



Christopher T. Ulmer
Senior Vice President

July 10, 2018

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

Re: *Connect America Fund*, WC Docket No. 10-90; 2018 FCC Form 481

Dear Ms. Dortch:

ICORE Consulting, on behalf of Magna5 RTC LLC ("the Company") hereby submits to the Commission a copy of the Company's completed Form 481¹. Certain portions of the Form 481 filing include information that is confidential in nature. Specifically, the section entitled "Rate of Return Carrier Additional Information"² should be accorded confidential treatment. Attached please find a statement of the reasons for withholding the redacted materials from public inspection pursuant to 47 CFR § 0.459.

Thank you for your attention to this matter. Should you or any member of the Commission Staff have any questions or comments, please do not hesitate to contact us at your convenience.

Sincerely,

A large black rectangular redaction box covering the signature of Christopher T. Ulmer.

Senior Vice President

¹ This filing is required to comply with 47 CFR §§ 54.313 and 54.422(c).

² The financial reports section of FCC Form 481 is identified at the Universal Service Administrative Company ("USAC") website as "Section 3005" in the downloadable version and as "Section 3000" in the online filing version at the same USAC website. <http://www.usac.org/hc/tools/forms.aspx>. The same identical financial information is required in both. The request for confidentiality applies regardless of whether the form filled out employs the 3005 or 3000 designation.

ICORE Consulting, LLC
326 South 2nd Street
Emmaus, PA 18049

Phone: (610) 928-3944
Fax: (610) 928-5036
www.icorellc.com

**CONFIDENTIALITY REQUEST AND STATEMENT OF JUSTIFICATION
IN COMPLIANCE WITH 47 C.F.R. §0459(b)**

Magna5 RTC LLC (“Company”) is a small, privately held rural local exchange company based in Massachusetts. The Company requests confidential treatment of certain information being provided to the Commission in its 2018 FCC Form 481. The information is competitively sensitive and its disclosure would have a negative competitive consequence upon the Company were it made publicly available. Such information would not ordinarily be made available to the public and should be afforded confidential treatment under 47 CFR §0.459.

Regulation	Statement of support and compliance with Confidentiality requests
47 CFR §0.459(a)(2)	ICORE Consulting, on behalf of the Company has e-filed, through ECFS, the redacted version and sent via USPS Express Mail the confidential hard copy version (original and one copy) of its 2018 FCC Form 481.
47 CFR §0.459(b)(1)	The Company requests that the documentation required in the section entitled “Rate of Return Carrier Additional Information ³ , which consists of the Company’s financial reports, income statement, balance sheet and cash flow statement, be accorded confidential treatment. The confidential information has been redacted from the public version with black shading.
47 CFR §0.459(b)(2)	The circumstances giving rise to the submission of this confidential information is set forth in 47 CFR § 54.313 and 47 CFR § 54.422.
47 CFR §0.459(b)(3) and §0.459(b)(4)	The information for which confidentiality is sought is financial in nature, including balance sheet, income statement, and statement of cash flows.
47 CFR §0.459(b)(5)	There is robust competition in the telecommunications market today, including wireless, VoIP providers, and cable television providers to name a few. Financial data such as the amount of cash on hand, amount of debt, and revenue by source are all examples of information that competitors would not receive in the normal course of business.
47 CFR §0.459(b)(6)	The financial information is disclosed only within the Company, and furthermore is only provided (1) members of senior management, or (2) those employees who require this information to perform their jobs.
47 CFR §0.459(b)(7)	The Company has not previously released this information to third parties without the execution of a non-disclosure agreement.
47 CFR §0.459(b)(8)	The Company requests that the information be held by the Commission as confidential indefinitely.

³ The financial reports section of FCC Form 481 is identified at the Universal Service Administrative Company (“USAC”) website as “Section 3005” in the downloadable version and as “Section 3000” in the online filing version at the same USAC website. <http://www.usac.org/hc/tools/forms.aspx>. The same identical financial information is required in both. The request for confidentiality applies regardless of whether the form filed out employs the 3005 or 3000 designation.

**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	110737
<015>	Study Area Name	X5 RTC LLC
<020>	Program Year	2019
<030>	Contact Name: Person USAC should contact with questions about this data	Christopher Ulmer
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6109283903 ext.
<039>	Contact Email Address: Email of the person identified in data line <030>	culmer@icorellc.com
	Form Type	54.313 and 54.422

REDACTED - FOR PUBLIC INSPECTION

<010> Study Area Code 110737

<015> Study Area Name X5 RTC LLC

<020> Program Year 2019

<030> Contact Name - Person USAC should contact regarding this data Christopher Ulmer

<035> Contact Telephone Number - Number of person identified in data line
<030> 6109283903 ext.

<039> Contact Email Address - Email Address of person identified in data line
<030> culmer@icorellc.com

<400> Select from the drop-down list to indicate how you would like to report voice complaints (zero or greater) for voice telephony service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize.

<410> Complaints per 1000 customers for fixed voice

<420> Complaints per 1000 customers for mobile voice

(500) Compliance With Service Quality Standards and Consumer Protection Rules
Data Collection Form

FCC Form 481
OMB Control No. 3060-
July 2018

<010>	Study Area Code	110737
<015>	Study Area Name	X5 RTC LLC
<020>	Program Year	2019
<030>	Contact Name - Person USAC should contact regarding this data	Christopher Ulmer
<035>	Contact Telephone Number - Number of person identified in data line <030>	6109283903 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	culmer@icorellc.com

<515> Certify compliance with applicable minimum service standards

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

**FCC Form 481
OMB Control No. 3060-098
July 2018**

<010>	Study Area Code	110737
<015>	Study Area Name	X5 RTC LLC
<020>	Program Year	2019
<030>	Contact Name - Person USAC should contact regarding this data	Christopher Ulmer
<035>	Contact Telephone Number - Number of person identified in data line <030>	6109283903 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	culmer@icorellc.com
<600>	Certify compliance regarding ability to function in emergency situations	Yes
<610>	Descriptive document for Functionality in Emergency Situations	110737MA610.pdf

(800) Operating Companies
Data Collection Form
FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2018

<010>	Study Area Code	110737
<015>	Study Area Name	X5 RTC LLC
<020>	Program Year	2019
<030>	Contact Name - Person USAC should contact regarding this data	Christopher Ulmer
<035>	Contact Telephone Number - Number of person identified in data line <030>	6109283903 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	culmer@icorellc.com
<810>	Reporting Carrier	Magna5 RTC LLC
<811>	Holding Company	Magna5 RTC LLC
<812>	Operating Company	Magna5 RTC LLC

[illegible]

<010>	Study Area Code	110737
<015>	Study Area Name	X5 RTC LLC
<020>	Program Year	2019
<030>	Contact Name - Person USAC should contact regarding this data	Christopher Ulmer
<035>	Contact Telephone Number - Number of person identified in data line <030>	6109283903 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	culmer@icorelle.com

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

Tribal Land(s) on which ETC Serves

Tribal Government Engagement Obligation

Name of Attached Document

If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(5) includes:

Select Yes or No or Not Applicable

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

(1000) Voice and Broadband Service Rate Comparability

Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2018

<010>	Study Area Code	110737
<015>	Study Area Name	X5 RTC LLC
<020>	Program Year	2019
<030>	Contact Name - Person USAC should contact regarding this data	
<035>	Contact Telephone Number - Number of person identified in data line <030>	Christopher Ulmer 6109283903 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	culmer@icorellc.com

<1000>	Voice services rate comparability certification	Yes	
<1010>	Attach detailed description for voice services rate comparability compliance	110737MA1010.pdf	Name of Attached Document
<1020>	Broadband comparability certification	Yes - Pricing is no more than the most recent applicable benchmark announced by the Wireline Competition Bureau	
<1030>	Attach detailed description for broadband comparability compliance		Name of Attached Document

(1100) No Terrestrial Backhaul Reporting
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2018

<010>	Study Area Code	110737
<015>	Study Area Name	X5 RTC LLC
<020>	Program Year	2019
<030>	Contact Name - Person USAC should contact regarding this data	Christopher Ulmer
<035>	Contact Telephone Number - Number of person identified in data line <030>	6109283903 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	culmer@icorellc.com

<1100>

Certify whether terrestrial backhaul options exist (Y/N)

Yes

<1130>

Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(g).

<1140>

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

Not Applicable

(1200) Terms and Condition for Lifeline Customers

Lifeline Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2018

<010>	Study Area Code	110737
<015>	Study Area Name	X5 RTC LLC
<020>	Program Year	2019
<030>	Contact Name - Person USAC should contact regarding this data	Christopher Ulmer
<035>	Contact Telephone Number - Number of person identified in data line <030>	6109283903 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	culmer@icorellc.com

<1210>	Terms & Conditions of Voice Telephony Lifeline Plans	<div>110737MAL210.pdf</div> <div>Name of Attached Document</div>
<1220>	Link to Public Website	HTTP www.richmondtelephone.com

"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	
Data Collection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819	
Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers		July 2018	
<010>	Study Area Code	110737	
<015>	Study Area Name	X5 RTC LLC	
<020>	Program Year	2019	
<030>	Contact Name - Person USAC should contact regarding this data	Christopher Ulmer	
<035>	Contact Telephone Number - Number of person identified in data line <030>	6109283903 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	culmer@icorellc.com	

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 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2018
<010>	Study Area Code	110737
<015>	Study Area Name	X5 RTC LLC
<020>	Program Year	2019
<030>	Contact Name - Person USAC should contact regarding this data	Christopher Ulmer
<035>	Contact Telephone Number - Number of person identified in data line <030>	6109283903 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	culmer@icorellc.com

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.

<010>	Study Area Code	110737
<015>	Study Area Name	X5 RTC LLC
<020>	Program Year	2019
<030>	Contact Name - Person USAC should contact regarding this data	Christopher Ulmer
<035>	Contact Telephone Number - Number of person identified in data line <030>	6109283903 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	culmer@icorellc.com

Select from the drop down menu or check the boxes below to note compliance with 54.313(f)(1). Privately held carriers must also certify 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 the information attached below is accurate.

(3009)	Progress Report on 5 Year Plan Carrier certifies to 54.313(f)(1)(iii)	Not Applicable - No Attachment Required	
(3010A)	Certification of Public Interest Obligations {47 CFR § 54.313(f)(1)(i)}		
(3010B)	Please Provide Attachment	Name of Attached Document Listing Required Information	
(3012A)	Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}	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 type="radio"/> <input checked="" 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 type="checkbox"/>	
(3020)	Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows	<input type="checkbox"/>	
(3021)	Management letter and/or audit opinion issued by third party to certify compliance with the requirements of 47 CFR 54.313(f)(2)	<input type="checkbox"/>	

<010>	Study Area Code	110737
<015>	Study Area Name	X5 RTC LLC
<020>	Program Year	2019
<030>	Contact Name - Person USAC should contact regarding this data	Christopher Ulmer
<035>	Contact Telephone Number - Number of person identified in data line <030>	6109283903 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	culmer@icorellc.com

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

REDACTED - FOR PUBLIC INSPECTION

<010>	Study Area Code	110737
<015>	Study Area Name	X5 RTC LLC
<020>	Program Year	2019
<030>	Contact Name - Person USAC should contact regarding this data	Christopher Ulmer
<035>	Contact Telephone Number - Number of person identified in data line <030>	6109283903 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	culmer@icorellc.com

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 in which they were selected, including broadband speed, latency, usage capacity, and rates that are reasonably comparable to rates of comparable offerings in urban areas.

Community Anchor Institutions – FCC 14-98 (paragraph 79)

4003a. RBE participants must provide the number, names, and addresses of community anchor institutions to which they newly deployed broadband service in the preceding calendar year. On this line, please respond (yes – attach new community anchors, no – no new anchors) to indicate whether this list will be provided.

If yes to 4003A, please provide a response for 4003B.

4003b. Provide the number, names and addresses of community anchor institutions to which the recipient newly began providing access to broadband service in the preceding calendar year.

Name of Attached Document	Listing Required Information
---------------------------	------------------------------

[illegible]

Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2018
---	---

<010>	Study Area Code	110737
<015>	Study Area Name	X5 RTC LLC
<020>	Program Year	2019
<030>	Contact Name - Person USAC should contact regarding this data	Christopher Ulmer
<035>	Contact Telephone Number - Number of person identified in data line <030>	6109283903 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	culmer@icorellc.com

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

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2018
---	--

<010> Study Area Code	110737
<015> Study Area Name	X5 RTC LLC
<020> Program Year	2019
<030> Contact Name - Person USAC should contact regarding this data	Christopher Ulmer
<035> Contact Telephone Number - Number of person identified in data line <030>	6109283903 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	culmer@icorellc.com

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

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) <u>ICORE Consulting, LLC</u> 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:	ICORE Consulting, LLC
Name of Reporting Carrier:	X5 RTC LLC
Signature of Authorized Officer:	CERTIFIED ONLINE Date: 07/09/2018
Printed name of Authorized Officer:	Joe OHara
Title or position of Authorized Officer:	CFO
Telephone number of Authorized Officer:	2146249969 ext.
Study Area Code of Reporting Carrier:	110737 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.	

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:	X5 RTC LLC
Name of Authorized Agent Firm:	ICORE Consulting, LLC
Signature of Authorized Agent or Employee of Agent:	CERTIFIED ONLINE Date: 07/09/2018
Name of Authorized Agent Employee:	Christopher T. Ulmer
Title or position of Authorized Agent or Employee of Agent	Sr. VP
Telephone number of Authorized Agent or Employee of Agent:	6109283903 ext.
Study Area Code of Reporting Carrier:	110737 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.	

Attachments

Magna5 RTC LLC
Demonstration of Ability to Function in Emergency Situations
47, Part 54, Subpart C, §54.202(a)(2)

Magna5 RTC LLC (“Company”) hereby certifies that it is able to function in emergency situations as set forth in the Code of Federal Regulations, Title 47, Part 54, Subpart C, §54.202(a)(2) as discussed below.

Company’s network is monitored 24 x 7 by its switch engineers both on site during regular business hours and via its Troy, NY consolidated operating center. The Company maintains a trouble reporting number that is answered by its own employees during regular business hours and a 24-hour call center after hours to maintain 24 x 7 availability.

The Company provides as much redundancy and diversity as is practical within its network via a ring. Unless otherwise not feasible, all equipment is supported against power failure through battery back-ups or generators. When faced with a network emergency, typically a hurricane or other weather event, network operations are diverted from failed areas to those still in service.

Calls directed to the Company’s customer service number (413-698-2255) that cannot be immediately handled are referred to the on call manager who maintains an internal escalation list that allows emergencies, including those referred by the Massachusetts Department of Telecommunications and Cable, to be promptly referred to the appropriate personnel.

Because of its size, the Company recognizes that its internal communications are a critical component of network functionality and according, all Company employees in a repair / maintenance and / or management position are required to have a cell phone that is either provided, or partially subsidized, by the Company. Company participates in its corporate outage plan and the Company maintains internal recovery plans for emergency preparedness and

recovery on a smaller scale. In a severe emergency, the Company would rely on its contractors and vendors, employees from its affiliates, and likely other utilities, to supplement whatever labor requirements it would need that could not otherwise be met by Company's own employees.



Magna5 RTC LLC dba
Richmond Telephone Company
5445 Legacy Drive
Suite# 180
Plano, TX 75024

June 11, 2018

Re: Magna5 RTC LLC Certification

I, Joseph O'Hara, hereby certify that Magna5 RTC LLC dba Richmond Telephone Company pricing of voice services is no more than two standard deviations above the applicable national average urban rate for voice services as specified in the most recent public notice issued by the Wireline Commission Bureau.

Respectfully,



Joseph O'Hara, CFO

Magna5 RTC LLC
dba Richmond Telephone Company
Lifeline Program Terms
47, Part 54, Subpart C, §54.422(a)(2)

Magna5 RTC LLC dba Richmond Telephone Company is fully compliant with all Lifeline requirements and incorporates those requirements in its Massachusetts local exchange tariff, Massachusetts D.T.C. Tariff No. 1: First revised Sheet No. 9.

The Company's Lifeline program provides for unlimited local calls to the same calling area as is provided to its non-Lifeline subscribers. Access to toll free numbers, operator services and 911 services is provided. Lifeline customers have their choice of carrier and the toll rates provided will vary based on the interexchange carrier selected. Lifeline customers may choose to have their lines blocked from completing long distance calls, including pay-per-call services (*i.e.* "900" numbers) and the Company will provide this blocking at no charge to Lifeline eligible subscribers.

Lifeline applicants must complete an application that details the requirements for Lifeline eligibility and must remain in compliance with those requirements under Federal Communications Commission rules in order to continue to receive the Lifeline discount.

GENERAL REGULATIONS, Continued

Lifeline Service

(T)

A discount for local telephone service is available to low income residential Customers. To qualify for Lifeline service, a Customer must be able to provide proof of household income which is at or below 135% of the annual Federal Poverty Guidelines for all States (except Alaska and Hawaii) and the District of Columbia.

(T)

Only one such discount is available to any qualified residence household for a service qualified for the program by the Federal Communications Commission. For this offering, a household is defined as any individual or group of individuals who are living together at the same address as one economic unit.

This reduction may be applied to the monthly rate of the following residential services: Individual Access Line Service

To qualify for Lifeline service, a customer must either be a recipient of benefits from any one of the following programs:¹

(T)

Medicaid

Supplemental Security Income

Supplemental Nutrition Assistance Program (SNAP)

(N)

(D)

(D)

Section 8 Federal Public Housing Assistance

(D)

|

(D)

Veterans Pension or Survivors Pension

Applicants must provide proof of eligibility. Recertification of Lifeline Service participants must be conducted annually by the Company to ensure continued eligibility. Lifeline customers have the responsibility to notify the Company within thirty (30) days of a change in eligibility status if they no longer qualify for Lifeline Service.

Lifeline service provides for a reduction in the rate for local Exchange service of \$9.25 for Federal (interstate) charges and \$6.00 for intrastate charges for a total of \$15.25.

(T)

|

(T)

¹ The changes to the Lifeline program are effective December 2, 2016 pursuant to the Federal Communications Commission's *Third Report and Order*, *Further Report and Order*, and *Order on Reconsideration* (Lifeline Modernization Order), WC Docket Nos. 11-42, *et al.*, [FCC 16-38](#) (rel. April 27, 2016), para. 167.

MAGNA5 RTC LLC
Lifeline Eligibility Consumer Affidavit

Applicant Name: _____

Date of Birth: _____ SSN (last 4 digits): _____ or Tribal identification no. _____

Service Address: _____

Number Street (Apt. No) City State Zip

Is this a temporary address? ☐ Yes ☐ No Telephone No. _____

Billing Address if different from Service Address

Number Street (Apt. No) City State Zip

Billing Name on Account if different from Applicant: _____

I am applying or recertifying for Lifeline benefits based on one of the following eligibility criteria:

I am currently enrolled in an eligible program [check applicable boxes below]

- ☐ Supplemental Nutrition Assistance Program (SNAP, Food Stamps)
- ☐ Supplemental Security Income (SSI)
- ☐ Medicaid
- ☐ Section 8 Federal Public Housing Assistance
- ☐ Veterans Pension or Survivors Pension

Or

I meet income eligibility requirements [complete qualification information below]

- ☐ My household is at or below 135% of the Federal Poverty Level. No. in Household: _____

Household Size	135% of Federal Poverty Levels
1	\$16,038
2	\$21,627
3	\$27,216
4	\$32,805
5	\$38,394
6	\$43,938
7	\$49,586
8	\$55,202
Add for each additional person after 8	\$5,616

Certifications Required for Lifeline Participants

- a. I understand that Lifeline is a federal benefit and that willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment or being barred from the program.
Customer initials: _____
- b. I understand that only one Lifeline service is available per household (as defined as any individual or group of individuals who live together at the same address and share income and expenses) and a household is not permitted to receive Lifeline benefits from multiple providers. Violation of the one-per-household limitation constitutes a violation of the Commission's rules and will result in the de-enrollment from the Program.
Customer initials: _____

Continued on Page 2

c. I understand that I may not transfer my Lifeline benefit to any other person.

Customer initials: _____

d. I further understand and consent that the data included in my application will be divulged to USAC and/or its agents for purposes of verification that I am only in receipt of one lifeline benefit.

Customer initials: _____

I certify under penalty of perjury, to the following: I meet the income or program-based eligibility criteria for receiving Lifeline service as provided for herein. I further certify that I will notify Richmond Telephone Company within 30 days if for any reason I no longer satisfy the criteria for receiving Lifeline including if another member of my household begins receiving a Lifeline benefit. My household will receive only one Lifeline service and, to the best of my knowledge, my household is not already receiving a Lifeline service. The information contained in this affidavit is true and correct to the best of my knowledge. I acknowledge that providing false or fraudulent information to receive Lifeline benefits is punishable by law. I understand that I may be required to recertify my eligibility for Lifeline at any time, and my failure to recertify as to my continued eligibility will result in de-enrollment and the termination of the subscriber's Lifeline benefits pursuant to federal law §54.405(e)(4).

Applicant Signature: _____ Date: _____

Required Support

If you indicated enrollment in an **eligible program**, along with this application, please attach a photocopy (do not send an original) or fax or email of one of the following to us:

- Your current or prior year's statement of benefits from a qualifying program; *or*
- A notice letter of participation in a qualifying program; *or*
- A program participation document, for example, benefit card; *or*
- An official document indicating your participation in a qualifying state, federal or Tribal program

If you indicated enrollment due to Household Income below the **Federal Poverty Level**, along with this application, please attach a photocopy (do not send an original) or fax or email of one of the following to us:

- Your prior year's state, federal or Tribal tax return; *or*
- Current income statement from an employer or paycheck stub; *or*
- Social Security statement of benefits; *or*
- A Veterans Administration statement of benefits; *or*
- A retirement or pension statement of benefits; *or*
- An Unemployment or Workmen's Compensation statement of benefits; *or*
- Federal or Tribal notice letter of participation in General Assistance; *or*
- A divorce decree; *or*
- A child support award; *or*
- Other official document containing income information

If you provide documentation that does not cover a full year (such as current pay stubs), you must submit three (3) consecutive months worth of the same type of document from the previous 12 months

Magna5 RTC LLC

1416 State Road OR P.O. Box 75
Richmond, MA 01254

Phone number: (413) 698-2255
Fax number: (413) 698-3101
Email: info@richmondtelephone.com

REDACTED - FOR PUBLIC INSPECTION

Magna5 RTC LLC
Statement of Operations
As of December 31, 2017
UNAUDITED

2017

Revenue

Costs of revenue

Gross profit

Operating expenses

Selling, general and administrative

Depreciation and amortization

Operating income

Dividend income

Net income

Magna5 RTC LLC
Balance Sheet
As of December 31, 2017
UNAUDITED

2017

Current Assets

Cash and cash equivalents

Accounts receivable, net of allowance of \$51,900

Prepaid and other current assets

Total current assets

Property and Equipment, Net

Total assets

Current Liabilities

Accounts payable

Other accrued liabilities

Total current liabilities

Retained earnings

Total retained earnings

Tota liabilities and retained earnings

Magna5 RTC LLC
Statement of Cash Flow
As of December 31, 2017
UNAUDITED

2017

CASH FLOWS FROM OPERATING ACTIVITIES

Net income to Unitholders

Adjustments to reconcile net loss to net cash provided by operating activities

Depreciation and amortization

Change in assets and liabilities, net of impact of acquisitions:

Accounts receivable

Prepays and other current assets

Accounts payable

Accrued expenses and other current liabilities

Net cash used in operating activities

CASH FLOWS FROM INVESTING ACTIVITIES

Purchase of property and equipment

Net cash used in investing activities

CASH FLOWS FROM FINANCING ACTIVITIES

Investment from Parent

Net cash provided by financing activities

NET INCREASE IN CASH AND CASH EQUIVALENTS

CASH AND CASH EQUIVALENTS, BEGINNING OF THE PERIOD

CASH AND CASH EQUIVALENTS, END OF THE PERIOD