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L L P

DENVER OFFICE
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ADMITTED TO PRACTICE ONLY IN THE DISTRICT OF COLUMBIA

WASHINGTON OFFICE
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FAX 202-944-9501

PLEASE RESPOND TO WASHINGTON ADDRESS

July 12, 2018

REDACTED – FOR PUBLIC INSPECTION

VIA ECFS

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

**Re: WC Docket No. 14-58: Submission of Redacted Version of FCC Form 481
Consolidated Telecom, Inc. (Study Area Code 371562)**

Dear Ms. Dortch:

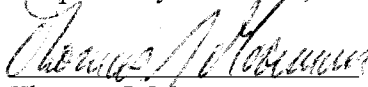
Attached for electronic filing is a copy of the redacted public version of (1) the FCC Form 481 of Consolidated Telecom, Inc. (the “Company”) which contains the Company’s financial information required by Section 54.313(f)(2) of the Commission’s Rules (which is filed in compliance with the Protective Order referenced below).

The Company’s FCC Form 481 has been electronically filed with the Universal Service Administrative Company. Consistent with the Commission’s Protective Order, WC Docket No. 10-90 *et al.*, DA 16-296, released March 22, 2016 (the “Protective Order”), the Company, under separate letter and pursuant to the requirements of the Protective Order, has submitted the confidential version of the Company’s FCC Form 481 which contains the Company’s financial information required by Section 54.313(f)(2) of the Commission’s Rules.

The Company is aware that the Universal Service Administrative Company, Inc. has issued guidance regarding the treatment of Section 54.313(f)(2) confidential information addressed in the Protective Order. This guidance did not, however, address the procedural filing requirements required by the Protective Order. As a result and in a good faith effort to comply with the Protective Order’s requirements, the Company is making this instant submission.

Please direct any questions concerning this matter to the undersigned.

Respectfully submitted,



Thomas J. Moorman
Counsel to Consolidated Telecom, Inc.

Attachment

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

REDACTED FOR PUBLIC INSPECTION

FCC Form 481

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

July 2018

<010>	Study Area Code	371562
<015>	Study Area Name	CONSOLIDATED TELECOM
<020>	Program Year	2019
<030>	Contact Name: Person USAC should contact with questions about this data	Julie Steinhoff
<035>	Contact Telephone Number: Number of the person identified in data line <030>	4024892728 ext.
<039>	Contact Email Address: Email of the person identified in data line <030>	jsteinhoff@nebnet.net
	Form Type	54.313 and 54.422

<010>	Study Area Code	371562
<015>	Study Area Name	CONSOLIDATED TELBECOM
<020>	Program Year	2019
<030>	Program Name - Person USAC should contact regarding this data	Julie Steinhoff
<035>	Contact Telephone Number - Number of person identified in data line <030>	4024892728 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jsteinhoff@ebnet.net

210 For the prior calendar year, were there any reportable voice service outages?

[illegible]

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

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

<010>	Study Area Code	371562
<015>	Study Area Name	CONSOLIDATED TELECOM
<020>	Program Year	2019
<030>	Contact Name - Person USAC should contact regarding this data	Julie Steinhoff
<035>	Contact Telephone Number - Number of person identified in data line <030>	4024892728 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jstehoff@nboet.net
<400>	Select from the drop-down list to indicate how you would like to report voice complaints (zero or greater) for voice telephony service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize.	
<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. 3060-0986/OMB Control No. 3050-0819
July 2018

<010>	Study Area Code	371562
<015>	Study Area Name	CONSOLIDATED TELECOM
<020>	Program Year	2019
<030>	Contact Name - Person USAC should contact regarding this data	Julia Steinhoff
<035>	Contact Telephone Number - Number of person identified in data line <030>	4024892728 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jsteinhoff@nebnet.net
<S15>	Certify compliance with applicable minimum service standards	

(600) Functionality in Emergency Situations Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2018
<010> Study Area Code	371562	
<015> Study Area Name	CONSOLIDATED TELECOM	
<020> Program Year	2019	
<030> Contact Name - Person USAC should contact regarding this data	Julie Steinhoff	
<035> Contact Telephone Number - Number of person identified in data line <030>	4024892728 ext.	
<039> Contact Email Address - Email Address of person identified in data line <030>	jsteinhoff@nabnet.net	
<600> Certify compliance regarding ability to function in emergency situations	Yes	
<610> Descriptive document for Functionality in Emergency Situations	371562ne610.pdf	

<010>	Study Area Code	371562
<015>	Study Area Name	CONSOLIDATED TELECOM
<020>	Program Year	2019
<030>	Contact Name - Person USAC should contact regarding this data	Julie Steinhoff
<035>	Contact Telephone Number - Number of person identified in data line <030>	4024892728 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jsteinhoff@nebnet.net
<810>	Reporting Carrier	Consolidated Telecom, Inc.
<811>	Holding Company	Consolidated Companies, Inc.
<812>	Operating Company	Consolidated Companies, Inc.

[illegible]

FCC Form 481
OMB Control
July 2018

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

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

<920> Tribal Government Engagement Obligation

Name of Attached Document

[illegible]

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. |

(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	371562
<015>	Study Area Name	CONSOLIDATED TELECOM
<020>	Program Year	2019
<030>	Contact Name - Person USAC should contact regarding this data	Julie Steinhoff
<035>	Contact Telephone Number - Number of person identified in data line <030>	4024892728 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jsteinhoff@nebnet.net

<1000>	Voice services rate comparability certification	Yes	
<1010>	Attach detailed description for voice services rate comparability compliance		371562ne1010.pdf
<1020>	Broadband comparability certification		
<1030>	Attach detailed description for broadband comparability compliance		371562ne1030.pdf

Name of Attached Document

Yes - Pricing is no more than the most recent applicable benchmark announced by the Wireline Competition Bureau

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	371562
<015>	Study Area Name	CONSOLIDATED TELECOM
<020>	Program Year	2019
<030>	Contact Name - Person USAC should contact regarding this data	Julie Steinhoff
<035>	Contact Telephone Number - Number of person identified in data line <030>	4024892728 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jsteinhoff@nebnet.net

<1100> Certify whether terrestrial backhaul options exist (Y/N)

Yes

<1130> Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(g).

<1140> Alaska Plan rate-of-return certification (yes, no, or not applicable) of compliance with approved performance plan.

(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	371562
<015>	Study Area Name	CONSOLIDATED TELECOM
<020>	Program Year	2019
<030>	Contact Name - Person USAC should contact regarding this data	Julie Steinhoff
<035>	Contact Telephone Number - Number of person identified in data line <030>	4024892728 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jsteinhoff@nebnet.net

371562ne1210.pdf

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

<1220> Link to Public Website HTTP www.nebnet.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, ☒

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

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

(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-Retain Carriers affiliated with Price Cap Local Exchange Carriers		July 2018
<010>	Study Area Code	371562
<015>	Study Area Name	CONSOLIDATED TELECOM
<020>	Program Year	2019
<030>	Contact Name - Person USAC should contact regarding this data	Julie Steinhoff
<035>	Contact Telephone Number - Number of person identified in data line <030>	4024592728 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jsteinhoff@nebnet.net

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)

<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)

Name of Attached Document Listing Required Information

(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 371562

<015> Study Area Name CONSOLIDATED TELECOM

<020> Program Year 2019

<030> Contact Name - Person USAC should contact regarding this data Julie Steinhoff

<035> Contact Telephone Number - Number of person identified in data line <030> 4024892728 ext.

<039> Contact Email Address - Email Address of person identified in data line <030> jsteinhoff@nebnet.net

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.

(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
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<010>	Study Area Code	371562
<015>	Study Area Name	CONSOLIDATED TELECOM
<020>	Program Year	2019
<030>	Contact Name - Person USAC should contact regarding this data	Julie Steinhoff
<035>	Contact Telephone Number - Number of person identified in data line <030>	4024892728 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jsteinhoff@nebnet.net

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)	Yes - Attach Certification
(3010A)	Certification of Public Interest Obligations {47 CFR § 54.313(f)(1)(i)}	<input type="text" value="371562ne3010.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"/> Yes <input type="radio"/> No
(3014)	If yes, does your company file the RUS annual report	(Yes/No) <input type="radio"/> Yes <input checked="" type="radio"/> No
Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:		
(3015)	Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)	<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"/> Yes <input checked="" type="radio"/> No
If the response is yes on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:		
(3019)	Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers	<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 the independent certified public accountant that performed the company's financial audit.	<input 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 checked="" type="checkbox"/>
(3023)	Underlying information subjected to a review by an independent certified public accountant	<input checked="" type="checkbox"/>
(3024)	Underlying information subjected to an officer certification.	<input checked="" type="checkbox"/>
(3025)	Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows	<input checked="" type="checkbox"/>
(3026)	Attach the worksheet listing required information	Name of Attached Document Listing Required Information
<input type="text" value="371562ne3026.pdf, 371562ne3026.xlsm"/>		

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

Data Collection Form

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

<01>	Study Area Code	371562
<01S>	Study Area Name	CONSOLIDATED TELECOM
<02>	Program Year	2019
<03>	Contact Name - Person USAC should contact regarding this data	Julie Steinhoff
<03S>	Contact Telephone Number - Number of person identified in data line <03>	404492728 ext.
<039>	Contact Email Address - Email Address of person identified in data line <03>	jsteinhoff@nebnet.net

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

(4005) Rural Broadband Experiment Additional Documentation Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2018
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<010>	Study Area Code	371562
<015>	Study Area Name	CONSOLIDATED TELECOM
<020>	Program Year	2019
<030>	Contact Name - Person USAC should contact regarding this data	Julie Stainhoff
<035>	Contact Telephone Number - Number of person identified in data line <030>	4024892728 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jstainhoff@nebnet.net

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.

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

<010>	Study Area Code	371562
<015>	Study Area Name	CONSOLIDATED TELECOM
<020>	Program Year	2019
<030>	Contact Name - Person USAC should contact regarding this data	Julie Steinhoff
<035>	Contact Telephone Number - Number of person identified in data line <030>	2024892723 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jsteinhoff@mcbee.net

(5010) Do you participate in the Alaska plan? (Yes/No)

(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)

Page 16

Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2018
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<010> Study Area Code	371562
<015> Study Area Name	CONSOLIDATED TELECOM
<020> Program Year	2019
<030> Contact Name - Person USAC should contact regarding this data	Julie Steinhoff
<035> Contact Telephone Number - Number of person identified in data line <030>	4024892728 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	jsteinhoff@nebnet.net

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

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	CONSOLIDATED TELECOM
Signature of Authorized Officer:	CERTIFIED ONLINE
Date	07/11/2018
Printed name of Authorized Officer:	Wendy Thompson Fast
Title or position of Authorized Officer:	President
Telephone number of Authorized Officer:	4024892728 ext.
Study Area Code of Reporting Carrier:	371562
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	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2018
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<010> Study Area Code	371562
<015> Study Area Name	CONSOLIDATED TELECOM
<020> Program Year	2019
<030> Contact Name - Person USAC should contact regarding this data	Julie Steinhoff
<035> Contact Telephone Number - Number of person identified in data line <030>	4024892728 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	jsteinhoff@nebnet.net

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

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

TO BE COMPLETED BY THE AUTHORIZED AGENT:

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

Attachments

Consolidated Telecom, Inc.

Functionality in Emergency Situations

Back-Up Power

All central offices / exchanges in the company are equipped with either propane generators or natural gas powered generators which are capable of providing a minimum of 7 days' of emergency back-up power. Additionally, all company central offices / exchanges are equipped with 12 hours of emergency DC battery backup. The initiation of the Company's battery back-up capability is triggered when the network identifies the existence of a loss of power. Finally, 100% of Digital Loop Carriers (DLCs) deployed in the field are equipped to provide 12 hours of emergency back-up power. The company also has access to approximately 36 portable standby generators that could be used throughout its network to provide emergency power.

Rerouting of Traffic around Damaged Facilities

The company operates a transport system where the main routes consist of a self-healing protected fiber optic ring with redundant facilities between all exchanges and alternate routing capability to meet point locations.

Traffic Spikes

The company's switching system and fiber based transport network is capable of managing traffic spikes within their network in emergency situations. Under normal operating conditions, switching system capacity is available to handle significant traffic spikes that may occur during emergency situations. The company's fiber optic transport network utilizes Ethernet technology with scalable intra-network trunking to handle traffic spikes during emergency situations.

371562ne1010

Voice Services Rate Comparability Compliance

Line 1010 – The Company's fixed voice service rate is \$21.34. This rate is below the national average urban rate of \$45.38 contained in the most recent public notice (DA 17-1093) issued by the Wireline Competition Bureau.

371562ne1030

Broadband Comparability Compliance

Line 1030 – The Company's price for 10/1 service with no data caps is \$69.95. This rate is below the applicable benchmark rate of \$88.13 for 10/1 service contained in the most recent public notice (DA 17-1093) issued by the Wireline Competition Bureau.

Consolidated Telecom, Inc.

Nebraska Telephone Assistance Program Terms and Conditions

Nebraska Telephone Assistance Program

The Nebraska Telephone Assistance Program (NTAP) is available for qualifying customers of Consolidate Telecom, Inc. NTAP assistance reduces the cost of basic, monthly local telephone service. Eligible consumers can receive up to \$12.75 per month in discounts. In addition, the Federal Universal Service Charge is not assessed to consumers participating in NTAP. Toll Blocking prevents the placement of all long distance calls for which a subscriber would be charged. Toll blocking is available to eligible consumers at no cost. Also, by choosing this option, consumers are usually not charged a deposit.

NTAP is administered by the Nebraska Public Service Commission.

NTAP Eligibility Information

Program Based Eligibility

To qualify for NTAP, subscribers must either have an income that is at or below 135% of the Federal Poverty Guidelines, or the subscriber, one or more of the subscriber's dependents, or the subscriber's household must receive benefits from one of the following assistance programs:

- Low-Income Home Energy Assistance Program (LIHEAP)
- Federal Public Housing Assistance (Section 8)
- Medicaid
- Children's Health Insurance Program/Kids Connection (SAM, MAC or EMAC)
- Supplemental Nutrition Assistance Program (SNAP); (formerly the Food Stamps Program)
- Supplemental Security Income (SSI)
- Temporary Assistance for Needy Families (TANF)
- National School Lunch Program Free Lunch program
- State assistance programs (if applicable)

To receive an NTAP application, contact your local *Health and Human Services* agency caseworker or the *Nebraska Public Service Commission*, 1200 N Street, Suite 300, PO Box 94927, Lincoln, NE 68508-4927, Phone: 402-471-3101, Toll Free: 1-800-526-0017 or <https://ntap.gisworkshop.com/>

NTAP applicants must present documentation demonstrating eligibility either through participation in one of the qualifying federal assistance programs or through income-based means.

Acceptable documentation of program-based eligibility includes: current or prior year's statement of benefits from a qualifying state, federal or Tribal program; notice letter of participation in a qualifying state, federal or Tribal program; program participation documents; or another official document evidencing the consumer's participation in a qualifying state, federal or Tribal program.

Income Based Eligibility

In addition, consumers are eligible for NTAP if their household income is at or below 135% of the federal poverty guidelines.

2018 Federal Poverty Guidelines – 135%

Household Size	48 Contiguous States and D.C.
1	\$16,389
2	\$22,221
3	\$28,053
4	\$33,885
5	\$39,717
6	\$45,549
7	\$51,381
8	\$57,213
For each additional person, add	\$5,832

Acceptable documentation of income eligibility includes: prior year's state, federal or Tribal tax return; current income statement from an employer or paycheck stub; social security statement of benefits; Veterans Administration statement of benefits; retirement/pension statement of benefits; unemployment/workmen's compensation statement of benefits; federal or Tribal notice of letter participating in General Assistance; or a divorce decree or child support award or other official document containing income information.

Tribal Eligibility

A subscriber who lives on Tribal lands and is an eligible resident of Tribal lands is eligible for Tribal Lifeline service or Tribal Link Up if the subscriber, one or more of the subscriber's dependents, or the subscriber's household participates in any of the above-listed qualifying assistance programs or one of the following Tribal-specific federal assistance programs: Bureau of Indian Affairs General Assistance; Tribally Administered Temporary Assistance for Needy Families; Head Start (if income eligibility criteria are met); or the Food Distribution Program on Indian Reservations (FDPIR). Tribal subscribers may also qualify if the household income is at or below 135% of the Federal Poverty Guidelines.

Tribal subscribers should contact Consolidated Telecom, Inc. for additional information on Tribal Lifeline and Tribal Link Up.

Numbers of Minutes-of-Use Provided as Part of NTAP Program Service

Consolidated Telecom, Inc. Voice NTAP service includes unlimited local minutes-of-use within the toll-free calling area. Consolidated Telecom, Inc. Voice NTAP Plan does not include any free minutes-of-use for toll. Toll is billed at the standard toll rate depending on which interexchange carrier the consumer subscribes to for toll service. As part of the NTAP service, Toll blocking is available to eligible consumers at no cost.

Rates

Subscribers may receive the NTAP credit on any type or grade of local service, including bundled services that are normally offered by Consolidated Telecom, Inc. Advertised rates do not include any applicable taxes or surcharges.

Recertification of NTAP Eligibility

NTAP recipients are required to recertify their eligibility annually. Failure to properly recertify a recipient's continued eligibility for NTAP will result in termination of the NTAP recipient's monthly NTAP discount and de-enrollment from NTAP.

Additional NTAP Program Information

NTAP is limited to one benefit per household, consisting of either wireline or wireless service. A household is defined as an individual or group of individuals who live together at the same address and share income and expenses. NTAP is a government benefit program, and consumers who willfully make false statements in order to obtain the benefit can be punished by fine or imprisonment or can be barred from the program.

FCC Form 481 – Line 3010

Certification of Public Interest Obligations

To be in compliance with the Public Interest Obligation of taking reasonable steps to provide upon reasonable request broadband service at actual speeds of at least 10Mbps downstream/1 Mbps upstream, with usage capacity that is reasonably comparable to comparable offerings in urban areas, and that requests for such service were met within a reasonable amount of time:

- Consolidated Telecom, Inc. provides broadband service with speeds of at least 10 Mbps downstream / 1 Mbps upstream in its service area and, therefore, certifies that it has taken steps to provide broadband service with actual speeds of 10M/1M, with latency suitable for real-time applications, including Voice over Internet Protocol.
- The Company's broadband service does not contain usage limits and as such the service is reasonably comparable to offerings in urban areas.
- The Company certifies that requests for such services are met within a reasonable amount of time.

LABENZ & ASSOCIATES LLC

Certified Public Accountants

8555 Pioneers Boulevard

Lincoln, Nebraska 68520

INDEPENDENT ACCOUNTANT'S REVIEW REPORT

To Management

Consolidated Telephone Company, Consolidated Telco, Inc., Consolidated Telecom, Inc. and

Curtis Telephone Company (The Combined Telephone Operations of Consolidated Companies, Inc.)

Lincoln, Nebraska

We have reviewed the accompanying combined financial statements of The Combined Telephone Operations of Consolidated Companies, Inc., which comprise the combined balance sheets as of December 31, 2017 and 2016, and the related combined statements of income and comprehensive income, changes in stockholder's equity and cash flows for the years then ended, and the related notes to the combined financial statements. A review includes primarily applying analytical procedures to management's financial data and making inquiries of company management. A review is substantially less in scope than an audit, the objective of which is the expression of an opinion regarding the combined financial statements as a whole. Accordingly, we do not express such an opinion.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these combined 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 combined financial statements that are free from material misstatement whether due to fraud or error.

Accountant's Responsibility

Our responsibility is to conduct the review engagement in accordance with Statements on Standards for Accounting and Review Services promulgated by the Accounting and Review Services Committee of the AICPA. Those standards require us to perform procedures to obtain limited assurance as a basis for reporting whether we are aware of any material modifications that should be made to the combined financial statements for them to be in accordance with accounting principles generally accepted in the United States of America. We believe that the results of our procedures provide a reasonable basis for our conclusion.

Accountant's Conclusion

Based on our review, we are not aware of any material modifications that should be made to the accompanying combined financial statements in order for them to be in accordance with accounting principles generally accepted in the United States of America.


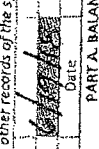
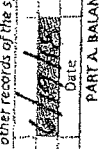

Supplementary Information

The supplementary information included in Schedules 1 - 4 is presented for purposes of additional analysis and is not a required part of the basic combined financial statements. Such information is the responsibility of management and was derived from, and relates directly to, the underlying accounting and other records used to prepare the combined financial statements. The supplementary information has been subjected to the review procedures applied in our review of the basic combined financial statements. We are not aware of any material modifications that should be made to the supplementary information. We have not audited the supplementary information and do not express an opinion on such information.

Labenz & Associates LLC

Lincoln, Nebraska

March 6, 2018

3005a Operating Report for Private-Held Rate of Return Carriers		IFCC Form 481	
Balance Sheet - Data Collection Form		OMB Control No. 3060-0986	
Page 1 of 3		July 2013	
<010> Study Area Code	<010> Study Area Code	<010> Study Area Code	<010> Study Area Code
<015> Study Area Name	<015> Study Area Name	<015> Study Area Name	<015> Study Area Name
<020> Program Year	<020> Program Year	<020> Program Year	<020> Program Year
<030> Contact Name - Person USAC should contact regarding this data	<030> Contact Name - Person USAC should contact regarding this data	<030> Contact Name - Person USAC should contact regarding this data	<030> Contact Name - Person USAC should contact regarding this data
<035> Contact Telephone Number - Number of person identified in data line <030>	<035> Contact Telephone Number - Number of person identified in data line <030>	<035> Contact Telephone Number - Number of person identified in data line <030>	<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>	<039> Contact Telephone Email Address - Email Address of person identified in data line <030>	<039> Contact Telephone Email Address - Email Address of person identified in data line <030>	<039> Contact Telephone Email Address - Email Address of person identified in data line <030>
<input type="checkbox"/> Filled as reviewed single company <input type="checkbox"/> Filled as reviewed consolidated company <input checked="" type="checkbox"/> Filled as subsidiary of reviewed consolidated company		<input type="checkbox"/> Filled as audited single company <input type="checkbox"/> Filled as audited consolidated company <input type="checkbox"/> Filled as subsidiary of audited consolidated company	
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.			
Signature:  Date: 		Signature:  Date: 	
PART A: BALANCE SHEET		PART A: BALANCE SHEET	
ASSETS	BALANCE PRIOR YEAR	BALANCE END OF PERIOD	LIABILITIES AND STOCKHOLDERS' EQUITY
CURRENT ASSETS			CURRENT LIABILITIES
1. Cash and Equivalents			25. Accounts Payable
2. Cash-RUS Construction Fund			26. Notes Payable
3. Affiliates:			27. Advance Billings and Payments
a. Telecom, Accounts Receivable			28. Customer Deposits
b. Other Accounts Receivable			29. Current Mat. LT Debt
c. Notes Receivable			30. Current Mat. LT Debt-Rur. Dev.
4. (Non-Affiliates):			31. Current Mat. Capital Leases
a. Telecom, Accounts Receivable			32. Income Taxes Accrued
b. Other Accounts Receivable			33. Other Taxes Accrued
c. Notes Receivable			34. Other Current Liabilities
5. Interest and Dividends Receivable			35. Total Current Liabilities (25 thru 34)
6. Material-Regulated			LONG-TERM DEBT
7. Material-Nonregulated			36. Funded Debt-RUS Notes
8. Prepayments			37. Funded Debt-RTB Notes
9. Other Current Assets			38. Funded Debt-FRB Notes
10. Total Current Assets (1 thru 9)			39. Funded Debt-Other
NONCURRENT ASSETS			40. Funded Debt-Rural Develop. Loan
11. Investment in Affiliated Companies			41. Premium (Discount) on LT Debt
a. Rural Development			42. Recaptured Debt
b. Nonrural Development			43. Obligations Under Capital Lease
Other Investments			44. Adv. From Affiliated Companies
a. Rural Development			45. Other Long-Term Debt
b. Nonrural Development			46. Total Long-Term Debt (36 thru 45)
13. Nonregulated Investments			OTHER LIAB. & DEF. CREDITS
14. Other Noncurrent Assets			47. Other Long-Term Liabilities
15. Deferred Charges			48. Other Deferred Credits
16. Jurisdictional Differences			49. Other Jurisdictional Differences
17. Total Noncurrent Assets (11 thru 16)			50. Total Other Liabilities and Deferred Credits (47 thru 49)
PLANT, PROPERTY, AND EQUIPMENT			EQUITY
18. Telecom, Plant-in-Service			51. Cap. Stock Outstanding & Subscribed
19. Property Held for Future Use			52. Additional Paid-in-Capital
20. Plant Under Construction			53. Treasury Stock
21. Plant Adj., Noncap. Plant & Goodwill			54. Membership and Cap. Certificates
22. Less Accumulated Depreciation			55. Other Capital
23. Net Plant (18 thru 21, less 22)			56. Patronage Capital Credits
			57. Retained Earnings or Margins
			58. Total Equity (51 thru 57)
24. TOTAL ASSETS (10+17+23)			59. TOTAL LIABILITIES AND EQUITY (35+46+50+58)

(3005b) Operating Report for Privately-Held Rate of Return Carriers
Balance Sheet - Data Collection Form
Page 2 of 3

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OMB Control No. 3060-0086
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>

PART 8. STATEMENTS OF INCOME AND RETAINED EARNINGS OR MARGINS		PRIOR YEAR	THIS YEAR
ITEM			
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 (6 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.	NER ((31+36)/26)		
48.	DSRA ((31+26+10+11)/44)		

(3005c) Operating Report for Privately-Held Rate of Return Carriers
Balance Sheet - Data Collection Form
Page 3 of 3

FCC Form 481
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> 371562
<015> Consolidated Telecom, Inc.
<020> 2019
<030> Julie Steinhoff
<035> 402-489-2728
<039> jsteinhoff@nebnet.net

PART C. STATEMENTS OF CASH FLOWS	
1. Beginning Cash (Cash and Equivalents plus RUS Construction Fund)	
2. Net Income	
Adjustments to Reconcile Net Income to Net Cash Provided by Operating Activities	
3. Add: Depreciation	
4. Add: Amortization	
5. Other (Explain)	
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	
13. 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	
17. Net Increase/(Decrease) In Long Term Debt (including Current Maturities)	
18. Increase/(Decrease) In Other Liabilities & Deferred Credits	
19. Increase/(Decrease) In Capital Stock, Paid-in Capital, Membership and Capital Certificates & Other Capital	
20. Less: Payment of Dividends	
21. Less: Patronage Capital Credits Retired	
22. Other (Explain)	
23. Net Cash Provided/(Used) by Financing Activities	
CASH FLOWS FROM INVESTING ACTIVITIES	
24. Net Capital Expenditures (Property, Plant & Equipment)	
25. Other Long-Term Investments	
26. Other Noncurrent Assets & Jurisdictional Differences	
27. Other (Explain)	
28. Net Cash Provided/(Used) by Investing Activities	
29. Net Increase/(Decrease) in Cash	
30. Ending Cash	

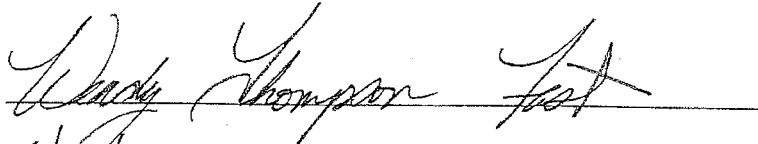
Officer Certification

The President of Consolidated Companies, Inc. states that:

1. Consolidated Telecom, Inc. was not audited in the ordinary course of business for the preceding fiscal year.
2. To the best of my knowledge, the Balance Sheet (Form 3005a), Statements of Income and Retained Earnings or Margins (Form 3005b), and Statements of Cash Flows (Form 3005c) contained herein are complete, accurate, free from any misstatements and are not misleading in any respect.
3. The 2016 and 2017 fiscal year information contained in the above referenced schedules was reviewed at the Combined Telephone Operations of Consolidated Companies, Inc. by the Certified Public Accounting firm of Labenz & Associates LLC and the accompanying Independent Account's Review Report was presented to the Board of Directors by representatives of the CPA firm noted.

Nothing has come to my attention that would indicate any material change to the statements above.

Signature:



Date:

6/19/18

Name: Wendy Thompson Fast

Title: President

Consolidated Companies, Inc.

Address: 6900 Van Dorn St. Suite 21, Lincoln, NE 68506