | Descriptive document for Functionality in Emergency Situations | 351334ia610.pdf |

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 | 351334 |
| <015> | Study Area Name | WESTERN IOWA ASSN |
| <020> | Program Year | 2017 |
| <030> | Contact Name - Person USAC should contact regarding this data | Kim Steffen |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 7129445711 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | kim.steffen@wiatel.com |

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

<703>

| <a1> | <a2> | <a3> | <b1> | <b2> | <b3> | <b4> | <b5> | <c> |
|---|---|---|---|---|---|---|---|---|
| **State** | **Exchange (ILEC)** | **SAC (CETC)** | **Rate Type** | **Residential Local Service Rate** | **State Subscriber Line Charge** | **State Universal Service Fee** | **Mandatory Extended Area Service Charge** | **Total per line Rates and Fees** |
| | | | | | | | | |

-- 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 | 351334 |
| <015> | Study Area Name | WESTERN IOWA ASSN |
| <020> | Program Year | 2017 |
| <030> | Contact Name - Person USAC should contact regarding this data | Kim Steffen |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 7129445711 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | kim.steffen@wiatel.com |

<711>

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

**(800) Operating Companies**
**Data Collection Form**

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

| | | |
|---|---|---|
| <010> | Study Area Code | 351334 |
| <015> | Study Area Name | WESTERN IOWA ASSN |
| <020> | Program Year | 2017 |
| <030> | Contact Name - Person USAC should contact regarding this data | Kim Steffen |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 7129445711 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | kim.steffen@wiatel.com |

| | | |
|---|---|---|
| <810> | Reporting Carrier | Western Iowa Telephone Association |
| <811> | Holding Company | Western Iowa Telephone Association |
| <812> | Operating Company | Western Iowa Telephone Association |

**<813>**

| <a1> | <a2> | <a3> |
|---|---|---|
| **Affiliates** | **SAC** | **Doing Business As Company or Brand Designation** |

-- See attached worksheet --

**(900) Tribal Lands Reporting**
**Data Collection Form**

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

| | | |
|---|---|---|
| <010> | Study Area Code | 351334 |
| <015> | Study Area Name | WESTERN IOWA ASSN |
| <020> | Program Year | 2017 |
| <030> | Contact Name - Person USAC should contact regarding this data | Kim Steffen |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 7129445711 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | kim.steffen@wiatel.com |

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

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

<920> Tribal Government Engagement Obligation

Name of Attached

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

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

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

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

| | | |
|---|---|---|
| <010> | Study Area Code | 351334 |
| <015> | Study Area Name | WESTERN IOWA ASSN |
| <020> | Program Year | 2017 |
| <030> | Contact Name - Person USAC should contact regarding this data | Kim Steffen |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 7129445711 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | kim.steffen@wiatel.com |

| | | |
|---|---|---|
| <1000> | Voice services rate comparability certification | Yes |
| <1010> | Attach detailed description for voice services rate comparability compliance | 351334ia1010.pdf<br>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 | 351334ia1030.pdf<br>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 | 351334 |
| <015> | Study Area Name | WESTERN IOWA ASSN |
| <020> | Program Year | 2017 |
| <030> | Contact Name - Person USAC should contact regarding this data | Kim Steffen |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 7129445711 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | kim.steffen@wiatel.com |

| | | |
|---|---|---|
| <1100> | Certify whether terrestrial backhaul options exist (Y/N) | Yes |
| <1130> | Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps | |

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

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

| | | |
|---|---|---|
| <010> | Study Area Code | 351334 |
| <015> | Study Area Name | WESTERN IOWA ASSN |
| <020> | Program Year | 2017 |
| <030> | Contact Name - Person USAC should contact regarding this data | Kim Steffen |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 7129445711 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | kim.steffen@wiatel.com |

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

351334ia1210.pdf

Name of Attached Document

<1220> Link to Public Website

HTTP

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

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

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

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

**(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 | 351334 |
| <015> | Study Area Name | WESTERN IOWA ASSN |
| <020> | Program Year | 2017 |
| <030> | Contact Name - Person USAC should contact regarding this data | Kim Steffen |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 7129445711 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | kim.steffen@wiatel.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)**
**Data Collection Form**
*Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers*

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

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

<2016> Certification support used to build broadband

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

<2017A> Connect America Fund Phase II recipient?

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

Name of Attached Document Listing Required Information

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

Name of Attached Document Listing Required Information

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

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

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

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

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

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

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

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|---|---|---|
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| <015> | Study Area Name | WESTERN IOWA ASSN |
| <020> | Program Year | 2017 |
| <030> | Contact Name - Person USAC should contact regarding this data | Kim Steffen |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 7129445711 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | kim.steffen@wiatel.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.

| | | | |
|---|---|---|---|
| (3009) | Progress Report on 5 Year Plan<br>Carrier certifies to 54.313(f)(1)(iii) | Yes - Attach Certification | |
| (3010A) | Milestone Certification {47 CFR § 54.313(f)(1)(i)} | | |
| (3010B) | Please Provide Attachment | Name of Attached Document Listing Required Information | 351334ia3010.pdf |
| (3012A) | Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)} | No - No New Community Anchors | |
| (3012B) | Please Provide Attachment | Name of Attached Document Listing Required Information | |
| (3013) | Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)} | (Yes/No) | ◉ ○ |
| (3014) | If yes, does your company file the RUS annual report | (Yes/No) | ○ ◉ |
| | Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires: | | |
| (3015) | Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers) | | ☐ |
| (3016) | Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows | | ☐ |
| (3017) | If the response is yes on line 3014, attach your company's RUS annual report and all required documentation | Name of Attached Document Listing Required Information | |
| (3018) | If the response is no on line 3014, is your company audited? | (Yes/No) | ◉ ○ |
| | If the response is yes on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains: | | |
| (3019) | Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers | | ✔ |
| (3020) | Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows | | ✔ |
| (3021) | Management letter and/or audit opinion issued by the independent certified public accountant that performed the company's financial audit. | | ✔ |
| | If the response is no on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains: | | |
| (3022) | Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers | | ☐ |
| (3023) | Underlying information subjected to a review by an independent certified public accountant | | ☐ |
| (3024) | Underlying information subjected to an officer certification. | | ☐ |
| (3025) | Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows | | ☐ |
| (3026) | Attach the worksheet listing required information | Name of Attached Document Listing Required Information | 351334ia3026.pdf |

**REDACTED – FOR PUBLIC INSPECTION**

**LINES 3027-3034**

**LINES REDACTED IN ENTIRETY**

**(4005) Rural Broadband Experiment Additional Documentation Data Collection Form**

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

| | | |
|---|---|---|
| <010> | Study Area Code | 351334 |
| <015> | Study Area Name | WESTERN IOWA ASSN |
| <020> | Program Year | 2017 |
| <030> | Contact Name - Person USAC should contact regarding this data | Kim Steffen |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 7129445711 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | kim.steffen@wiatel.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<br>OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2013 |
|---|---|

| | | |
|---|---|---|
| <010> | Study Area Code | 351334 |
| <015> | Study Area Name | WESTERN IOWA ASSN |
| <020> | Program Year | 2017 |
| <030> | Contact Name - Person USAC should contact regarding this data | Kim Steffen |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 7129445711 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | kim.steffen@wiatel.com |

**TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:**

**Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients**

**I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.**

Name of Reporting Carrier:

Signature of Authorized Officer: Date

Printed name of Authorized Officer:

Title or position of Authorized Officer:

Telephone number of Authorized Officer:

Study Area Code of Reporting Carrier: Filing Due Date for this form:

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

**Certification - Agent / Carrier**
**Data Collection Form**

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

| | | |
|---|---|---|
| <010> | Study Area Code | 351334 |
| <015> | Study Area Name | WESTERN IOWA ASSN |
| <020> | Program Year | 2017 |
| <030> | Contact Name - Person USAC should contact regarding this data | Kim Steffen |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 7129445711 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | kim.steffen@wiatel.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)** Kiesling Associates LLP **is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.**

Name of Authorized Agent: Kiesling Associates LLP

Name of Reporting Carrier: WESTERN IOWA ASSN

Signature of Authorized Officer: CERTIFIED ONLINE Date: 06/27/2016

Printed name of Authorized Officer: Kim Steffen

Title or position of Authorized Officer: Accountant

Telephone number of Authorized Officer: 7129445711 ext.

Study Area Code of Reporting Carrier: 351334 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.

**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: WESTERN IOWA ASSN

Name of Authorized Agent Firm: Kiesling Associates LLP

Signature of Authorized Agent or Employee of Agent: CERTIFIED ONLINE Date: 06/27/2016

Name of Authorized Agent Employee: Cheryl Clauson

Title or position of Authorized Agent or Employee of Agent Regulatory Consultant

Telephone number of Authorized Agent or Employee of Agent: 5152230159 ext.

Study Area Code of Reporting Carrier: 351334 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.

Attachments

**REDACTED – FOR PUBLIC INSPECTION**

**ATTACHMENT – LINE 112**

**ATTACHMENT REDACTED IN ENTIRETY**

**FCC Form 481, Line 510: Certification of Compliance with Applicable Service Quality Standards and Consumer Protection Rules**

Iowa Administrative Code §199-22.6 requires an ETC to certify in its annual report that it is complying with applicable service quality standards and consumer protection rules. The ETC will measure its service connection, held order, and service interruption performance monthly according to this section. Western Iowa Telephone Association certifies that it has complied with these requirements and will continue to comply with these requirements.

**FCC Form 481, Line 610: Certification Regarding Ability to Function in Emergency Situations**

Iowa Administrative Code §199-22.6(5) requires an ETC to certify in its annual report that it is complying with provisions to meet emergencies including but not limited to the provision of emergency power. Each central office shall contain a minimum of two hours of battery reserve and for offices without permanently installed emergency power facilities, there shall be access to a mobile power unit with enough capacity to carry the load which can be delivered on reasonably short notice and readily connected. Western Iowa Telephone Association certifies that it has complied with these requirements and will continue to comply with these requirements. In addition, the ETC also complies with all federal rules regarding end user's abilities to function in emergency situations.

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

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

| | | |
|---|---|---|
| <010> | Study Area Code | 351334 |
| <015> | Study Area Name | WESTERN IOWA ASSN |
| <020> | Program Year | 2017 |
| <030> | Contact Name - Person USAC should contact regarding this data | Kim Steffen |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 7129445711 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | kim.steffen@wiatel.com |

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

<703>

| <a1> | <a2> | <a3> | <b1> | <b2> | <b3> | <b4> | <b5> | <c> |
|---|---|---|---|---|---|---|---|---|
| **State** | **Exchange (ILEC)** | **SAC (CETC)** | **Rate Type** | **Residential Local Service Rate** | **State Subscriber Line Charge** | **State Universal Service Fee** | **Mandatory Extended Area Service Charge** | **Total per line Rates and Fees** |
| IA | All | | FR | 16.0 | 0.0 | 0.0 | 0.0 | 16.0 |

**(710) Broadband Price Offerings**
**Data Collection Form**

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

| | | |
|---|---|---|
| <010> | Study Area Code | 351334 |
| <015> | Study Area Name | WESTERN IOWA ASSN |
| <020> | Program Year | 2017 |
| <030> | Contact Name - Person USAC should contact regarding this data | Kim Steffen |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 7129445711 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | kim.steffen@wiatel.com |

<711>

| <a1> State | <a2> Exchange (ILEC) | <b1> Residential Rate | <b2> State Regulated Fees | <c> Total Rates and Fees | <d1> Broadband Service - Download Speed (Mbps) | <d2> Broadband Service -Upload Speed (Mbps) | <d3> Usage Allowance (GB) | <d4> Usage Allowance Action Taken When Limit Reached {select} |
|---|---|---|---|---|---|---|---|---|
| IA | All | 59.95 | 0.0 | 59.95 | 10.0 | 0.5 | 999999.0 | Other, Other, No limit |
| IA | All | 103.45 | 0.0 | 103.45 | 10.0 | 0.5 | 999999.0 | Other, Other, No limit |
| IA | All | 119.85 | 0.0 | 119.85 | 20.0 | 3.0 | 999999.0 | Other, Other, No limit |
| IA | All | 69.85 | 0.0 | 69.85 | 5.0 | 2.0 | 999999.0 | Other, Other, No limit |
| IA | All | 39.95 | 0.0 | 39.95 | 1.5 | 0.5 | 999999.0 | Other, Other, No limit |
| IA | All | 83.45 | 0.0 | 83.45 | 1.5 | 0.5 | 999999.0 | Other, Other, No limit |
| IA | All | 49.95 | 0.0 | 49.95 | 5.0 | 0.5 | 999999.0 | Other, Other, No limit |
| IA | All | 93.45 | 0.0 | 93.45 | 5.0 | 0.5 | 999999.0 | Other, Other, No limit |
| IA | All | 59.9 | 0.0 | 59.9 | 5.0 | 1.0 | 999999.0 | Other, Other, No limit |
| IA | All | 89.75 | 0.0 | 89.75 | 5.0 | 4.0 | 999999.0 | Other, Other, No limit |
| IA | All | 69.9 | 0.0 | 69.9 | 10.0 | 1.0 | 999999.0 | Other, Other, No limit |
| IA | All | 79.85 | 0.0 | 79.85 | 10.0 | 2.0 | 999999.0 | Other, Other, No limit |
| IA | All | 99.75 | 0.0 | 99.75 | 10.0 | 4.0 | 999999.0 | Other, Other, No limit |
| IA | All | 120.0 | 0.0 | 120.0 | 20.0 | 1.0 | 999999.0 | Other, Other, No limit |
| IA | All | 99.95 | 0.0 | 99.95 | 20.0 | 1.0 | 999999.0 | Other, Other, No limit |
| IA | All | 109.9 | 0.0 | 109.9 | 20.0 | 2.0 | 999999.0 | Other, Other, No limit |
| IA | All | 129.8 | 0.0 | 129.8 | 20.0 | 4.0 | 999999.0 | Other, Other, No limit |
| IA | All | 350.0 | 0.0 | 350.0 | 50.0 | 50.0 | 999999.0 | Other, Other, No limit |
| IA | All | 400.0 | 0.0 | 400.0 | 100.0 | 50.0 | 999999.0 | Other, Other, No limit |
| IA | All | 149.95 | 0.0 | 149.95 | 50.0 | 10.0 | 999999.0 | Other, Other, No limit |
| | | | | | | | | |

**(800) Operating Companies**
**Data Collection Form**

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

| | | |
|---|---|---|
| <010> | Study Area Code | 351334 |
| <015> | Study Area Name | WESTERN IOWA ASSN |
| <020> | Program Year | 2017 |
| <030> | Contact Name - Person USAC should contact regarding this data | Kim Steffen |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 7129445711 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | kim.steffen@wiatel.com |

| | | |
|---|---|---|
| <810> | Reporting Carrier | Western Iowa Telephone Association |
| <811> | Holding Company | Western Iowa Telephone Association |
| <812> | Operating Company | Western Iowa Telephone Association |

<813>

| <a1> Affiliates | <a2> SAC | <a3> Doing Business As Company or Brand Designation |
|---|---|---|
| Western Iowa Telephone Association | | Western Iowa Long Distance |
| Western Iowa Cellular, Inc. | | |
| Sioux City MSA LP | | |
| West Iowa Cellular, Inc. | | |

**FCC Form 481, Line 1010: Voice Services Rate Comparability**

As of January 1, 2016, the ETC's pricing of fixed voice service (reported on line 703 of this filing) is below the current national average urban rate for voice service ($47.48), as published annually by the Wireline Competition Bureau.

**FCC Form 481, Line 1030: Broadband Comparability Compliance**

As of January 1, 2016, the ETC's pricing of broadband service (reported on line 711 of this filing) meets the reasonable comparability broadband benchmark, as published annually by the Wireline Competition Bureau.

**FCC Form 481, Line 1210: Terms and Condition for Lifeline Customers**

**Lifeline Telephone Assistance Program**

Financial assistance through the Lifeline program is available to help eligible Iowans afford and maintain basic telephone service. Lifeline participation enables Iowans to stay connected to jobs, family, community resources, and government and emergency services. Lifeline is a federal government program that assists qualified Iowans by providing a monthly credit of $9.25 on the local telephone bill. Lifeline benefits are limited to one wire line or wireless phone per qualified household. Households currently receiving more than one Lifeline service must select a single Lifeline service provider and de-enroll from the program with any other provider(s).

Households eligible for the Lifeline program include those who participate in other federal public assistance programs, such as the Low-Income Home Energy Assistance Program (LIHEAP) or Supplemental Nutrition Assistance Program (SNAP). Consumers may also qualify based on their level of income. For more information, please see the Board's 2015 Lifeline Week news release.

A Lifeline application form is available from your local telephone service provider, the Iowa Utilities Board, or most Community Action Agencies in the state. To apply, simply complete the application form and then return it to your chosen participating provider. Additionally, residents of Tribal lands who are eligible for Lifeline, should check with their local telecommunications provider to inquire about additional benefits, including potential Link-Up telephone-installation benefits.

Re-certification forms are sent to all Lifeline subscribers each year. In order to continue receiving Lifeline assistance, these forms must be completed and returned to the subscriber's local telecommunications provider within 30 days. If the re-certification form is not returned, the telecommunications provider will discontinue the subscriber's Lifeline assistance.

Information about the number of customers receiving Lifeline assistance is reported by each Iowa telephone company. For more information, call the Iowa Utilities Board toll free at 1.877.565.4450, or visit www.fcc.gov/lifeline or www.usac.org.

Number of local minutes provided: Unlimited local calling

Equal access toll calls are available and are billed at carriers' standard rates for Lifeline subscribers.

SERVICE CHARGES

A. LIFELINE ASSISTANCE

1. The Federal Lifeline Assistance Program is a plan which assists qualified low-income applicants with reductions in their monthly local exchange service rate. The assistance applies for a single telephone line at the applicant's principal place of residence. Qualified applicants shall have their monthly local exchange service rate reduced by the federal support amount defined in 47 CFR 54.403.

2. Eligibility Requirements
   To be eligible for assistance, an applicant must provide documentation showing the applicant (1) meets income-based criterion currently defined as at or below 135 percent of the Federal Poverty Guidelines, OR (2) participates in at least one of the following programs as defined by 47 CFR 54.409:

   a. Medicaid (e.g. Title XIX/Medical, state supplemental assistance)
   b. Supplemental Nutrition Assistance Program (SNAP)
   c. Supplemental Security Income (SSI)
   d. Federal public housing assistance
   e. Low-Income Home Energy Assistance Program (LHEAP)
   f. Temporary Assistance for Needy Families Program (TANF)
   g. National School Lunch Program

   The Lifeline customer is responsible for notifying the Company if the customer ceases to participate in any of the public assistance programs listed above.

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

3. Application for Assistance
   An applicant shall request telephone assistance through completion of a certification form provided by the Company as governed by 47 CFR 54.410.

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

   b. Toll blocking shall be included with this service offering without charge. No service deposit would be required if applicant voluntarily elects toll blocking with the initiation of Lifeline Service.

* - Rates are available to customers at the Company's office, website or by mail.

**FCC Form 481, Line 3010: Progress Report on 5 Year Plan – Milestone Certification**

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

**REDACTED – FOR PUBLIC INSPECTION**

**ATTACHMENT - LINE 3026**

**ATTACHMENT REDACTED IN ENTIRETY**