

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

FCC Form 481

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

July 2018

<010>	Study Area Code	613001
<015>	Study Area Name	ARCTIC SLOPE TEL
<020>	Program Year	2019
<030>	Contact Name: Person USAC should contact with questions about this data	Clover McNeil
<035>	Contact Telephone Number: Number of the person identified in data line <030>	9075642680 ext.
<039>	Contact Email Address: Email of the person identified in data line <030>	clover@astac.net
	Form Type	54.313 and 54.422

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[illegible]

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<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.	
<410>	Complaints per 1000 customers for fixed voice	
<420>	Complaints per 1000 customers for mobile voice	

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<515>	Certify compliance with applicable minimum service standards	

<b>(600) Functionality in Emergency Situations</b>		<b>FCC Form 481</b>
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		<b>July 2018</b>

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<039>	Contact Email Address - Email Address of person identified in data line <030>	clover@astac.net
<600>	Certify compliance regarding ability to function in emergency situations	Yes
<610>	Descriptive document for Functionality in Emergency Situations	613001akFunctioninEmergencySituations600.pdf

FCC Form 481  
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[illegible]

**(900) Tribal Lands Reporting  
Data Collection Form**
**FCC Form 481  
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<039>	Contact Email Address - Email Address of person identified in data line <030>	clover@astac.net

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

North Slope Borough Alaska

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

<920> Tribal Government Engagement Obligation

613001aktribal910.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 PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(5) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select Yes or No or Not Applicable
Yes
<div style="background-color: #cccccc; height: 15px;"></div>
Yes
Yes
Yes
Yes
Yes
Yes
Yes

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

FCC Form 481

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

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<1000>      Voice services rate comparability certification      Yes

<1010>      Attach detailed description for voice services rate comparability compliance      619010akVoiceRateCompare1010.pdf

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Name of Attached Document

<1020>      Broadband comparability certification      No - Unable to certify to broadband rate comparability

<1030>      Attach detailed description for broadband comparability compliance      613001akBBcompliance1030.pdf, 613001akBBcompliance1030 ex parte.pdf

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Name of Attached Document



**(1100) No Terrestrial Backhaul Reporting  
Data Collection Form**
**FCC Form 481  
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&lt;1100&gt; Certify whether terrestrial backhaul options exist (Y/N)

Yes

&lt;1130&gt; 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).

&lt;1140&gt; Alaska Plan rate-of-return certification (yes, no, or not applicable) of compliance with approved performance plan.

Yes

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

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613001akLLTC1210.pdf, 613001akLLCert1210.pdf

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

<1220> Link to Public Website

HTTP [www.astac.net](http://www.astac.net)

"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, | <input checked="" type="checkbox"/> |
| <1222> | Details on the number of minutes provided as part of the plan,  | <input checked="" type="checkbox"/> |
| <1223> | Additional charges for toll calls, and rates for each such plan.  | <input checked="" type="checkbox"/> |

**(2005) Price Cap Carrier Additional Documentation**

FCC Form 481

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*Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers*

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Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of frozen 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(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

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

**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?

<2017C> Total amount of Phase II support, if any, the price cap carrier used for capital expenditures in 2017.

<2018> Attach the number, names, and addresses of community anchor institutions to which the carrier newly began providing access to broadband service in the preceding calendar year - 54.313(e)(1)(ii)(A)

Name of Attached Document Listing  
Required Information

<2019> Recipient certifies that it bid on category one telecommunications and Internet access services in response to all FCC Form 470 postings seeking broadband service that meets the connectivity targets for the schools and libraries universal service support program for eligible schools and libraries located within any area in a census block where the carrier is receiving Phase II model-based support, and that such bids were at rates reasonably comparable to rates charged to eligible schools and libraries in urban areas for comparable offerings - 54.313(e)(1)(ii)(C)

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

**FCC Form 481**

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CAF BLS Reporting

- (3008A) Please indicate whether new locations were deployed during the prior calendar year. (Yes/No)
- (3008B) Please enter the number of new locations deployed in the prior calendar year associated with each of the following speed tiers.
- (3008B1) Number of newly built locations with access to broadband speeds of at least 10/1 Mbps but less than 25/3 Mbps.
- (3008B2) Number of newly built locations with access to broadband speeds of 25/3 Mbps or higher.
- (3008C) Please provide the percentage of deployment across the entire study area.

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Select from the drop down menu or check the boxes below to note compliance with 54.313(f)(1). Privately held carriers must ensure compliance with the financial reporting requirements set forth in 47 CFR 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

(3009)	Progress Report on 5 Year Plan Carrier certifies to 54.313(f)(1)(iii)	No - Attach Explanation	
(3010A)	Certification of Public Interest Obligations {47 CFR § 54.313(f)(1)(i)}		613001akCertPublicInterest3010.pdf
(3010B)	Please Provide Attachment	Name of Attached Document Listing Required Information	
(3012A)	Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}	No - No New Community Anchors	
(3012B)	Please Provide Attachment	Name of Attached Document Listing Required Information	
(3013)	Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)}	(Yes/No)	<input checked="" type="radio"/> <input type="radio"/>
(3014)	If yes, does your company file the RUS annual report	(Yes/No)	<input type="radio"/> <input checked="" type="radio"/>
	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)		<input type="checkbox"/>
(3016)	Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(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)	<input checked="" type="radio"/> <input type="radio"/>
	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		<input checked="" type="checkbox"/>
(3020)	Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows		<input checked="" type="checkbox"/>
(3021)	Management letter and/or audit opinion issued by the independent certified public accountant that performed the company's financial audit.		<input checked="" type="checkbox"/>
	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		<input type="checkbox"/>
(3023)	Underlying information subjected to a review by an independent certified public accountant		<input type="checkbox"/>
(3024)	Underlying information subjected to an officer certification.		<input type="checkbox"/>
(3025)	Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3026)	Attach the worksheet listing required information	Name of Attached Document Listing Required Information	3005-Rate-of-Return-Data-Upload-Template.xlsm, 613001akRORadditionaldocumentation3026.pdf

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

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**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

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**4005 Rural Broadband Experiment**

Authorized Rural Broadband Experiment (RBE) recipients must address the certification for public interest obligations and provide a list of newly served community anchor institutions.

**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 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.**

<b>4003b.</b> 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
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5005 Alaska Plan

- (5010)

Do you participate in the Alaska plan?

(Yes/No)

Yes
- (5011)

Please indicate whether any terrestrial backhaul or other satellite backhaul became commercially available in the previous calendar year in areas previously served exclusively by performance-limiting satellite backhaul.

(Yes/No)

Yes
- (5012)

If the filing carrier identified in its approved performance plans that it relies exclusively on satellite backhaul for a certain portion of the population in its service area, indicate whether any terrestrial backhaul or other satellite backhaul became commercially available in the previous calendar year in areas that were previously served exclusively by satellite backhaul.

(Yes/No)

<5013>	<a>	<b>	<c>
	Description Of Backhaul Technology	Date Backhaul Available	Newly Served Locations or Population
	-- See attached worksheet --		



**Certification - Reporting Carrier  
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**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: ARCTIC SLOPE TEL	
Signature of Authorized Officer: CERTIFIED ONLINE	Date 07/05/2018
Printed name of Authorized Officer: Clover McNeil	
Title or position of Authorized Officer: CFO	
Telephone number of Authorized Officer: 9075642680 ext.	
Study Area Code of Reporting Carrier: 613001	Filing Due Date for this form: 07/16/2018
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**

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**TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:**

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date:
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

**TO BE COMPLETED BY THE AUTHORIZED AGENT:**

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	
Name of Authorized Agent Firm:	
Signature of Authorized Agent or Employee of Agent:	Date:
Name of Authorized Agent Employee:	
Title or position of Authorized Agent or Employee of Agent:	
Telephone number of Authorized Agent or Employee of Agent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

## Attachments

(800) Operating Companies	FCC Form 481
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[illegible]

(5005) Alaska Plan Participants	FCC Form 481
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[illegible]

#### **54.313(a)(6) Functionality in Emergency Situations**

In 7 of our village locations (Point Hope, Point Lay, Wainwright, Atkasuk, Nuiqsut, Kaktovik and Anaktuvuk Pass) we have fully redundant Redcom local exchange switches. The central offices that these switches are installed in are equipped with back up batteries designed to support an 8 hour power disruption. In addition, each location has a standby generator that will come on line automatically in the event of the loss of commercial power. These generators are equipped with external fuel tanks that will provide for 4 or 5 days of unattended operation. We have village reps in these villages that can check the site during an emergency and have fuel delivered if necessary.

In our two largest exchanges, Utqiagvik (formerly Barrow) and Deadhorse we have fully redundant Genband C15 local exchange switches. The central offices these switches are installed in are equipped with back up batteries to support an 8 hour power disruption. In addition, each location has a standby generator that will come on line automatically in the event of loss of commercial power. These generators are equipped with external fuel tanks that will provide for 4 or 5 days of unattended operation. In addition these locations are manned 7 days a week for emergency response.

In both Utqiagvik and Deadhorse we have battery back up at all remote locations and any locations without permanent standby generators are supported by portable generators.

In all locations we work with the two long distance carriers to reroute traffic as required to recover from network outages or traffic spikes. We have redundant routes to both major carriers.

Most ASTAC Wireless cell sites are collocated with our LEC infrastructure and therefore have the same protections as shown above. Those that are standalone either have protected power provided by the facility, or have back up batteries designed to support an 8 hour power disruption and are supported by portable generators as needed.



Arctic Slope Telephone Association Cooperative, Inc.

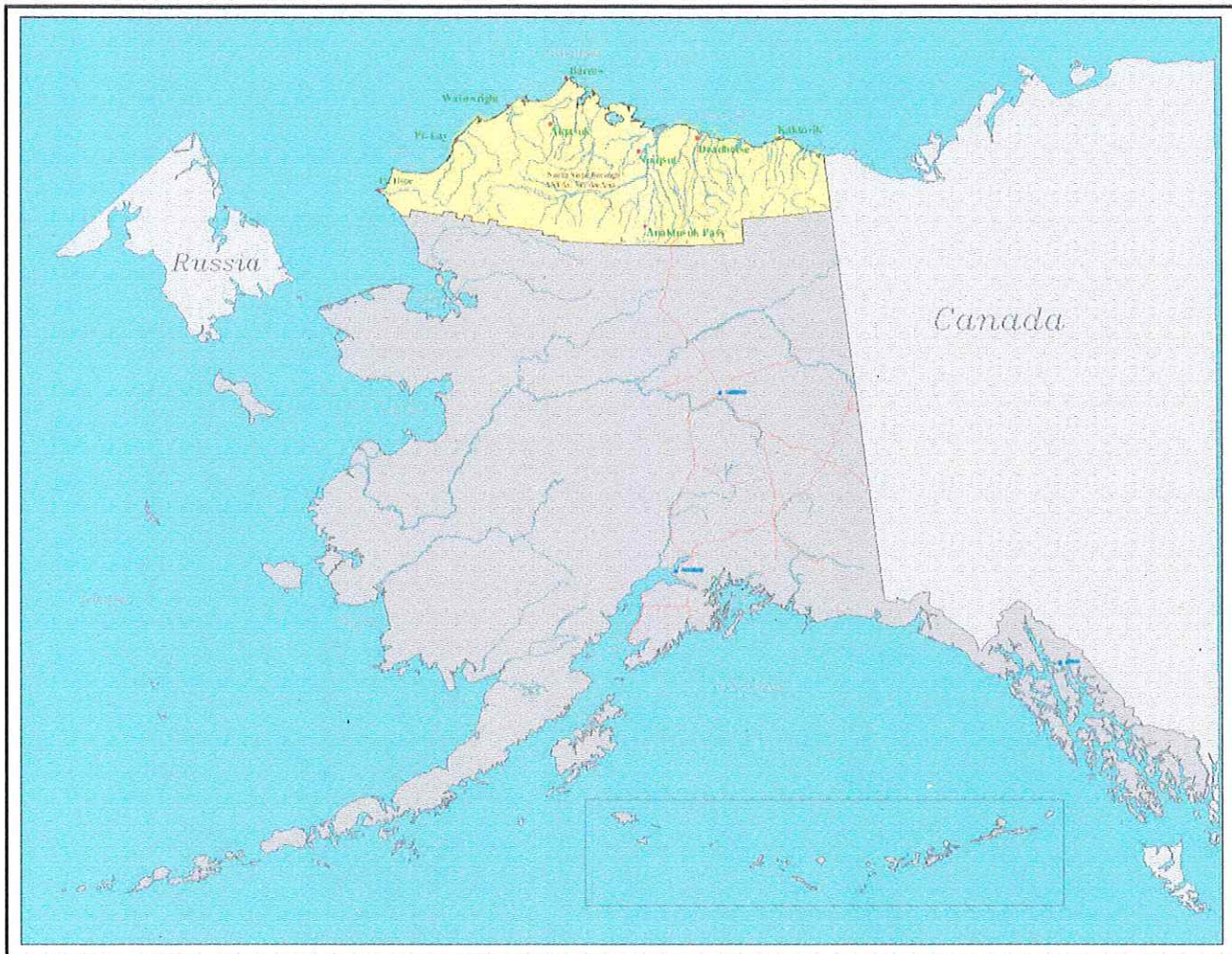
Certification of Tribal Engagement

For the Year Ending December 31, 2017





**Service Area Description:** Arctic Slope Telephone Association Cooperative, Inc. (ASTAC) serves the North Slope Region of Alaska. Our service area encompasses over 92,000 square miles and has seven traditional Native villages, the City of Barrow and the oilfields of Prudhoe Bay scattered across that expanse. With the exception of Prudhoe Bay, which is built out from the terminus of the Dalton Highway, all other villages can only be reached year round by aircraft.



**Tribal Entities:** There are ten federally recognized Tribal Entities within ASTAC's serving area. Each of the seven villages and Barrow has a Native Village organization. Arctic Slope Native Association (ASNA) manages the Samuel Simmonds Memorial Hospital in Barrow and the Inupiat Communities of the Arctic Slope (ICAS) serves as an umbrella government for the eight remote Inupiat villages, known as the Inupiat community, spread out along the Arctic Ocean and in the interior just above the Arctic Circle.



**The Process:** Following the guidelines in DA 12-1165, ASTAC's Executive Leadership Team made multiple attempts to either coordinate telephonic meetings for Tribal Engagement or meet the requirement through a proxy of the engagement process by the tribal entity using the village's elected Director to the ASTAC Board. Following attempts to engage Tribal Leadership in the past, ASTAC was successful in connecting with 60% (six) of the ten Tribal entities that accepted the ASTAC board as a proxy process. Tribal leadership points of contact were updated to reflect current information (Attachment 1). A cover letter was created to explain the process and ask the remaining Tribal Entity's cooperation in meeting our Tribal Engagement obligations using our board representatives. The cover letter borrowed heavily from DA 12-1165. This document was mailed to the 4 entities that had yet to specifically accept the proxy process on October 26, 2017. An example of the cover letter can be found in Attachment 2.

The cover letter still did not elicit a response from any of the Tribal entities who have not asked to be represented by their Tribe's Director on the ASTAC Board. Prior to the mailing of the letter, ASTAC had held four regularly scheduled Board meetings throughout 2017, where the Board approved numerous ongoing engagement items. The agenda for one of those meetings, including Board discussions of tribal engagement activities (highlighted in red text) which can be found in Attachment 3. At these same Board meetings, Directors residing in the communities with the 4 entities who had been non-responsive to the engagement interaction were again asked to do a personal follow up with the Tribal entity and all did so. In addition, Charlie Carpenter, Chief of Network Operations conducted a telephonic meeting with ASNA again this year. This time there was a commitment to address the issue at an ASNA board meeting. The telephonic log is in Attachment 4.

A recurring theme that was expressed again in 2017 was the appropriateness of using the ASTAC elected Board member as a representative of many of the Tribal entities, since the Board member is also a member of the Tribal entity, has received telecom specific training, and sets the direction for the Cooperative based on the will of the people who elect them.

I certify that the above description of ASTAC's Tribal Engagement is a fair and accurate documentation of our efforts and that a copy of this certification has been provided via USPS to all of our Tribal entities.



Jens Laipenieks  
CEO/GM

Arctic Slope Telephone Association Cooperative, Inc.  
Serving the North Slope of Alaska since 1981

## **Attachment 1**

### **2017 Tribal Leadership**

Ms. Marie Carroll, Director  
Arctic Slope Native Association  
P.O. Box 1232  
Barrow, Alaska 99723

Frederick Brower, CEO  
Inupiat Community of Arctic Slope  
P.O. Box 934  
Barrow, AK 99723

Charlie Sollie Hugo, President  
Village of Anaktuvuk  
P.O. Box 21065  
Anaktuvuk Pass, AK. 99721

Margaret Ahngasak, President  
Atqasuk Village  
P.O. Box 91108  
Atqasuk, AK 99791

Charles Brower, Director-President  
Native Village of Barrow  
P.O. Box 1130  
Barrow, AK 99723

Edward Rexford Sr., President  
Kaktovik Village  
P.O. Box 73  
Kaktovik, AK 99747

Margaret Pardue, President  
Native Village of Nuiqsut  
P.O. Box 89169  
Nuiqsut, AK 99789

Eva Kinneeveauk, President  
Native Village of Point Hope  
P.O. Box 109  
Point Hope, AK 99766

Mr. Howard Patkotak, President  
Village of Wainwright  
P.O. Box 143  
Wainwright, AK 99782

Mr. James Henry, President  
Native Village of Point Lay  
P.O. Box 59031  
Point Lay, AK 99757





# ATTACHMENT 2 – TRIBAL COVER LETTER



Charlie Carpenter



Arctic Slope Telephone Association Cooperative, Inc.  
4300 B Street, Suite 501, Anchorage, AK 99503  
907.563.3989 • 1.800.478.6409 • F. 907.563.1932

October 26, 2017

Margaret Ahngasak, President  
Atqasuk Village  
P.O. Box 91108  
Atqasuk, AK 99791

**Dear Ms. Ahngasak;**

I have attached a copy of a letter I sent last year discussing our desire to help facilitate engagement between Tribal government officials and ASTAC.

ASTAC is proposing a more streamlined process to allow you to provide input. As stated in the attached letter, "Paul Bodfish Sr. is the current ASTAC Director for Atqasuk. All Directors receive extensive industry training in telecommunications, meet four times yearly to set direction for the Cooperative and could potentially be a great resource in directing the Cooperative relative to your planning." ASTAC suggests that Paul coordinate with you to carry interests of the village of Atqasuk to the ASTAC board on your behalf. This would provide a more direct avenue for you to express your needs. In addition, it would save money for the cooperative and its members.

We appreciate your input, please email me at [jens@astac.net](mailto:jens@astac.net) if you have any questions.

Best Regards,

Jens Laipenieks, CEO  
ASTAC, Serving the North Slope of Alaska since 1980





4300 B Street, Suite 501  
Anchorage, AK 99503

Arctic Slope Telephone Association Cooperative, Inc.

907 563 3989  
1 800 478 6409  
fax: 907 563 1932

email: [mail@astac.net](mailto:mail@astac.net)

September 1, 2016

Margaret Ahngasak, President  
Atqasuk Village  
P.O. Box 91108  
Atqasuk, AK 99791

Dear Ms. Ahngasak;

This letter is intended to help facilitate engagement between Tribal government officials and ASTAC, which provides service on Tribal lands with the use of Universal Service Fund (USF) support. In 2012, ASTAC met with all tribal entities on the North Slope. Based on feedback we received from Tribal leadership, we are amending our process to better collaborate with you.

A number of tribal entities pointed out that ASTAC has an elected Director to our Board representing your community. Paul Bodfish Sr. is the current ASTAC Director for Atqasuk. All Directors receive extensive industry training in telecommunications, meet four times yearly to set direction for the Cooperative and could potentially be a great resource in directing the Cooperative relative to your planning. It was highly suggested that the Director coordinate with you and speak for your tribal entity, engaging the Cooperative management team on your behalf. This would be much more responsive to your evolving needs due to the quarterly standing Board meetings where you could be represented. It would also save the membership a significant amount of money. For instance, in-person tribal engagement in 2012 cost the Cooperative almost \$28,000.

If this alternative approach makes sense to you, please email me at [jens@astac.net](mailto:jens@astac.net) and confirm your interest in using our Board member as your organization's representative for telecommunications issues, and we will take it from there. Thanks for your consideration of this tailored approach. Alternatively, attached are tribal engagement documents for your response.

Best Regards,

Jens Laipenieks, CEOASTAC,  
Serving the North Slope of Alaska since 1980

# **Tribal Government Pre-Meeting Questionnaire**

## **Needs Assessment and Deployment Planning**

*What are the Tribe's communications goals, needs, and priorities, as well as what the Tribe intends to do with communications services?*

*What core community or anchor institutions are central to deployment and what in the nature and operations of these institutions is relevant to the need for communications services?*

*Are there economic factors and possibly Tribally-driven opportunities that will assist in making the business case for deployment on Tribal lands, as well as opportunities where Tribal governments and communications providers can partner.*

*ASTAC has an elected Director to our Board representing your community. All Directors receive industry training in telecommunications and could potentially be a great resource in your planning. Assuming that the Director would volunteer to serve in an advisory role to your organization, would your organization be willing to appoint our Director onto your Communications Council? If yes, who should they contact?*

## **Feasibility and Sustainability Planning**

*Are there specific challenges associated with deploying and sustaining a communications network on your lands?*

*Many federal grant or loan programs provide direct access to, or particular standing for, Tribal Nations and their entities. That is, there are federal government programs that support infrastructure deployment and support the economic, health, safety, and welfare missions in Native communities. Are there any additional resources the Tribal entity may bring to bear in feasibility and sustainability planning for communications services?*

### **Marketing Services in a Culturally Sensitive Manner**

The Tribal engagement obligation provides Tribal governments and ASTAC with the opportunity to discuss and explore ways in which we can coordinate or partner to ensure that services are marketed in a manner that will relate directly to the community, resonate with consumers, and stimulate increased adoption of services on



Tribal lands.

*Would you be interested in developing materials, separately or jointly, specific to the Tribal community?*

*Would you like to review and comment on our marketing materials as part of the development process?*

*What other elements of our respective organizations may need to be engaged? For Tribal governments, this may mean administrative planning, community service, and other governmental offices. For ASTAC, this may mean customer service, technical assistance, and commercial business divisions.*

#### **Rights of Way and Other Permitting and Review Processes**

There are numerous regulatory processes with which ASTAC must comply in order to provide communications services on Tribal lands, including rights of way, land use permitting, facilities siting, and environmental and cultural review processes.

*Are there additional regulatory processes beyond those practiced and disclosed by ASTAC that should be incorporated in serving Tribal lands?*

### **Compliance with Tribal Business and Licensing Requirements**

As sovereign institutions, Tribal governments have the authority to impose Tribal business and licensing requirements on all entities doing business on their lands. The form of these licenses vary greatly, including certificates of public convenience and necessity, Tribal business licenses, master licenses, and other related forms of Tribal government licensure.

*Please provide a comprehensive list of any business and licensing requirements applicable to the provision of the cooperative's communications services, including an explanation of precisely what all such requirements entail, specific application procedures and timeframes, as well as the governmental offices involved in the licensing process. As part of this process, ASTAC will provide you with a list of existing licenses in place, as applicable.*



## Attachment 3

### ARCTIC SLOPE TELEPHONE ASSOCIATION COOPERATIVE, INC.

#### BOARD OF DIRECTORS MEETING

For the 3rd Quarter, 2017

Wednesday, October 18<sup>th</sup>, 2017

ASTAC Board Room, Alaska Energy Building, Anchorage, Alaska

8:00 AM – 12:00 PM – General Meeting

12:01 PM – Lunch

1:00 PM – 2:00 PM – Board Orientation Session

2:00 PM – 3:00 PM – Fiber Optics 101

#### AGENDA\*

(Tab 1)

**1. CALL TO ORDER**

**2. ROLL CALL**

**3. INVOCATION**

**4. APPROVAL OF AGENDA**

**5. ATTORNEY'S REPORT – [REDACTED]**

(Tab 2)

A. Remaining Board Member oath

B. Mail and electronic voting program adjustments

**6. APPROVAL OF PREVIOUS BOARD MEETING MINUTES**

(Tab 3)

A. July 28th, 2017 Board Meeting Minutes

B. July 28th, 2017 Executive Session Minutes

**7. GENERAL MANAGER'S REPORT**

A. Regulatory Update – [REDACTED] to call in

B. NTCA Fall Meeting Recap – [REDACTED]

**8. CHIEF NETWORK OFFICER'S REPORT**

A. **Network Operations Activities**, 3rd Quarter 2017 – CNO

(Tab 4)

Agenda items in red signify action on Tribal Engagement

\*Agenda subject to change at Board President's discretion

**9. CHIEF SERVICES OFFICER REPORT**

(Tab 5)

- A. **Customer Care and Marketing Update**, 3rd Quarter 2017 – CSO

**10. EXECUTIVE SESSION**

- A. Review 3rd Quarter Write-offs – [REDACTED] (Tab 6)  
B. Partnership Updates – [REDACTED]  
C. **5 Year Plan Update** (2017 Project updates) – [REDACTED]  
    a. **2018 Priorities**  
D. **Sales and Product Development Update** – [REDACTED]  
E. **Financial Report** – Year to Date – [REDACTED]

**11. BOARD ACTION ON EXECUTIVE SESSION ISSUES**

- A. [REDACTED] (Tab 7)

**12. COMMITTEE REPORTS**

A. Tribal Engagement Committee

Members: [REDACTED]

To the extent the recipient serves Tribal lands, documents or information demonstrating that the ETC had discussions with Tribal governments that, at a minimum, included:

- (1) A needs assessment and deployment planning with a focus on Tribal community anchor institutions; **Review of current year activity of the 5 year plan in Executive Session - [REDACTED]**
- (2) Feasibility and sustainability planning; **See Item 11.E Financial Report in Executive Session - [REDACTED]**
- (3) Marketing services in a culturally sensitive manner; Presented in [REDACTED] **Report.**
- (4) Rights of way processes, land use permitting, facilities siting, environmental and cultural preservation review processes; Presented in [REDACTED] **Report**
- (5) Are there compliance with Tribal business and licensing requirements? If so, are we in compliance? In [REDACTED] **Report**
- (6) Follow up solicitation for Board member to represent Native Village in Telecom matters – Still needed with Native Villages of PIZ, ATQ as well as ICAS and ASNA. **[REDACTED] update**

B. Tariff Committee – [REDACTED] **no action**

[REDACTED]

**Agenda items in red signify action on Tribal Engagement**

**\*Agenda subject to change at Board President's discretion**

C. Audit Committee - No action



D. Scholarship Committee Report – [REDACTED], No Action



### 13. VILLAGE CONCERNS & DISCUSSION

- A. **Presentation by Directors of information, issues, concerns and suggestions about telecommunications services in each ASTAC exchange:**

Anaktuvuk Pass, Atqasuk, Barrow, Deadhorse/Prudhoe Bay, Kaktovik, Nuiqsut, Point Hope, Point Lay, Wainwright

### 14. GENERAL INTEREST ITEMS: [REDACTED]

- A. ASTAC Org Chart Review
- B. HR Activity for Q3 2017
- C. 2018 Annual Meetings – Week of July 9<sup>th</sup>, 2018 (tentative)
- D. 2018 Board Meeting Dates
  - a. Q1 – January 26<sup>th</sup>, 2018
  - b. Q2 – April 20<sup>th</sup>, 2018 (tentative)
  - c. Q3 – July 27<sup>th</sup>, 2018 (tentative)

### 15. ADJOURNMENT FOR LUNCH

### 16. BOARD ORIENTATION WORKSESSION

### 17. FIBER OPTICS 101

Tab 4 - Tribal Engagement Telephonic Record for (type in entity here)

Date	Time	Called Number	Person you spoke with	Summary of conversation	Your initials
6/7/2017	2:09pm	(907) 339-3029	Luke Welles (ASNA)	Called to talk about conversation last year where he seemed to indicate that ASNA was not a tribal entity...he explained that he meant they were not a tribe...but that they are a tribal entity. I thanked him for the clarification and said we would get with them when we make out tribal entity contacts this year.	CC
6/7/2017	2:27pm	9073393029	Luke Welles (ASNA)	discussed letter from Jens...agreed to email it to him and he will take to ASNA board meeting in July	CC

ASTAC Wireless. 1010

## ASTAC Wireless Voice Services Rate Comparability

ASTAC Wireless' voice service pricing is no more than 2 standard deviations above the national average urban rate (\$45.38) as announced by the Wireline Competition Bureau on November 8, 2017 (DA 17-1093)

Arctic Slope Telephone Association Cooperative, Inc. (ASTAC) and GVNW Consulting met with the Legal Advisors to Chairman Pai and Commissioners Clyburn, Rosenworcel, O’Rielly and Carr on January 16, 17 and 18, 2018, to provide a confidential update on Alaska Plan broadband rate benchmark levels. They also met with the Wireline Competition Bureau staff on January 16, 2018, to discuss the same issues and to explain why the benchmarks in the Order cannot be met as a result of continued very high cost “middle mile” networks (both satellite and fiber systems), not controlled by ASTAC, that are prohibitively expensive, and prevent ASTAC from achieving the desired AK 2018 rates. Please see the attached, redacted, ex parte document from those meetings.





January 18, 2018

Ms. Marlene Dortch  
Secretary  
Federal Communications Commission  
445 12<sup>th</sup> Street, SW  
Room TW-A325  
Washington, D.C. 20554

RE: **Ex parte filing** in WC Docket No. 16-271 – **Redacted data included**

Dear Ms. Dortch:

On January 16, an *ex parte* meeting was conducted by Steve Merriam, Federal Advocate from Arctic Slope Telephone Association Cooperative, Inc. (ASTAC) and the undersigned from GVNW Consulting, Inc. (GVNW) with the following individuals from the Wireline Competition Bureau: Alex Minard, Suzanne Yelen, and Jesse Jachman.

ASTAC provided a confidential update from its December 6, 2017 *ex parte* meetings on Alaska Plan broadband rate benchmark levels. This notice of the *ex parte* meeting includes the redacted version of the presentation.

As required by the Commission's rules, this *ex parte* record is now filed in the above referenced docket. If there are any questions, please call me on 503.612.4409.

Respectfully submitted,

Via ECFS 1/18/18

Jeffrey H. Smith  
President and CEO

Enclosures – redacted material included with *ex parte*

Copy to

Jens Laipenieks, ASTAC

Steve Merriam, ASTAC

Alex Minard, FCC

Suzanne Yelen, FCC

Jesse Jachman, FCC

# ***ASTAC serving area***

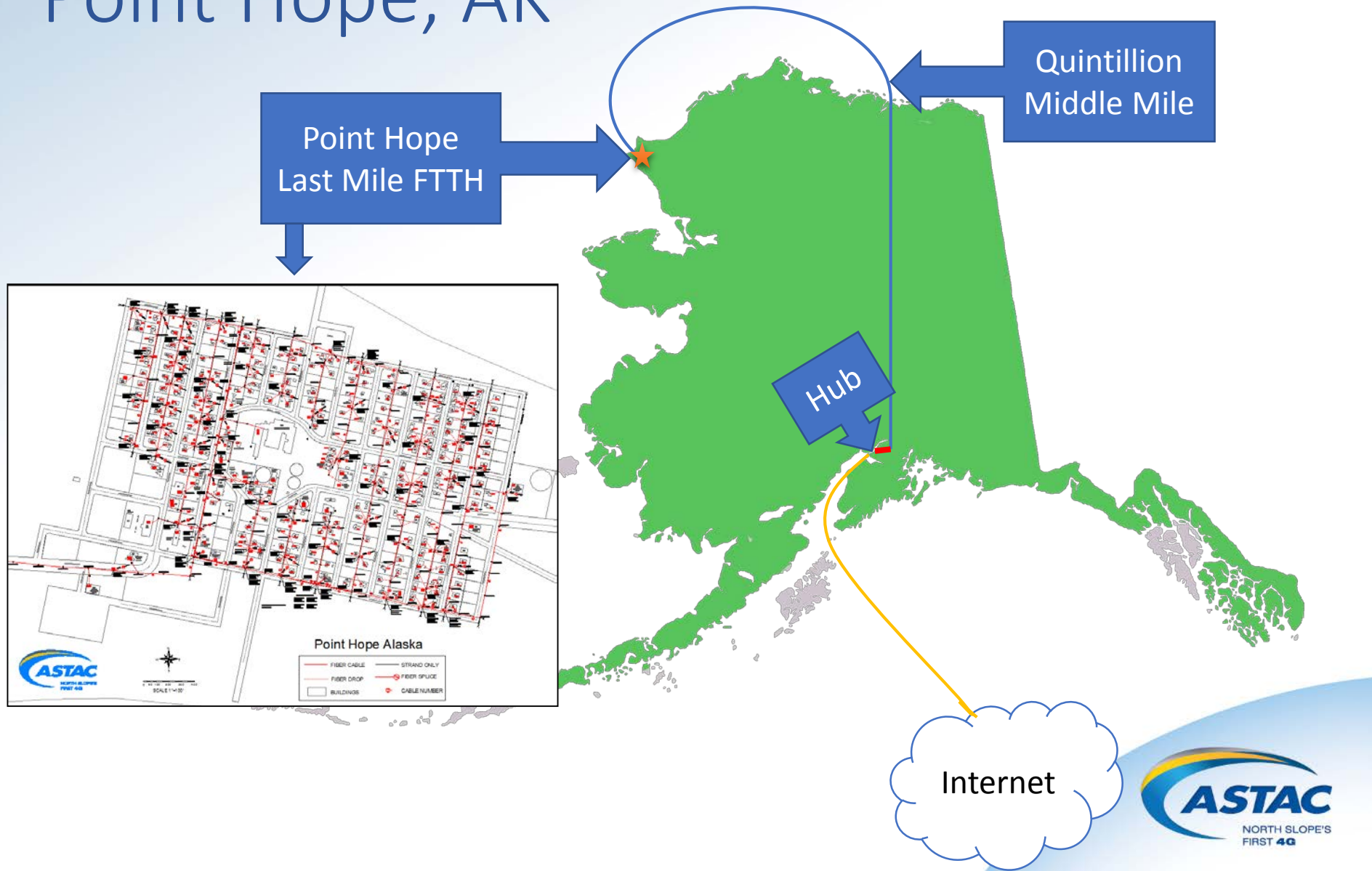


## **ASTAC's Service Area**

ASTAC's service area - Point Hope to Kaktovik  
**90,000+ square miles**, which is larger than  
40 of the 50 states.



# Cost Elements – Internet Service to Point Hope, AK



# New Product Offerings

<b>CURRENT SPEEDS (Download/Upload)</b>	<b>MRC</b>	<b>Usage Rate (\$/GB)</b>
<b>Up to 384/128 Kbps*</b>	<b>\$ 49.99</b>	<b>N/A</b>
<b>Up to 512/256 Kbps*</b>	<b>\$ 69.99</b>	<b>N/A</b>
<b>Up to 1 Mbps/384 Kbps**</b>	<b>\$ 129.99</b>	<b>N/A</b>
<b>Up to 10 Mbps/3Mbps***</b>	<b>\$ 24.99</b>	<b>\$2.00</b>

**\* Satellite fed Markets only**

**\*\* Available in all Markets**

**\*\*\* Fiber fed Markets only (Internet<sup>10</sup>)**

# Internet<sup>10</sup> Product

GB Used	Usage Cost at \$2.00/GB	Monthly Port Fee (10 Mbps)	ASTAC Total Monthly Charge	Comments
1	\$0.00	\$24.99	\$24.99	1st GB free
5	\$10.00	\$24.99	\$34.99	Projected Usage: Median 126GB Mean 169GB
10	\$20.00	\$24.99	\$44.99	
20	\$40.00	\$24.99	\$64.99	
30	\$60.00	\$24.99	\$84.99	
50	\$100.00	\$24.99	\$124.99	
65	\$130.00	\$24.99	\$154.99	
80	\$160.00	\$24.99	\$184.99	
100	\$200.00	\$24.99	\$224.99	
150	\$300.00	\$24.99	\$324.99	
160	\$320.00	\$24.99	\$344.99	
200	\$400.00	\$24.99	\$424.99	
250	\$500.00	\$24.99	\$524.99	
300	\$600.00	\$24.99	\$624.99	

# Requests

Requesting a formal waiver from rate benchmark requirements.

With a commitment to update when economics change (QN Phase II)



# Cost Elements – Service Costs to Point Hope, AK

## Per Mbps Transport Costs

Middle Mile (Ethernet)

Last Mile (to Hub) + Interconnect

Hub Costs (S&P, O&M)

Internet Content (Per Mbps)

### MRC

### Notes

Quintillion Subsea Transport

(ACS) ANC TLS tails to Gov Hill + Dimond D S&P

Gov Hill S&P + ISP costs (Labor, Management and IP Space)

To Internet exchange in Seattle

Dedicated Internet 1Mbps MRC COGS

## Other Fixed Costs

Last Mile (Village)

Provisioning, CPE & Installation (2 year spread)

Neonova Network Support

Neonova Customer Care

LEC intercompany, MRC per loop

30 min rep time, \$300 ONT, install time (tech)

Radius/email/back office (per sub)

Tech Support Avg (\$/sub/mo)

Total Other Monthly Fixed Costs

Total Dedicated 1Mbps Service Cost

10 Mbps Dedicated MRC

3:1 Oversubscription MRC

5:1 Oversubscription MRC

10:1 Oversubscription MRC

15:1 Oversubscription MRC

20:1 Oversubscription MRC

**Alaska Plan Rate Benchmark (10/1 Mbps, w/160GB usage) \$ 99.90**

Per public notice : DA 17-346



**ANCHORAGE OFFICE**  
4300 B Street, Suite 501  
Anchorage, Alaska 99503  
1-800-478-6409  
Fax: 907-563-3394



[www.astac.net](http://www.astac.net) • [info@astac.net](mailto:info@astac.net)

**UTQIAGVIK OFFICE**  
1078 Kiogak Street  
Utqiagvik, Alaska 99723  
907-852-7100  
Fax: 907-852-0006

## RESIDENTIAL APPLICATION FOR TELEPHONE SERVICE

Main Applicant Name:

Joint Applicant Name:

SSN #:

SSN #:

Birth Date:

Birth Date:

Driver's License # & State:

Driver's License # & State:

Contact Phone #(s):

Contact Phone #(s):

Billing Address (North Slope is PO Box only):

Email Address(es):

Location of Service (Physical address + unit #, City/Village):

### CPNI VERIFICATION PASSWORDS

You will be required to use these password(s) for any account access or related services with ASTAC via phone, in-person or on the web.

/

**Please provide a Security Question and Answer (use an example or make your own)**

**Passphrase**

Examples: What is the name of your favorite pet?

Any combination of letters and/or numbers

What is the name of your favorite movie?

What is your favorite color?

What is your first best friend's name?

**Additional Authorized Party to contact ASTAC on behalf of the customer if needed** - Optional. All Authorized Party(s) will need photo ID/CPNI Security Question(s) to make requests and will have full privilege to add or change services for the Customer.

Name:

Contact Phone:



**Do you or does anyone in your household have any disabilities that may inhibit access to service offerings?**

If yes, please explain: \_\_\_\_\_

### SERVICE PLANS

- ☐ **Residential Landline \$17.50 Monthly Rate** *check box if applying* – Regulatory fees + taxes apply and are subject to change.  
Residential service includes unlimited local telephone service (within your village Exchange). One-time installation fees are \$35.55 in Utqiagvik, \$66.95 in all other villages. Security deposit or Autopay option is required to establish service.
- ☐ **Lifeline Voice Program \$0 Monthly Rate** *check box if applying* – Monthly taxes to be paid by the subscriber. Must qualify for Lifeline subsidy.  
Lifeline Plan includes unlimited local telephone service + 500 Nationwide Calling minutes, \$.07 per minute rate after 500 minutes. First-time installation fees are waived up to \$100. Security deposit is required to establish service including long distance, no deposit required for local-only calling and the toll restriction is provided free of cost. One line per customer. **For more info on Lifeline, please contact ASTAC Customer Service.**

### TELEPHONE DIRECTORY LISTING

Write your name as you would like it to appear in the directory, and select the directory option below

(Last Name)

(First Name)

(Middle Initial)

(Prefix)

- ☐ **LISTED** (In the phone directory, listed with the operator) **No Charge**
- ☐ **NONLISTED** (Not in the phone directory, but listed with the operator) **\$2.10 per month**
- ☐ **NONPUBLISHED** (Not in the phone directory, not listed with the operator) **\$2.10 per month**

### LONG DISTANCE

Please select one option.

ASTAC LD:

☐ 200 Minutes per month \$10

☐ 500 minutes per month \$25

☐ 1000 minutes per month \$50

OTHER:

☐ AT&T\*

☐ GCI\*

☐ ACS\* (Deadhorse area only)

\*Customer will need to contact the LD provider and set up an account to be billed correctly.

\*\*Nationwide calling rate does not apply to US territories and International calls.

CONTINUED ON PAGE 2



## RESIDENTIAL APPLICATION FOR TELEPHONE SERVICE

### CUSTOM CALLING FEATURES

Check all features you would like included with the calling service. Additional monthly fees apply.

<input type="checkbox"/> Anonymous Call Rejection	\$4.10	<input type="checkbox"/> Call Waiting	\$3.10	<input type="checkbox"/> Speed Calling – 8 codes	\$2.60	<input type="checkbox"/> Three Way Calling	\$2.60
<input type="checkbox"/> Calling Number ID	\$7.20	<input type="checkbox"/> Continuous Redial	\$4.10	<input type="checkbox"/> Speed Calling – 30 codes	\$4.10	<input type="checkbox"/> VIP Alert/Customized Ringing	\$3.60
<input type="checkbox"/> Call Forward, Remote	\$6.00	<input type="checkbox"/> Last Call Return	\$4.10	<input type="checkbox"/> Toll Restriction (Total)	\$4.05	<input type="checkbox"/> Wake Up, per request	\$2.05
<input type="checkbox"/> Call Forward, Variable	\$2.60	<input type="checkbox"/> Smart Ring (Teen line)	\$2.05	<input type="checkbox"/> Toll Restriction (Block 1+, Allow 0+)	\$4.05	<input type="checkbox"/> 900# Block, install (first time free)	\$0.00

### PLEASE READ ALL TERMS AND CONDITIONS BEFORE SIGNING

Article I Section 2 of the Cooperative's bylaws provides:

#### SECTION 2. Joint Membership.

(a) A husband and wife, or any two persons who occupy the same household, may apply for a joint membership and, subject to their compliance with the requirements set forth in Section 1 of this Article, may be accepted for such membership. The term "member" as used in these bylaws shall be deemed to include a husband and wife or any two persons who occupy the same household holding a joint membership, and any provisions relating to the rights and liabilities of membership shall apply equally with respect to the holders of a joint membership. Each joint member shall be jointly and severally bound by the Articles of Incorporation, bylaws, rules, regulations and tariff of the Cooperative, as such may be amended from time to time. Without limiting the generality of the foregoing, the effect of the following specified actions by or in respect of the holders of a joint membership shall be as follows:

- i. the presence at a meeting of either or both shall be regarded as the presence of one member and shall constitute a joint waiver of notice of the meeting;
- ii. the vote of either separately or both jointly shall constitute one joint vote;
- iii. a waiver of notice signed by either or both shall constitute a joint waiver;
- iv. notice to either shall constitute notice to both;
- v. expulsion of either shall terminate the joint membership;
- vi. withdrawal of either shall terminate the joint membership;
- vii. either but not both may be elected or appointed as an officer or director, provided that both meet the qualifications for such office.

By signing this Application, both the original subscriber and the joint membership applicant certify to the Cooperative that they qualify for a joint membership under the bylaws, and agree to be jointly and severally liable for all charges that accrue for services rendered after the date of this application.

#### SERVICE AGREEMENT

The applicants certify that they are the owners/lessees/tenants of the premises where service is applied for with the lawful authority to sign this application for telephone service and agree to pay the applicable rates and abide by all conditions as prescribed by the Arctic Slope Telephone Association Cooperative, Inc. Tariff for all present and future telephone service. Acceptance of this application by Arctic Slope Telephone Association Cooperative, Inc. constitutes a contract between Arctic Slope Telephone Association Cooperative, Inc. and the applicants. All costs incurred by Arctic Slope Telephone Association Cooperative, Inc. for the collection of any unpaid accounts shall be paid by the applicants. All terms and conditions of the agreement with the original subscriber are incorporated herein by this reference.

We hereby declare that the information provided is true, accurate, and complete to the best of our knowledge and belief, and is voluntarily submitted for the use of receiving telephone service. It is understood that upon presentation, this application becomes the property of Arctic Slope Telephone Association Cooperative, Inc. We also certify that we are each eighteen (18) years of age or older.

The information furnished on this application will be used to determine if a deposit will be required for telephone service. Your signatures in the designated locations authorize Arctic Slope Telephone Association Cooperative, Inc. to conduct credit checks in order to determine possible deposit requirements. A photocopy of these signatures will be considered authorized signatures.

#### STATEMENT OF NONDISCRIMINATION

Arctic Slope Telephone Association Cooperative, Inc. is the recipient of Federal financial assistance from the Rural Utilities Service (RUS), an agency of the U.S. Department of Agriculture, and is subject to the provisions of Title VI of the Civil Rights Act of 1964, as amended, Section 504 of the Rehabilitation Act of 1973, as amended, the Age Discrimination Act of 1975, as amended, and the rules and regulations of the U.S. Department of Agriculture which provide that no person in the United States on the basis of race, color, national origin, age, or handicap shall be excluded from participation in, admission to, denied the benefits of, or otherwise be subjected to discrimination under any of this organization's programs or activities.

The person responsible for the coordinating of the organization's nondiscrimination compliance efforts is the General Manager. Any individual, or specific class of individuals, who feels that this organization has subjected them to discrimination may obtain further information about the statutes and regulations listed above from and/or file a written complaint with this organization; or the Secretary, U.S. Department of Agriculture, Washington, D.C. 20250; or the Administrator, Rural Utilities Service, Washington, D.C. 20250. Complaints must be filed within 180 days after the alleged discrimination. Confidentiality will be maintained to the extent possible.

By signing this agreement, customers authorize ASTAC to perform credit checks to obtain information. Customers further acknowledge having read and understood the terms and agrees to be bound hereby.

\_\_\_\_\_  
Owner/Authorized Signer (Please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner/Authorized Signer (Signature)

\_\_\_\_\_  
Joint Applicant (Please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Joint Applicant (Signature)

For Office Use Only – Rev. 5/11/17

Date Received \_\_\_\_\_ Date Completed \_\_\_\_\_ Deposit Required \_\_\_\_\_ Number Assigned \_\_\_\_\_

SO# \_\_\_\_\_ Customer Account # \_\_\_\_\_ CSR Initials \_\_\_\_\_

**ANCHORAGE OFFICE**  
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Fax: 907-563-3394



[www.astac.net](http://www.astac.net) • [info@astac.net](mailto:info@astac.net)

**UTQIAGVIK OFFICE**  
1078 Kiogak Street  
Utqiagvik, Alaska 99723  
907-852-7100  
Fax: 907-852-0006

## **LIFELINE AND LINKUP ASSISTANCE APPLICATION**

**Annual Certification Is Required**

### **Check applying for:**

- ☐ **Tribal Lifeline Voice** (Landline only)  
☐ **Tribal Lifeline Bundled Voice** (Landline & DSL Internet- DSL does not meet the minimum service standards))  
☐ **Tribal Lifeline Bundled Broadband** (Wireless Calling & Mobile Internet)

**Tribal Lifeline Voice:** Either **Mobile or Landline** Single party, voice grade access to the public switched network, access to emergency services, access to operator services, access to interexchange services (unless toll blocking is chosen), access to directory assistance, and toll blocking (if requested).

**Tribal Lifeline Bundled Voice-**Subscriber receives both voice and broadband service but only the voice component meets the minimum service standards.

**Tribal Lifeline Bundled Broadband-**Subscriber received both voice and broadband service and both the voice and broadband components meet the minimum service standards.

☐ **Tribal Link Up** (*installation charges*)

**Tribal Link Up:** includes any standard charges imposed on qualifying low-income individuals on Tribal Lands as a condition of initiating service, including both line extension and initial connection charges. The customer will receive assistance for 100% of connection fees up to \$100.00. This is the maximum federal assistance available. The supported services under this section do not include charges assessed for facilities or equipment that fall on the customer's side of the demarcation point, i.e. customer premises equipment and inside wiring charges. Any additional installation charges or line extension charges will be the responsibility of the customer. Expanded Link-Up Service assistance shall be provided a subsequent time only for a principal residence with a different address than the residence where Expanded Link-Up Service was previously provided.

### **Verify your Eligibility:**

- 1. Attach a copy of your documents to support your eligibility**
- 2. Return Application and Documents to ASTAC** 4300 B St, Suite 501, Anchorage, AK 99503 / Fax: 907-563-3394 or 907-852-0006

Office Use Only	
ASTAC CSR:	
Proof of Eligibility Received and Effective Date(s):	
Date:	

# Lifeline Program Application Form



## 1. About Lifeline

Lifeline is a federal benefit that lowers the monthly cost of phone or internet service.

### Rules

If you qualify, your household can get Lifeline for phone or internet service, but not both.

- If you get Lifeline for phone service, you can get the benefit for one mobile phone or one home phone, but not both.
- If you get Lifeline for internet service, you can get the benefit for your mobile phone or your home connection, but not both.
- If you get Lifeline for bundled phone and internet service, you can get the benefit for your mobile phone bundled service or your home bundled service, but not both.

Your household cannot get Lifeline from more than one phone or internet company.

You are only allowed to get one Lifeline benefit per household, **not per person**. If more than one person in your household gets Lifeline, you are breaking the FCC's rules and will lose your benefit.

### What is a household?

A household is a group of people who live together and share income and expenses (even if they are not related to each other).

### Do not give your benefit to another person

Lifeline is non-transferable. You cannot give your Lifeline benefit to another person, even if they qualify.

### Be honest on this form

You must give accurate and true information on this form and on all Lifeline-related forms or questionnaires. If you give false or fraudulent information, you will lose your Lifeline benefit (i.e., de-enrollment or being barred from the program) and the United States government can take legal actions against you. This may include (but is not limited to) fines or imprisonment.

### You may need to show other documents

You will need to show your phone or internet company an official document from one of the government qualifying programs or prove your annual income. Please provide copies of your official documents with this application. Include the documents in option 1 or option 2 below:

1. If you qualify through a government program: copies of your state ID card and an official document from the program you are qualifying through (your SNAP card, Medicaid card, Supplemental Security Income (SSI) benefit letter, Federal Public Housing Assistance (FPHA) award letter, or other accepted documents).
2. If you qualify through your income: copies of your state ID card and your last state, federal, or Tribal tax return, pay stubs for 3 consecutive months, or other accepted documents. Visit [lifelinesupport.org](http://lifelinesupport.org) to see the full list of accepted documents.

Visit [lifelinesupport.org](http://lifelinesupport.org) to see the full list of accepted documents.

### Apply

To apply for a Lifeline benefit, fill out every section of this form, initial every agreement statement, and sign the last page.

To apply, bring or mail this form to your phone or internet company.



**Universal Service  
Administrative Co.**

**All fields are required unless indicated. Use only CAPITALIZED LETTERS and black ink to fill out this form.**

**What is your full legal name?**  
The name you use on official documents, like your Social Security Card or State ID. Not a nickname.

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First

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Middle (optional)

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Suffix (optional)

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Last

**What is your phone number** (if you have one)?

--	--	--

--	--	--

--	--	--	--

**What is your date of birth?**

--	--

--	--

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Month Day Year

**What is your email address** (if you have one)?

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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**What are the last 4 numbers of your Social Security Number (SSN)?**

--	--	--	--

If you do not have a SSN, what is your Tribal Identification Number?

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**What is the best way to reach you?**

☐ email    ☐ phone    ☐ text message    ☐ mail



# Lifeline Program Application Form



**Universal Service  
Administrative Co.**

## 2. Your Information (continued)

\*Tribal lands include any federally recognized Indian tribe's reservation, pueblo, or colony, including former reservations in Oklahoma; Alaska Native regions established pursuant to the Alaska Native Claims Settlement Act (85 Stat. 688); Indian allotments; Hawaiian Home Lands—areas held in trust for Native Hawaiians by the state of Hawaii, pursuant to the Hawaiian Homes Commission Act, 1920 July 9, 1921, 42 Stat. 108, et. seq., as amended; and any land designated as such by the Commission for purposes of this subpart pursuant to the designation process in the FCC's Lifeline rules.

[illegible]



**Universal Service  
Administrative Co.**



# Lifeline Program Application Form



Universal Service  
Administrative Co.

## 3. Qualify for Lifeline

Fill out this section to show that you, your dependent, or someone in your household qualifies for Lifeline.

You can qualify through some government assistance programs or through your income (you do not need to qualify through both).

### Qualify through a government program:

Check all programs that you or someone in your household have:

- ☐ Supplemental Nutrition Assistance Program (SNAP) (Food Stamps)
- ☐ Supplemental Security Income (SSI)
- ☐ Medicaid
- ☐ Federal Public Housing Assistance (FPHA)
- ☐ Veterans Pension or Survivors Benefit Programs

Tribal Specific Programs

- ☐ Bureau of Indian Affairs (BIA) General Assistance
- ☐ Tribal Temporary Assistance for Needy Families (Tribal TANF)
- ☐ Food Distribution Program on Indian Reservations (FDPIR)
- ☐ Tribal Head Start (only households that meet the income qualifying standard)

Or

### Qualify through your income:

(Only fill this out if you do not qualify through a government program.)

Including you, how many people live in your household? (check one)	Is your income the same or less than the amount listed for your state and household size? (only check yes or no next to your household size)				
	All 48 States & DC (not Alaska and Hawaii)	Alaska	Hawaii		
<input type="checkbox"/> 1	\$16,389	\$20,493	\$18,846	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> 2	\$22,221	\$27,783	\$25,555.50	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> 3	\$28,053	\$35,073	\$32,265	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> 4	\$33,885	\$42,363	\$38,974.50	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> 5	\$39,717	\$49,653	\$45,684	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> 6	\$45,549	\$56,943	\$52,393.50	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> 7	\$51,381	\$64,233	\$59,103	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> 8	\$57,213	\$71,523	\$65,812.50	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> If more than 8, add this amount for each extra person:	Add \$5,832	Add \$7,290	Add \$6,709.50	<input type="checkbox"/> Yes	<input type="checkbox"/> No

135% of the 2018 Federal Poverty Guidelines

\*The Federal Poverty Guidelines are typically updated at the end of January.



# Lifeline Program Application Form



## 4. Agreement

I agree, under penalty of perjury, to the following statements:

*You must initial next to each statement.*

  
Initial

I (or my dependent or other person in my household) currently get benefits from the government program(s) listed on this form or my annual household income is 135% or less than the Federal Poverty Guidelines (the amount listed in the Federal Poverty Guidelines table on this form).

  
Initial

I agree that if I move I will give my service provider my new address within 30 days.

  
Initial

I understand that I have to tell my service provider within 30 days if I do not qualify for Lifeline anymore, including:

- 1) I, or the person in my household that qualifies, do not qualify through a government program or income anymore.
- 2) Either I or someone in my household gets more than one Lifeline benefit (including, more than one Lifeline broadband internet service, more than one Lifeline telephone service, or both Lifeline telephone and Lifeline broadband internet services).

  
Initial

I know that my household can only get one Lifeline benefit and, to the best of my knowledge, my household is not getting more than one Lifeline benefit.

  
Initial

I agree that my service provider can give the Lifeline Program administrator all of the information I am giving on this form. I understand that this information is meant to help run the Lifeline Program and that if I do not let them give it to the Administrator, I will not be able to get Lifeline benefits.

  
Initial

All the answers and agreements that I provided on this form are true and correct to the best of my knowledge.

  
Initial

I know that willingly giving false or fraudulent information to get Lifeline Program benefits is punishable by law and can result in fines, jail time, de-enrollment, or being barred from the program.

  
Initial

My service provider may have to check whether I still qualify at any time. If I need to recertify (renew) my Lifeline benefit, I understand that I have to respond by the deadline or I will be removed from the Lifeline Program and my Lifeline benefit will stop.

  
Initial

I was truthful about whether or not I am a resident of Tribal lands, as defined in section 2 of this form.

I consent to let USAC contact me at my Lifeline phone number for important reminders and updates to my Lifeline service. Message and data rates may apply. Text STOP to end messages.

**Signature**

**Today's Date**







**Universal Service  
Administrative Co.**

**Answer only if a sales person submits this form.**

**What is the agent's full legal name?**  
The name you use on official documents, like your Social Security Card or State ID. Not a nickname.

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First

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Middle (optional)

--	--	--	--

Suffix (optional)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Last

**What is the agent's ID number?**

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**What is the agent's date of birth?**

--	--

Month

--	--

Day

--	--	--	--

Year



# Lifeline Program Application Form



## Notice

**PAPERWORK REDUCTION ACT NOTICE:** Section 54.410 of the Federal Communications Commission's rules requires all Lifeline subscribers to demonstrate their eligibility to receive Lifeline services. This collection of information stems from the Commission's authority under Section 254 of the Communications Act of 1934, as amended, 47 U.S.C. §254. Using this authority, the FCC has designated USAC as the permanent Lifeline Administrator. The FCC has published rules detailing how consumers can qualify for Lifeline services and what Lifeline services they may receive (47 CFR §54.400 et seq.). The data provided in response to this information collection will be used by USAC to verify the applicant's eligibility for Lifeline services.

We have estimated that each response to this collection of information will take, on average, between 0.25 and 0.75 hours. Our estimate includes the time to read the questions, look through existing records, gather the required data, and actually complete and review the form or response. If you have any comments on this estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, OMD-PERF, Paperwork Reduction Project (3060-0819), Washington, D.C. 20554. We also will accept your comments via the Internet if you send them to [PRA@fcc.gov](mailto:PRA@fcc.gov). Please DO NOT SEND COMPLETED DATA COLLECTION FORMS TO THIS ADDRESS.

Remember – You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid Office of Management and Budget (OMB) control number. This collection has been assigned an OMB control number of 3060-0819.

The Commission is authorized under the Communications Act of 1934, as amended, to collect the information we request on this form. If we believe there may be a violation or potential violation of a statute or a Commission regulation, rule, or order, your response may be referred to the Federal, state, or local agency responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation, or order.

If you do not provide the information we request on this form, you will not be eligible to receive Lifeline services under the Lifeline Program rules, 47 C.F.R. §§ 54.400-54.423.

The foregoing Notice is required by the Paperwork Reduction Act of 1995, P.L. No. 104-13, 44 U.S.C. § 3501, et seq.

**PRIVACY ACT STATEMENT:** The Privacy Act is a law that requires the Federal Communications Commission (FCC) and the Universal Service Administrative Company (USAC) to explain why we are asking individuals for personal information and what we are going to do with this information after we collect it.

**Authority:** Section 254 of the Communications Act (47 U.S.C. § 254), as amended, 47 U.S.C. § 254, authorizes the FCC to operate the Lifeline program. Using this authority, the FCC has designated USAC as the permanent Lifeline Administrator. The FCC has published rules detailing how consumers can qualify for Lifeline services and what Lifeline services they may receive (47 CFR §54.400 et seq.).

**Purpose:** We are collecting this personal information so we can verify that you qualify for the Lifeline program and so we can efficiently provide Lifeline services to you. We access, maintain and use your personal information in the manner described in the Lifeline System of Records Notice (SORN), FCC/WCB-1, which we have published in 82 Fed. Reg. 38686 (Aug. 15, 2017).

**Routine Uses:** We may share the personal information you enter into this form with other parties for specific purposes, such as: with contractors that help us operate the Lifeline program; with other federal and state government agencies that help us determine your Lifeline eligibility; with the telecommunications companies that provide you Lifeline service; and with law enforcement and other officials investigating potential violations of Lifeline rules.

A complete listing of the ways we may use your information is published in the Lifeline SORN described in the "Purpose" paragraph of this statement.

**Disclosure:** You are not required to provide the information we are requesting, but if you do not, you will not be eligible to receive Lifeline services under the Lifeline Program rules, 47 C.F.R. §§ 54.400-54.423.



# Lifeline Program Household Worksheet



## About Lifeline

**Lifeline is a benefit that lowers the monthly cost of phone or internet service (not both). You are only allowed to get one Lifeline benefit per household, not per person.**

## What this worksheet is for

Use this worksheet if someone else at your address gets Lifeline. The answers to these questions will help you find out if there is more than one household at your address.

## What is a household?

A household is a group of people who live together and share income and expenses (even if they are not related to each other).

### Examples of one household:

- A married couple who live together are one household. They must share one Lifeline benefit.
- A parent/guardian and child who live together are one household. They must share one Lifeline benefit.
- An adult who lives with friends or family who financially support him/her are one household. They must share one Lifeline benefit.

### Examples of more than one household:

- 4 roommates who live together but do not share money are 4 households. They can have one Lifeline benefit each, 4 total.
- 30 seniors who live in an assisted-living home are 30 households. They can have one Lifeline benefit each, 30 total.

## Household expenses

A household shares expenses. Household expenses include, but are not limited to, food, healthcare expenses, and the cost of renting or paying a mortgage on your place of residence and utilities.

## Income

Households share income. Income includes salary, public assistance benefits, social security payments, pensions, unemployment compensation, veteran's benefits, inheritances, alimony, child support payments, worker's compensation benefits, gifts, and lottery winnings.

# Lifeline Program

## Household Worksheet



**Universal Service  
Administrative Co.**

# Your Information

**All fields are required unless indicated. Use only CAPITALIZED LETTERS and black ink to fill out this form.**

### What is your full legal name?

The name you use on official documents, like your Social Security Card or State ID. Not a nickname.

First

Middle (optional)

Suffix (optional)

Last

### What is your home address?

(The address where you will get service. Do not use a P.O. Box)

Street Number and Name

Apt., Unit, etc.

City

State

Zip Code



# Lifeline Program Household Worksheet



Universal Service  
Administrative Co.

## Can you apply?

Follow this decision tree  
to confirm if you qualify  
for the Lifeline Program.

### 1. Do you live with another adult?

Adults are people who are 18 years old or older, or who are emancipated minors. This can include a spouse, domestic partner, parent, adult son or daughter, adult in your family, adult roommate, etc.

☐ Yes

*If yes, answer  
question 2*

☐ No

### 2. Do they get Lifeline?

☐ Yes

*If yes, answer  
question 3*

☐ No

**You can apply for Lifeline.** You live in a household that does not get Lifeline yet. *Please initial line B on page 3, and sign and date the worksheet.*

☐ Check this box

### 3. Do you share money (income and expenses) with them?

This can be the cost of bills, food, etc., and income. If you are married, you should check yes for this question.

☐ Yes

☐ No

**You can apply for Lifeline.** You live at an address with more than one household and your household does not get Lifeline yet. *Please initial lines A and B on page 3, and sign and date the worksheet.*

☐ Check this box

**You do not qualify for Lifeline** because someone in your household already gets the benefit. You are only allowed to get one Lifeline discount per household, not per person.

☐ Check this box



# Lifeline Program Household Worksheet



## Agreement

Please initial the agreement below and sign and date this worksheet. Submit this worksheet to your service provider with your Lifeline Program Application Form.

I consent to let USAC contact me at my Lifeline phone number for important reminders and updates to my Lifeline service. Message and data rates may apply. Text STOP to end messages.

Initial

**A** I live at an address with more than one household.

Initial

**B** I understand that the one-per-household limit is a Federal Communications Commission (FCC) rule and I will lose my Lifeline benefit if I break this rule.

Signature

Today's Date

## Notice

**NOTICE:** Section 54.410 of the Federal Communications Commission's rules requires all Lifeline subscribers to demonstrate their eligibility to receive Lifeline services. If more than one person at the same address is applying for Lifeline service, all applicants must submit a Household Worksheet. This collection of information stems from the Commission's authority under Section 254 of the Communications Act of 1934, as amended, 47 U.S.C. §254. Using this authority, the FCC has designated USAC as the permanent Lifeline Administrator. The FCC has published rules detailing how consumers can qualify for Lifeline services and what Lifeline services they may receive (47 CFR §54.400 et seq.). The data provided in response to this information collection will be used by USAC to verify the applicant's eligibility for Lifeline services.

We have estimated that each response to this collection of information will take, on average, 0.25 hours. Our estimate includes the time to read and complete the form and review the form or response. If you have any comments on this estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, OMD-PERF, Paperwork Reduction Project (3060-0819), Washington, D.C. 20554. We also will accept your comments via the Internet if you send them to PRA@fcc.gov. Please DO NOT SEND COMPLETED DATA COLLECTION FORMS TO THIS ADDRESS.

Remember – You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid Office of Management and Budget (OMB) control number. This collection has been assigned an OMB control number of 3060-0819.

The Commission is authorized under the Communications Act of 1934, as amended, to collect the information we request in this form. We will use the information that you provide to determine your eligibility for Lifeline services. If we believe there may be a violation or potential violation of a statute or a Commission regulation, rule, or order, your form may be referred to the Federal, state, or local agency responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation, or order. In certain cases, the information in your form may be disclosed to the Department of Justice, court, or other adjudicative body when (a) the Commission; (b) any employee of the Commission; or (c) the United States government, is a party to a proceeding before the body or has an interest in the proceeding.

If you do not provide the information we request on this form, you will not be eligible to receive Lifeline services under the Lifeline Program rules, 47 C.F.R. §§ 54.400-54.423.

The foregoing Notice is required by the Paperwork Reduction Act of 1995, P.L. No. 104-13, 44 U.S.C. § 3501, et seq.

**PRIVACY ACT STATEMENT:** The Privacy Act is a law that requires the Federal Communications Commission (FCC) and the Universal Service Administrative Company (USAC) to explain why we are asking individuals for personal information and what we are going to do with this information after we collect it.

**Authority:** Section 254 of the Communications Act (47 U.S.C. § 254), as amended, 47 U.S.C. §254, authorizes the FCC to operate the Lifeline program. Using this authority, the FCC has designated USAC as the permanent Lifeline Administrator. The FCC has published rules detailing how consumers can qualify for Lifeline services and what Lifeline services they may receive (47 CFR §54.400 et seq.).

**Purpose:** We are collecting this personal information so we can verify that you qualify for the Lifeline program and so we can efficiently provide Lifeline services to you. We access, maintain and use your personal information in the manner described in the Lifeline System of Records Notice (SORN), FCC/WCB-1, which we have published in 82 Fed. Reg. 38686 (Aug. 15, 2017).

**Routine Uses:** We may share the personal information you enter into this form with other parties for specific purposes, such as: with contractors that help us operate the Lifeline program; with other federal and state government agencies that help us determine your Lifeline eligibility; with the telecommunications companies that provide you Lifeline service; and with law enforcement and other officials investigating potential violations of Lifeline rules.

A complete listing of the ways we may use your information is published in the Lifeline SORN described in the "Purpose" paragraph of this statement.

**Disclosure:** You are not required to provide the information we are requesting, but if you do not, you will not be eligible to receive Lifeline services under the Lifeline Program rules, 47 C.F.R. §§ 54.400-54.423.



Arctic Slope Telephone Association Cooperative, Inc. 1210

## Arctic Slope Telephone Association Cooperative, Inc. (ASTAC) Lifeline

ASTAC provides Lifeline Assistance to its low-income subscribers who apply and are eligible pursuant to federal rules to receive income-based benefits.

Lifeline subscribers have access to ASTAC's regular unlimited local calling plans and receive a Lifeline credit each month.

Eligible Lifeline subscribers may obtain Toll Blocking free of charge. The company's voice Lifeline plan does not include any free minutes of use for toll.

Arctic Slope Telephone Association Cooperative, Inc.'s markets are categorized by being either Satellite or "Terrestrially" fed (Terrestrial indicating latency suitable for real-time applications). The Satellite bandwidth villages are: Point Lay, Anaktuvuk Pass, Atqasuk, and Kaktovik. The Terrestrial markets are: Utqiagvik (formerly known as Barrow), Wainwright, Point Hope, Deadhorse and Nuiqsut. Our Terrestrial market exchanges support the minimum service level of 10 Mbps downstream/1 Mbps upstream, with latency suitable for real-time applications, including Voice over Internet Protocol, and usage capacity that is reasonably comparable to offerings in urban areas, and that requests for such service were met within a reasonable amount of time.

The remaining villages/exchanges – Utqiagvik, Kaktovik, Anaktuvuk Pass, Atqasuk, Wainwright, Point Lay and Point Hope - meet the minimum service level of 1M down/256K up set in prior years due to the cost for satellite backhaul facilities being prohibitive. Arctic Slope Telephone Association Cooperative, Inc. continues to seek economically sound solutions to address those villages currently not offering the minimum speed requirement.



A	B	C	D	E	F	G	H
1	<b>(3005a) Operating Report for Privately-Held Rate of Return Carriers</b>				FCC Form 481		
2	<b>Balance Sheet - Data Collection Form</b>				OMB Control No. 3060-0986		
3	Page 1 of 3				July 2013		
4							
5	<010> Study Area Code			<010>	613001		
6	<015> Study Area Name			<015>	Arctic Slope Tele		
7	<020> Program Year			<020>	2019		
8	<030> Contact Name - Person USAC should contact regarding this data			<030>	Clover McNeil		
9	<035> Contact Telephone Number - Number of person identified in data line <030>			<035>	907-564-2680		
10	<039> Contact Telephone Email Address - Email Address of person identified in data line <030>			<039>	clover@astac.net		
11	<input type="checkbox"/> Files as reviewed single company		<input type="checkbox"/> Filed as audited single company				
12	<input type="checkbox"/> Filed as reviewed consolidated company		<input type="checkbox"/> Filed as audited consolidated company				
13	<input type="checkbox"/> Filed as subsidiary of reviewed consolidated company		<input type="checkbox"/> Filed as subsidiary of audited consolidated company				
14							
15	<b>CERTIFICATION</b>						
16	We hereby certify that the entries in this report are in accordance with the accounts and other records of the system and reflect the status of the system to the best of our knowledge and belief.						
17							
18							
19	Signature			Date			
20	<b>PART A. BALANCE SHEET</b>						
21	<b>ASSETS</b>		<b>BALANCE PRIOR YEAR</b>	<b>BALANCE END OF PERIOD</b>	<b>LIABILITIES AND STOCKHOLDERS' EQUITY</b>		<b>BALANCE PRIOR YEAR</b>
22	<b>CURRENT ASSETS</b>				<b>CURRENT LIABILITIES</b>		<b>BALANCE END OF PERIOD</b>
23	1. Cash and Equivalents				25. Accounts Payable		
24	2. Cash-RUS Construction Fund				26. Notes Payable		
25	3. Affiliates:				27. Advance Billings and Payments		
26	a. Telecom, Accounts Receivable				28. Customer Deposits		
27	b. Other Accounts Receivable				29. Current Mat. L/T Debt		
28	c. Notes Receivable				30. Current Mat. L/T Debt-Rur. Dev.		
29	4. Non-Affiliates:				31. Current Mat.-Capital Leases		
30	a. Telecom, Accounts Receivable				32. Income Taxes Accrued		
31	b. Other Accounts Receivable				33. Other Taxes Accrued		
32	c. Notes Receivable				34. Other Current Liabilities		
33	5. Interest and Dividends Receivable				35. Total Current Liabilities (25 thru 34)		
34	6. Material-Regulated				<b>LONG-TERM DEBT</b>		
35	7. Material-Nonregulated				36. Funded Debt-RUS Notes		
36	8. Prepayments				37. Funded Debt-RTB Notes		
37	9. Other Current Assets				38. Funded Debt-FFB Notes		
38	10. Total Current Assets (1 Thru 9)				39. Funded Debt-Other		
39					40. Funded Debt-Rural Develop. Loan		
40	<b>NONCURRENT ASSETS</b>				41. Premium (Discount) on L/T Debt		
41	11. Investment in Affiliated Companies				42. Recquired Debt		
42	a. Rural Development				43. Obligations Under Capital Lease		
43	b. Nonrural Development				44. Adv. From Affiliated Companies		
44	12. Other Investments				45. Other Long-Term Debt		
45	a. Rural Development				46. Total Long-Term Debt (36 thru 45)		
46	b. Nonrural Development				<b>OTHER LIAB. &amp; DEF. CREDITS</b>		
47	13. Nonregulated Investments				47. Other Long-Term Liabilities		
48	14. Other Noncurrent Assets				48. Other Deferred Credits		
49	15. Deferred Charges				49. Other Jurisdictional Differences		
50	16. Jurisdictional Differences				50. Total Other Liabilities and Deferred Credits (47 thru 49)		
51	17. Total Noncurrent Assets (11 thru 16)				<b>EQUITY</b>		
52					51. Cap. Stock Outstanding & Subscribed		
53	<b>PLANT, PROPERTY, AND EQUIPMENT</b>				52. Additional Paid-in-Capital		
54	18. Telecom, Plant-in-Service				53. Treasury Stock		
55	19. Property Held for Future Use				54. Membership and Cap. Certificates		
56	20. Plant Under Construction				55. Other Capital		
57	21. Plant Adj., Nonop. Plant & Goodwill				56. Patronage Capital Credits		
58	22. Less Accumulated Depreciation				57. Retained Earnings or Margins		
59	23. Net Plant (18 thru 21 less 22)				58. Total Equity (51 thru 57)		
60							
61	<b>24. TOTAL ASSETS (10+17+23)</b>				<b>59. TOTAL LIABILITIES AND EQUITY (35+46+50+58)</b>		

(3005b) Operating Report for Privately-Held Rate of Return Carriers

Balance Sheet - Data Collection Form

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OMB Control No. 3060-0986

July 2013

<010> Study Area Code  
<015> Study Area Name  
<020> Program Year  
<030> Contact Name - Person USAC should contact regarding this data  
<035> Contact Telephone Number - Number of person identified in data line <030>  
<039> Contact Telephone Email Address - Email Address of person identified in data line <030>

<010> 613001  
<015> Arctic Slope Tele  
<020> 2019  
<030> Clover McNeil  
<035> 907-564-2680  
<039> clover@astac.net

PART B. STATEMENTS OF INCOME AND RETAINED EARNINGS OR MARGINS		
ITEM	PRIOR YEAR	THIS YEAR
1. Local Network Services Revenues		
2. Network Access Services Revenues		
3. Long Distance Network Services Revenues		
4. Carrier Billing and Collection Revenues		
5. Miscellaneous Revenues		
6. Uncollectible Revenues		
7. Net Operating Revenues (1 thru 5 less 6)		
8. Plant Specific Operations Expense		
9. Plant Nonspecific Operations Expense (Excluding Depreciation & Amortization)		
10. Depreciation Expense		
11. Amortization Expense		
12. Customer Operations Expense		
13. Corporate Operations Expense		
14. Total Operating Expenses (8 thru 13)		
15. Operating Income or Margins (7 less 14)		
16. Other Operating Income and Expenses		
17. State and Local Taxes		
18. Federal Income Taxes		
19. Other Taxes		
20. Total Operating Taxes (17+18+19)		
21. Net Operating Income or Margins (15+16-20)		
22. Interest on Funded Debt		
23. Interest Expense - Capital Leases		
24. Other Interest Expense		
25. Allowance for Funds Used During Construction		
26. Total Fixed Charges (22+23+24-25)		
27. Nonoperating Net Income		
28. Extraordinary Items		
29. Jurisdictional Differences		
30. Nonregulated Net Income		
31. Total Net Income or margins (21+27+28+29+30-26)		
32. Total Taxes Based on Income		
33. Retained Earnings or Margins Beginning-of-Year		
34. Miscellaneous Credits Year-to-Date		
35. Dividends Declared (Common)		
36. Dividends Declared (Preferred)		
37. Other Debits Year-to-Date		
38. Transfers to Patronage Capital		
39. Retained Earnings or Margins end-of-Period [(31+33+34)-(35+36+37+38)]		
40. Patronage Capital Beginning-of-Year		
41. Transfers to Patronage Capital		
42. Patronage Capital Credits Retired		
43. Patronage Capital End-of-Year (40+41-42)		
44. Annual Debt Service Payments		
45. Cash Ratio [(14+20-10-11)/7]		
46. Operating Accrual Ratio [(14+20+26)/7]		
47. TIER [(31+26)/26]		
48. DSCR [(31+26+10+11)/44]		

**(3005c) Operating Report for Privately-Held Rate of Return Carriers****Balance Sheet - Data Collection Form**

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FCC Form 481

OMB Control No. 3060-0986

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<010> Study Area Code  
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<010> **613001**  
 <015> **Arctic Slope Tele**  
 <020> **2019**  
 <030> **Clover McNeil**  
 <035> **907-564-2680**  
 <039> **clover@astac.net**

PART C. STATEMENTS OF CASH FLOWS			
1.	Beginning Cash (Cash and Equivalents plus RUS Construction Fund)		
CASH FLOWS FROM OPERATING ACTIVITIES			
2.	Net Income		
Adjustments to Reconcile Net Income to Net Cash Provided by Operating Activities			
3.	Add: Depreciation		
4.	Add: Amortization		
5.	Other (Explain)	Reclassify investments to Investing Activities; Tie to audited financials	
Changes in Operating Assets and Liabilities			
6.	Decrease/(Increase) in Accounts Receivable		
7.	Decrease/(Increase) in Materials and Inventory		
8.	Decrease/(Increase) in Prepayments and Deferred Charges		
9.	Decrease/(Increase) in Other Current Assets		
10.	Increase/(Decrease) in Accounts Payable		
11.	Increase/(Decrease) in Advance Billings & Payments		
12.	Increase/(Decrease) in Other Current Liabilities		
	Net Cash Provided/(Used) by Operations		
CASH FLOWS FROM FINANCING ACTIVITIES			
14.	Decrease/(Increase) in Notes Receivable		
15.	Increase/(Decrease) in Notes Payable		
16.	Increase/(Decrease) in Customer Deposits		
	Net Increase/(Decrease) in Long Term Debt (Including Current Maturities)		
	Increase/(Decrease) in Other Liabilities & Deferred Credits		
	Increase/(Decrease) in Capital Stock, Paid-in Capital, Membership and Capital Certificates & Other Capital		
	Less: Payment of Dividends		
	Less: Patronage Capital Credits Retired		
		Tie to audited financials	
	Net Cash Provided/(Used) by Financing Activities		
CASH FLOWS FROM INVESTING ACTIVITIES			
	Net Capital Expenditures (Property, Plant & Equipment)		
	Other Long-Term Investments		
	Other Noncurrent Assets & Jurisdictional Differences		
		Reclassify investments from Operating Activities; Tie to audited financials	
	Net Cash Provided/(Used) by Investing Activities		
	Net Increase/(Decrease) in Cash		

## **Report of Independent Auditors**

Board of Directors  
Arctic Slope Telephone  
Association Cooperative, Inc. and Subsidiaries

### **Report on the Financial Statements**

We have audited the accompanying consolidated financial statements of Arctic Slope Telephone Association Cooperative, Inc. (Cooperative) and its Subsidiaries, which comprise the consolidated balance sheets as of December 31, 2017 and 2016, and the related consolidated statements of income, comprehensive income, members' equity, and cash flows for the years then ended, and the related notes to the consolidated financial statements.

### ***Management's Responsibility for the Financial Statements***

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

### ***Auditor's Responsibility***

Our responsibility is to express an opinion on these consolidated financial statements based on our audits. We conducted our audits in accordance with *Government Auditing Standards* issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate for the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

***Opinion***

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Arctic Slope Telephone Association Cooperative, Inc. and its Subsidiaries as of December 31, 2017 and 2016, and the results of their operations and their cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

***Other Reporting Required by Government Auditing Standards***

In accordance with *Government Auditing Standards*, we have also issued our report dated March 12, 2018, on our consideration of the Cooperative's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Cooperative's internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering Arctic Slope Telephone Association Cooperative, Inc. and its Subsidiaries' internal control over financial reporting and compliance.

Moss Adams LLP

Spokane, Washington  
March 12, 2018