**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 2013

| | | |
|---|---|---|
| <010> | Study Area Code | 210339 |
| <015> | Study Area Name | GTC, INC. |
| <020> | Program Year | 2016 |
| <030> | Contact Name: Person USAC should contact with questions about this data | Barbara Galardo |
| <035> | Contact Telephone Number: Number of the person identified in data line <030> | 2075354126 ext. |
| <039> | Contact Email Address: Email of the person identified in data line <030> | bgalardo@fairpoint.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> [redacted] <-- check box if no outages to report | | ✓ | |
| <300> Unfulfilled Service Requests (voice) [redacted] | | | |
| <310> Detail on Attempts (voice) [redacted] | attach descriptive document) | ✓ | |
| <320> Unfulfilled Service Requests (broadband) [redacted] | | ✓ | |
| <330> Detail on Attempts (broadband) [redacted] | attach descriptive document) | ✓ | |
| <400> Number of Complaints per 1,000 customers (voice) | | | |
| <410> Fixed [redacted] | | ✓ | ✓ |
| <420> Mobile 0.0 | | | |
| <430> Number of Complaints per 1,000 customers (broadband) | | ✓ | |
| <440> Fixed [redacted] | | | |
| <450> Mobile 0.0 | | | |
| <500> Service Quality Standards & Consumer Protection Rules Compliance | (check to indicate certification) | ✓ | ✓ |
| <510> 210339FL510.pdf | (attached descriptive document) | ✓ | ✓ |
| <600> Functionality in Emergency Situations | (check to indicate certification) | ✓ | ✓ |
| <610> 210339FL610.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> 1010 Voice Service Rate Comparability.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 | 210339 |
| <015> | Study Area Name | GTC, INC. |
| <020> | Program Year | 2016 |
| <030> | Contact Name - Person USAC should contact regarding this data | Barbara Galardo |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 2075354126 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | bgalardo@fairpoint.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.

112 Service Quality Improvement Reporting 2015.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 | Not Applicable |
| <114> | Report how much universal service (USF) support was received | Not Applicable |
| <115> | How much (USF) was used to improve service quality and how support was used to improve service quality | Not Applicable |
| <116> | How much (USF) was used to improve service coverage and how support was used to improve service coverage | Not Applicable |
| <117> | How much (USF) was used to improve service capacity and how support was used to improve service capacity | Not Applicable |
| <118> | Provide an explanation of network improvement targets not met in the prior calendar year. | Not Applicable |

**(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 | 210339 |
| <015> | Study Area Name | GTC, INC. |
| <020> | Program Year | 2016 |
| <030> | Contact Name - Person USAC should contact regarding this data | Barbara Galardo |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 2075354126 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | bgalardo@fairpoint.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 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

**(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 | 210339 |
| <015> | Study Area Name | GTC, INC. |
| <020> | Program Year | 2016 |
| <030> | Contact Name - Person USAC should contact regarding this data | Barbara Galardo |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 2075354126 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | bgalardo@fairpoint.com |

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

<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 --

**(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 | 210339 |
| <015> | Study Area Name | GTC, INC. |
| <020> | Program Year | 2016 |
| <030> | Contact Name - Person USAC should contact regarding this data | Barbara Galardo |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 2075354126 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | bgalardo@fairpoint.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 --

**(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 | 210339 |
| <015> | Study Area Name | GTC, INC. |
| <020> | Program Year | 2016 |
| <030> | Contact Name - Person USAC should contact regarding this data | Barbara Galardo |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 2075354126 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | bgalardo@fairpoint.com |

| | | |
|---|---|---|
| <810> | Reporting Carrier | GTC. Inc |
| <811> | Holding Company | FairPoint Communications, Inc. |
| <812> | Operating Company | GTC. Inc |

**<813>**

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

-- See attached worksheet --

**(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 | 210339 |
| <015> | Study Area Name | GTC, INC. |
| <020> | Program Year | 2016 |
| <030> | Contact Name - Person USAC should contact regarding this data | Barbara Galardo |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 2075354126 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | bgalardo@fairpoint.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. | |

**(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 | 210339 |
| <015> | Study Area Name | GTC, INC. |
| <020> | Program Year | 2016 |
| <030> | Contact Name - Person USAC should contact regarding this data | Barbara Galardo |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 2075354126 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | bgalardo@fairpoint.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).

**(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 | 210339 |
| <015> | Study Area Name | GTC, INC. |
| <020> | Program Year | 2016 |
| <030> | Contact Name - Person USAC should contact regarding this data | Barbara Galardo |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 2075354126 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | bgalardo@fairpoint.com |

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

210339FL1210.pdf

Name of Attached Document

<1220> Link to Public Website

HTTP www.tariffs.net/fairpoint/tier.asp?cid+1644

"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. ✓

**(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 | 210339 |
| <015> | Study Area Name | GTC, INC. |
| <020> | Program Year | 2016 |
| <030> | Contact Name - Person USAC should contact regarding this data | Barbara Galardo |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 2075354126 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | bgalardo@fairpoint.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} | Not Applicable |
| <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)} | Yes |
| <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 | Not Applicable |

**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

| | | |
|---|---|---|
| <010> | Study Area Code | 210339 |
| <015> | Study Area Name | GTC, INC. |
| <020> | Program Year | 2016 |
| <030> | Contact Name - Person USAC should contact regarding this data | Barbara Galardo |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 2075354126 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | bgalardo@fairpoint.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)}

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

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

| | | |
|---|---|---|
| <010> | Study Area Code | 210339 |
| <015> | Study Area Name | GTC, INC. |
| <020> | Program Year | 2016 |
| <030> | Contact Name - Person USAC should contact regarding this data | Barbara Galardo |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 2075354126 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | bgalardo@fairpoint.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

| **Certification - Reporting Carrier Data Collection Form** | FCC Form 481<br>OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2013 |
|---|---|

| | | |
|---|---|---|
| <010> | Study Area Code | 210339 |
| <015> | Study Area Name | GTC, INC. |
| <020> | Program Year | 2016 |
| <030> | Contact Name - Person USAC should contact regarding this data | Barbara Galardo |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 2075354126 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | bgalardo@fairpoint.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: GTC, INC.

Signature of Authorized Officer: CERTIFIED ONLINE Date 06/22/2015

Printed name of Authorized Officer: Mike Skrivan

Title or position of Authorized Officer: Vice President Regulatory

Telephone number of Authorized Officer: 2075354150 ext.

Study Area Code of Reporting Carrier: 210339 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**<br>**Data Collection Form** | FCC Form 481<br>OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2013 |
|---|---|

| | | |
|---|---|---|
| <010> | Study Area Code | 210339 |
| <015> | Study Area Name | GTC, INC. |
| <020> | Program Year | 2016 |
| <030> | Contact Name - Person USAC should contact regarding this data | Barbara Galardo |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 2075354126 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | bgalardo@fairpoint.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)_____ 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

**(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 | 210339 |
| <015> | Study Area Name | GTC, INC. |
| <020> | Program Year | 2016 |
| <030> | Contact Name - Person USAC should contact regarding this data | Barbara Galardo |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 2075354126 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | bgalardo@fairpoint.com |

<701> Residential Local Service Charge Effective Date: 1/1/2015

<702> Single State-wide Residential Local Service Charge: [redacted]

<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 |
| FL | The Beaches | | FR | 17.0 | [redacted] | | | |
| FL | Alligator Point | | FR | 17.0 | | | | |
| FL | Altha | | FR | 17.0 | | | | |
| FL | Apalachicola | | FR | 17.0 | | | | |
| FL | Blountstown | | FR | 17.0 | | | | |
| FL | Bristol | | FR | 17.0 | | | | |
| FL | Carrabelle | | FR | 17.0 | | | | |
| FL | Chattahoochee | | FR | 17.0 | | | | |
| FL | Eastpoint | | FR | 17.0 | | | | |
| FL | Hosford | | FR | 17.0 | | | | |
| FL | Port St. Joe | | FR | 17.0 | | | | |
| FL | St. George Island | | FR | 17.0 | | | | |
| FL | Tyndall AFB | | FR | 17.0 | | | | |
| FL | Wewahitchka | | FR | 17.0 | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

**(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 | 210339 |
| <015> | Study Area Name | GTC, INC. |
| <020> | Program Year | 2016 |
| <030> | Contact Name - Person USAC should contact regarding this data | Barbara Galardo |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 2075354126 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | bgalardo@fairpoint.com |

<711>

| <a1> | <a2> | <b1> | <b2> | <c> | <d1> | <d2> | <d3> | <d4> |
|---|---|---|---|---|---|---|---|---|
| **State** | **Exchange (ILEC)** | **Residential Rate** | **State Regulated Fees** | | **Broadband Service - Download Speed (Mbps)** | Broadband Service -Upload Speed (Mbps) | Usage Allowance (GB) | |
| [redacted] | | | | | | | | |

**(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 | 210339 |
| <015> | Study Area Name | GTC, INC. |
| <020> | Program Year | 2016 |
| <030> | Contact Name - Person USAC should contact regarding this data | Barbara Galardo |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 2075354126 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | bgalardo@fairpoint.com |

| <711> | <a1> | <a2> | <b1> | <b2> | <c> | <d1> | <d2> | <d3> | <d4> |
|---|---|---|---|---|---|---|---|---|---|
| | **State** | **Exchange (ILEC)** | **Residential Rate** | **State Regulated Fees** | | **Broadband Service - Download Speed (Mbps)** | Broadband Service -Upload Speed (Mbps) | Usage Allowance (GB) | |
| | [redacted] | | | | | | | | |

**(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 | 210339 |
| <015> | Study Area Name | GTC, INC. |
| <020> | Program Year | 2016 |
| <030> | Contact Name - Person USAC should contact regarding this data | Barbara Galardo |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 2075354126 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | bgalardo@fairpoint.com |

<711>

| <a1> | <a2> | <b1> | <b2> | <c> | <d1> | <d2> | <d3> | <d4> |
|---|---|---|---|---|---|---|---|---|
| **State** | **Exchange (ILEC)** | **Residential Rate** | **State Regulated Fees** | | **Broadband Service - Download Speed (Mbps)** | Broadband Service -Upload Speed (Mbps) | Usage Allowance (GB) | |
| [redacted] | | | | | | | | |

**(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 | 210339 |
| <015> | Study Area Name | GTC, INC. |
| <020> | Program Year | 2016 |
| <030> | Contact Name - Person USAC should contact regarding this data | Barbara Galardo |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 2075354126 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | bgalardo@fairpoint.com |

<711>

| <a1> | <a2> | <b1> | <b2> | <c> | <d1> | <d2> | <d3> | <d4> |
|---|---|---|---|---|---|---|---|---|
| **State** | **Exchange (ILEC)** | **Residential Rate** | **State Regulated Fees** | | **Broadband Service - Download Speed (Mbps)** | Broadband Service -Upload Speed (Mbps) | Usage Allowance (GB) | |
| [redacted] | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

**(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 | 210339 |
| <015> | Study Area Name | GTC, INC. |
| <020> | Program Year | 2016 |
| <030> | Contact Name - Person USAC should contact regarding this data | Barbara Galardo |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 2075354126 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | bgalardo@fairpoint.com |

| | | |
|---|---|---|
| <810> | Reporting Carrier | GTC. Inc |
| <811> | Holding Company | FairPoint Communications, Inc. |
| <812> | Operating Company | GTC. Inc |

<813>

| <a1> Affiliates | <a2> SAC | <a3> Doing Business As Company or Brand Designation |
|---|---|---|
| Bentleyville Communications Corporation | 170145 | dba FairPoint Communications Inc. |
| Berkshire Cable Corp. | | dba FairPoint Long Distance |
| Berkshire Cellular, Inc. | | |
| Berkshire New York Access, Inc. | | |
| Berkshire Telephone Corporation | 150073 | dba FairPoint Communications Inc. |
| Big Sandy Telecom, Inc. | 462192 | dba FairPoint Communications Inc. |
| Bluestem Telephone Company | 411835 | dba FairPoint Communications Inc. |
| Chautauqua & Erie Communications, Ltd | | |
| Chautauqua & Erie Communications, Inc. | | dba FairPoint Long Distance |
| Chautauqua and Erie Telephone Corporation | 150078 | dba FairPoint Communications Inc. |
| China Telephone Company | 100004 | dba FairPoint Communications Inc. |
| Chouteau Telephone Company | 431981 | dba FairPoint Communications Inc. |
| Columbine Telecom Company | 462204 | dba FairPoint Communications Inc. |
| Columbus Grove Telephone Co. | 300604 | dba FairPoint Communications Inc. |
| COM Networks, Inc. | | |
| Comerco, Inc. | | dba FairPoint Long Distance |
| Community Service Telephone Co | 100015 | dba FairPoint Communications Inc. |
| C-R Communications, Inc. | | |
| C-R Long Distance, Inc. | | dba FairPoint Long Distance |
| C-R Telephone Company | 341009 | dba FairPoint Communications Inc. |
| El Paso Long Distance Company | | dba FairPoint Long Distance |
| El Paso Telephone Company | 341004 | dba FairPoint Communications Inc. |
| Ellensburg Telephone Company | 522412 | dba FairPoint Communications Inc. |

**(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 | 210339 |
| <015> | Study Area Name | GTC, INC. |
| <020> | Program Year | 2016 |
| <030> | Contact Name - Person USAC should contact regarding this data | Barbara Galardo |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 2075354126 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | bgalardo@fairpoint.com |

| | | |
|---|---|---|
| <810> | Reporting Carrier | GTC. Inc |
| <811> | Holding Company | FairPoint Communications, Inc. |
| <812> | Operating Company | GTC. Inc |

<813>

| <a1> Affiliates | <a2> SAC | <a3> Doing Business As Company or Brand Designation |
|---|---|---|
| Elltel Long Distance Corp. | | dba FairPoint Long Distance |
| Enhanced Communications of Northern New England Inc. | | |
| ExOp of Missouri Inc. | | |
| FairPoint Broadband, Inc. | | |
| FairPoint Business Services LLC | | |
| FairPoint Carrier Services, Inc. | | |
| FairPoint Communications Missouri, Inc. | 421472 | dba FairPoint Communications Inc. |
| FairPoint Logistics, Inc. (f/k/a MJD Capital Corp.) | | |
| FairPoint Vermont, Inc. (TG) | 143331 | dba FairPoint Communications Inc. |
| Germantown Independent Telephone Company | 300618 | dba FairPoint Communications Inc. |
| Germantown Long Distance Company | | dba FairPoint Long Distance |
| GTC, Inc. | 210291 | (Florala) dba FairPoint Communications Inc. |
| GTC, Inc. | 210329 | (Perry) dba FairPoint Communications Inc. |
| Maine Telephone Company, INC | 100025 | dba FairPoint Communications Inc. |
| Marianna Scenery Hill Telephone Company | 170185 | dba FairPoint Communications Inc. |
| Marianna Tel., Inc. | | |
| MJD Services Corp. | | |
| MJD Ventures, Inc. | | |
| Northern New England Telephone Operations LLC (NNE) | 125113 | dba FairPoint Communications Inc. |
| Northern New England Telephone Operations LLC (NNE) | 105111 | dba FairPoint Communications Inc. |
| Northland Telephone Company of Maine, Inc. | 103313 | dba FairPoint Communications Inc. |
| Odin Telephone Exchange, Inc | 341065 | dba FairPoint Communications Inc. |
| Orwell Communications, Inc. | | dba FairPoint Long Distance |

**(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 | 210339 |
| <015> | Study Area Name | GTC, INC. |
| <020> | Program Year | 2016 |
| <030> | Contact Name - Person USAC should contact regarding this data | Barbara Galardo |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 2075354126 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | bgalardo@fairpoint.com |

| | | |
|---|---|---|
| <810> | Reporting Carrier | GTC. Inc |
| <811> | Holding Company | FairPoint Communications, Inc. |
| <812> | Operating Company | GTC. Inc |

<813>

| <a1> Affiliates | <a2> SAC | <a3> Doing Business As Company or Brand Designation |
|---|---|---|
| Orwell Telephone Company | 300649 | dba FairPoint Communications Inc. |
| Peoples Mutual Long Distance | | |
| Peoples Mutual Telephone Co | 190244 | dba FairPoint Communications Inc. |
| Quality One Technologies, Inc. | | dba FairPoint Long Distance |
| Ravenswood Communications, Inc. | | |
| Sidney Telephone Company | 103313 | dba FairPoint Communications Inc. |
| ST Enterprises, Ltd. | | |
| ST Long Distance, Inc. | | dba FairPoint Long Distance (Kansas, Colorado, Oklahoma) |
| St. Joe Communications, Inc. | 210339 | dba FairPoint Communications Inc. |
| Standish Telephone Company, INC | 100025 | dba FairPoint Communications Inc. |
| Sunflower Telephone Co | 461835 | dba FairPoint Communications Inc. |
| Taconic Technology Corp. | | |
| Taconic TelCom Corp. | | dba FairPoint Long Distance |
| Taconic Telephone Corp. | 150084 | dba FairPoint Communications Inc. |
| Telephone Operating Company of Vermont LLC (NNE) | 145115 | dba FairPoint Communications Inc. |
| UI Long Distance, Inc. | | dba FairPoint Long Distance |
| Utilities, Inc. | | dba FairPoint Communications Inc. |
| YCOM Networks, Inc. | 522453 | dba FairPoint Communications Inc. |
| | | |
| | | |
| | | |
| | | |
| | | |

FCC Form 481

Line 112- Service Quality Improvement Reporting
{47 CFR 54.313(a)(1)}

1. In the FCC's Public Notice DA 14-951, released May 1, 2014, the FCC waived the requirement for price cap ETCs to file a five-year plan. The bureau stated that "until the [Connect America Phase II forward-looking] cost model is adopted and incumbents have the opportunity to accept a state-level commitment, it does not serve the public interest" to require price cap ETCs to file five-year plans.[1]

[1] *Connect America Fund et al.* WC Docket No. 10-90 et al., Order, 28 FCC Rcd 2051, 2054, para. 8 (Wireline Comp. Bur. 2013) (*ETC Reporting Requirements Order*).

GTC, Inc – St Joe
210339

For the period January 1, 2014 through December 31, 2014, GTC Inc – St Joe , (SAC #210339) had [redacted]

GTC, Inc – St Joe
210339

For the period January 1, 2014 through December 31, 2014, GTC Inc – St Joe , (SAC #210339) had [redacted]

210339FL330.pdf

**GTC Inc. (ST Joe) Florida/Georgia 210339**
**Line 510: Service Quality Reporting/Consumer Protection Rules Compliance**

GTC Inc., hereby certifies that it is complying with applicable service quality standards and consumer protection rules. The Company complies with service quality and consumer protection provisions under state law. These provisions include, but are not limited to, the following: (1) maintaining a publicly-accessible website which discloses the rates, terms and conditions of service to customers in accordance with Florida requirements; (2) compliance with state consumer protection provisions relating to Customer Services as identified in the Code of State Regulations, compliance with provisions for Quality of Service as identified in the Code of State Regulations, compliance with Service Objectives as identified in the Code of State Regulations, compliance with customer Inquiry procedure as identified in the Code of State Regulations, compliance with Dispute standards as identified in the Code of State Regulations; (3) compliance with truth-in-billing requirements; and (4) compliance with Federal CPNI rules, Red Flag Rules and other applicable federal and state requirements governing the protection of customers' privacy.

In establishing this certification in its *2005 ETC Order*,[1] the FCC found that an ETC must make "a specific commitment to objective measures to protect consumers." [2] The Commission found that for wireless ETCs, compliance with CTIA's Consumer Code for Wireless Service would satisfy this requirement and that the sufficiency of other commitments would be considered on a case-by-case basis. In this context, the FCC stated, "to the extent a wireline or wireless ETC applicant is subject to consumer protection obligations under state law, compliance with such laws may meet our requirement."[3]

GTC Inc., d/b/a/FairPoint Communications does not have any service quality reporting requirements with the Florida Public Service Commission. The telecommunications industry was largely de-regulated on retail services in 2011. GTC Inc., d/b/a/FairPoint Communications does not have any service quality reporting requirements with the Georgia Public Service Commission.

If a customer has a concern about their FairPoint Communications' service or billing, he/she can contact repair service, technical support or customer service with information found on their statement.
Customers may also contact agencies, through information posted in the phone directory, website, and tariff pages. All consumer complaints whether from Attorney Generals' offices, Public Utility Commissions, Better Business Bureaus, Federal Communications Commission and all other agencies are sent to the FairPoint Communications' Maine office via U.S. Mail or by electronic mail at consumer@fairpoint.com. The complaints are directed to the appropriate responsible Company Team member within FairPoint Communications for resolution and response to the customer.

[1] *Federal-State Joint Board on Universal Service*, CC Docket No. 96-45, Report and Order, FCC 05-46 (rel. Mar. 17, 2005) ("*2005 ETC Order*").
[2] *Id.* at para. 28.

FairPoint Communications
1 Davis Farm Road
Portland, ME 04103

# Business Continuity Plan Overview

## Introduction

FairPoint Communications, Inc. ("FairPoint") is committed to maintaining a vigilant state of disaster preparedness for the interests of our customers, stockholders, employees and other critical stakeholders.

The purpose of our Business Continuity Plan ("BCP") is to define the disaster preparedness and recovery protocols and procedures required to restore FairPoint's critical business support functions, inside and outside plant systems and operations within FairPoint's operating footprint.

BCP components detail FairPoint's procedures for preparing for and responding to an emergency situation affecting our ability to deliver core services to our customers and our ability to meet legal dictates, and regulatory requirements.

This document discusses the following:

- BCP Scope
- BCP Components
- Plan Maintenance

## BCP Scope

FairPoint's business continuity response planning is concentrated on two critical operational areas:

- Customer Interfacing – It is recognized that a "business impact" only occurs when an *external-interfacing* element is disrupted. In essence, this means that if FairPoint experiences a disruptive event, but one that does not breach the outer-shell of the FairPoint operation and interrupt critical customer services, customer product or other external end-user, then it does not have a business impact, as defined by the BCP
- Infrastructure Integrity – Without critical infrastructure systems, the ability for all other FairPoint business operations (back / front office) can come to a halt. It is these infrastructure systems that provide the critical human-factor of our customer-interfacing services. Critical infrastructure would address such services / systems as, building space for staff and equipment, service utilities, telecommunications and data network, IT network, and related infrastructure based items.

The BCP has been developed to assure the continuity of critical customer interfacing services and systems should a physical incident or workforce disruption event occur, which affects:

- Information Technology ("IT")
- Administrative and Support Operations
- Inside and Outside Plant Operations
- Network Operations Center ("NOC")
- Enhanced 9-1-1 ("E-911")
- Dispatch
- Repair Center

FairPoint has developed response / recovery strategies addressing physically disruptive incidents and workforce related disruptive incidents. All response strategies are based on recovery time objectives of those department functions and critical infrastructure systems essential to sustain customer interfacing services.

FairPoint Communications
1 Davis Farm Road
Portland, ME 04103

## BCP Components

The BCP consists of several components:

- Operational Preparedness for Expected Events (i.e. weather related events)
- Event / Crisis Communication Plan
- Redundancy Mapping
- Department Recovery Plans
- Information Technology Continuity Plan

The following is a brief summary of the plan components.

**Operational Preparedness for Expected Events**

Weather events such snow, ice and wind can negatively impact power and communications infrastructure. While this threat cannot be eliminated, FairPoint takes steps to mitigate a storm's impact through preparedness and response. Steps include:

- Pre-event planning based on information provided by National Oceanic and Atmospheric Administration **("**NOAA"**)**
- Coordinate planning and recovery efforts through state emergency management groups
- Engage supply chain vendors to delivery additional stock prior to the expected event
- Inspect, test and fuel emergency generators in anticipation of a power outage
- Reallocate / relocate staff in order to respond to the pending event

**Event / Crisis Communication Plan**

Communications is a key element to respond and recover business operations. Event / Crisis Communications are facilitated by FairPoint's Risk Management Team who assume the role of incident command from the onset of the event until normal operations are resumed.

FairPoint uses a dual level communication strategy as part the Event Communication Plan. The primary level is the workgroup comprised of both employees and vendors that are directly involved in the recovery work. The secondary level consists of internal interested parties made up of our Strategic Leadership Team. The role of the secondary level is to facilitate communications both internally and externally regarding the event and our path to response and recovery. For 2014, FairPoint has partnered with SunGard and will be deploying a hosted event communication platform in order increase our speed and reach of communications during an event.

**Redundancy Mapping**

The process of redundancy mapping reviews operations within the FairPoint organization to identify alternate facilities and work locations that can be used in the event a primary location is not accessible. Given the geographic spread of FairPoint's Northern New England footprint, capabilities exist to relocate operations from event impacted areas. Through the mapping process, FairPoint is able to identify single points of failure and develop alternative work processes.

**Department Recovery Plans**

Each department has developed a recovery plan based on its critical operations as they pertain to the deliverables they contribute to our customers. FairPoint has triaged the recovery efforts based on the concept of customer servicing impact. Federal and State regulatory requirements, along with E-911 needs, have a high level of consideration in addition to the business impact concerns. The BCP goal is to minimize the disruption duration as much as is practical and provide a level of risk mitigation that will maintain critical operations. The recovery plans are built around a 24hour to 72hours response plan. This methodology

FairPoint Communications
1 Davis Farm Road
Portland, ME 04103

focuses on the immediate steps that need to be taken to recover functional operations within short duration events (less than 24 hours) and well as long term plans to maintain functionality during an extended event (up to, or greater than 72 hours).

**IT Recovery Plan**
Like most operations, FairPoint is dependent on an IT infrastructure to conduct business and serve customers. Because of its importance, FairPoint has a continuity plan established specifically for IT operations. The IT continuity plan addresses security and access control of data sites, onsite / offsite data backup methods, processes for sequencing of system(s) recoveries and ultimately the use and execution of our established Disaster Recovery Site located outside the FairPoint footprint.

## Plan Maintenance and Exercising

The BCP is a so called "living" document. Updates to the plan are ongoing with changes incorporated annually at a minimum. Individual plan components are reviewed with oversight from FairPoint's Risk Management Team. In 2013, FairPoint began the process of migrating the BCP onto a cloud based solution which will allow access to the plan components from any computer, smartphone and tablet.

FCC FORM 481

Line 1010 – Voice Service Rate Comparability

The pricing of the company's voice service rate is no more than two standard deviations above the applicable national average urban rate for voice service, as specified in the most recent public notice, FCC DA15-470 released on April 16, 2015.

For Rates See Attachment: (700) Company Price Offerings (voice)

Form 481 Line 1210- Terms & Conditions for Lifeline Customers

GTC, Inc. provides a Lifeline Program discount for residence service for eligible low income customers. The Lifeline Program discount is applied to any month to month residence local service, package or bundle offering. The discount is intended to offset the Subscriber Line Charge and local line charge, although eligible packages and bundles may have toll calling included in the pricing for the offering.

The price list pages outlining the terms of the Lifeline Program in GTC Inc. in Florida are attached. The terms and conditions of residential basic local exchange service, package and bundle offerings can be found at http://www.tariffs.net/fairpoint/tier.asp?cid=1644.

3.11 OPERATOR ASSISTED LOCAL CALLS (cont'd.)

3.11.3 (cont'd.

E. (cont'd.)

2. Emergency Calls to reconginzable authorized civil agencies.

3. Those cases where a Company operator provides assistance to:

(a) Re-establish a call which has been interrupted after the called number has been reached.

(b) Reach the called telephone where facility problems prevent customer dial completion.

(c) Place a non-coin sent-paid call for a calling party who identifies himself as being handicapped and unable to dial the call because of his handicap.

3.12 LIFELINE ASSISTANCE

A. General

1. The Interstate Subscriber Line Charge Waiver and Matching Program adopted by the Florida Public Service Commission is a Lifeline Assistance Program and provides for a federal credit equal to $9.25 plus $3.50 as mandated by the Florida Public Service Commission. The federal and Company credits are applied to the local service bills for qualified residential customers who apply for the credits and participate in at least one of the following programs: Supplemental Security Income (SSI), Supplemental Nutrition Assistance (SNAP), Medicaid, Federal Public Housing Assistance, Low Income Home Energy Assistance Program, Temporary Assistance to Needy Families or the National School Lunch Program's Free Lunch Program. (C) (I) | (C) (T) (T)

In addition, Residential customers with household income at or below 135% of the Federal Poverty Guidelines for that household size may also qualify for Lifeline Assistance.

Form 481 Line 1210- Terms & Conditions for Lifeline Customers



BASIC LOCAL EXCHANGE SERVICE

3.12 LIFELINE ASSISTANCE (cont'd)

A. General (cont'd)

1. (cont'd)

Lifeline Assistance is available for one residence telephone line per household, at the customer's principal place of residence. (T)

The Secondary Service Order Charge will be waived for existing customers changing to the Lifeline Assistance program.

Vacation service is not applicable to lines with Lifeline Assistance.

2. Applications and Regulations

Guidelines for implementation of this program are as follows:

(a) Certification Procedures

All applications for this service are subject to verification periodically as required by the customer or with the state agency responsible for administration of the qualifying program. (T) (T)

(b) Processing Procedures

The Company will process all applications and apply the appropriate credit on the subscriber's monthly bill.

(c) Verification Procedures

The Company will reconcile and confirm eligibility periodically as required. The credit will be discontinued on the bill following written notification to the subscriber of ineligibility. (T) (T)

(d) The secondary service order charge described in Section 4 does not apply when an existing customer converts their service to Lifeline Assistance.

(e) Subscribers of Lifeline may request toll blocking at no charge, in lieu of a deposit.

(f) Subscribers of Lifeline will not be disconnected for non-payment of toll charges.

(g) LECs will not refuse to connect, reconnect, or provide Lifeline service because of unpaid toll charges service.

Form 481 Line 1210- Terms & Conditions for Lifeline Customers



BASIC LOCAL EXCHANGE SERVICE

3.12 LIFELINE ASSISTANCE (cont'd)

A. General (cont'd)

2. Applications and Regulations (cont'd)

(h) LECs may require payment arrangements to be made for outstanding debt associated with basic local service and associated taxes and fees. Such arrangements will be made in a manner consistent with the company's Price List. If there are no written provisions, payment arrangements are to be made for a period of not less than four months.

(i) LECs will not require payment arrangements to be made on other unpaid amounts as a condition of receiving basic local service. This provision should not preclude LECs from collecting other portions of the outstanding debt by using any other methods as are customary for non-Lifeline subscribers.

(j) Any payment made by the customer on the past-due amount will first be credited to unpaid basic local service charges.

(k) If a Lifeline customer fails to pay charges for basic local service, the customer's Lifeline service may be disconnected. The customer will then be treated in the same manner as any other existing Lifeline subscriber with regard to reconnection after a disconnect for nonpayment; i.e., if Lifeline customers are required to pay outstanding basic local service charges before reconnection, this provision would apply to all Lifeline customers equally regardless of previous outstanding debts.

(l) LECs may decline to provide other local services, including ancillary services, if the customer has outstanding debt for local service. Such service may not be declined for nonpayment of toll service.

Form 481 Line 1210- Terms & Conditions for Lifeline Customers



3.12 LIFELINE ASSISTANCE (cont'd)

A. General (cont'd)

2. Applications and Regulations (cont'd)

(m) LECs may require toll blocking if the customer has prior unpaid toll charges.

(n) For customers subject to mandatory toll blocking as a result of unpaid toll charges, LECs may require payment of all unpaid toll charges and an adequate deposit prior to the removal of toll blocking.

(o) LECs will publicize the availability of Lifeline for customers with prior unpaid bills in the same manner as they publicize Lifeline in general. In particular, companies are required to include information about Lifeline in their directories and provide a bill message/insert on an annual basis, pursuant to FPSC Order No. PSC-97-1262-FOF-TP, in Docket No. 970744-TP, issued October 14, 1997.

3.12.1 TRANSITIONAL LIFELINE ASSISTANCE PROGRAM

A. General

Transitional Lifeline Assistance is a state program which provides a 30% reduction of the applicable monthly exchange flat rate for residential basic local service for subscribers who no longer qualify for the Lifeline Assistance Program.

B. Regulations

A Lifeline Assistance subscriber who requests this service will receive the discounted rate for a period of one (1) year from the date the subscriber ceases to be qualified for the Lifeline Assistance Program.

# RATE FLOOR DATA COLLECTION - OMB Control Number 3060-0986

## Block 1 - Contact Information

| ROW # | DATA ELEMENT | FORMAT OF REQUESTED DATA | RESPONSE |
|---|---|---|---|
| 1 | Carrier Study Area Code | 6 numeric digits | 210339 |
| 2 | Carrier Study Area Name | alpha characters | GTC, Inc. (St. Joe) |
| 3 | Service Provider Identification Number | 9 numeric digits | 143001442 |
| 4 | **Residential Local Service Charge Effective Date** | mm/dd/yyyy | 6/1/2015 |
| 5 | Contact Name | alpha characters | Barbara Galardo |
| 6 | Contact Telephone Number (include area code) | 9 numeric digits | 2075354126 |
| 7 | Sheet number | numeric digit(s) | 1 |
| 8 | Total Number of Sheets | numeric digit(s) | 1 |

## Block 2 - Residential Local Service Rates, Fees, and Line Counts

| | **Column 1** Residential Local Service Charge | **Column 2** State Subscriber Line Charge | **Column 3** State Universal Service Fee | **Column 4** Mandatory Extended Area Service Charge | **Column 5** Loops |
|---|---|---|---|---|---|
| 9 | $ 17.00 | [redacted] | | | |
| 10 | | | | | |
| 11 | | | | | |
| 12 | | | | | |
| 13 | | | | | |
| 14 | | | | | |
| 15 | | | | | |
| 16 | | | | | |
| 17 | | | | | |
| 18 | | | | | |
| 19 | | | | | |
| 20 | | | | | |
| 21 | | | | | |
| 22 | | | | | |
| 23 | | | | | |
| 24 | | | | | |
| 25 | | | | | |
| 26 | | | | | |
| 27 | | | | | |
| 28 | | | | | |
| 29 | | | | | |
| 30 | | | | | |
| 31 | | | | | |
| 32 | | | | | |
| 33 | | | | | |
| 34 | | | | | |

**Rate Floor**

**TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING RATE FLOOR DATA ON ITS OWN BEHALF:**

## Certification of Officer as to the Accuracy of the Data Reported for the Rate Floor Data

**I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual rate floor data reported ; and, to the best of my knowledge, the information reported on this form is accurate.**

| | | | | | |
|---|---|---|---|---|---|
| Name of Reporting Carrier See Attached Listing | | | | | |
| Signature of authorized officer Michael T. Skrivan | | | | Date June 23, 2015 | |
| Printed name of authorized officer Michael T. Skrivan | | | | | |
| Title or position of authorized officer Vice President of Regulatory | | | | | |
| Telephone number of authorized officer: ( 207) 535 - 4150 | | | | | |
| Study Area Code of Reporting Carrier | See Attached List | | Filing Due Date for this form (mm/dd/yyyy) | 7/1/2015 | |