ITCI Interstate Telcom Consulting, Inc.
Independent Telecommunications Consultants

June 26, 2015

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

Mr. Daniel P. Wolf
Executive Secretary
Minnesota Public Utilities Commission
121 Seventh Place East, Suite 350
St. Paul, MN 55101

Re: WC Docket No. 10-90, 11-42 and 14-58: Form 481 - Annual Reporting Requirements for High-Cost and Low Income Recipients
MN PUC Docket No. 15-08

Pursuant to Section 54.313 and 54.422 of the Federal Communications Commission's rules, enclosed is a redacted version of Form 481 Annual Reporting Requirements and Certifications for Sleepy Eye Telephone Company, Study Area Code 361483. Sleepy Eye Telephone Company is a state-designated ETC, and as such, is submitting to the Commission information from FCC Form 481. A confidential "Trade Secret" filing of this information was also made under Docket 10-90, 11-42 and 14-58.

Should you have any questions, please contact me via e-mail at roxih@interstatetelcom.com or by phone at 320/848-6641.

Sincerely,

Roxi Hacker
Regulatory Consultant

Enclosures:

Cc: Curt Kawlewski

130 Birch Avenue West • P.O. Box 668 • Hector, Minnesota • 55342-0668
Telephone (320) 848-6641 • Fax (320) 848-2466 • Email: itci@interstatetelcom.com

REDACTED - FOR PUBLIC INSPECTION

FCC Form 481 - Carrier Annual Reporting Data Collection Form

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

<010>	Study Area Code	361483
<015>	Study Area Name	SLEEPY EYE TEL CO
<020>	Program Year	2016
<030>	Contact Name: Person USAC should contact with questions about this data	Roxi Hacker
<035>	Contact Telephone Number: Number of the person identified in data line <030>	3208486641 ext.
<039>	Contact Email Address: Email of the person identified in data line <030>	roxih@interstatetelcom.com

ANNUAL REPORTING FOR ALL CARRIERS

			54.313 Completion Required	54.422 Completion Required
			(check box when complete)	
<100>	Service Quality Improvement Reporting	(complete attached worksheet)	✔	
<200>	Outage Reporting (voice)	(complete attached worksheet)	✔	✔
<210>	✔ <-- check box if no outages to report		✔	
<300>	Unfulfilled Service Requests (voice)	0		
<310>	Detail on Attempts (voice)	(attach descriptive document)		
<320>	Unfulfilled Service Requests (broadband)	0	✔	
<330>	Detail on Attempts (broadband)	(attach descriptive document)		
<400>	Number of Complaints per 1,000 customers (voice)			
<410>	Fixed	0.0	✔	✔
<420>	Mobile	0.0		
<430>	Number of Complaints per 1,000 customers (broadband)		✔	
<440>	Fixed	0.0		
<450>	Mobile	0.0		
<500>	Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	✔	✔
<510>	361483MN510SleepyEye.pdf	(attached descriptive document)	✔	✔
<600>	Functionality in Emergency Situations	(check to indicate certification)	✔	✔
<610>	361483MN610SleepyEye.pdf	(attached descriptive document)	✔	✔
<700>	Company Price Offerings (voice)	(complete attached worksheet)	✔	
<710>	Company Price Offerings (broadband)	(complete attached worksheet)	✔	
<800>	Operating Companies and Affiliates	(complete attached worksheet)	✔	✔
<900>	Tribal Land Offerings (Y/N)? ○ ●	(if yes, complete attached worksheet)	✔	
<1000>	Voice Services Rate Comparability Certification	Yes	✔	
<1010>	361483MN1010SleepyEye.pdf	(attach descriptive document)	✔	
<1100>	Certify whether terrestrial backhaul options exist (Yes or No) ● ○	(if not, check to indicate certification)	✔	
<1110>		(complete attached worksheet)		
<1200>	Terms and Condition for Lifeline Customers	(complete attached worksheet)		✔

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

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

<2000>		(check to indicate certification)		
<2005>		(complete attached worksheet)		

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

<3000>		(check to indicate certification)	✔	
<3005>		(complete attached worksheet)	✔	

(100) Service Quality Improvement Reporting
Data Collection Form

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

<010>	Study Area Code	361483
<015>	Study Area Name	SLEEPY EYE TEL CO
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Roxi Hacker
<035>	Contact Telephone Number - Number of person identified in data line <030>	3208486641 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	roxih@interstatetelcom.com

<110>	Has your company received its ETC certification from the FCC?	(yes / no) ○ ●
<111>	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes / no) ○ ○

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

361483MN112SleepyEye.pdf

Name of Attached Document

Please select the appropriate responses below (Yes, No, Not Applicable) to confirm that the attached document(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to §54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

<113>	Maps detailing progress towards meeting plan targets	Yes
<114>	Report how much universal service (USF) support was received	Yes
<115>	How much (USF) was used to improve service quality and how support was used to improve service quality	Yes
<116>	How much (USF) was used to improve service coverage and how support was used to improve service coverage	Yes
<117>	How much (USF) was used to improve service capacity and how support was used to improve service capacity	Yes
<118>	Provide an explanation of network improvement targets not met in the prior calendar year.	Not Applicable

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(200) Service Outage Reporting (Voice)
Data Collection Form

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

<010>	Study Area Code	361483
<015>	Study Area Name	SLEEPY EYE TEL CO
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Roxi Hacker
<035>	Contact Telephone Number - Number of person identified in data line <030>	3208486641 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	roxih@interstatetelcom.com

<220>

<a> NORS Reference Number	<b1> Outage Start Date	<b2> Outage Start Time	<b3> Outage End Date	<b4> Outage End Time	<c1> Number of Customers Affected	<c2> Total Number of Customers	<d> 911 Facilities Affected (Yes / No)	<e> Service Outage Description (Check all that apply)	<f> Did This Outage Affect Multiple Study Areas (Yes / No)	<g> Service Outage Resolution	<h> Preventative Procedures

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

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

<010>	Study Area Code	361483
<015>	Study Area Name	SLEEPY EYE TEL CO
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Roxi Hacker
<035>	Contact Telephone Number - Number of person identified in data line <030>	3208486641 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	roxih@interstatetelcom.com

<701>	Residential Local Service Charge Effective Date	1/1/2015
<702>	Single State-wide Residential Local Service Charge	

<703>

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

-- See attached worksheet --

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(710) Broadband Price Offerings
Data Collection Form

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

<010>	Study Area Code	361483
<015>	Study Area Name	SLEEPY EYE TEL CO
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Roxi Hacker
<035>	Contact Telephone Number - Number of person identified in data line <030>	3208486641 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	roxih@interstatetelcom.com

<711>

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

-- See attached worksheet --

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(800) Operating Companies
Data Collection Form

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

<010>	Study Area Code	361483
<015>	Study Area Name	SLEEPY EYE TEL CO
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Roxi Hacker
<035>	Contact Telephone Number - Number of person identified in data line <030>	3208486641 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	roxih@interstatetelcom.com

<810>	Reporting Carrier	Sleepy Eye Telephone Company
<811>	Holding Company	New Ulm Telecom, Inc.
<812>	Operating Company	Sleepy Eye Telephone Company

<813>	<a1>	<a2>	<a3>
	Affiliates	**SAC**	**Doing Business As Company or Brand Designation**

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(900) Tribal Lands Reporting Data Collection Form

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

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<015>	Study Area Name	SLEEPY EYE TEL CO
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Roxi Hacker
<035>	Contact Telephone Number - Number of person identified in data line <030>	3208486641 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	roxih@interstatetelcom.com

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

<920> 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 document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

		Select Yes or No or Not Applicable
<921>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions.	
<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.	

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(1100) No Terrestrial Backhaul Reporting Data Collection Form

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

<010>	Study Area Code	361483
<015>	Study Area Name	SLEEPY EYE TEL CO
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Roxi Hacker
<035>	Contact Telephone Number - Number of person identified in data line <030>	3208486641 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	roxih@interstatetelcom.com

<1120> Please confirm whether terrestrial backhaul options exist within the supported area pursuant to § 54.313(g) (Yes, No).

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

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

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

<010>	Study Area Code	361483
<015>	Study Area Name	SLEEPY EYE TEL CO
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Roxi Hacker
<035>	Contact Telephone Number - Number of person identified in data line <030>	3208486641 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	roxih@interstatetelcom.com

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

361483MN1210SleepyEye.pdf

Name of Attached Document

<1220> Link to Public Website HTTP

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

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

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

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

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(2000) Price Cap Carrier Additional Documentation
Data Collection Form
Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

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

<010>	Study Area Code	361483
<015>	Study Area Name	SLEEPY EYE TEL CO
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Roxi Hacker
<035>	Contact Telephone Number - Number of person identified in data line <030>	3208486641 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	roxih@interstatetelcom.com

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

Incremental Connect America Phase I reporting

<2010> 2nd Year Certification {47 CFR § 54.313(b)(1)i}

<2011a> 3rd Year Certification {47 CFR § 54.313(b)(1)ii}

<2011b> Attachment {47 CFR § 54.313(b)(1)ii}

Name of Attached Document(s) Listing Required Information

Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}

<2012> 2013 Frozen Support Calculation {47 CFR § 54.313(c)(1)}

<2013> 2014 Frozen Support Calculation {47 CFR § 54.313(c)(2)}

<2014> 2015 Frozen Support Calculation {47 CFR § 54.313(c)(3)}

<2015> 2016 and future Frozen Support Calculation {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)}

<2017> 3rd year Broadband Service Certification

<2018> 5th year Broadband Service Certification

<2019> Interim Progress Certification

<2020> Please check the box to confirm that the attached document(s), on line 2021,contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

<2021> Interim Progress Community Anchor Institutions

Name of Attached Document(s) Listing Required Information

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(3000) Rate Of Return Carrier Additional Documentation

Data Collection Form

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

<010>	Study Area Code	361483
<015>	Study Area Name	SLEEPY EYE TEL CO
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Roxi Hacker
<035>	Contact Telephone Number - Number of person identified in data line <030>	3208486641 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	roxih@interstatetelcom.com

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

(3010) **Progress Report on 5 Year Plan**
Milestone Certification {47 CFR § 54.313(f)(1)(i)}

361483MN3010SleepyEye.pdf

Name of Attached Document Listing Required Information

(3011) Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. ✔

(3012) Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}

361483MN3012SleepyEye.pdf

Name of Attached Document Listing Required Information

(3013) Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)} (Yes/No) ○ ●

(3014) If yes, does your company file the RUS annual report (Yes/No) ○ ○

Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:

(3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers) ☐

(3016) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows ☐

(3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation

Name of Attached Document Listing Required Information

(3018) If the response is no on line 3014, Is your company audited? (Yes/No) ○ ○

If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains

(3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications ☐

(3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows ☐

(3021) Management letter and audit opinion issued by the independent certified public accountant that performed the company's financial audit ☐

If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

(3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers, ☐

(3023) Underlying information subjected to a review by an independent certified public accountant ☐

(3024) Underlying information subjected to an officer certification. ☐

(3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

(3026) Attach the worksheet listing required information

Name of Attached Document Listing Required Information

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(3000) Rate Of Return Carrier Additional Documentation (Continued)

Data Collection Form

FCC Form 481

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

July 2013

<010>	Study Area Code	361483
<015>	Study Area Name	SLEEPY EYE TEL CO
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<035>	Contact Telephone Number - Number of person identified in data line <030>	3208486641 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	roxih@interstatetelcom.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	

Name of Attached Document Listing Required Information

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Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013

<010>	Study Area Code	361483
<015>	Study Area Name	SLEEPY EYE TEL CO
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<035>	Contact Telephone Number - Number of person identified in data line <030>	3208486641 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	roxih@interstatetelcom.com

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

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

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

Name of Reporting Carrier:

Signature of Authorized Officer: Date

Printed name of Authorized Officer:

Title or position of Authorized Officer:

Telephone number of Authorized Officer:

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

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

Certification - Agent / Carrier
Data Collection Form

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

<010>	Study Area Code	361483
<015>	Study Area Name	SLEEPY EYE TEL CO
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<030>	Contact Name - Person USAC should contact regarding this data	Roxi Hacker
<035>	Contact Telephone Number - Number of person identified in data line <030>	3208486641 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	roxih@interstatetelcom.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) ITCI **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: ITCI

Name of Reporting Carrier: SLEEPY EYE TEL CO

Signature of Authorized Officer: CERTIFIED ONLINE Date: 06/23/2015

Printed name of Authorized Officer: Nancy Blankenhagen

Title or position of Authorized Officer: Co

Telephone number of Authorized Officer: 5073544111 ext.

Study Area Code of Reporting Carrier: 361483 Filing Due Date for this form: 07/01/2015

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: SLEEPY EYE TEL CO

Name of Authorized Agent or Employee of Agent: ITCI

Signature of Authorized Agent or Employee of Agent: CERTIFIED ONLINE Date: 06/23/2015

Printed name of Authorized Agent or Employee of Agent: Roxi Hacker

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

Telephone number of Authorized Agent or Employee of Agent: 3208486641 ext.

Study Area Code of Reporting Carrier: 361483 Filing Due Date for this form: 07/01/2015

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

Attachments

REDACTED:

Sleepy Eye Telephone Company

Five Year Quality of Service Plan
2015-2019

Annual Progress Report & Map
2015

REDACTED:

Progress Report

USF

REDACTED:

Progress Report

Map

REDACTED:

Progress Report

Map

REDACTED:

Progress Report

Map

REDACTED:

Progress Report

Map

SAC: 361483
State: Minnesota
Sleepy Eye Telephone Company
Form 481 Line No.: 510 Compliance with Service Quality Standards and Consumer Protection

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As required by Minnesota Administrative Rule "7812.0700 Minnesota General Service Quality Requirements, Subpart 1" the local services provided by the Sleepy Eye Telephone Company are provided under internal company operating procedures and publically available tariffs which are in compliance with applicable Minnesota Public Utility Commission orders and rules including:

7810.0100 DEFINITIONS.
7810.0200 SCOPE.
7810.0300 STATUTORY AUTHORITY.

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

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

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

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

DIRECTORIES
7810.2900 CONTENT OF DIRECTORIES.
7810.3000 MAINTENANCE OF PLANT AND EQUIPMENT.
7810.3100 EMERGENCY OPERATIONS.

SAC: 361483
State: Minnesota
Sleepy Eye Telephone Company
Form 481 Line No.: 510 Compliance with Service Quality Standards and Consumer Protection

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

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

Sleepy Eye Telephone Company is in compliance with Federal CPNI Rules, Red Flag Rules, and other Federal and State requirements governing the protection of customer's privacy.

SAC: 361483
State: Minnesota
Sleepy Eye Telephone Company
Form 481 Line No.: 610 Description of Functionality in Emergency Situations

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Sleepy Eye Telephone Company pursuant to Minnesota Administrative Rule "7810.3900 Emergency Operations" has:

- Established reasonable provisions to meet emergencies resulting from failures of lighting or power service, sudden and prolonged increases in traffic, illness of operators or from fire, storm, or acts of God including provisions for emergency power that meet or exceed the rule requirement to provide:
    - A minimum of four hours of battery service in each central office.
    - A permanently installed power unit in exchanges exceeding 5,000 lines.
    - Mobile power units that can be delivered on short notice and which can be readily connected in offices without installed emergency power facilities.
- Has informed employees as to the procedures to be followed, including reasonable rerouting of traffic around damaged facilities and the deployment of emergency power in the event of emergency in order to prevent or mitigate interruption or impairment of telecommunications service.

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

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

<010>	Study Area Code	361483
<015>	Study Area Name	SLEEPY EYE TEL CO
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Roxi Hacker
<035>	Contact Telephone Number - Number of person identified in data line <030>	3208486641 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	roxih@interstatetelcom.com

<701>	Residential Local Service Charge Effective Date	1/1/2015
<702>	Single State-wide Residential Local Service Charge	

<703>

<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<b4>	<b5>	<c>
State	**Exchange (ILEC)**	**SAC (CETC)**	**Rate Type**	**Residential Local Service Rate**	**State Subscriber Line Charge**	**State Universal Service Fee**	**Mandatory Extended Area Service Charge**	**Total per line Rates and Fees**
MN	Goodhue		FR	16.0	0.0	0.0	0.0	16.0
MN	Hanska		FR	16.0	0.0	0.0	0.0	16.0
MN	Mazeppa		FR	11.65	0.0	0.0	13.12	24.77
MN	Sleepy Eye		FR	16.0	0.0	0.0	0.0	16.0
MN	White Rock		FR	16.0	0.0	0.0	0.0	16.0

REDACTED - FOR PUBLIC INSPECTION

(710) Broadband Price Offerings
Data Collection Form

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

<010>	Study Area Code	361483
<015>	Study Area Name	SLEEPY EYE TEL CO
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Roxi Hacker
<035>	Contact Telephone Number - Number of person identified in data line <030>	3208486641 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	roxih@interstatetelcom.com

<711>

<a1> State	<a2> Exchange (ILEC)	<b1> Residential Rate	<b2> State Regulated Fees	<c> Total Rates and Fees	<d1> Broadband Service - Download Speed (Mbps)	<d2> Broadband Service -Upload Speed (Mbps)	<d3> Usage Allowance (GB)	<d4> Usage Allowance Action Taken When Limit Reached {select}
MN	Goodhue	44.95	0.0	44.95	2.0	1.0	999999.0	Other, N/A
MN	Goodhue	59.95	0.0	59.95	7.0	1.0	999999.0	Other, N/A
MN	Goodhue	69.95	0.0	69.95	14.0	1.0	999999.0	Other, N/A
MN	Goodhue	84.95	0.0	84.95	28.0	2.0	999999.0	Other, N/A
MN	Goodhue	89.95	0.0	89.95	55.0	5.0	999999.0	Other, N/A
MN	Hanska	44.95	0.0	44.95	2.0	1.0	999999.0	Other, N/A
MN	Hanska	59.95	0.0	59.95	7.0	1.0	999999.0	Other, N/A
MN	Hanska	69.95	0.0	69.95	14.0	1.0	999999.0	Other, N/A
MN	Hanska	84.95	0.0	84.95	28.0	2.0	999999.0	Other, N/A
MN	Hanska	89.95	0.0	89.95	55.0	5.0	999999.0	Other, N/A
MN	Mazeppa	44.95	0.0	44.95	2.0	1.0	999999.0	Other, N/A
MN	Mazeppa	59.95	0.0	59.95	7.0	1.0	999999.0	Other, N/A
MN	Mazeppa	69.95	0.0	69.95	14.0	1.0	999999.0	Other, N/A
MN	Mazeppa	84.95	0.0	84.95	28.0	2.0	999999.0	Other, N/A
MN	Mazeppa	89.95	0.0	89.95	55.0	5.0	999999.0	Other, N/A
MN	Sleepy Eye	44.95	0.0	44.95	2.0	1.0	999999.0	Other, N/A
MN	Sleepy Eye	59.95	0.0	59.95	7.0	1.0	999999.0	Other, N/A
MN	Sleepy Eye	69.95	0.0	69.95	14.0	1.0	999999.0	Other, N/A
MN	Sleepy Eye	84.95	0.0	84.95	28.0	2.0	999999.0	Other, N/A
MN	Sleepy Eye	89.95	0.0	89.95	55.0	5.0	999999.0	Other, N/A
MN	White Rock	44.95	0.0	44.95	2.0	1.0	999999.0	Other, N/A

REDACTED - FOR PUBLIC INSPECTION

(710) Broadband Price Offerings
Data Collection Form

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

<010>	Study Area Code	361483
<015>	Study Area Name	SLEEPY EYE TEL CO
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Roxi Hacker
<035>	Contact Telephone Number - Number of person identified in data line <030>	3208486641 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	roxih@interstatetelcom.com

<711>

<a1>	<a2>	<b1>	<b2>	<c>	<d1>	<d2>	<d3>	<d4>
State	**Exchange (ILEC)**	**Residential Rate**	**State Regulated Fees**	Total Rates and Fees	**Broadband Service - Download Speed (Mbps)**	Broadband Service -Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached {select}
MN	White Rock	59.95	0.0	59.95	7.0	1.0	999999.0	Other, N/A
MN	White Rock	69.95	0.0	69.95	14.0	1.0	999999.0	Other, N/A
MN	White Rock	84.95	0.0	84.95	28.0	2.0	999999.0	Other, N/A
MN	White Rock	89.95	0.0	89.95	55.0	5.0	999999.0	Other, N/A

REDACTED - FOR PUBLIC INSPECTION

LINE 1010 – VOICE SERVICES RATE COMPARABILITY

The Wireline Competition Bureau's most recent reasonable comparability benchmark for voice services is $47.48, which includes the federal subscriber line charge ("SLC").

In all of the exchanges (except Mazeppa) served by the Sleepy Eye Telephone Company, the single-line residential local rate, including any mandatory extended area service charge, is $16.00. When the federal SLC ($6.50) and the other state fees are included, the rate becomes $22.50.

In the Mezeppa exchange served by the Sleepy Eye Telephone Company, the single-line residential local rate, including any mandatory extended area service charge, is $24.77. When the federal SLC ($6.50) and the other state fees are included, the rate becomes $31.27.

Therefore, the Company's pricing of fixed voice services is less than the reasonable comparability benchmark of $47.48.

SAC: 361483
State: Minnesota
Sleepy Eye Telephone Company
Form 481 Line No.: 1210 Terms and Conditions of Voice Telephony Lifeline Plans

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- Sleepy Eye Telephone Company offers Lifeline Service Credit according to basic service requirements listed in **Minnesota Administrative Rule "7812.06000 – Basic Service Requirements."**

  Subpart 1. Required services. A local service provider (LSP) shall provide, as part of its local service offering, the following to all customers within its service area:

  A. Single party voice-grade service and touch-tone capability;
  B. 911 or enhanced 911 access;
  C. 1 + intraLATA and interLATA presubscription and code-specific equal access to interexchange carriers subscribing to its switched access service;
  D. Access to directory assistance, directory listings, and operator services;
  E. Toll and information service-blocking capability without recurring monthly charges as provided in the commission's ORDER REGARDING LOCAL DISCONNECTION AND TOLL BLOCKING CHARGES, Docket No. P-999/CI-96-38 (June 4, 1996), and its ORDER GRANTING TIME EXTENSIONS AND CLARIFYING ONE PORTION OF PREVIOUS ORDER, Docket No. P-999/CI-96-38 (September 16, 1996), which are incorporated by reference, are not subject to frequent change, and are available through the statewide interlibrary loan system;
  F. One white pages directory per year for each local calling area, which may include more than one local calling area, except where an offer is made and explicitly refused by the customer;
  G. A white pages and directory assistance listing, or, upon customer request, a private listing that allows the customer to have an unlisted or unpublished telephone number;
  H. Call-tracing capability according to chapter 7813;
  I. Blocking capability according to the commission's ORDER ESTABLISHING CONDITIONS FOR THE PROVISION OF CUSTOMER LOCAL AREA SIGNALING SERVICES, Docket No. P-999/CI-92-992 (June 17, 1993) and its ORDER AFTER RECONSIDERATION, Docket No. P-999/CI-92-992 (December 3, 1993), which are incorporated by reference, are not subject to frequent change, and are available through the statewide interlibrary loan system; and
  J. Telecommunications relay service capability or access necessary to comply with state and federal regulations.

- Sleepy Eye Telephone Company Lifeline service offerings are listed in their Local Service Tariff Section 5, Pages 38-40 (attached) pursuant to **Minnesota Rule 7812.0600 Subpart 2**:

  Subpart 2. Separate flat rate service offering. At a minimum, each LSP shall offer the services identified in subpart 1 as a separate tariff or price list offering on a flat rate basis. An LSP may also offer basic local service on a measured rate basis or in combination with other services. An LSP may impose separate charges for the services set forth in subpart 1 only to the extent permitted by applicable laws, rules, and commission orders.

- The Local Service Tariff is on file with the Minnesota Public Utility Commission.

- All Lifeline subscribers must meet the terms and conditions of Federal Lifeline Eligibility Rules.

SAC: 361483
State: Minnesota
Sleepy Eye Telephone Company
Form 481 Line No.: 1210 Terms and Conditions of Voice Telephony Lifeline Plans

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Sleepy Eye Telephone Company does adhere to all Federal Lifeline eligibility rules and regulations as well as Minnesota Administrative Rule "7817.0400 - Eligibility for Telephone Assistance Credits" which states:

Minnesota Administrative Rule 237 Chapter 7817.0400

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

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

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

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

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

Subpart 8. Local service provider responsibilities.

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

LIFELINE AND MINNESOTA TELEPHONE ASSISTANCE PLAN (TAP)

The Lifeline Assistance (Lifeline) program, established by the Federal Communications Commission under 47CFR54, is a means of maintaining and preserving universal service by providing a reduction in the recurring price of basic local residential exchange access service to qualifying low-income residential subscribers.

TAP is a state sponsored assistance program under Minnesota Statutes Chapter 237 and is designed to make telephone service accessible to qualifying low-income residential households. Through this program, eligible households will receive a monthly discount on their telephone service.

1. General

   a. Lifeline is a federally-funded reduction of the Federal End User Common Line Charge and a reduction of local service charges. The Federal Lifeline Credit shall be applied first to reduce the Federal End User Common Line Charge, with any remaining federal credit to be applied to reduce rates for residential service. The state TAP credit shall be applied to further reduce the rates charged for residential services. (T) (N) (D) | (D)

   b. Federal Universal Service Charge (FUSC) will not be billed to Lifeline customers. (T)

   c. Local service for Lifeline subscribers may not be disconnected for non-payment of toll charges.

      1). Toll Restriction Service will be provided to Lifeline subscribers at no charge.

      2). Lifeline subscribers are not required to accept Toll Restriction Service as a condition to avoid disconnection of local service for non-payment of toll.

      3). Lifeline subscribers are not required to pay a service deposit in order to initiate service if the subscriber voluntarily elects to receive Toll Restriction Service.

   d. Partial payments from Lifeline subscribers will be applied first to local service charges and then to toll charges.

2. Eligibility Requirements

   a. Lifeline will be provided for one (1) telephone line per household, at the subscriber's principal place of residence, to those individuals who meet the eligibility requirements.

   b. The applicant has income at or below 135 percent of the Federal Poverty Guidelines or participates in one of the following programs:

      - Medicaid/Medical Assistance
      - Food Support/Food Stamps
      - Supplemental Security Income
      - Federal Public Housing Assistance or Section 8
      - Low Income Home Energy Assistance Program (LIHEAP)
      - National School Lunch Program's Free Lunch Program
      - Temporary Assistance for Needy Families (Minnesota Family Investment Program, or MFIP)

LIFELINE AND MINNESOTA TELEPHONE ASSISTANCE PLAN (TAP) (Continued)

2. Eligibility Requirements (Continued)

Individuals who do not qualify under any of the above but live on or near a federally recognized reservation may qualify if the applicant receives benefits from at least one of the following programs:

- Bureau of Indian Affairs General Assistance
- Tribally Administered Temporary Assistance for Needy Families
- Head Start (only for those meeting its income qualifying standard)
- National School Lunch Program's free lunch program

c. The applicant signs a document certifying under penalty of perjury that the applicant receives benefits from one of the programs listed and identifying the program or programs from which that consumer receives benefits.

d. The applicant signs a document agreeing to notify the carrier if that consumer ceases to participate in the program or programs. When the company is notified by the customer that the customer no longer participates in one of the above programs, the federal credits to that customer's monthly charges shall cease beginning with the start of the billing cycle beginning in the month after the month in which notification is received.

3. Eligibility Revocation

If the telephone company discovers that conditions exist that disqualify the recipient of Lifeline Assistance, the support will be discontinued. The customer will be billed retroactively to whichever is the most recent of the dates Lifeline assistance commenced or the recipient no longer qualified for the service not to exceed 12 months.

4. Eligibility for the State TAP Credit

a. The state TAP credit is only available to residential subscribers who meet the eligibility requirements for the Federal Lifeline Credit in 2 above.

b. The customer must reside in Minnesota or have moved to Minnesota and intend to remain.

(D)

(D)

LIFELINE AND MINNESOTA TELEPHONE ASSISTANCE PLAN (TAP) (Continued)

5. Regulations

   a. The Federal Lifeline and state TAP credit will begin at the customer's earliest possible billing cycle but no later than the second billing cycle after the date the application for the Federal Lifeline and state TAP credit is received by the telephone company.

   b. A service charge shall not be billed to establish qualification for either the Federal Lifeline or state TAP credit.

   c. When a customer enrolls for the state TAP credit, the Company is reimbursed for the cost of the service order activity.

6. Funding

   The Federal Lifeline Credit is funded through the FCC universal service program. The state TAP credit shall be funded through the state Telephone Assistance Plan Surcharge on residence and business access lines which pay the 911 surcharge.

7. Rates

   State TAP Surcharge

   The surcharge rate is the effective rate ordered by the Minnesota Public Utilities Commission. The Company is responsible for billing, collecting and remitting the surcharge to appropriate government agency.

	Monthly Rate	
State TAP Credit	$3.50	(C)
Federal Lifeline Credit	$9.25	

SAC: 361483
State: Minnesota
Sleepy Eye Telephone Company
Form 481 Line No.: 3010 Milestone Certification

Sleepy Eye Telephone Company hereby certifies that throughout 2014, it took reasonable steps to provide upon reasonable request broadband service at actual speeds of at least 4 Mbps downstream/1 Mbps upstream, and currently, it is taking reasonable steps to provide upon reasonable request actual speeds of at least 10 Mbps downstream/1 Mbps upstream broadband service with latency suitable for real-time applications, including Voice over Internet Protocol, and usage capacity that is reasonably comparable to comparable offerings in urban areas and that requests for such service are met within a reasonable amount of time. If a request for broadband service at actual speeds of at least 10 Mbps downstream/1 Mbps upstream is unreasonable, and offering broadband service at actual speeds of at least 4 Mbps downstream/1Mbps upstream is reasonable, the Company offers broadband service at actual speeds of at least 4 Mbps downstream/I Mbps upstream.

SAC: 361483
State: Minnesota
Sleepy Eye Telephone Company
Form 481 Line No.: 3012 Community Anchor Institutions

The FCC's *USF/ICC Transformation Order* requires a listing of community anchor institutions to which the ETC newly began providing broadband service.

In 2014, Sleepy Eye Telephone Company did not add any new anchor institutions.