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	411758
<015>	Study Area Name	COUNCIL GROVE TEL CO
<020>	Program Year	2016
<030>	Contact Name: Person USAC should contact with questions about this data	Jason Pettit
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6207675153 ext.
<039>	Contact Email Address: Email of the person identified in data line <030>	jpettit@tctainc.net

ANNUAL REPORTING FOR ALL CARRIERS

(check box when complete)

			54.313 Completion Required	54.422 Completion Required
<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>	411758KS510.pdf	(attached descriptive document)	✓	✓
<600>	Functionality in Emergency Situations	(check to indicate certification)	✓	✓
<610>	411758KS610.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>	411758KS1010.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	411758
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<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Jason Pettit
<035>	Contact Telephone Number - Number of person identified in data line <030>	6207675153 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jpettit@tctainc.net

<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.

411758KS112.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

REDACTED FOR PUBLIC INSPECTION

(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	411758
<015>	Study Area Name	COUNCIL GROVE TEL CO
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Jason Pettit
<035>	Contact Telephone Number - Number of person identified in data line <030>	6207675153 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jpettit@tctainc.net

<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

REDACTED FOR PUBLIC INSPECTION

(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	411758
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<039>	Contact Email Address - Email Address of person identified in data line <030>	jpettit@tctainc.net

<701>	Residential Local Service Charge Effective Date	1/1/2015
<702>	Single State-wide Residential Local Service Charge	16.75

<703>

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

-- See attached worksheet

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	411758
<015>	Study Area Name	COUNCIL GROVE TEL CO
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Jason Pettit
<035>	Contact Telephone Number - Number of person identified in data line <030>	6207675153 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jpettit@tctainc.net

<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 --

REDACTED FOR PUBLIC INSPECTION

(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	411758
<015>	Study Area Name	COUNCIL GROVE TEL CO
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Jason Pettit
<035>	Contact Telephone Number - Number of person identified in data line <030>	6207675153 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jpettit@tctainc.net

<810>	Reporting Carrier	Council Grove Telephone Company
<811>	Holding Company	Tri County Telephone Association, Inc.
<812>	Operating Company	Tri-County Telephone Association Inc.

<813>

<a1> Affiliates	<a2> SAC	<a3> Doing Business As Company or Brand Designation
-- See attached worksheet --		

REDACTED FOR PUBLIC INSPECTION

(900) Tribal Lands Reporting
Data Collection Form

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

<010>	Study Area Code	411758
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<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Jason Pettit
<035>	Contact Telephone Number - Number of person identified in data line <030>	6207675153 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jpettit@tctainc.net

<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.	

REDACTED FOR PUBLIC INSPECTION

(1100) No Terrestrial Backhaul Reporting Data Collection Form

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

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<030>	Contact Name - Person USAC should contact regarding this data	Jason Pettit
<035>	Contact Telephone Number - Number of person identified in data line <030>	6207675153 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jpettit@tctainc.net

<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).

REDACTED FOR PUBLIC INSPECTION

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

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

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

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

411758KS1210.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. ☑

REDACTED FOR PUBLIC INSPECTION

(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	411758
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<039>	Contact Email Address - Email Address of person identified in data line <030>	jpettit@tctainc.net

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

REDACTED FOR PUBLIC INSPECTION

(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

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

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)}

411758KS3010.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)}

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

411758KS3017.pdf

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

REDACTED FOR PUBLIC INSPECTION

(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

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<039>	Contact Email Address - Email Address of person identified in data line <030>	jpettit@tctainc.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

[redacted]

Name of Attached Document Listing Required Information

REDACTED FOR PUBLIC INSPECTION

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	411758
<015>	Study Area Name	COUNCIL GROVE TEL CO
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<039>	Contact Email Address - Email Address of person identified in data line <030>	jpettit@tctainc.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: COUNCIL GROVE TEL CO

Signature of Authorized Officer: CERTIFIED ONLINE Date 06/26/2015

Printed name of Authorized Officer: Dale Jones

Title or position of Authorized Officer: CEO

Telephone number of Authorized Officer: 6207675153 ext.

Study Area Code of Reporting Carrier: 411758 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.

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

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<039>	Contact Email Address - Email Address of person identified in data line <030>	jpettit@tctainc.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 or Employee of Agent:

Signature of Authorized Agent or Employee of Agent: Date:

Printed name of Authorized Agent or Employee of Agent:

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

REDACTED - FOR PUBLIC INSPECTION

ATTACHMENT - LINE 112

ATTACHMENT REDACTED IN ITS ENTIRETY - CONFIDENTIAL

Line 510: Service Quality Standards & Consumer Protection Rules Compliance

Service Quality Standards

The company complies with the service quality standards as adopted in the Kansas Corporation Commission (KCC) Docket Nos. 191,206-U and 95-GIMT-047-GIT.

Consumer Protection Rules

The company complies with the following consumer protection rules:

- FCC rules regarding verification of orders for telecommunications service as required of submitting carriers {47 CFR §64.1100}
- The FCC's Truth-in-Billing Requirements {47 CFR §64.2400}
- Billing practice standards as set out in KCC Docket No. 06-GIMT-187-GIT and subsequent billing practice standards approved by the KCC.
- All of the requirements of 47 C.F.R. § Part 64 Subpart U, Customer Proprietary Network Information and Federal Trade Commission 16 C.F.R. §681, Identity Theft Red Flags

Line 610: Functionality in Emergency Situations

- The company maintains a reasonable amount of back-up power to ensure functionality without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations. {47 CFR §54.202(a)}
- The company has made reasonable provisions to meet emergencies resulting from power failures; sudden and prolonged increases in traffic; staff shortages; and fire, storm, and acts of god.

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

FCC Form 481
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<039>	Contact Email Address - Email Address of person identified in data line <030>	jpettit@tctainc.net

<701>	Residential Local Service Charge Effective Date	1/1/2015
<702>	Single State-wide Residential Local Service Charge	16.75

<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
KS	Council Grove Area		FR	16.75	0.0	1.53	0.0	18.28

REDACTED FOR PUBLIC INSPECTION

(710) Broadband Price Offerings
Data Collection Form

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

<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}
KS	COUNCIL GROVE	39.95	0.0	39.95	6.0	1.0	999999.0	Other, None
KS	COUNCIL GROVE	59.95	0.0	59.95	12.0	2.0	999999.0	Other, None
KS	COUNCIL GROVE	69.95	0.0	69.95	12.0	3.0	999999.0	Other, None
KS	COUNCIL GROVE	69.95	0.0	69.95	25.0	5.0	999999.0	Other, None
KS	COUNCIL GROVE	79.95	0.0	79.95	25.0	6.0	999999.0	Other, None
KS	COUNCIL GROVE	89.95	0.0	89.95	25.0	7.0	999999.0	Other, None
KS	COUNCIL GROVE	99.95	0.0	99.95	25.0	8.0	999999.0	Other, None
KS	COUNCIL GROVE	119.95	0.0	119.95	50.0	10.0	999999.0	Other, None
KS	COUNCIL GROVE	129.95	0.0	129.95	50.0	13.0	999999.0	Other, None

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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	411758
<015>	Study Area Name	COUNCIL GROVE TEL CO
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Jason Pettit
<035>	Contact Telephone Number - Number of person identified in data line <030>	6207675153 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jpettit@tctainc.net

<810>	Reporting Carrier	Council Grove Telephone Company
<811>	Holding Company	Tri County Telephone Association, Inc.
<812>	Operating Company	Tri-County Telephone Association Inc.

<813>

<a1> Affiliates	<a2> SAC	<a3> Doing Business As Company or Brand Designation
Council Grove Telephone Company	411758	TCT

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Council Grove Telephone Company **Study Area: 411758**

Per Section 700 of the Form 481 Council Gove Telephone Company has a voice rate of 18.28 which is comparable to the national average of 21.22 and is not above the Voice Comparability Rate Bench Mark of $47.48.

Our rate is comprised of:

Local Rate:	$16.75
State Universal Service:	$ 1.53
Total:	$18.28

Tri-County Telephone Association Inc.

Life Line Program

Must Meet the Qualifications set forth by the Federal and State guidelines. (see attached sheets for guidelines)

Pricing:

Local Service	16.75	Includes unlimited local calling only no features or long distance.*
SLEC	6.50	Single Line End User Charge
Discount	(17.02)	Federal and State discount total
Total**	6.23	Total before applicable taxes and fees.

To continue to receive the discounts there is a yearly recertification process that needs to be completed. If this is not done by the recertification date then your discounts will be discontinued and you will be charged as a regular customer and not a life line customer.

If you have any questions or concerns about the Life Line Program please contact a Customer Service Representative at 620-767-5153 or 1-800-362-2576 or stop by our Solutions Center located at 923 W. Main St., Council Grove KS 66846. Office hours are Monday -Friday 8:00 AM to 5:00 PM

*Calling features and long distance are charged at normal tariff rates, please refer to our website (www.tctelco.net) for pricing information

**All taxes and fees will be charge accordingly to Federal, State and Local Laws.

KANSAS LIFELINE PROGRAM

Save up to $17.02 off your telephone bill!

You may be eligible to receive up to $17.02 off your monthly local telephone bill through the *Lifeline Program*.

You are eligible if you receive any of the following:

Supplemental Nutrition Assistance Program, General Assistance, Bureau of Indian Affairs General Assistance, Temporary Assistance for Needy Families, Tribally Administered Temporary Assistance for Needy Families, Medicaid, Supplemental Security Income (SSI), Head Start (tribal programs for only those meeting its income qualifying standard), Free School Lunch Program, Tribally Administered Free School Lunch Program, Food Distribution Program, Low Income Energy Assistance Program (LIEAP), Section 8 Public Housing Assistance, Food Distribution Program on Tribal Lands, or 150% of the federal poverty level*. A consumer must provide THREE CONSECUTIVE MONTHS of statements as documentation of income, or provide a copy of his or her tax return for the previous year.

For more information about *Kansas Lifeline*, call your **local** telephone company. The number is on your telephone bill or in the front part of the telephone directory.

*2015 Kansas Poverty Level Guidelines

Number In Household	Maximum Annual Income
1	$17,655
2	$23,895
3	$30,135
4	$36,375
5	$42,615
6	$48,855
7	$55,095
8	$61,335
Each additional person in household	$ 6,240

The Kansas Lifeline program is 150% of the 2015 federal poverty level.

Information prepared by the Kansas Corporation Commission (800) 662-0027

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411758KS1210

KANSAS LIFELINE CERTIFICATION FORM

COMPANY INFORMATION

Name: Tri-County Telephone Association Inc. Address: 1568 S. 1000 Rd. Council Grove, KS 66846

Contact's Name: Dale Jones Phone Number: 620-767-5153

Contact's E-mail Address: djones@tctainc.net

SUBSCRIBER INFORMATION

Full Name: _____ Acct. Number: _____

Full Residential Address: _____
(No P.O. Boxes) ☐ Permanent ☐ Temporary

Temporary Residential Address: _____
(e.g. shelter, friend, family member, etc.)

In the case of addresses not recognized by the post office, including residences on Tribal land, provide a descriptive address that can be used to perform a check for duplicative support.

Lifeline Billing Address (P.O. Boxes Allowed): _____
☐ Check if Same as Residential Address

Date of Birth: _____ Last Four Digits of SS No: _____
MM / DD / YYYY XXXX

Tribal ID Number if no SS No.: _____
XXXXXXXXXXXX

❶ **Subscriber seeking to qualify for Lifeline under *program-based criteria* check all applicable boxes below:**

☐ Medicaid ☐ SNAP ☐ SSI ☐ FPHA (Section 8) ☐ LIHEAP ☐ TANF
☐ National School Lunch Program (Free Lunch Program) ☐ General Assistance (GA) ☐ Food Dist. Program

❷ **Subscriber eligible resident on *Tribal Lands* check all applicable boxes below:**

☐ Tribally Admin Free School Lunch Program ☐ Tribal TANF ☐ FDPIR
☐ Head Start (those meeting income standard) ☐ Bureau of Indian Affairs GA

❸ **Subscriber seeking to qualify for Lifeline under the *income-based criterion*, provide the number of individuals in residential household:** _____
Number in Household

Note: A consumer must provide THREE CONSECUTIVE MONTHS of statements as documentation of income, or provide a copy of their tax return for the previous year.

<See Back of Form>

Lifeline is a federal benefit and that willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment or being barred from the program.

KANSAS LIFELINE CERTIFICATION FORM

TCT

CERTIFY PROSPECTIVE SUBSCRIBER'S ELIGIBILITY

Each prospective subscriber **must** certify, under penalty of perjury for receiving Lifeline support, by **initialing** each applicable area:

_____: The subscriber meets the income-based or program-based eligibility criteria listed above.

_____: The subscriber must notify the carrier within 30 days if for any reason the subscriber no longer satisfies the criteria for receiving Lifeline support.

_____: The subscriber qualifies for Lifeline support as an eligible **resident of Tribal lands**, and the subscriber **must** live on Tribal Lands.

_____: When the subscriber moves to a **new address** the subscriber must provide that new address to the ETC within 30 days.

_____: When subscriber provides a **temporary residential address** to the ETC, subscriber is required to verify their temporary residential address every 90 days.

_____: Subscriber acknowledges that a household is eligible to receive **only** one Lifeline service and, to the best of his/her knowledge, the subscriber's household is **not** already receiving a Lifeline service. A household defined for purposes of the Lifeline program; as any individual or group of individuals who live together at the same address and share income and expenses.

_____: The information contained in this subscriber's certification form is true and correct to the best of subscriber's knowledge.

_____: Subscriber acknowledges that providing false or fraudulent information on this certification form to receive Lifeline benefits is punishable by law.

_____: Subscriber acknowledges that he/she may be required to re-certify their eligibility for Lifeline at any time, and the subscriber's failure to re-certify as to their continued eligibility will result in de-enrollment and the termination of the subscriber's Lifeline benefits pursuant to Section 54.405(e)(4).

_____: Lifeline is a **non-transferable benefit** and the subscriber may **not** transfer his or her benefit to any other person.

_____: A household is not permitted to receive Lifeline benefits from multiple providers.

_____: Violation of the one-per-household limitation constitutes a violation of the Commission's rules and will result in the subscriber's de-enrollment from the program.

SIGNATURES

Subscriber's Signature: _____ **Date:** _____

Company's Signature: _____ **Date:** _____

Documentation Provided to Support Eligibility: _____

Lifeline is a federal benefit and that willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment or being barred from the program.

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411758KS3010

MILESTONE CERTIFICATION

June 22, 2015

Marlene H. Dortch, Secretary
Federal Communications Commission
Office of the Secretary
445 12th Street SW
Room TW-A325
Washington, D.C. 20554

Re: Form 481 Line 3010 - Milestone Certification Pursuant to 47 C.F.R. § 54.313(f)(1)(i)

Dear Ms. Dortch:

Council Grove Telephone Company, Study Area Code 411758, in accordance with 47 C.F.R. § 54.313(f)(1)(i) of the Commission's rules, herby certifies that it is taking reasonable steps to provide upon reasonable request broadband service at actual speeds of at least 4 Mbps downstream/1 Mbps upstream, with latency suitable for real-time applications, including Voice over Internet Protocol, and usage capacity that is reasonably comparable to comparable offerings in urban areas and that requests for such service are met within a reasonable amount of time.

Respectfully submitted,

Jason C. Pettit
Controller

Line 3012: Community Anchor Institutions

Community Anchor Institutions

Council Grove Telephone Company has been providing broadband services to its community anchor institutions for several years. With that stated, there are no new broadband connections to report for community anchor institutions for 2014.

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REDACTED

[The Financial Report of Council Grove Telephone Company is redacted in its entirety as Highly Confidential Information]