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June 30, 2015

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

Re: **Adak Telephone Utility, LLC**  
**FCC Form 481 – CONFIDENTIAL FINANCIAL INFORMATION –**  
**SUBJECT TO PROTECTIVE ORDER IN WC DOCKET NOS. 10-90, 07-**  
**135, 05-337, 03-109, 14-58, CC DOCKET NOS. 01-92, 96-45, GN Docket No.**  
**09-51, WT DOCKET NO. 10-208**

Dear Ms. Dortch:

Monica Desai of Squire Patton Boggs (US) LLP, hereby files FCC Form 481 on behalf of Adak Telephone Utility, LLC. Pursuant to the Protective Orders adopted in the above-referenced proceeding, please find enclosed one copy of the confidential version of this filing, and two copies of the public version of this filing in redacted form with an accompanying cover letter.

Each page of the confidential version bears the legend “CONFIDENTIAL FINANCIAL INFORMATION – SUBJECT TO PROTECTIVE ORDER IN WC DOCKET NOS. 10-90, 07-135, 05-337, 03-109, 14-58, CC DOCKET NOS. 01-92, 96-45, GN Docket No. 09-51, WT DOCKET NO. 10-208, BEFORE THE FEDERAL COMMUNICATIONS COMMISSION.”

The copies of the public version and the accompanying cover letter bear the legend “REDACTED – FOR PUBLIC INSPECTION.”

Two copies of the confidential version of this filing also are being directed to Mr. Charles Tyler of the Telecommunications Access Policy Division – Wireline Competition Bureau, as required by the Protective Order.

44 Offices in 21 Countries

Squire Patton Boggs (US) LLP is part of the international legal practice Squire Patton Boggs, which operates worldwide through a number of separate legal entities.

Please visit [squirepattonboggs.com](http://squirepattonboggs.com) for more information.

Squire Patton Boggs (US) LLP

June 30, 2014

Should you have any questions with respect to the filing, please contact the undersigned.

Respectfully submitted,



---

Monica S. Desai  
Squire Patton Boggs, LLP  
2550 M Street, NW  
Washington, DC 20037  
202-457-7535  
*Counsel to Adak Telephone Utility, LLC*

cc: Charles Tyler

|  |                    |
|--|--------------------|
| <010> Study Area Code  | 610989             |
| <015> Study Area Name  | ADAK TEL UTILITY   |
| <020> Program Year   | 2016               |
| <030> Contact Name: Person USAC should contact with questions about this data      | Andilea Weaver     |
| <035> Contact Telephone Number: Number of the person identified in data line <030> | 9072220844 ext.    |
| <039> Contact Email Address: Email of the person identified in data line <030>     | aweaver@adaktu.net |

| ANNUAL REPORTING FOR ALL CARRIERS  | 54.313<br>Completion<br>Required    | 54.422<br>Completion<br>Required    |
|--|-------------------------------------|-------------------------------------|
| <i>(check box when complete)</i>   |                                     |                                     |
| <100> Service Quality Improvement Reporting <span style="float: right;"><i>(complete attached worksheet)</i></span>  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <200> Outage Reporting (voice) <span style="float: right;"><i>(complete attached worksheet)</i></span>   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <210> <input type="checkbox"/> -- check box if no outages to report  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <300> Unfulfilled Service Requests (voice) <input style="width: 50px; text-align: center;" type="text" value="0"/>   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <310> Detail on Attempts (voice) <div style="border: 1px solid black; height: 40px; width: 100%; margin-top: 5px;"></div> <span style="float: right;"><i>(attach descriptive document)</i></span>                | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <320> Unfulfilled Service Requests (broadband) <input style="width: 50px; text-align: center;" type="text" value="0"/>   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <330> Detail on Attempts (broadband) <div style="border: 1px solid black; height: 40px; width: 100%; margin-top: 5px;"></div> <span style="float: right;"><i>(attach descriptive document)</i></span>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <400> Number of Complaints per 1,000 customers (voice)   |                                     |                                     |
| <410> Fixed <input style="width: 50px; text-align: center;" type="text" value="0.0"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <420> Mobile <input style="width: 50px; text-align: center;" type="text" value="0.0"/>   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <430> Number of Complaints per 1,000 customers (broadband)   |                                     |                                     |
| <440> Fixed <input style="width: 50px; text-align: center;" type="text" value="0.0"/>  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <450> Mobile <input style="width: 50px; text-align: center;" type="text" value="0.0"/>   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <500> Service Quality Standards & Consumer Protection Rules Compliance <span style="float: right;"><i>(check to indicate certification)</i></span>   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <510> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">610989 AK Service Quality Standards CPNI.pdf</div> <span style="float: right;"><i>(attached descriptive document)</i></span>          | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <600> Functionality in Emergency Situations <span style="float: right;"><i>(check to indicate certification)</i></span>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <610> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">610989 AK_610_ER_Situations.pdf</div> <span style="float: right;"><i>(attached descriptive document)</i></span>                       | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <700> Company Price Offerings (voice) <span style="float: right;"><i>(complete attached worksheet)</i></span>  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <710> Company Price Offerings (broadband) <span style="float: right;"><i>(complete attached worksheet)</i></span>  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <800> Operating Companies and Affiliates <span style="float: right;"><i>(complete attached worksheet)</i></span>   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <900> Tribal Land Offerings (Y/N)? <input type="radio"/> <input checked="" type="radio"/>  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <1000> Voice Services Rate Comparability Certification <span style="float: right;"><i>(if yes, complete attached worksheet)</i></span>   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <1010> <div style="border: 1px solid black; height: 40px; width: 100%; margin-top: 5px;"></div> <span style="float: right;"><i>(attach descriptive document)</i></span>  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <1100> Certify whether terrestrial backhaul options exist (Yes or No) <input type="radio"/> <input checked="" type="radio"/> <span style="float: right;"><i>(if not, check to indicate certification)</i></span> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <1110> <span style="float: right;"><i>(complete attached worksheet)</i></span>   | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <1200> Terms and Condition for Lifeline Customers <span style="float: right;"><i>(complete attached worksheet)</i></span>  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet</b>   |                                     |                                     |
| <2000> <span style="float: right;"><i>(check to indicate certification)</i></span>   | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <2005> <span style="float: right;"><i>(complete attached worksheet)</i></span>   | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <b>Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet</b>  |                                     |                                     |
| <3000> <span style="float: right;"><i>(check to indicate certification)</i></span>   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <3005> <span style="float: right;"><i>(complete attached worksheet)</i></span>   | <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 610989  
 <015> Study Area Name ADAK TEL UTILITY  
 <020> Program Year 2016  
 <030> Contact Name - Person USAC should contact regarding this data Andilea Weaver  
 <035> Contact Telephone Number - Number of person identified in data line <030> 9072220844 ext.  
 <039> Contact Email Address - Email Address of person identified in data line <030> aweaver@adaktu.net

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

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.

|     |
|-----|
| Yes |

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











**(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   | 610989             |
| <015> | Study Area Name   | ADAK TEL UTILITY   |
| <020> | Program Year  | 2016               |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Andi Lea Weaver    |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 9072220844 ext.    |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | aweaver@adaktu.net |

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

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).

Yes

(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 610989  
<015> Study Area Name ADAK TEL UTILITY  
<020> Program Year 2016  
<030> Contact Name - Person USAC should contact regarding this data Andilela Weaver  
<035> Contact Telephone Number - Number of person identified in data line <030> 9072220844 ext.  
<039> Contact Email Address - Email Address of person identified in data line <030> aweaver@adaktu.net

[Redacted Box] Name of Attached Document

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

<1220> Link to Public Website HTTP www.adaktu.net

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

- <1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,
- <1222> Details on the number of minutes provided as part of the plan,
- <1223> Additional charges for toll calls, and rates for each such plan.

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

**(2000) Price Cap Carrier Additional Documentation  
 Data Collection Form**

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

<010> Study Area Code 610989  
 <015> Study Area Name ADXK TEL UTILITY  
 <020> Program Year 2016  
 <030> Contact Name - Person USAC should contact regarding this data Andiea Weavez  
 <035> Contact Telephone Number - Number of person identified in data line <030> 507220644 ext.  
 <039> Contact Email Address - Email Address of person identified in data line <030> aweavez@adaxkll.net

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

Incremental Connect America Phase I reporting

<2010> 2nd Year Certification (47 CFR § 54.313(b)(1)(i)) [Redacted]  
 <2011a> 3rd Year Certification (47 CFR § 54.313(b)(1)(ii)) [Redacted]  
 <2011b> Attachment (47 CFR § 54.313(b)(1)(iii)) [Redacted]

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)) [Redacted]  
 <2013> 2014 Frozen Support Calculation (47 CFR § 54.313(c)(2)) [Redacted]  
 <2014> 2015 Frozen Support Calculation (47 CFR § 54.313(c)(3)) [Redacted]  
 <2015> 2016 and future Frozen Support Calculation (47 CFR § 54.313(c)(4)) [Redacted]

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

<2016> Certification Support Used to Build Broadband [Redacted]

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

<2017> 3rd year Broadband Service Certification [Redacted]  
 <2018> 5th year Broadband Service Certification [Redacted]  
 <2019> Interim Progress Certification [Redacted]

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 [Redacted]

Name of Attached Document(s) Listing Required Information

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

**(3000) Rate Of Return Carrier Additional Documentation**  
Data Collection Form

<010> Study Area Code 610989  
 <015> Study Area Name ADAK TEL UTILITY  
 <020> Program Year 2016  
 <030> Contact Name - Person USAC should contact regarding this data Andilea Weaver  
 <035> Contact Telephone Number - Number of person identified in data line <030> 9072220844 ext.  
 <038> Contact Email Address - Email Address of person identified in data line <030> aweaver@adaktv.net

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(e)) 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))   | <p>610989 AK 310 Milestone Certification.pdf</p> <p>Name of Attached Document Listing Required Information</p>   |
| (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)(i), 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. | <p>610989 AK 3012 Community Anchor.pdf</p> <p>Name of Attached Document Listing Required Information</p> <p><input checked="" type="checkbox"/> (Yes/No)<br/><input type="checkbox"/> (Yes/No)</p>           |
| (3012) | Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))   | <p>610989 AK 3017 RUS 479 2014 Annual Report.pdf</p> <p>Name of Attached Document Listing Required Information</p> <p><input checked="" type="checkbox"/> (Yes/No)<br/><input type="checkbox"/> (Yes/No)</p> |
| (3013) | Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))  | <p><input type="checkbox"/> (Yes/No)<br/><input type="checkbox"/> (Yes/No)</p>   |
| (3014) | If yes, does your company file the RUS annual report  | <p><input checked="" type="checkbox"/> (Yes/No)<br/><input type="checkbox"/> (Yes/No)</p>  |
| (3015) | 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:  | <p>Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)</p>   |
| (3016) | Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows   | <p>610989 AK 3017 RUS 479 2014 Annual Report.pdf</p> <p>Name of Attached Document Listing Required Information</p> <p><input checked="" type="checkbox"/> (Yes/No)<br/><input type="checkbox"/> (Yes/No)</p> |
| (3017) | If the response is yes on line 3014, attach your company's RUS annual report and all required documentation   | <p><input type="checkbox"/> (Yes/No)<br/><input type="checkbox"/> (Yes/No)</p>   |
| (3018) | If the response is no on line 3014, is your company audited?  | <p><input type="checkbox"/> (Yes/No)<br/><input type="checkbox"/> (Yes/No)</p>   |
| (3019) | 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 either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications                             | <p><input type="checkbox"/> (Yes/No)<br/><input type="checkbox"/> (Yes/No)</p>   |
| (3020) | Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows   | <p><input type="checkbox"/> (Yes/No)<br/><input type="checkbox"/> (Yes/No)</p>   |
| (3021) | Management letter and audit opinion issued by the independent certified public accountant that performed the company's financial audit  | <p><input type="checkbox"/> (Yes/No)<br/><input type="checkbox"/> (Yes/No)</p>   |
| (3022) | 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:   | <p><input type="checkbox"/> (Yes/No)<br/><input type="checkbox"/> (Yes/No)</p>   |
| (3023) | 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.   | <p><input type="checkbox"/> (Yes/No)<br/><input type="checkbox"/> (Yes/No)</p>   |
| (3024) | Underlying information subjected to a review by an independent certified public accountant  | <p><input type="checkbox"/> (Yes/No)<br/><input type="checkbox"/> (Yes/No)</p>   |
| (3025) | Underlying information subjected to an officer certification.   | <p><input type="checkbox"/> (Yes/No)<br/><input type="checkbox"/> (Yes/No)</p>   |
| (3026) | Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows   | <p><input type="checkbox"/> (Yes/No)<br/><input type="checkbox"/> (Yes/No)</p>   |
| (3026) | Attach the worksheet listing required information   | <p><input type="checkbox"/> (Yes/No)<br/><input type="checkbox"/> (Yes/No)</p>   |

**Rate of Return Carrier Additional Documentation  
Financial Data Summary  
Redacted for Public Inspection  
Page 12**

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

|                    |  |                    |
|--------------------|--|--------------------|
| <b>&lt;010&gt;</b> | <b>Study Area Code</b>   | 610989             |
| <b>&lt;015&gt;</b> | <b>Study Area Name</b>   | ADAK TEL UTILITY   |
| <b>&lt;020&gt;</b> | <b>Program Year</b>  | 2016               |
| <b>&lt;030&gt;</b> | <b>Contact Name - Person USAC should contact regarding this data</b>                       | Andilea Weaver     |
| <b>&lt;035&gt;</b> | <b>Contact Telephone Number - Number of person identified in data line &lt;030&gt;</b>     | 9072220844 ext.    |
| <b>&lt;039&gt;</b> | <b>Contact Email Address - Email Address of person identified in data line &lt;030&gt;</b> | aweaver@adaktu.net |

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

|   |   |
|---|---|
| <b>Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients</b>   |   |
| 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: ADAK TEL UTILITY   |   |
| Signature of Authorized Officer: CERTIFIED ONLINE   | Date 05/19/2015                           |
| Printed name of Authorized Officer: Andilea Weaver  |   |
| Title or position of Authorized Officer: VP/COO   |   |
| Telephone number of Authorized Officer: 9072220844 ext.   |   |
| Study Area Code of Reporting Carrier: 610989  | 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.  |   |

|   |  |
|---|--|
| <b>Certification - Agent / Carrier<br/>Data Collection Form</b> | FCC Form 481<br>OMB Control No. 3060-0985/OMB Control No. 3060-0819<br>July 2013 |
|---|--|

|       |   |                    |
|-------|---|--------------------|
| <010> | Study Area Code   | 610989             |
| <015> | Study Area Name   | ADAK TEL UTILITY   |
| <020> | Program Year  | 2016               |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Andilea Weaver     |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 9072220844 ext.    |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | aweaver@adaktu.net |

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

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

**TO BE COMPLETED BY THE AUTHORIZED AGENT:**

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

## Attachments









**Network Improvement Plan  
Redacted for Public Inspection  
Pages 20-27**

**Summary of USF Funds Usage  
Redacted for Public Inspection  
Page 28**

Adak Eagle Enterprises, LLC dba Adak Telephone Utility (AEE) follows applicable federal and state service quality and consumer protection rules. They comply with quality of service requirements including monitoring and reporting service quality metrics where required. AEE has implemented numerous consumer protection measures to protect customer information. For example, AEE implemented Customer Proprietary Network Information (CPNI) policies and procedures that are consistent with the FCC's regulations. Employees are required to complete CPNI training and in addition, employees who have access to CPNI data receive additional guidance through written procedures regarding customer authentication. Annually, all employees are required to review AEE's Business Code of Conduct which includes information and requirements on protecting sensitive customer information from improper use and disclosure. AEE data privacy and security policies are reinforced through periodic training required of all employees. Additional consumer protection measures include AEE's use of a third-party verifier to prevent unauthorized presubscribed interexchange carrier (PIC) changes ("Slamming") and the elimination of billing and collection arrangements that could have potentially allowed unauthorized third-party charges to be added to customer's bills

Line 610 – Functionality in Emergency Situations

Section 54.202(a)(2) of the Commission’s Rules requires that each eligible telecommunications carrier (“ETC”) must “[d]emonstrate its ability to remain functional in emergency situations, including a demonstration that it has a reasonable amount of back-up power to ensure functionality without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations.”

Section 54.313(a)(6) requires ETCs to certify that they are “able to function in emergency situations as set forth in §54.202(a)(2)” in connection with their provision of voice and broadband services.

Adak Eagle Enterprises, LLC dba Adak Telephone Utility (AEE) and its sub subsidiary Windy City Cellular, LLC (WCC) have deployed the services that provide sufficient power generators to ensure functionality without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations.

AEE and WCC have geographically located its switching infrastructure. All facilities are equipped with both AC and DC battery backup as well as generators. All critical equipment is also supplied with 2 separate power sources (or primary and redundant power feeds).

AEE and WCC maintain multiple paths to reach our network. This is setup by using multiple IP transit for all IP connectivity. Once the origination traffic reaches the AEE and or WCC network all elements are setup with the same N+1 configuration. The configuration allows each element a primary and redundant path to terminate the traffic without service interruption. In the event the main element fails or that element reaches maximum capacity AEE and WCC have designed the network to advance the traffic to 1 of 3 other elements in the same N+1 configuration that is listed above.

The switching infrastructure will advance to the next termination carrier in route in the event of a failure on any termination carrier’s route.

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(3012) Community Anchor Institutions: –SAC 610989 Adak Eagle Enterprises, LLC dba: Adak Telephone Utility

This ETC has not newly deployed broadband services in 2014 to a community Anchor. The ETC only provides Whole-Sale services to a broadband Company.

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## CONFIRMATION

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**Congratulations. Your filing has been successfully certified.**

Filing 1 was successfully certified on Tue 19 May 15 06:59:42 PM EDT by aweaver@adaktu.net .

SAC : 610989

SPIN : 143030419

Carrier Name : ADAK TEL UTILITY

Program Year : 2016

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