**REDACTED - FOR PUBLIC INSPECTION**

July 1, 2016

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

ATTENTION: WIRELINE COMPETION BUREAU

RE: Form 481 ETC filing pursuant to Sections 54.313 and 54.422
SAC 361491, MN, Twin Valley-Ulen Telephone Company
*Connect America Fund* WC Dockets 10-90, *11-42 and 14-58*

Dear Ms. Dortch:

Pursuant to Sections 54.313 and 54.422 of the Commission's Rules, please accept the attached FCC Form 481 of Twin Valley-Ulen Telephone Company, MN, SAC 361491 (the "Company") for filing with the Commission.

The Company is filing the attached redacted version via ECFS.

Kindly direct any questions regarding this transmittal to the undersigned. Thank you.

Sincerely,

Pamela Hintz

Senior Telecommunications Consultant
phintz@otcpas.com
(651) 621-8535

Enclosures

**FCC Form 481 - Carrier Annual Reporting Data Collection Form**

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

| | | |
|---|---|---|
| <010> | Study Area Code | 361491 |
| <015> | Study Area Name | TWIN VALLEY-ULEN TEL |
| <020> | Program Year | 2017 |
| <030> | Contact Name: Person USAC should contact with questions about this data | Pamela Hintz |
| <035> | Contact Telephone Number: Number of the person identified in data line <030> | 6516218535 ext. |
| <039> | Contact Email Address: Email of the person identified in data line <030> | phintz@otcpas.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 | 361491 |
| <015> | Study Area Name | TWIN VALLEY-ULEN TEL |
| <020> | Program Year | 2017 |
| <030> | Contact Name - Person USAC should contact regarding this data | Pamela Hintz |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 6516218535 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | phintz@otcpas.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.

361491mn112.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

| | | |
|---|---|---|
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| <015> | Study Area Name | TWIN VALLEY-ULEN TEL |
| <020> | Program Year | 2017 |
| <030> | Contact Name - Person USAC should contact regarding this data | Pamela Hintz |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 6516218535 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | phintz@otcpas.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 | 361491 |
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| <020> | Program Year | 2017 |
| <030> | Contact Name - Person USAC should contact regarding this data | Pamela Hintz |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 6516218535 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | phintz@otcpas.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

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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 | 361491 |
| <015> | Study Area Name | TWIN VALLEY-ULEN TEL |
| <020> | Program Year | 2017 |
| <030> | Contact Name - Person USAC should contact regarding this data | Pamela Hintz |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 6516218535 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | phintz@otcpas.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 | |

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**(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 | 361491 |
| <015> | Study Area Name | TWIN VALLEY-ULEN TEL |
| <020> | Program Year | 2017 |
| <030> | Contact Name - Person USAC should contact regarding this data | Pamela Hintz |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 6516218535 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | phintz@otcpas.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 | 361491mn510.pdf |

**(600) Functionality in Emergency Situations**
**Data Collection Form**

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

| | | |
|---|---|---|
| <010> | Study Area Code | 361491 |
| <015> | Study Area Name | TWIN VALLEY-ULEN TEL |
| <020> | Program Year | 2017 |
| <030> | Contact Name - Person USAC should contact regarding this data | Pamela Hintz |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 6516218535 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | phintz@otcpas.com |
| <600> | Certify compliance regarding ability to function in emergency situations | Yes |
| <610> | Descriptive document for Functionality in Emergency Situations | 361491mn610.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 | 361491 |
| <015> | Study Area Name | TWIN VALLEY-ULEN TEL |
| <020> | Program Year | 2017 |
| <030> | Contact Name - Person USAC should contact regarding this data | Pamela Hintz |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 6516218535 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | phintz@otcpas.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 --

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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 | 361491 |
| <015> | Study Area Name | TWIN VALLEY-ULEN TEL |
| <020> | Program Year | 2017 |
| <030> | Contact Name - Person USAC should contact regarding this data | Pamela Hintz |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 6516218535 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | phintz@otcpas.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 --

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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 | 361491 |
| <015> | Study Area Name | TWIN VALLEY-ULEN TEL |
| <020> | Program Year | 2017 |
| <030> | Contact Name - Person USAC should contact regarding this data | Pamela Hintz |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 6516218535 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | phintz@otcpas.com |

| | | |
|---|---|---|
| <810> | Reporting Carrier | Twin Valley-Ulen Telephone Company |
| <811> | Holding Company | Arvig Enterprises, Inc. |
| <812> | Operating Company | Twin Valley-Ulen Telephone Company |

**<813>**

| <a1> | <a2> | <a3> |
|---|---|---|
| **Affiliates** | **SAC** | **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 | 361491 |
| <015> | Study Area Name | TWIN VALLEY-ULEN TEL |
| <020> | Program Year | 2017 |
| <030> | Contact Name - Person USAC should contact regarding this data | Pamela Hintz |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 6516218535 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | phintz@otcpas.com |

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

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

White Earth Indian Reservation

<920> Tribal Government Engagement Obligation

361491mn920.pdf

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. | Yes |
| <922> | Feasibility and sustainability planning; | Yes |
| <923> | Marketing services in a culturally sensitive manner; | Yes |
| <924> | Compliance with Rights of way processes | Yes |
| <925> | Compliance with Land Use permitting requirements | Yes |
| <926> | Compliance with Facilities Siting rules | Yes |
| <927> | Compliance with Environmental Review processes | Yes |
| <928> | Compliance with Cultural Preservation review processes | Yes |
| <929> | Compliance with Tribal Business and Licensing requirements. | Yes |

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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 | 361491 |
| <015> | Study Area Name | TWIN VALLEY-ULEN TEL |
| <020> | Program Year | 2017 |
| <030> | Contact Name - Person USAC should contact regarding this data | Pamela Hintz |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 6516218535 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | phintz@otcpas.com |

| | | |
|---|---|---|
| <1000> | Voice services rate comparability certification | Yes |
| <1010> | Attach detailed description for voice services rate comparability compliance | 361491mn1010.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 | 361491mn1030.pdf<br>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 | 361491 |
| <015> | Study Area Name | TWIN VALLEY-ULEN TEL |
| <020> | Program Year | 2017 |
| <030> | Contact Name - Person USAC should contact regarding this data | Pamela Hintz |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 6516218535 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | phintz@otcpas.com |

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

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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

| | | |
|---|---|---|
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| <015> | Study Area Name | TWIN VALLEY-ULEN TEL |
| <020> | Program Year | 2017 |
| <030> | Contact Name - Person USAC should contact regarding this data | Pamela Hintz |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 6516218535 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | phintz@otcpas.com |

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

361491mn1210.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. 3060-0986/OMB Control No. 3060-0819
July 2013

| | | |
|---|---|---|
| <010> | Study Area Code | 361491 |
| <015> | Study Area Name | TWIN VALLEY-ULEN TEL |
| <020> | Program Year | 2017 |
| <030> | Contact Name - Person USAC should contact regarding this data | Pamela Hintz |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 6516218535 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | phintz@otcpas.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)

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**(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

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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)

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

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

| | | |
|---|---|---|
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| <015> | Study Area Name | TWIN VALLEY-ULEN TEL |
| <020> | Program Year | 2017 |
| <030> | Contact Name - Person USAC should contact regarding this data | Pamela Hintz |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 6516218535 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | phintz@otcpas.com |

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

Progress Report on 5 Year Plan

| | | | |
|---|---|---|---|
| (3009) | Carrier certifies to 54.313(f)(1)(iii) | | |
| (3010A) | Milestone Certification {47 CFR § 54.313(f)(1)(i)} | Yes - Attach Certification | |
| (3010B) | Please Provide Attachment | Name of Attached Document Listing Required Information | 361491mn3010.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 | 361491mn3026.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 | 361491 |
| <015> | Study Area Name | TWIN VALLEY-ULEN TEL |
| <020> | Program Year | 2017 |
| <030> | Contact Name - Person USAC should contact regarding this data | Pamela Hintz |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 6516218535 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | phintz@otcpas.com |

**Financial Data Summary**

(3027) Revenue

(3028) Operating Expenses

(3029) Net Income

(3030) Telephone Plant In Service(TPIS)

(3031) Total Assets

(3032) Total Debt

(3033) Total Equity

(3034) Dividends

[redacted]

Name of Attached Document Listing Required Information



REDACTED - FOR PUBLIC INSPECTION

REDACTED - FOR PUBLIC INSPECTION



| | | |
|---|---|---|
| <010> | Study Area Code | 361491 |
| <015> | Study Area Name | TWIN VALLEY-ULEN TEL |
| <020> | Program Year | 2017 |
| <030> | Contact Name - Person USAC should contact regarding this data | Pamela Hintz |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 6516218535 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | phintz@otcpas.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 | 361491 |
| <015> | Study Area Name | TWIN VALLEY-ULEN TEL |
| <020> | Program Year | 2017 |
| <030> | Contact Name - Person USAC should contact regarding this data | Pamela Hintz |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 6516218535 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | phintz@otcpas.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: CERTIFIED ONLINE Date 06/29/2016

Printed name of Authorized Officer: Staci Malikowski

Title or position of Authorized Officer: Chief Financial Officer

Telephone number of Authorized Officer: 2183468498 ext.

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 | 361491 |
| <015> | Study Area Name | TWIN VALLEY-ULEN TEL |
| <020> | Program Year | 2017 |
| <030> | Contact Name - Person USAC should contact regarding this data | Pamela Hintz |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 6516218535 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | phintz@otcpas.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)** Olsen Thielen **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: Olsen Thielen

Name of Reporting Carrier: TWIN VALLEY-ULEN TEL

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: 361491 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: TWIN VALLEY-ULEN TEL

Name of Authorized Agent Firm: Olsen Thielen

Signature of Authorized Agent or Employee of Agent: Date: 06/29/2016

Name of Authorized Agent Employee: Tom Campbell

Title or position of Authorized Agent or Employee of Agent Consultant

Telephone number of Authorized Agent or Employee of Agent: 6516218511 ext.

Study Area Code of Reporting Carrier: 361491 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

**(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 | 361491 |
| <015> | Study Area Name | TWIN VALLEY-ULEN TEL |
| <020> | Program Year | 2017 |
| <030> | Contact Name - Person USAC should contact regarding this data | Pamela Hintz |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 6516218535 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | phintz@otcpas.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 |
| MN | Flom | | FR | 19.2 | 0.0 | 0.0 | 0.0 | 19.2 |
| MN | Gary | | FR | 19.2 | 0.0 | 0.0 | 0.0 | 19.2 |
| MN | Ogema/White Earth | | FR | 19.2 | 0.0 | 0.0 | 0.0 | 19.2 |
| MN | Tulaby Lake | | FR | 19.2 | 0.0 | 0.0 | 0.0 | 19.2 |
| MN | Twin Valley | | FR | 19.2 | 0.0 | 0.0 | 0.0 | 19.2 |
| MN | Ulen | | FR | 19.2 | 0.0 | 0.0 | 0.0 | 19.2 |
| MN | Waubun | | FR | 19.2 | 0.0 | 0.0 | 0.0 | 19.2 |

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**(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 | 361491 |
| <015> | Study Area Name | TWIN VALLEY-ULEN TEL |
| <020> | Program Year | 2017 |
| <030> | Contact Name - Person USAC should contact regarding this data | Pamela Hintz |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 6516218535 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | phintz@otcpas.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} |
|---|---|---|---|---|---|---|---|---|
| MN | ALL | 42.95 | 0.0 | 42.95 | 10.0 | 1.0 | 999999.0 | Other, No limit on usage allowance |
| MN | ALL | 52.95 | 0.0 | 52.95 | 20.0 | 1.0 | 999999.0 | Other, No limit on usage allowance |
| MN | ALL | 42.95 | 0.0 | 42.95 | 25.0 | 3.0 | 999999.0 | Other, No limit on usage allowance |
| MN | ALL | 52.95 | 0.0 | 52.95 | 50.0 | 5.0 | 999999.0 | Other, No limit on usage allowance |
| MN | ALL | 72.95 | 0.0 | 72.95 | 100.0 | 5.0 | 999999.0 | Other, No limit on usage allowance |

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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 | 361491 |
| <015> | Study Area Name | TWIN VALLEY-ULEN TEL |
| <020> | Program Year | 2017 |
| <030> | Contact Name - Person USAC should contact regarding this data | Pamela Hintz |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 6516218535 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | phintz@otcpas.com |

| | | |
|---|---|---|
| <810> | Reporting Carrier | Twin Valley-Ulen Telephone Company |
| <811> | Holding Company | Arvig Enterprises, Inc. |
| <812> | Operating Company | Twin Valley-Ulen Telephone Company |

<813>

| <a1> | <a2> | <a3> |
|---|---|---|
| **Affiliates** | **SAC** | **Doing Business As Company or Brand Designation** |
| Arrowhead Communications Corporation | 361374 | Arvig |
| Callaway Telephone Company | 361365 | Arvig |
| Eagle Valley Telephone Company | 361383 | Arvig |
| East Otter Tail Telephone Company | 361385 | Arvig |
| The Home Telephone Company | 361408 | Arvig |
| Lortel Systems, Inc. | 361443 | Arvig |
| Midwest Telephone Company | 361431 | Arvig |
| Osakis Telephone Company | 361448 | Arvig |
| The Peoples Telephone Company of Big Fork | 361453 | Arvig |
| Twin Valley-Ulen Telephone Company | 361491 | Arvig |
| Redwood County Telephone Company | 361472 | Arvig |
| Clements Telephone Company | 361372 | Arvig |
| Melrose Telephone Company | 361430 | Arvig |
| Mainstreet Communcations Corporation, LLC | | Arvig |
| Felton Telephone Company | 361391 | Arvig |
| Tekstar Communications, Inc. | 369007 | Arvig |

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REDACTED - FOR PUBLIC INSPECTION

**TWIN VALLEY - ULEN TELEPHONE COMPANY (SAC 361491)**
**FCC FORM 481**
**PROGRESS REPORT ON SERVICE QUALITY IMPROVEMENT PLAN**

**LINE 112 – FIVE YEAR PLAN OR PROGRESS REPORT**

[redacted]

**LINE 113 – MAPS DETAILING PROGRESS TOWARDS MEETING PLAN TARGETS**

[redacted]

**LINE 114 thru 117 UNIVERSAL SERVICE**

[redacted]

---

2 47 U.S.C. § 254(e)
3 47 C.F.R. § 54.314(b)
4 *See USF/ICC Transformation Order* at Para. 612.
5 *Id.1*

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

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**TWIN VALLEY – ULEN TELEPHONE COMPANY (SAC 361491)**
**FCC FORM 481**
**PROGRESS REPORT ON SERVICE QUALITY IMPROVEMENT PLAN**
**LINE 112 – FIVE YEAR PLAN OR PROGRESS REPORT**

**ATTACHMENT A – LINE 113 NETWORK IMPROVEMENT MAP**

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[redacted]

SAC: 361491
State: MN
Twin Valley-Ulen Tel
Form 481 Line No. 510 Compliance with Service Quality Standards and Consumer Protection

---

As required by MN. Rule "7812.0700 Minnesota General Service Quality Requirements. Subpart 1" the local services provided by Twin Valley-Ulen Tel are provided under internal company operating procedures and publically available tariffs which are in compliance with applicable Minnesota Public Utility Commission orders and rules including:

7810.0100 DEFINITIONS.
7810.0200 SCOPE.
7810.0300 STATUTORY AUTHORITY.

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

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

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

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

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

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

SAC: 361491
State: MN
Twin Valley-Ulen Tel
Form 481 Line No. 510 Compliance with Service Quality Standards and Consumer Protection

---

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

Twin Valley-Ulen Tel is in compliance with Federal CPNI rules, Red Flag Rules and other Federal and State requirements governing the protection of Customer's privacy.

SAC: 361491
State: MN
Twin Valley-Ulen Tel
Form 481 Line No. 610 Description of Functionality in Emergency Situations

---

Twin Valley-Ulen Tel pursuant to MN Rule "7810.390 Emergency Operations" has:

- Established reasonable provisions to meet emergencies resulting from failures of lighting or power service, sudden and prolonged increases in traffic, illness of operators or from fire, storm, or acts of God including provisions for emergency power that meet or exceed the rule requirement to provide:
    - A minimum of four hours of battery service in each central office.
    - A permanently installed power unit in exchanges exceeding 5000 lines.
    - Mobile power units that can be delivered on short notice and which can be readily. connected in offices without installed emergency power facilities.

- Has informed employees as to the procedures to be followed, including reasonable rerouting of traffic around damaged facilities and the deployment of emergency power, in the event of emergency in order to prevent or mitigate interruption or impairment of telecommunications service.

SAC: 361491
State: MN
Twin Valley-Ulen Tel
Form 481, Line No. 920, Tribal Government Engagement Obligation

---

Twin Valley-Ulen Tel provides the White Earth Indian Reservation with phone and internet services. Copies of the compliance filing associated with Federal dockets related to serving tribal areas was sent to the White Earth Indian Reservation. Twin Valley also sent White Earth Indian Reservation a letter dated November 2, 2015, regarding the opportunity for White Earth Indian Reservation to initiate discussions regarding TwinValley-Ulen Tel's services and business practices.

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arvig
150 Second Street SW
Perham, MN 56573

218.346.5500

arvig.com

November 2, 2015

White Earth Nation
Dr. Erma J. Vizenor, Tribal Chairwoman
P.O. Box 418
White Earth, MN 56591

Re: Communications with Tribal Entities

Dear Dr. Vizenor,

In accordance with Sections 54.313 and 54.422 of FCC Rules, Twin Valley-Ulen Telephone Co. dba Arvig has provided copies of its 2015 High Cost and Low income filing with the FCC. Further, pursuant to the requirements of Section 54.313, we are now providing this annual notice regarding the opportunity to initiate any discussions desired by the White Earth Nation regarding our services and business practices, any special needs or other items which should be addressed.

Please reply with any items you wish to discuss or contact me to arrange for such a discussion.

Sincerely,

David Schornack
Director of Sales & Business Development
Twin Valley-Ulen Telephone Co. dba Arvig
218-346-8107
david.schornack@arvig.com

SAC: 361491
State: MN
Twin Valley-Ulen Tel
Form 481 Line No. 1010 Descriptive document for Voice Services Rate Comparability

---

Line 1010 – Description of Voice Services Rate Comparability: Provide a detailed description of how your pricing of fixed voice services is no more than two standard deviations above the applicable national average urban rate for voice service, as published annually by the Wireline Competition Bureau, as required in 47 C.F.R. § 54.313(a)(10).

On April 5, 2016 the Wireline Competition Bureau announced results of the Urban Rate Survey for Voice Services as part of FCC Public Notice DA 16-362. Referenced in this public notice are the results required to meet the rate comparability as noted:

"Based on the survey results, the reasonable comparability benchmark for voice services is $41.07.[3]

[3] Id. at 17694, para. 84."

As required Twin Valley-Ulen Tel hereby certifies that its current fixed voice services for residential subscribers as defined in the USF/ICC Transformation Order is below $41.07.

SAC: 361491
State: MN
Twin Valley-Ulen Tel
Form 481 Line No. 1030 Descriptive document for Broadband Service Rate Comparability

---

Line 1030 – Description of Broadband Service Rate Comparability: Provide a detailed description of how your pricing of a Broadband service meeting the Commission's Public Interest Obligations is no more than the applicable benchmark, as published annually by the Wireline Competition Bureau, pursuant to 47 C.F.R. § 54.313(a)(12).

On April 5, 2016 the Wireline Competition Bureau announced the results of the Urban Rate Survey for Broadband Service as part of FCC Public Notice DA 16-362. Referenced in this public notice are the results required to meet the rate comparability as noted:

"Based on the survey results, the reasonable comparability benchmark calculations for broadband services can be calculated at http://www.fcc.gov/encyclopedia/urban=rate-survey-data."

As required Twin Valley-Ulen Tel hereby certifies that it offers a Broadband service to residential subscribers at pricing that is no more than the applicable benchmark rate.

SAC: 361491
State: MN
Twin Valley-Ulen Tel
Form 481 Line No. 1210 Lifeline Plans Terms and Conditions

---

Twin Valley-Ulen Tel does adhere to all Federal Lifeline eligibility rules and regulations as well as Minnesota Administrative Rule "7817.0400 - Eligibility for Telephone Assistance Credits" which states:

**Minnesota Administrative Rule 237 Chapter 7817.0400**

**Subpart 1. Information provided.** Each local service provider shall annually mail a notice of the availability of the telephone assistance plan to each residential subscriber in a regular billing. If a subscriber has chosen to receive the regular billing other than through U.S. mail, the local service provider shall send the notice in a regular billing using the delivery method chosen by the subscriber for delivery of the regular billing. The notice must state the following: YOU MAY BE ELIGIBLE FOR ASSISTANCE IN PAYING YOUR TELEPHONE BILL IF YOU RECEIVE BENEFITS FROM CERTAIN LOW-INCOME ASSISTANCE PROGRAMS OR MEET CERTAIN INCOME LIMITS. FOR MORE INFORMATION OR AN APPLICATION FORM PLEASE CONTACT
_____ *(local service provider)* ___. On request, the local service provider shall mail to a person an application form developed by the commission and the Department of Commerce, and a brochure that describes the telephone assistance plan's eligibility requirements and application process.

**Subpart 2. Application process.** On completing and signing the application certifying under penalty of perjury that the information provided by the applicant is true and that the statutory criteria for eligibility are satisfied, the applicant must return it to the local service provider for enrollment in the telephone assistance plan. An application may be made by the subscriber, the subscriber's spouse, or a person authorized by the subscriber to act on the subscriber's behalf.

**Subpart 4. Eligibility criteria.** To be eligible for a telephone assistance credit the applicant must:

A. be a subscriber who resides in Minnesota or has moved to Minnesota and intends to remain; and
B. be eligible for the federal Lifeline telephone service discount.

**Subpart 7. Applicant and recipient responsibilities.** Each applicant and each recipient shall provide current information to the local service provider about permanent changes that affect the applicant's or recipient's eligibility.

**Subpart 8. Local service provider responsibilities.**

A. A local service provider shall begin providing telephone assistance credits to an applicant in the earliest possible billing cycle but not later than the second billing cycle following submission of a completed application demonstrating eligibility. If certified, the local service provider shall notify the applicant by, for example, placing telephone assistance credits on the bill.
B. If an applicant is denied eligibility, the local service provider shall notify the applicant in writing of the reasons for the denial, of the right to appeal, and of the right to reapply.

SAC: 361491
State: MN
Twin Valley-Ulen Tel
Form 481 Line No. 1210 Lifeline Plans Terms and Conditions

---

Rates

Twin Valley-Ulen Tel's Local service rates that serve as its Lifeline Plans are filed in Compliance with the regulatory requirements of Minn. Rules Ch. 7810 and Minn. Rules pt. 7812.0600 as follows:

A. The tariffs or price lists of local exchange carriers must offer the following services to all customers pursuant to Minn. Rules pt. 7812.0600 (basic service requirements):

____ single party voice-grade service and touch-tone capability;
____ 911 or enhanced 911 access;
____ 1 + intraLATA and interLATA presubscription and code-specific equal access to interexchange carriers subscribing to its switched access service;
____ access to directory assistance, directory listings, and operator services;
____ toll and information service-blocking capability without recurring monthly charges
____ one white pages directory per year for each local calling area, which may include more than one local calling area, except where an offer is made and explicitly refused by the customer;

____ a white pages and directory assistance listing, or, upon customer request, a private listing that allows the customer to have an unlisted or unpublished telephone number;

____ call-tracing capability according to chapter 7813;

___ (i) call Trace provisions in tariff mirror Commission's tariff templates.

____ blocking capability according to the Commission's ORDER ESTABLISHING CONDITIONS FOR THE PROVISION OF CUSTOMER LOCAL AREA SIGNALING SERVICES, Docket No. P999/CI-92-992 (June 17, 1993) and its ORDER AFTER RECONSIDERATION, Docket No. P999/CI-92-992 (December 3, 1993).

____ telecommunications relay service capability or access necessary to comply with state and federal regulations.

B. A Separate flat rate service offering is required pursuant to Minn. Rules pt. 7812.0600, subpt. 2. At a minimum, each local service provider (LSP) shall offer the services identified in Minn. Rules pt. 7812.0600, subpt. 1 as a separate tariff or price list offering on a flat rate basis. An LSP may also offer basic local service on a measured rate basis or in combination with other services. An LSP may impose separate charges for the services set forth in subpart 1 only to the extent permitted by applicable laws, rules, and commission orders.

SAC: 361491
State: MN
Twin Valley-Ulen Tel
Form 481 Line No. 1210 Lifeline Plans Terms and Conditions

---

C. Service area obligations under Minn. Rules pt. 7812.0600, subpt. 3: An LSP shall provide its local services on a nondiscriminatory basis, consistent with its certificate under part 7812.0300 or 7812.0350, to all customers who request service and whose premises fall within the carrier's service area boundaries or, for an interim period, to all requesting customers whose premises fall within the operational areas of the local service provider's service area under part 7812.0300, subpart 4, or 7812.0350, subpart 4. The obligation to provide resale services does not extend beyond the service capability of the underlying carrier whose service is being resold. The obligation to provide facilities-based services does not require an LSP that is not an eligible telecommunications carrier (ETC) to build out its facilities to customers not abutting its facilities or to serve a customer if the local service provider cannot reasonably obtain access to the point of demarcation on the customer's premises.

The flat rate services, offered pursuant to Minn. Rules pt. 7812.0600, subpt. 2., include unlimited local service minutes of use. The local services offerings do not include any toll minutes of use. The rates for any toll usage are determined by the rate plans of the Toll Provider(s) that end users are selected by lifeline by end users.

The specific Company terms and conditions for the Companies Lifeline Plans are set forth in the tariff pages included in Exhibit 1, attached.

Exhibit 1

SAC: 361491
State: MN
Twin Valley-Ulen Tel
Form 481 Line No. 1210 Lifeline Plans Terms and Conditions

## LOCAL CALLING AREA RATES

CLASS OF SERVICE

BUSINESS
Access Line Charge $19.20

RESIDENCE
Access Line Charge $19.20

BASIC COIN TELEPHONE SERVICE $19.20

All Rates billed in advance at the Net Rate. Payment for service is due when statement is rendered.

SEASONAL SERVICE

Seasonal Service – See Section 4, Page 3.1

EXTENDED AREA SERVICE

| | |
|---|---|
| Twin Valley | to Flom, Gary and Ulen |
| Ulen | to Flom, Hitterdal and Twin Valley |
| Gary | to Twin Valley |
| Waubun | to Flom, Mahnomen and Ogema/White Earth and Tulaby |
| Flom | to Twin Valley, Ulen, Waubun and Tulaby |
| Ogema/White Earth | to Waubun and Tulaby |
| Tulaby | to Waubun, Flom, Mahnomen and Ogema/White Earth |

GENERAL EXCHANGE TARIFF

APPLICATION OF RATES
GENERAL

1. This section describes the application of business and residence rates.

2. Although the location of the service is a guide, the primary or dominant character of use is controlling
regardless of the locations.

BUSINESS SERVICE

1. Business rates apply where the primary or dominant character of use is for business, professional or occupational purposes. Business service is provided at the following locations:

a. Offices, stores, factories and all other places of a strictly business nature.
b. Hospitals.
c. Administrative locations of nursing home and home for the aged.
d. Colleges and universities (excluding dormitories).
e. Senior High, Junior High, and Elementary Schools.
f. Administrative offices of church organizations such as denominational state or district headquarters (includes individual churches).
g. Quarters occupied by charitable organizations, libraries, clubs, civic organizations and fraternal
societies. Where the quarters of a club or fraternal society are infrequently used, such as for weekly
meetings, and no attendant or administrative staff is provided, residence service may be installed. Fraternal societies, as here used, does not include college fraternity or sorority houses in which members
lodge or board.
h. At the residence of a practicing professional person or those in similar categories where the subscriber
is not receiving service at business rates at another location.
i. At any location, including residence, where:
(1) A commercial or professional designation or title is employed in the directory. Designations such as “Rev.”, “Father”, “Rabbi”, etc. however are permitted with residence service. Designations which are not considered descriptive of the subscriber’s profession or similar designations without a business connotation, such as “Dr.” are permitted.

GENERAL EXCHANGE TARIFF

APPLICATION OF RATES

BUSINESS SERVICE (CON'T)

(2) The telephone number is advertised on a continuing or recurring basis in connection with a business, profession, product, service or occupation.

(3) Commercial or professional signs are displayed on the customer's premises, with or without a telephone number, indicating full-time commercial occupancy.

RESIDENCE SERVICE

1. Residence rates apply where the primary or dominant character of use is for social or domestic purposes. Generally, except as outlined below, the service is confined to the living quarters of the subscriber.
Residence service is provided at the following locations:

a. Private residences.

b. Building which are part of the subscriber's domestic establishment and used only for domestic purposes such as private garages, stables and boat houses.

c. Private rooms or apartments including those located in hotels, clubs, nursing homes and home for the aged where the service is confined to the social and domestic use of the subscriber.

d. College dormitories, fraternity and sorority houses where the members lodge or board.

e. Rooms occupied by clubs or fraternal societies which are infrequently used and no attendant or staff is regularly provided (see also definition under business service).

f. Service on a farmstead may be provided at residence rates. At the point a second line is required for agricultural activities, the second line would need to be classified as a business line.

g. Residential rates will also apply to include service at residential premises where the service is used for occupational, administrative, professional, agricultural or commercial purposes.

h. Yellow page listings are not provided as a part of residence service. If a yellow page listing is required, the service would be considered business.

GENERAL EXCHANGE SERVICES TARIFF

SEASONAL SERVICE

I. General
Seasonal Service is provided to residence and single line business customers whose requirements for telephone services are less than that which might normally be provided in any 12 month period.

II. Seasonal Rate Plans
A. Six-Month Plan
Customer will be billed monthly at regular rates when service is activated, May 1 to October 31, and billed $5.95 during inactive months.

B. Eight-Month Plan
Customer will be billed monthly at regular rates when service is activated, April 1 to November 30, and billed $5.95 during inactive months.

C. Ten-Month Plan
Customer will be billed monthly at regular rates when service is activated, April 1 to January 31, and billed $5.95 during inactive months.

D. Suspend Plan
Allows the customer to suspend their service during the months they do not use the telephone service. Under this plan, the customer will be billed monthly at the regular rates when service is activated, and billed $5.95 per month when service is suspended.

III. Conditions
A. Seasonal Service will be furnished under the following conditions:

1. Available to all grades of residence and single line business exchange service where the usage is of a seasonal nature.

B. Normal service order charge to reconnect will be charged on Suspend Plan. A reduced service order charge of $9.95 will apply to the automated Six, Eight and Ten-Month Plans.

1. The Suspend Plan requires the customer to notify the Company when to suspend and reconnect service.

C. The Customer will retain their telephone number and directory listing.

D. To be eligible for the Suspend Plan, service must not be at the residential customers' primary/homestead residence.

E. The customer shall be eligible for seasonal service only at the same location in the Company's service area.

GENERAL SERVICES

APPLICATION OF RATES (Continued)

SERVICE TO SCHOOLS AND PUBLIC LIBRARIES

1. Definitions:

a)"School" means a public, non-public, and church or religious organization school that has classes within the range from kindergarten to grade 12 that meets state compulsory attendance requirements.

b) "Public Library" means a library available to the public which is operated by a county or other local government.

c)"Basic Service to School Classrooms" means access to the local network and tone dial service.

d)"Basic and Advanced Service" includes any service for which the Company may receive compensation from, or a set off against its obligation to, the Federal universal service fund and/or any Minnesota universal service fund as a result of the discount provided pursuant to this tariff position.

2. Basic Service to School Classrooms

A discounted flat rate shall be provided, upon request, to a school that install additional basic service to each classroom or other areas of the school designated by the school board at level determined by the Company that is less than the Company's flat rate for an access line for a business customer(and the same as or greater than the Company's flat rate for an access line for a residence in the same area.

3. Basic and Advanced Services to Schools and Public Libraries

A discount rate may be provided upon request, to a school or public library for basic and advanced services. If a request is received by the Company for a discounted rate before the requirements for the Company to receive compensation from, or a set off of its obligations to, the federal or state universal service fund are determined, the Company in its sole discretion, may determine whether to provide any discount of its services. If a request is received by the Company for a discounted rate after the requirements for the Company to receive compensation from, or a set off of its obligations to, the federal or state universal service fund are determined, both the Company and the requesting school or library shall comply with all applicable requirements.

APPLICATION OF RATES (Continued)

4. Limitations On Resale

a) A school or public library receiving discounted services may not resell, sub-lease or in any other manner allow entities that would not qualify for the discount to obtain those services.

b) A telecommunications provider, telephone company, or an authorized agent of the school or public library possessing all authorization needed to provide telecommunication service to the school or library may request that the Company provide the service to the telecommunications provider, telephone company or agent at the discounted rate for the exclusive purpose of providing the requested service to a qualifying school or public library that has requested the service. A telecommunications provider, telephone company, or an authorized agent shall not be entitled to any additional discount on services qualifying for a discount under this tariff and the discounted rate offered by the Company shall not be considered its retail rate for this service.

LOCAL SERVICE RATE WITH ACS SECURITY SOLUTIONS PACKAGE

I. General

Residential subscribers who also sign an agreement, after October 15, 2010, to become an ACS Security Solutions customer with monthly monitoring are eligible to receive a reduced local service monthly rate of $5.95 for six months per year for each year the subscriber remains eligible. Regular rates shall apply for the other six months of the year. This rate is available for all Company exchanges.

All installation and service order charges are applicable. Rules and regulations apply the same as regular Residence rated access lines. Residence classification only, as described on Page 3 of Section 4 of the Company tariff.

Subscribers who are no longer ACS Security Solutions customers will be charged at normal monthly rates effective immediately upon disconnection of such service.

SAC: 361491
State: MN
Twin Valley-Ulen Tel
Response to Line 3010 – Milestone Certification (47 CFR §54.313(f)(1)(i))

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Twin Valley-Ulen Tel hereby certifies that throughout 2015, it took reasonable steps to provide upon reasonable request broadband service at actual speeds of at least 4 Mbps downstream/1 Mbps upstream, and currently, it is taking reasonable steps to provide upon reasonable request actual speeds of at least 10 Mbps downstream/1 Mbps upstream broadband service at with latency suitable for real-time applications, including Voice over Internet Protocol, and usage capacity that is reasonably comparable to comparable offerings in urban areas as determined in an annual survey, and that requests for such service are met within a reasonable amount of time.

**ATTACHMENT REDACTED IN ENTIRETY**