Craw-Kan
200 N. Ozark · Girard, KS 66743 · 620.724.8235 · Fax: 620.724.4099

STATE OF Kansas)
) SS
COUNTY OF Crawford)

OFFICER'S CERTIFICATE
FOR CRAW-KAN TELEPHONE COOPERATIVE, INC.

Craig R. Wilbert of lawful age, being duly sworn, certifies under penalty of perjury as follows:

1. My Name is Craig R. Wilbert. I am employed by Craw-Kan Telephone Cooperative, Inc. as its General Manager and am authorized to execute this Certificate on its behalf;

2. Craw-Kan Telephone Cooperative, Inc. complies with each of the annual certification requirements identified in 47 CFR 54.416(a);

3. Craw-Kan Telephone Cooperative, Inc. complies with all applicable Missouri Lifeline Procedures as identified in 4 CSR 240-31.120;

4. Craw-Kan Telephone Cooperative, Inc. complies with all requirements associated with the National Lifeline Accountability Database (NLAD) as identified in 47 CFR 54.404;

5. Craw-Kan Telephone Cooperative, Inc.'s Lifeline service continues to meet the criteria set forth in 47 CFR 54.401;

6. Craw-Kan Telephone Cooperative, Inc.'s Missouri operations solely use the name of the Company, as recognized by the Commission for ETC designation, in all marketing and other USF–related materials, including filings with the Federal Universal Fund Administrator (FUSFA) and the Federal Communications Commission (FCC);

7. Craw-Kan Telephone Cooperative, Inc. has complied with the notification requirements of 4 CSR 240-31.130(2)(J) and (K);

8. Craw-Kan Telephone Cooperative, Inc. offers access to interexchange services, directory assistance services and operator services;

9. A copy of the Company's Form 481 annual report, as required by 47 CFR 54.422 and 47 CFR 54.313, is attached hereto as **Attachment A**;

10. Craw-Kan Telephone Cooperative, Inc. does not provide Lifeline discounted wholesale services to resellers;

Craw-Kan
200 N. Ozark · Girard, KS 66743 · 620.724.8235 · fax: 620.724.4099

11. The electronic address of Craw-Kan Telephone Cooperative, Inc.'s website whereby the Company maintains information regarding its Lifeline service is as follows: ___ http://web.ckt.net/phone.html ___;

12. A copy of Craw-Kan Telephone Cooperative, Inc.'s Lifeline Application form is attached to this Certificate as **Attachment B**;

13. All Federal high-cost support provided to Craw-Kan Telephone Cooperative, Inc. within Missouri was used in the preceding calendar year and will be used in the coming calendar year only for the provision, maintenance and upgrading of facilities and services for which the support is intended;

14. Craw-Kan Telephone Cooperative, Inc. is able to function in emergency situations as contemplated by 47 CSR 54.202(a)(2) (see Attachment A, FCC Form 481, Line 610);

15. Craw-Kan Telephone Cooperative, Inc. monitors the quality of service provided to consumers. This monitoring is described in **Attachment C**.

16. Craw-Kan Telephone Cooperative, Inc.'s study code area for high cost service in Missouri is 421759 ___.

(Signature)

General Manager
(Title)

Subscribed and sworn to me this 26th day of June, 2015.

Brian Davied
Notary Public

My Commission expires: 7/7/18

BRIAN P. DAVIED
NOTARY PUBLIC
STATE OF KANSAS

Craig R. Wilbert, General Manager
crwilbert@ckt.net

Attachment A

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 NO. 96-45, WC DOCKET NO. 09-197, WT DOCKET NO. 10-208 BEFORE THE FEDERAL COMMUNICATIONS COMMISSION

<010>	Study Area Code	421759
<015>	Study Area Name	CRAW-KAN TEL COOP-MO
<020>	Program Year	2016
<030>	Contact Name: Person USAC should contact with questions about this data	Craig R. Wilbert
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6207248235 ext.
<039>	Contact Email Address: Email of the person identified in data line <030>	crwilbert@ckt.net

ANNUAL REPORTING FOR ALL CARRIERS			54.313 Completion Required	54.422 Completion Required
			(check box when complete)	
<100>	Service Quality Improvement Reporting	(complete attached worksheet)	✓	
<200>	Outage Reporting (voice)	(complete attached worksheet)	✓	✓
<210>	✓ <– check box if no outages to report		✓	
<300>	Unfulfilled Service Requests (voice)	0		
<310>	Detail on Attempts (voice)	(attach descriptive document)		
<320>	Unfulfilled Service Requests (broadband)	0	✓	
<330>	Detail on Attempts (broadband)	(attach descriptive document)		
<400>	Number of Complaints per 1,000 customers (voice)			
<410>	Fixed	0.0	✓	✓
<420>	Mobile	0.0		
<430>	Number of Complaints per 1,000 customers (broadband)		✓	
<440>	Fixed	0.0		
<450>	Mobile	0.0		
<500>	Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	✓	✓
<510>	421759mo510.pdf	(attached descriptive document)	✓	✓
<600>	Functionality in Emergency Situations	(check to indicate certification)	✓	✓
<610>	421759mo610.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>		(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)	✓	

FCC Form 481 Certifications

FCC Form 481 Line 510
Craw-Kan Telephone Cooperative, Inc.
SAC 421759

Line 510: Service Quality Standards & Consumer Protection Rules Compliance

Service Quality Standards

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

Consumer Protection Rules

Craw-Kan Telephone Cooperative Inc. complies with the following consumer protection rules:

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

FCC Form 481 Certifications

FCC Form 481 Line 610
Craw-Kan Telephone Cooperative, Inc.
SAC 421759

Line 610: Functionality in Emergency Situations

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

(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	421759
<015>	Study Area Name	CRAW-KAN TEL COOP-MO
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Craig R. Wilbert
<035>	Contact Telephone Number - Number of person identified in data line <030>	6207248235 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	crwilbert@ckt.net

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

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

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

421759mo112.pdf

Name of Attached Document

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

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

REDACTED

Pages 5 & 6

[The Progress Report of Craw-Kan Telephone Cooperative, Inc. – MO 421759 Filed Pursuant to 47 C.F.R. § 54.313(a)(1) is redacted in its entirety as Highly Confidential Information]

(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	421759
<015>	Study Area Name	CRAW-KAN TEL COOP-MO
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Craig R. Wilbert
<035>	Contact Telephone Number - Number of person identified in data line <030>	6207248235 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	crwilbert@ckt.net

<220>

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

(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	421759
<015>	Study Area Name	CRAW-KAN TEL COOP-MO
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Craig R. Wilbert
<035>	Contact Telephone Number - Number of person identified in data line <030>	6207248235 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	crwilbert@ckt.net

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

<703>

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

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

FCC Form 481
OMB Control No. 3060-0986 / OMB Control No. 3060-0819
July 2015

<010>	Study Area Code	421759
<015>	Study Area Name	CRAW-KAN TEL COOP-MO
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Craig R. Wilbert
<035>	Contact Telephone Number - Number of person identified in data line <030>	6207248235 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	crwilbert@ckt.net

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

<703>

<01> State	<02> Exchange (ILEC)	<03> SAC (CETC)	<04> Rate Type	<07> Residential Local Service Rate	<08> State Subscriber Line Charge	<09> State Universal Service Fee	<05> Mandatory Extended Area Service Charge	Total per line Rates and Fees
MO	Amoret		FR	16.0	0.0	0.0	0.0	16.0
MO	Amsterdam		FR	16.0	0.0	0.0	0.0	16.0
MO	Asbury		FR	16.0	0.0	0.0	0.0	16.0
MO	East Arcadia		FR	16.0	0.0	0.0	0.0	16.0
MO	East Mulberry		FR	16.0	0.0	0.0	0.0	16.0
MO	East Pleasanton		FR	16.0	0.0	0.0	0.0	16.0
MO	Foster		FR	16.0	0.0	0.0	0.0	16.0
MO	Hume		FR	16.0	0.0	0.0	0.0	16.0
MO	Purcell		FR	16.0	0.0	0.0	0.0	16.0

(740) Broadband Price Offerings Data Collection Form

<010>	Study Area Code	421759
<015>	Study Area Name	CRAW-KAN TEL COOP-MO
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Craig R. Wilbert
<035>	Contact Telephone Number - Number of person identified in data line <030>	6207248235 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	crwilbert@ckt.net

<711>

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 --					

(710) Broadband Price Offerings — Rec Form 481
Data collection form — Study area name: CRAW-KAN TEL COOP-MO — Study area code: 421759
Only one

<010>	Study Area Code	421759
<015>	Study Area Name	CRAW-KAN TEL COOP-MO
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Craig R. Wilbert
<035>	Contact Telephone Number - Number of person identified in data line <030>	6207248235 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	crwilbert@ckt.net

<711>

<001>	<002>	<005>	<007>	<009>	<011>	<013>	<015>	<017>
State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rates and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service -Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached (select)
MO	Amoret	50.0	0.0	50.0	10.0	1.0	0.0	Other, No Limit on Usage Allowed
MO	Amoret	60.0	0.0	60.0	50.0	3.0	0.0	Other, No Limit on Usage Allowed
MO	Amoret	70.0	0.0	70.0	100.0	3.0	0.0	Other, No Limit on Usage Allowed
MO	Amsterdam	50.0	0.0	50.0	10.0	1.0	0.0	Other, No Limit on Usage Allowed
MO	Amsterdam	60.0	0.0	60.0	50.0	3.0	0.0	Other, No Limit on Usage Allowed
MO	Amsterdam	70.0	0.0	70.0	100.0	3.0	0.0	Other, No Limit on Usage Allowed
MO	Asbury	50.0	0.0	50.0	10.0	1.0	0.0	Other, No Limit on Usage Allowed
MO	Asbury	60.0	0.0	60.0	50.0	3.0	0.0	Other, No Limit on Usage Allowed
MO	Asbury	70.0	0.0	70.0	100.0	3.0	0.0	Other, No Limit on Usage Allowed
MO	East Arcadia	50.0	0.0	50.0	10.0	1.0	0.0	Other, No Limit on Usage Allowed
MO	East Arcadia	60.0	0.0	60.0	50.0	3.0	0.0	Other, No Limit on Usage Allowed
MO	East Arcadia	70.0	0.0	70.0	100.0	3.0	0.0	Other, No Limit on Usage Allowed
MO	East Mulberry	50.0	0.0	50.0	10.0	1.0	0.0	Other, No Limit on Usage Allowed
MO	East Mulberry	60.0	0.0	60.0	50.0	3.0	0.0	Other, No Limit on Usage Allowed
MO	East Mulberry	70.0	0.0	70.0	100.0	3.0	0.0	Other, No Limit on Usage Allowed
MO	East Pleasanton	50.0	0.0	50.0	10.0	1.0	0.0	Other, No Limit on Usage Allowed
MO	East Pleasanton	60.0	0.0	60.0	50.0	3.0	0.0	Other, No Limit on Usage Allowed
MO	East Pleasanton	70.0	0.0	70.0	100.0	3.0	0.0	Other, No Limit on Usage Allowed
MO	Foster	50.0	0.0	50.0	10.0	1.0	0.0	Other, No Limit on Usage Allowed
MO	Foster	60.0	0.0	60.0	50.0	3.0	0.0	Other, No Limit on Usage Allowed
MO	Foster	70.0	0.0	70.0	100.0	3.0	0.0	Other, No Limit on Usage Allowed

(740) Broadband Price Offering Data Collection Form

Fee Form 497
OMB Control No. 3060-0986, OMB Control No. 3060-0987
July 2015

<010>	Study Area Code	421759
<015>	Study Area Name	CRAW-KAN TEL COOP-MO
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Craig R. Wilbert
<035>	Contact Telephone Number - Number of person identified in data line <030>	6207248235 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	crwilbert@ckt.net

<711>

<41> State	<42> Exchange (ILEC)	<43> Residential Rate	<44> State Regulated Fees	<45> Total Rates and Fees	<46> Broadband Service - Download Speed (Mbps)	<47> Broadband Service -Upload Speed (Mbps)	<48> Usage Allowance (GB)	<49> Usage Allowance Action Taken When Limit Reached (select)
MO	Hume	50.0	0.0	50.0	10.0	1.0	0.0	Other, No Limit on Usage Allowed
MO	Hume	60.0	0.0	60.0	50.0	3.0	0.0	Other, No Limit on Usage Allowed
MO	Hume	70.0	0.0	70.0	100.0	3.0	0.0	Other, No Limit on Usage Allowed
MO	Purcell	50.0	0.0	50.0	10.0	1.0	0.0	Other, No Limit on Usage Allowed
MO	Purcell	60.0	0.0	60.0	50.0	3.0	0.0	Other, No Limit on Usage Allowed
MO	Purcell	70.0	0.0	70.0	100.0	3.0	0.0	Other, No Limit on Usage Allowed

(800) Operating Companies
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2015

<010>	Study Area Code	421759
<015>	Study Area Name	CRAW-KAN TEL COOP-MO
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Craig R. Wilbert
<035>	Contact Telephone Number - Number of person identified in data line <030>	6207248235 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	crwilbert@ckt.net

<810>	Reporting Carrier	Craw-Kan Telephone Cooperative Inc.
<811>	Holding Company	Not Applicable
<812>	Operating Company	Craw-Kan Telephone Cooperative Inc.

<813>

Affiliates	SAC	Doing Business As Company or Brand Designation

-- See attached worksheet --

(800) Operating Companies
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2015

<010>	Study Area Code	421759
<015>	Study Area Name	CRAW-KAN TEL COOP-MO
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Craig R. Wilbert
<035>	Contact Telephone Number - Number of person identified in data line <030>	6207248235 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	crwilbert@ckt.net

<810>	Reporting Carrier	Craw-Kan Telephone Cooperative Inc.
<811>	Holding Company	Not Applicable
<812>	Operating Company	Craw-Kan Telephone Cooperative Inc.

<813>

Affiliates	SAC	Doing Business As Company or Brand Designation
N/A		

(900) Tribal Lands Reporting
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986 / OMB Control No. 3060-0819
July 2016

<010>	Study Area Code	421759
<015>	Study Area Name	CRAW-KAN TEL COOP-MO
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Craig R. Wilbert
<035>	Contact Telephone Number - Number of person identified in data line <030>	6207248235 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	crwilbert@ckt.net

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

<920> Tribal Government Engagement Obligation

Name of Attached Document

If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

		Select Yes or No or Not Applicable
<921>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions.	
<922>	Feasibility and sustainability planning;	
<923>	Marketing services in a culturally sensitive manner;	
<924>	Compliance with Rights of way processes	
<925>	Compliance with Land Use permitting requirements	
<926>	Compliance with Facilities Siting rules	
<927>	Compliance with Environmental Review processes	
<928>	Compliance with Cultural Preservation review processes	
<929>	Compliance with Tribal Business and Licensing requirements.	

(1100) No Terrestrial Backhaul Reporting
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2016

<010>	Study Area Code	421759
<015>	Study Area Name	CRAW-KAN TEL COOP-MO
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Craig R. Wilbert
<035>	Contact Telephone Number - Number of person identified in data line <030>	6207248235 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	crwilbert@ckt.net

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

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

(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 2015

<010>	Study Area Code	421759
<015>	Study Area Name	CRAW-KAN TEL COOP-MO
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Craig R. Wilbert
<035>	Contact Telephone Number - Number of person identified in data line <030>	6207248235 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	crwilbert@ckt.net

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

421759mo1210.pdf

Name of Attached Document

<1220> Link to Public Website HTTP http://web.ckt.net/phone.html

"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 Certifications

FCC Form 481 Line 1210
Craw-Kan Telephone Cooperative, Inc.
SAC 421759

Line 1210: Lifeline Terms and Conditions

Lifeline subscribers receive unlimited local calling at a discount of $9.25.

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

LOCAL EXCHANGE SERVICE

Lifeline Services

A. Missouri Universal Service Fund Low-Income Assistance

1. General-A low-income customer is any customer who requests or received residential essential local telecommunications service and who has been certified by the Department of Social Services (DSS) as economically disadvantaged. Qualified individuals will receive discounted services under either the low-income assistance or the disabled assistance program.

2. Regulations-Low income assistance is available to all residential customers who demonstrate, by self certifying with the company under penalty of perjury, that they are eligible for support by participation in:

   a) Mo HealthNet (f/k/a Medicaid) (T)
   b) Food Stamps
   c) Supplemental Security Income (SSI)
   d) Federal Public Housing Assistance or Section 8
   e) Low Income Home Energy Assistance Program (T)
   f) National School Free Lunch Program (T)
   g) Temporary Assistance for Needy Families, or (N)
   h) The customer's income, as defined in 47 CFR §54.400(f), is at or below 135% of the Federal Poverty Guideline (eff. June 1, 2012). (N)

3. Eligible Services – Essential local telecommunications service is defined as two (2) way switched voice residential service within a local calling scope as determined by the commission, comprised of the following services and their recurring charges: (T)

   a) Single line residential service, including touch-tone dialing and any applicable mileage or zone charges
   b) Access to local emergency service, including, but not limited to, 911 service established by local authorities
   c) Access to basic local operator services
   d) Access to basic local directory assistance
   e) Standard intercept service
   f) Equal access to Inter-Exchange Carriers consistent with rules and regulations of the FCC
   g) One (1) standard white pages directory listing
   h) Toll blocking or toll control for qualifying low-income customers

Lifeline Services (cont'd)

4. **Support Amount – Customers eligible under the established criteria can receive a discount** from their bill for essential local telecommunications service equal to the amounts approved by the Missouri Public Service Commission and the Federal Communications Commission. The amount of combined federal and state lifeline support for any customer will not exceed the sum of the federal Subscriber Line Charge (SLC) and the recurring charges for essential local telecommunications services (including the basic service rate, Touch-Tone calling charge, extended area service additive, and mileage additives, if any).

B. **Missouri Universal Service Fund Disabled Assistance**

1. **General** – A disabled customer, or a dependent of a disabled customer, is a customer who requests or receives essential local telecommunications service, as defined in section 4.1(C) of this tariff, and meets the eligibility requirements set forth in this tariff.

2. **Regulations** – Disabled assistance is available to all residential customer who demonstrate, by self certifying with the company under penalty of perjury, that they, or a dependent, are totally and permanently disabled or blind and receiving any of the following:

   a) Federal Supplemental Security income benefits
   b) Veterans Administration benefits
   c) State blind pension pursuant to Section 209.010 to 209.160, RSMo
   d) State aid to blind persons pursuant to Section 209.240 RSMo.
   e) State supplemental payments pursuant to Section 208.030, RSMo Section 660.100.2 RSMo 2000.

3. **Support Amount** – Customers eligible under the established criteria can receive a discount equal to the amount approved by the Missouri Public Service Commission from their bill for essential local telecommunications service. The amount of state lifeline support for any customer will not exceed the recurring charges for essential local telecommunications services (including the basic service rate, Touch-Tone calling charge, extended area service additive, and mileage additives, if any).

LOCAL EXCHANGE SERVICE

"Missouri Universal Service Fund"

1. Company will place on each retail end-user customer's bill, a surcharge equal to the Missouri Universal Service Fund percentage assessment ordered by the commission.

2. The surcharge will appear as a separate line item detailed as "Missouri Universal Service Fund."

3. The surcharge percentage will be applied to the total of each customer's charges for intrastate regulated telecommunications services that meet the definition of net jurisdictional revenues at 4 CSR 240-31.010(12).

Missouri's Telephone Assistance Programs

Programs are available in Missouri offering discounted phone service if a subscriber or member of the subscriber's household meets certain qualifying criteria. **This program may also be called "Lifeline" or "Missouri USF."**

An application must be completed along with proof of participation in one of the qualifying programs and sent to your local telephone provider.

The Low-Income program offers discounts of up to $15.75 per month depending on your local phone company.

The Disabled program is limited to a $6.50 monthly discount.

-

Qualifying Criteria for Low-Income Program

- Food Stamps
- MO HealthNet (Medicaid)
- Low Income/Home Energy Assistance Program
- Temporary Assistance to Needy Families program
- Supplemental Security Income (SSI)
- Federal Public Housing Assistance or Section 8
- National School Lunch Program
- 135% of the Federal Poverty Level

Qualifying Criteria for Disabled Program

- Veteran Administration Disability Benefits
- State Blind Pension
- State Aid to Blind Persons
- State Supplemental Disability Assistance Payments Administered by the Family Support Division
- Federal Social Security Disability

(2000) Price Cap Carrier Additional Documentation Data Collection Form

FCC Form 481

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

July 2016

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

<010>	Study Area Code	421759
<015>	Study Area Name	CRAW-KAN TEL COOP-MO
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Craig R. Wilbert
<035>	Contact Telephone Number - Number of person identified in data line <030>	6207248235 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	crwilbert@ckt.net

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

Incremental Connect America Phase I reporting

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

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

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

Name of Attached Document(s) Listing Required Information

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

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

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

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

<2015> 2016 and future Frozen Support Calculation (47 CFR § 54.313(c)(4))

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

<2016> Certification Support Used to Build Broadband

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

<2017> 3rd year Broadband Service Certification

<2018> 5th year Broadband Service Certification

<2019> Interim Progress Certification

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

<2021> Interim Progress Community Anchor Institutions

Name of Attached Document(s) Listing Required Information

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

OMB Control No. 3060-0819 / OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	421759
<015>	Study Area Name	CRAW-KAN TEL COOP-MO
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Craig R. Wilbert
<035>	Contact Telephone Number - Number of person identified in data line <030>	6207248235 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	crwilbert@ckt.net

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

421759mo3010.pdf

(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)) 421759mo3012.docx

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 421759mo3026.pdf

Name of Attached Document Listing Required Information

CONFIDENTIAL FINANCIAL INFORMATION SUBJECT TO PROTECTIVE ORDER IN WC DOCKET NOS. 10-90, 07-135, 05-337, 03-109 AND CC DOCKET NO. 10-208, BEFORE THE FEDERAL COMMUNICATIONS COMMISSION

Craw-Kan

200 N. Ozark · Girard, KS 66743 · 620.724.8235 · fax: 620.724.4099

MILESTONE CERTIFICATION

June 24, 2015

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

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

Dear Ms. Dortch:

Craw-Kan Telephone Cooperative Inc., Study Area Code 421759, in accordance with 47 C.F.R. § 54.313(f)(1)(i) of the Commission's rules, herby certifies that it is taking reasonable steps to provide upon reasonable request broadband service at actual speeds of at least 4 Mbps downstream/1 Mbps upstream, with latency suitable for real-time applications, including Voice over Internet Protocol, and usage capacity that is reasonably comparable to comparable offerings in urban areas and that requests for such service are met within a reasonable amount of time.

Respectfully submitted,

Craig R. Wilbert
General Manager

Craig R. Wilbert, General Manager
crwilbert@ckt.net

FCC Form 481 Certifications
FCC Form 481 Line 3012
Craw-Kan Telephone Cooperative, Inc. SAC 421759

Community Anchor Institutions Newly Receiving Broadband in 2014

There were no community anchor institutions who newly gained access to fixed broadband service during the calendar year 2014.

REDACTED

Pages 27-46

[The Financial Statement of Craw-Kan Telephone Cooperative, Inc. – MO 421759 filed pursuant to 47 C.F.R. § 54.313(f)(2) is redacted in its entirety as Highly Confidential Information]

REDACTED

Page 47

[The Financial Data Summary (FCC Form 481;Lines 3027-3034) of Craw-Kan Telephone Cooperative, Inc. – MO 421759 filed pursuant to 47 C.F.R. § 54.313(f)(2) is redacted in its entirety as Highly Confidential Information]

Certification - Reporting Carrier
Data Collection Form

FCC Form 481
OMB Control No. 3060-0819
July 2015

<010>	Study Area Code	421759
<015>	Study Area Name	CRAW-KAN TEL COOP-MO
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Craig R. Wilbert
<035>	Contact Telephone Number - Number of person identified in data line <030>	6207248235 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	crwilbert@ckt.net

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

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

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

Name of Reporting Carrier: CRAW-KAN TEL COOP-MO

Signature of Authorized Officer: CERTIFIED ONLINE Date 06/29/2015

Printed name of Authorized Officer: Craig Wilbert

Title or position of Authorized Officer: General Manager

Telephone number of Authorized Officer: 6207248235 ext.

Study Area Code of Reporting Carrier: 421759 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 2015

<010>	Study Area Code	421759
<015>	Study Area Name	CRAW-KAN TEL COOP-MO
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Craig R. Wilbert
<035>	Contact Telephone Number - Number of person identified in data line <030>	6207248235 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	crwilbert@ckt.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

Attachment B

Craw-Kan Telephone Cooperative Inc.
Missouri Application for the Lifeline or Disabled Programs

Consumers meeting certain eligibility criteria are able to receive monthly discounts for voice telephony service through the Lifeline program or the Disabled program. Lifeline service offers a monthly discount of $9.25. The Disabled program offers a $6.50 monthly discount. To apply complete this form and also submit **proof of eligibility**.

Eligibility Criteria	
Lifeline Program	**Disabled Program**
___ MO HealthNet (f/k/a Medicaid) ___ Supplemental Nutrition Assistance (Food Stamps) ___ Supplemental Security Income ___ Low-Income Home Energy Assistance (LIHEAP) ___ Federal Public Housing Assistance (Section 8) ___ National School Free Lunch Program ___ Temporary Assistance for Needy Families (TANF) ___ 135% of the Federal Poverty Level *(See next page for income threshold requirements)*	___ Veteran Administration Disability Benefits ___ State Blind Pension ___ State Aid to Blind Persons ___ State Supplemental Disability Assistance ___ Federal Social Security Disability

Applicant's Full Name:	**Birth Date:**	**Social Security #** *(last 4 digits)*:	**DCN:***
Name on Voice Service Account *(If different from Applicant)*:		**Customer Contact Telephone Number:**	
Customer's Full Residential Service Address ***(no P.O. Boxes)*:** Street: City, Town, Zip:		**Is this address a temporary address?** Yes / No *(circle the appropriate response)* *(If "yes" then must verify address every 90 days.)*	
Is this address also my billing address? ___ Yes ___ No *(If "no" please provide billing address)*:			

**This number is assigned to program participants of MO HealthNet, LIHEAP, Food Stamps and TANF.*

I understand the following obligations and provisions about the Lifeline and Disabled programs:

- The Lifeline and Disabled programs are government benefit programs and that willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment or being barred from the program.
- Only one Lifeline or Disabled service is available per household.
- A household is defined, for purposes of the Lifeline program, as any individual or group of individuals who live together at the same address and share income and expenses.
- A household is not permitted to receive Lifeline or Disabled benefits from multiple providers or combine Lifeline and Disabled program benefits.
- Violation of the one-per-household limitation constitutes a violation of rules and will result in the subscriber's de-enrollment from the program.
- Lifeline and the Disabled program are non-transferable benefits and the subscriber may not transfer his or her benefit to any other person.

Attachment B

I CERTIFY UNDER PENALTY OF PERJURY EACH OF THE FOLLOWING:

- I meet the eligibility criteria for the Lifeline program or the Disabled program.
- I will provide notification to my voice service provider within 30 days if for any reasons I no longer satisfy the criteria for receiving Lifeline or Disabled benefits including, as relevant, if I no longer meet the income-based or program-based criteria for receiving Lifeline or Disabled support, I receive more than one Lifeline or Disabled benefit, or another member of my household is receiving a Lifeline or Disabled benefit.
- If I move to a new address I will provide that new address to my voice service provider within 30 days.
- If I have a temporary residential address then I will be required to verify my address with my voice service provider every 90 days.
- My household will receive only one Lifeline or Disabled service and, to the best of my knowledge, my household is not already receiving a Lifeline or Disabled service.
- I acknowledge the obligation to re-certify my continued eligibility for Lifeline or Disabled benefits at any time and failure to re-certify my continued eligibility will result in de-enrollment and the termination of Lifeline or Disabled benefits.
- I consent to providing my name, telephone number and address to the Universal Service Administrative Company for the purpose of verifying I do not receive more than one Lifeline benefit. I also consent to sharing my account information with the Federal Communications Commission and Missouri Public Service Commission who oversee and administer the Lifeline or Disabled programs.

_____ I certify I have _____individuals in my household.
(Initial and complete only if qualifying under income threshold.)

The information supplied on this form is true and correct.

I acknowledge providing false or fraudulent information to receive Lifeline or Disabled benefits is punishable by law.

_____ _____
Signature of Customer **Date**

Submit a completed signed form <u>and proof of eligibility</u>.

Annual Income Thresholds for Meeting 135% of Federal Poverty Level (Based on Household Size)								
1	2	3	4	5	6	7	8	Each add'l person
$15,890	$21,506	$27,122	$32,738	$38,354	$43,970	$49,586	$55,202	+ $5,616/person

Acceptable documentation for meeting the criteria of 135% of the federal poverty level includes: a copy of prior year's state or federal tax return; paycheck stub (three consecutive months); a statement of benefits for Social Security, Veterans Administration, retirement/pension or Unemployment/Workmen's Compensation; or other legal documents showing current income (e.g. divorce decree, child support award). Any documentation must cover a full year or three consecutive months within the previous twelve months.

Company Use Only:

I hereby attest the applicant presented acceptable proof of eligibility:

_____ _____ _____
Print name of company official **Signature** **Date**

ATTACHMENT C

Craw-Kan Telephone Company has established the following operating procedures to ensure quality service pursuant to FCC 54.313(a)(5).

Craw-Kan Telephone employs prudent management and engineering practices to forecast future demand for service. The Company performs routing tests and traffic studies to determine facilities, equipment and personnel necessary to maintain an acceptable quality of service.

Craw-Kan Telephone also performs routine tests, does traffic studies, and (maintains records) to ensure its facilities, equipment and personnel are providing an acceptable quality of service at all times

Each customer requesting the installation or repair of basic local telecommunications service is provided with a commitment as to the date service will be installed or repaired. The customer may request an appointment more specific in time of day (morning or afternoon), and Craw-Kan Telephone makes every reasonable effort to accommodate the customer's appointment request.

Craw-Kan Telephone maintains all details related to customer trouble reports as to time, date, and nature of trouble. In addition, the time, date and resolution to clear the trouble is recorded. If customer trouble occurs after business hours or on weekends, calls are forwarded to a technical support call center we use. They record the time and date of the trouble being reported. If the trouble can not be resolved through the support of the call center, the call center contacts management and management can dispatch an on-call repairman to clear the trouble if necessary.

In the event of a customer complaint either to the FCC or the MoPSC, Craw-Kan Telephone Company does a prompt investigation and works to resolve the matter. The company has had no such complaints in the program year related to this filing.