

<010> Study Area Code	502288
<015> Study Area Name	ALL WEST COMM-UT
<020> Program Year	2016
<030> Contact Name: Person USAC should contact with questions about this data	Jenny Prescott
<035> Contact Telephone Number: Number of the person identified in data line <030>	4357834913 ext.
<039> Contact Email Address: Email of the person identified in data line <030>	jenny.prescott@allwest.com

ANNUAL REPORTING FOR ALL CARRIERS	54.313	54.422
	Completion Required	Completion Required

			<i>(check box when complete)</i>	
<100> Service Quality Improvement Reporting	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<200> Outage Reporting (voice)	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210> <input checked="" type="checkbox"/> <-- check box if no outages to report		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<300> Unfulfilled Service Requests (voice)	<input type="text" value="0"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<310> Detail on Attempts (voice)	<input type="text" value=""/> <i>(attach descriptive document)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<320> Unfulfilled Service Requests (broadband)	<input type="text" value="0"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<330> Detail on Attempts (broadband)	<input type="text" value=""/> <i>(attach descriptive document)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<400> Number of Complaints per 1,000 customers (voice)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<410> Fixed	<input type="text" value="0.0"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<420> Mobile	<input type="text" value="0.0"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<430> Number of Complaints per 1,000 customers (broadband)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<440> Fixed	<input type="text" value="0.0"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<450> Mobile	<input type="text" value="0.0"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<500> Service Quality Standards & Consumer Protection Rules Compliance	<i>(check to indicate certification)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<510> <input type="text" value="502288UT510.pdf"/> <i>(attached descriptive document)</i>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<600> Functionality in Emergency Situations	<i>(check to indicate certification)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<610> <input type="text" value="502288UT610.pdf"/> <i>(attached descriptive document)</i>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<700> Company Price Offerings (voice)	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<710> Company Price Offerings (broadband)	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<800> Operating Companies and Affiliates	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<900> Tribal Land Offerings (Y/N)? <input type="radio"/> <input checked="" type="radio"/>	<i>(if yes, complete attached worksheet)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<1000> Voice Services Rate Comparability Certification	<input type="text" value="Yes"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<1010> <input type="text" value="502288UT1010.pdf"/> <i>(attach descriptive document)</i>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<1100> Certify whether terrestrial backhaul options exist (Yes or No) <input checked="" type="radio"/> <input type="radio"/>	<i>(if not, check to indicate certification)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<1110>	<i>(complete attached worksheet)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<1200> Terms and Condition for Lifeline Customers	<i>(complete attached worksheet)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

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

<2000>	<i>(check to indicate certification)</i>	<input type="checkbox"/>	<input type="checkbox"/>
<2005>	<i>(complete attached worksheet)</i>	<input type="checkbox"/>	<input type="checkbox"/>

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

<3000>	<i>(check to indicate certification)</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<3005>	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

(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	502288
<015>	Study Area Name	ALL WEST COMM-UT
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Jenny Prescott
<035>	Contact Telephone Number - Number of person identified in data line <030>	4357834913 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jenny.prescott@allwest.com

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

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.

5022880T112.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	<input type="text" value="Yes"/>
<114> Report how much universal service (USF) support was received	<input type="text" value="Yes"/>
<115> How much (USF) was used to improve service quality and how support was used to improve service quality	<input type="text" value="Yes"/>
<116> How much (USF) was used to improve service coverage and how support was used to improve service coverage	<input type="text" value="Yes"/>
<117> How much (USF) was used to improve service capacity and how support was used to improve service capacity	<input type="text" value="Yes"/>
<118> Provide an explanation of network improvement targets not met in the prior calendar year.	<input type="text" value="Not Applicable"/>

**(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	502288
<015>	Study Area Name	ALL WEST COMM-UT
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Jenny Prescott
<035>	Contact Telephone Number - Number of person identified in data line <030>	4357834913 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jenny.prescott@allwest.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:

- <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.

Select Yes or No or Not Applicable

**(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	502288
<015>	Study Area Name	ALL WEST COMM-UT
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Jenny Prescott
<035>	Contact Telephone Number - Number of person identified in data line <030>	4357834913 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jenny.prescott@allwest.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	502288
<015>	Study Area Name	ALL WEST COMM-UT
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Jenny Prescott
<035>	Contact Telephone Number - Number of person identified in data line <030>	4357834913 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jenny.prescott@allwest.com

<1210> Terms & Conditions of Voice Telephony Lifeline Plans



Name of Attached Document

<1220> Link to Public Website HTTP <http://www.allwest.com/phone-local>

"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 <i>Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers</i>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
---	--

<010> Study Area Code	
<015> Study Area Name	302288
<020> Program Year	ALL WEST COMM-UT
<030> Contact Name - Person USAC should contact regarding this data	2016
<035> Contact Telephone Number - Number of person identified in data line <030>	Jenny Prescott
<039> Contact Email Address - Email Address of person identified in data line <030>	+157834913 ext. jenny.prescott@allwest.com

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

- <2010>** 2nd Year Certification {47 CFR § 54.313(b)(1)i}
- <2011a>** 3rd Year Certification {47 CFR § 54.313(b)(1)ii}
- <2011b>** Attachment {47 CFR § 54.313(b)(1)ii}

Name of Attached Document(s) Listing Required Information	

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

- <2012>** 2013 Frozen Support Calculation {47 CFR § 54.313(c)(1)}
- <2013>** 2014 Frozen Support Calculation {47 CFR § 54.313(c)(2)}
- <2014>** 2015 Frozen Support Calculation {47 CFR § 54.313(c)(3)}
- <2015>** 2016 and future Frozen Support Calculation {47 CFR § 54.313(c)(4)}

Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}

- <2016>** Certification Support Used to Build Broadband

--

Connect America Phase II Reporting {47 CFR § 54.313(e)}

- <2017>** 3rd year Broadband Service Certification
- <2018>** 5th year Broadband Service Certification
- <2019>** Interim Progress Certification
- <2020>** Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

- <2021>** Interim Progress Community Anchor Institutions

Name of Attached Document(s) Listing Required Information	

(3000) Rate Of Return Carrier Additional Documentation	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010> Study Area Code	502288
<015> Study Area Name	ALL WEST COMM-UT
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Jenny Prescott
<035> Contact Telephone Number - Number of person identified in data line <030>	4357834913 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	jenny.prescott@allwest.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))

50228UT3010.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))

50228UT3012.pdf

Name of Attached Document Listing Required Information

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

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

502288UT3017.pdf

Name of Attached Document Listing Required Information

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

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

FCC Form 481

Data Collection Form

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

July 2013

<010> Study Area Code	502288
<015> Study Area Name	ALL WEST COMM-UT
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Jenny Prescott
<035> Contact Telephone Number - Number of person identified in data line <030>	4357834913 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	jenny.prescott@allwest.com

Financial Data Summary

(3027) Revenue	10444782
(3028) Operating Expenses	8055995
(3029) Net Income	2388787
(3030) Telephone Plant In Service(TPIS)	71255492
(3031) Total Assets	46820057
(3032) Total Debt	34674349
(3033) Total Equity	12145708
(3034) Dividends	0

**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	502288
<015>	Study Area Name	ALL WEST COMM-UT
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Jenny Prescott
<035>	Contact Telephone Number - Number of person identified in data line <030>	4357834913 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jenny.prescott@allwest.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:	ALL WEST COMM-UT
Signature of Authorized Officer:	CERTIFIED ONLINE Date 06/29/2015
Printed name of Authorized Officer:	Jenny Prescott
Title or position of Authorized Officer:	VP/Finance & HR
Telephone number of Authorized Officer:	4357834913 ext.
Study Area Code of Reporting Carrier:	502288 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
---	--

<010>	Study Area Code	502288
<015>	Study Area Name	ALL WEST COMM-UT
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Jenny Prescott
<035>	Contact Telephone Number - Number of person identified in data line <030>	4357834913 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jenny.prescott@allwest.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

This Section (attachment for line 112) is redacted for Public Inspection in its entirety.

FCC Form 481 Certifications

FCC Form 481 Line 510

All West Communications, Inc. -UT

Study Area 502288

Voice Network

Pursuant to 47 C.F.R. § 54.313(a)(5) and or 47 C.F.R. § 54.422(b)(3) All West Communications, Inc. ("ILEC") is in compliance with appropriate FCC Service Quality Standards and Consumer Protection Rules. ILEC provides CPNI training to all of its new employees and in addition trains all of its existing employees on an annual basis. ILEC also conducts subscriber outreach regarding CPNI by placing CPNI explanation onto its website at allwest.com which informs subscribers about CPNI rules and other applicable customer rights and obligations. In addition ILEC trains staff on Red Flag issues on an annual basis. All company employees are required to sign and acknowledge that they have completed CPNI and Red Flag training and understand obligations to adherence of applicable rules.

ILEC also outlines its rates, terms, and conditions under which ILEC offers service in its Local Exchange Tariff. The tariff explains customer rights and obligations, customer service, dispute resolution, deposits, billing and payment options, disconnection of service as well as cancellation of service options. ILEC keeps its tariffs available for public inspection at its business offices.

Broadband Network

Pursuant to 47 C.F.R. § 54.313(a)(5) and or 47 C.F.R. § 54.422(b)(3) ILEC is in compliance with applicable FCC Service Quality Standards and Consumer Protection Rules. ILEC trains staff on applicable rules for broadband services issues on an annual basis. In addition ILEC has placed on its website at allwest.com its network practices and policies regarding FCC's Net Neutrality Rules.

ILEC also outlines its rates, terms, and conditions under which ILEC offers Broadband service in NECA Tariff #5 to Internet Service Providers ("ISP"). The Tariff explains customer rights and obligations, customer service, dispute resolution, deposits, billing and payment options, disconnection of service as well as cancellation of service options. Public inspection of NECA Tariff #5 can be found on NECA's website. Retail DSL rates, terms, and conditions for retail services are provided by the ISP.

FCC Form 481 Certifications

FCC Form 481 Line 610

All West Communications, Inc. -UT
Study Area 502288

Functionality in Emergency Situations:

Voice Network

Pursuant to 47 C.F.R. § 54.313(a)(6) and 47 C.F.R § 54.22(b)(4) as set forth in 47 C.F.R. § 54.202(a)(2) All West Communications, Inc. ("ILEC") meets the requirements to remain functional in emergency situations and has the following capabilities: Back-up power is provided to ILEC central offices by use of a generator and batteries that provide it with 8 to 12 hours of emergency power. In addition, ILEC field electronics have 8 to 12 hours of back-up power by use of generators and batteries. ILEC also has SONET, DWDM, and MPLS technology deployed in its core fiber optic network that is a self-healing and will automatically reroute traffic should a fiber cut occur. ILEC has also sufficient spare cards for its fiber optic network to provide almost instantaneous replacement should there ever be a card failure in the core network. ILEC also has proper staff in place to repair any fiber cuts in a timely manner. ILEC has connectivity with neighboring telephone exchanges as well as the LATA tandem to provide diverse options to reroute traffic should an emergency arise. ILEC has developed and trained its staff on network preparedness plans in case of emergency situations. ILEC is prepared and capable of managing traffic spikes resulting from emergency situations and has sufficient switching capabilities to handle such situations.

Broadband Network

Pursuant to 47 C.F.R. § 54.313(a)(6) and 47 C.F.R § 54.22(b)(4) as set forth in 47 C.F.R. § 54.202(a)(2) All West Communications, Inc. ("ILEC") meets the requirements to remain functional in emergency situations and has the following capabilities: Back-up power is provided to ILEC central offices by use of a generator and batteries that provide it with 8 to 12 hours of emergency power that is also used to provide service to the broadband network. In addition, ILEC field electronics have 8 to 12 hours of back-up power by use of generators and batteries. ILEC also has SONET, DWDM, and MPLS technology deployed in its core fiber optic network that is a self-healing and will automatically reroute broadband traffic should a fiber cut occur. ILEC has also sufficient spare cards for its fiber optic network to provide almost instantaneous replacement should there ever be a card failure in the core network. ILEC also has proper staff in place to repair any fiber cuts in a timely manner. ILEC has connectivity with neighboring telephone exchanges as well as the LATA tandem to provide diverse options to reroute traffic should an emergency arise. ILEC has developed and trained its staff on network preparedness plans in case of emergency situations.

FCC Form 481 Certifications

FCC Form 481 Line 1010

All West Communications, Inc. -UT

Study Area 502288

Voice Services Comparability Report

Pursuant to 47 C.F.R. § 54.313 (a) (10) All West Communications, Inc. is in compliance with the requirement that voice services is no more than two standard deviations above the national average urban rate for voice service of \$47.48 as specified in Public Notice DA 15-470 issued on April 16, 2015. All West Communications' current total local end-user rates¹ of \$21.67 for our Jordanelle and Deer Mountain Exchanges (which includes a local fee of \$16.50, mandated state fees of \$.17 and mandatory extended area service charges of \$5.00) and \$16.67 for the Coalville, Kamas, Randolph and Timberlakes Exchanges (which includes a local fee of \$16.50 and mandated state fees of \$.17) are not above the standard deviation as specified in the USF/ICC Transformation Order.²

¹ Local End User Rate as defined in USF/ICC Transformation Order 26 FCC Rcd at 17751, Para. 238

² USF/ICC Transformation Order, 26 FCC Rcd at 17694, Para. 84 (footnote included) "The standard deviation is a measure of dispersion. The sample standard deviation is the square root of the sample variance. The sample variance is calculated as the sum of the squared deviations of the individual observations in the sample of data from the sample average divided by the total number of observations in the sample minus one. In a normal distribution, about 68 percent of the observations lie within one standard deviation above and below the average and about 95 percent of the observations lie within two standard deviations above and below the average."

FCC Form 481 Certifications

FCC Form 481 Line 1210

All West Communications, Inc. –UT

SAC 502288

Line 1210: Terms and Conditions for Lifeline Customers

- Eligible lifeline customers receive a partial discount on basic local phone service under the Utah Public Service Commission's Lifeline rule. Basic local phone service includes unlimited local calling, access to emergency services, access to operator services, access to directory assistance and access to interexchange services. Long distance minutes are billed at \$.06/minute.
- Itemized billing charges for lifeline service (as of January 1, 2015):
 - Residence Access Charge \$16.50
 - Federal Access Line Charge \$6.50
 - Emergency Services Charge \$0.07
 - 911 Surcharge \$0.69
 - Relay Service Fund \$0.02
 - Federal Lifeline Discount (\$9.25)
 - State Lifeline Discount (\$3.50)
 - Federal Excise Tax 3%
 - State & Local Sales Tax varies based on county

FCC Form 481 Certifications

FCC Form 481 Line 3010

All West Communications, Inc. -UT

Study Area 502288

Milestone Certification

Pursuant to 47 C.F.R. § 54.202(a) All West Communications, Inc. provides this certification that it is taking reasonable steps to provide upon reasonable request broadband 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 offerings in urban areas as determined in an annual survey as specified in Public Notice DA 15-470, and that requests for such service are met within a reasonable amount of time. Details for how All West Communications is meeting its obligations for broadband goals and required obligations are specified within the FCC Form 481 annual filing.

FCC Form 481 Certifications

FCC Form 481 Line 3012

All West Communications, Inc. -UT

Study Area 502288

Progress Report on 5 Year Plan- Community Anchor Institutions

Pursuant to 47 C.F.R. § 54.313(f)(1)(ii) All West Communications, Inc. does not have any community anchor institutions to report as All West did not begin providing access to broadband service to any community anchor institutions in the preceding calendar year.

This Section (attachment for line 3017) is redacted for Public Inspection in its entirety.