MOSS-ADAMS LLP
Certified Public Accountants | Business Consultants

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T (512) 343-2544 F (512) 343-0119

July 1, 2015

VIA ECFS

Ms. Marlene H. Dortch, Secretary
Federal Communications Commission
Office of the Secretary
445 12th Street, S.W.
Washington, D.C. 20554

RE: **WC Docket No. 14-58 – ETC Annual Reports and Certifications**
Annual Report pursuant to 47 C.F.R. §§54.313 and 54.422

Dear Ms. Dortch:

NTS Telephone Company, LLC dba NTS of Levelland, by its authorized representative, hereby files its FCC Form 481 - Carrier Annual Reporting Data Collection Form in compliance with 47 C.F.R. §§54.313 and 54.422.

The FCC Form 481 has been completed, certified, and submitted to the Universal Service Administrative Company.

A copy of the FCC Form 481 is also being submitted to the state regulatory commission pursuant to §§54.313(i) and 54.422(c).

Please contact me if you have any questions.

Sincerely,

Dorothy Young
Authorized Representative for
NTS Telephone Company, LLC dba NTS of Levelland

DY/pjf

cc: Ms. Jessica Salazar, NTS Telephone Company, LLC dba NTS of Levelland

Praxity MEMBER
GLOBAL ALLIANCE OF INDEPENDENT FIRMS

FCC Form 481 - Carrier Annual Reporting Data Collection Form

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

<010>	Study Area Code	449024
<015>	Study Area Name	NTS COMMUNICATIONS
<020>	Program Year	2016
<030>	Contact Name: Person USAC should contact with questions about this data	JESSICA SALAZAR
<035>	Contact Telephone Number: Number of the person identified in data line <030>	8067970687 ext.
<039>	Contact Email Address: Email of the person identified in data line <030>	Jessica.Salazar@ntscom.com

ANNUAL REPORTING FOR ALL CARRIERS

			54.313 Completion Required	54.422 Completion Required
			(check box when complete)	
<100>	Service Quality Improvement Reporting	(complete attached worksheet)		
<200>	Outage Reporting (voice)	(complete attached worksheet)		✓
<210>	<-- check box if no outages to report			
<300>	Unfulfilled Service Requests (voice)			
<310>	Detail on Attempts (voice)	(attach descriptive document)		
<320>	Unfulfilled Service Requests (broadband)			
<330>	Detail on Attempts (broadband)	(attach descriptive document)		
<400>	Number of Complaints per 1,000 customers (voice)			
<410>	Fixed: 0.62			✓
<420>	Mobile: 0.0			
<430>	Number of Complaints per 1,000 customers (broadband)			
<440>	Fixed			
<450>	Mobile			
<500>	Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)		✓
<510>	449024tx510.pdf	(attached descriptive document)		✓
<600>	Functionality in Emergency Situations	(check to indicate certification)		✓
<610>	449024tx610.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			
<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)	

(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	449024
<015>	Study Area Name	NTS COMMUNICATIONS
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<039>	Contact Email Address - Email Address of person identified in data line <030>	Jessica.Salazar@ntscom.com

<110> Has your company received its ETC certification from the FCC? (yes / no)

<111> If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC? (yes / no)

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

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

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
<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.

(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	449024
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<039>	Contact Email Address - Email Address of person identified in data line <030>	Jessica.Salazar@ntscom.com

<220>

<a> NORS Reference Number	<b1> Outage Start Date	<b2> Outage Start Time	<b3> Outage End Date	<b4> Outage End Time	<c1> Number of Customers Affected	<c2> Total Number of Customers	<d> 911 Facilities Affected (Yes / No)	<e> Service Outage Description (Check all that apply)	<f> Did This Outage Affect Multiple Study Areas (Yes / No)	<g> Service Outage Resolution	<h> Preventative Procedures
						-- 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 2013

<010>	Study Area Code	449024
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<035>	Contact Telephone Number - Number of person identified in data line <030>	8067970687 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	Jessica.Salazar@ntscom.com

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

<703>

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

(710) Broadband Price Offerings
Data Collection Form

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

<010>	Study Area Code	449024
<015>	Study Area Name	NTS COMMUNICATIONS
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	JESSICA SALAZAR
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<039>	Contact Email Address - Email Address of person identified in data line <030>	Jessica.Salazar@ntscom.com

<711>

<a1>	<a2>	<b1>	<b2>	<c>	<d1>	<d2>	<d3>	<d4>
State	**Exchange (ILEC)**	**Residential Rate**	**State Regulated Fees**	**Total Rate and Fees**	**Broadband Service - Download Speed (Mbps)**	**Broadband Service - Upload Speed (Mbps)**	**Usage Allowance (GB)**	**Usage Allowance Action Taken When Limit Reached {*select*}**

(800) Operating Companies
Data Collection Form

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

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<020>	Program Year	2016
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<035>	Contact Telephone Number - Number of person identified in data line <030>	8067970687 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	Jessica.Salazar@ntscom.com

<810>	Reporting Carrier	NTS COMMUNICATIONS, INC.
<811>	Holding Company	NTS, INC.
<812>	Operating Company	NTS COMMUNICATIONS, INC.

<813>

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

-- See attached worksheet --

(900) Tribal Lands Reporting Data Collection Form

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

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<015>	Study Area Name	NTS COMMUNICATIONS
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	JESSICA SALAZAR
<035>	Contact Telephone Number - Number of person identified in data line <030>	8067970687 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	Jessica.Salazar@ntscom.com

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

<920> Tribal Government Engagement Obligation

Name of Attached Document

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

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

(1100) No Terrestrial Backhaul Reporting Data Collection Form

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

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<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	JESSICA SALAZAR
<035>	Contact Telephone Number - Number of person identified in data line <030>	8067970687 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	Jessica.Salazar@ntscom.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

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<015>	Study Area Name	NTS COMMUNICATIONS
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	JESSICA SALAZAR
<035>	Contact Telephone Number - Number of person identified in data line <030>	8067970687 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	Jessica.Salazar@ntscom.com

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

449024tx1210.pdf

Name of Attached Document

<1220> Link to Public Website HTTP

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

<1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, ✓

<1222> Details on the number of minutes provided as part of the plan, ✓

<1223> Additional charges for toll calls, and rates for each such plan. ✓

(2000) Price Cap Carrier Additional Documentation
Data Collection Form
Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

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

<010>	Study Area Code	449024
<015>	Study Area Name	NTS COMMUNICATIONS
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	JESSICA SALAZAR
<035>	Contact Telephone Number - Number of person identified in data line <030>	8067970887 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	Jessica.Salazar@ntscom.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

Data Collection Form

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

<010>	Study Area Code	449024
<015>	Study Area Name	NTS COMMUNICATIONS
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	JESSICA SALAZAR
<035>	Contact Telephone Number - Number of person identified in data line <030>	806797068 7 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	Jessica.Salazar@ntscom.com

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

(3010) **Progress Report on 5 Year Plan**
Milestone Certification {47 CFR § 54.313(f)(1)(i)}

Name of Attached Document Listing Required Information

(3011) Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. ☐

(3012) Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}

Name of Attached Document Listing Required Information

(3013) Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)} (Yes/No)
(3014) If yes, does your company file the RUS annual report (Yes/No)

Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:

(3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers) ☐
(3016) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows ☐

(3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation

Name of Attached Document Listing Required Information

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

If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains

(3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications ☐
(3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows ☐
(3021) Management letter and audit opinion issued by the independent certified public accountant that performed the company's financial audit ☐

If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

(3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers, ☐
(3023) Underlying information subjected to a review by an independent certified public accountant ☐
(3024) Underlying information subjected to an officer certification. ☐
(3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows ☐

(3026) Attach the worksheet listing required information

Name of Attached Document Listing Required Information

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

Data Collection Form

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

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<020>	Program Year	2016
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<039>	Contact Email Address - Email Address of person identified in data line <030>	Jessica.Salazar@ntscom.com

Financial Data Summary

(3027) Revenue	
(3028) Operating Expenses	
(3029) Net Income	
(3030) Telephone Plant In Service(TPIS)	
(3031) Total Assets	
(3032) Total Debt	
(3033) Total Equity	
(3034) Dividends	

Name of Attached Document Listing Required Information

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

<010>	Study Area Code	449024
<015>	Study Area Name	NTS COMMUNICATIONS
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<039>	Contact Email Address - Email Address of person identified in data line <030>	Jessica.Salazar@ntscom.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:

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.

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	449024
<015>	Study Area Name	NTS COMMUNICATIONS
<020>	Program Year	2016
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<035>	Contact Telephone Number - Number of person identified in data line <030>	8067970687 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	Jessica.Salazar@ntscom.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) Dorothy Young **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: Dorothy Young

Name of Reporting Carrier: NTS COMMUNICATIONS

Signature of Authorized Officer: CERTIFIED ONLINE Date: 06/30/2015

Printed name of Authorized Officer: Don Pittman

Title or position of Authorized Officer: CFO/EVP

Telephone number of Authorized Officer: 8067970687 ext.

Study Area Code of Reporting Carrier: 449024 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.

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: NTS COMMUNICATIONS

Name of Authorized Agent or Employee of Agent: DOROTHY YOUNG

Signature of Authorized Agent or Employee of Agent: CERTIFIED ONLINE Date: 06/30/2015

Printed name of Authorized Agent or Employee of Agent: DOROTHY YOUNG

Title or position of Authorized Agent or Employee of Agent AUTHORIZED REPRESENTATIVE

Telephone number of Authorized Agent or Employee of Agent: 5126527726 ext.

Study Area Code of Reporting Carrier: 449024 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.

Attachments

(200) Service Outage Reporting (Voice)
Data Collection Form

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

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<039>	Contact Email Address - Email Address of person identified in data line <030>	Jessica.Salazar@ntscom.com
<220>		

<a> NORS Reference Number	<b1> Outage Start Date	<b2> Outage Start Time	<b3> Outage End Date	<b4> Outage End Time	<c1> Number of Customers Affected	<c2> Total Number of Customers	<d> 911 Facilities Affected (Yes / No)	<e> Service Outage Description (Check all that apply)	<f> Did This Outage Affect Multiple Study Areas (Yes / No)	<g> Service Outage Resolution	<h> Preventative Procedures
14-0130061	1/30/2014	12:10	1/30/2014	12:46	62	3160	Yes	Wireline (including cable) Voice (non-VoIP)	No	Remote reboot to each customer's NID resolved the issue.	Opened trouble ticket with Vendor of network equipment.
14-0722053	7/22/2014	11:58	7/22/2014	23:59	87	10757	Yes	Wireline (including cable) Voice (non-VoIP)	No	Fiber cut on Zayo network.	Issue was on Zayo's network.
14-0722174	7/22/2014	16:01	7/22/2014	20:45	81	849	No	Wireline (including cable) Voice (non-VoIP)	No	Ckt alarm issue with Carrier. Opened ticket with Carrier and issued cleared during testing.	Issue was on Carrier's network.
14-0829005	8/29/2014	9:46	8/29/2014	12:44	38	4560	Yes	Wireline (including cable) Voice (non-VoIP)	No	Replaced bad fuse.	Assess cause of intermittent overloads on DC power ckt that caused fuse to blow.
14-0915010	9/15/2014	11:04	9/17/2014	15:17	44	930	Yes	Wireline (including cable) Voice (non-VoIP)	No	ATT switch/routing issue; ATT deleting digits on outbound calls sent to ATT trunks. ATT resolved.	Issue was on ATT's network.

(800) Operating Companies
Data Collection Form

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OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

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<810>	Reporting Carrier	NTS COMMUNICATIONS, INC.
<811>	Holding Company	NTS, INC.
<812>	Operating Company	NTS COMMUNICATIONS, INC.

<813>

<a1>	<a2>	<a3>
Affiliates	**SAC**	**Doing Business As Company or Brand Designation**
NTS TELEPHONE COMPANY, LLC	449052	NTS OF LEVELLAND
XFONE USA, INC.	289007	NTS COMMUNICATIONS, INC.

LINE 510 - SERVICE QUALITY STANDARDS AND CONSUMER PROTECTION RULES COMPLIANCE

NTS Communications, Inc. (the Company) complies with applicable service quality standards and consumer protection rules as required by the state regulatory commission and the Federal Communications Commission.

The rates, terms, and conditions under which the Company operates are outlined in its General Exchange Service Tariff, which is approved by the state commission. The Company's tariff contains provisions regarding its customer service and protection practices, including resolving disputes with the Company, applying for service, the classification of business and residential rates, deposits, billing and payment for service, refusal, disconnection and cancellation of service. The tariff is available for customer review in the Business Office, as requested. Rates and terms of service are disclosed to customers upon application for service both verbally and in writing as part of a packet of information for new customers.

Service quality standards are established by the state commission and the Company consistently meets or exceeds the standards and provides reports to the state commission, in accordance with the state commission's rules.

The Company complies with any and all consumer protection obligations under state law.

The Company also complies with the following consumer best practices: (1) the Company discloses its rates and terms of service to customers; (2) the Company provides specific disclosures in its advertising; (3) the Company separately identifies carrier charges from taxes on its billing statements; (4) the Company provides ready access to customer service; (5) the Company promptly responds to consumer inquiries and complaints received from government agencies; and (6) the Company abides by policies for protection of consumer privacy.

The protection of customers' privacy and information is of utmost importance and the Company has a policy and established operating procedures that comply with the FCC's Customer Proprietary Network Information Rules (47 C.F.R. §§64.2001-64.2011). Certification and a description of those operating procedures are filed at the FCC annually.

LINE 610 - ABILITY TO FUNCTION IN EMERGENCY SITUATIONS

NTS Communications, Inc. (the Company) is able to function in emergency situations. The Company has a reasonable amount of back-up power to ensure functionality without an external power source. Standby power generators are supplied at the central office, remote switch sites, and repeater sites to ensure functionality without an external power source until power is restored. The network is capable of managing traffic spikes resulting from emergency situations.

The Company is able to reroute traffic around damaged facilities. Although the Company's ability to reroute traffic around damaged facilities is not absolute and may be limited in certain circumstances, there is a restoration plan in place for expeditious recovery of service, including splicing of damaged facilities when warranted.

LINE 1210 – TERMS & CONDITIONS OF VOICE TELEPHONY LIFELINE PLANS

NTS Communications, Inc. ("the Company") offers Lifeline subscribers a discount of $15.67 (federal discount of $9.25 + state discount of $3.50 + an additional state reduction of $2.92) to a stand-alone residential local exchange service line rate.

In the Company's Zone 1 exchanges, the Company's Lifeline rate for single-line residential voice service, including any mandatory extended area service charge and the federal subscriber line charge, is $0.69 ($16.36 less the $15.67).

In the Company's Zone 2 exchanges, the Company's Lifeline rate for single-line residential voice service, including any mandatory extended area service charge and the federal subscriber line charge, is $0.00 ($15.36 less the $15.67).

The local exchange access line rate includes an unlimited amount of local calling minutes. Additional charges for toll calls associated with the stand-alone residential access line are billed at the rates of the long distance carrier chosen by the subscriber.

See attached pages from the Company's local exchange tariff describing the local exchange access rates and terms and conditions of Lifeline service.

RESIDENTIAL SERVICE OFFERING

6. RESIDENTIAL SERVICE OFFERING (Cont'd)

6.4 Rates and Charges [1]

	Monthly Zone 1[2]	Monthly Zone 2[3]	
A) Local Line Residential [4]			
Flat	$9.02	$8.02	
End User Common Line Charge (EUCL) (per line)	$7.34	$7.34	(I)
End User Common Line Charge (EUCL) (additional each)	$7.07		(D)
Local Number Portability(LNP) (per line)	**$1.98**	**$1.98**	(I)
Presubscribed Interexchange Carrier Charge (PICC) Primary	$1.04	$1.04	
Presubscribed Interexchange Carrier Charge (PICC) Additional each	$0.57	$0.57	
B) Optional Features [4]			
Offerings and Rates Available Upon Request			
C) Directory Assistance	Rates Specified Under Section 10		
D) Operator Assistance	Rates Specified Under Section 10		
E) Directory Listings	Rates Specified Under Section 7		

[1] Service Connection Charges, as specified under Section 3, apply in addition to the Monthly Rates.
[2] NTS facilities based market with more than 50,000 local exchange access lines.
[3] NTS facilities based market with less than 50,000 local exchange access lines.
[4] Monthly charges apply, per line.

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RESIDENTIAL SERVICE OFFERING

6. RESIDENTIAL SERVICE OFFERING

6.1 Description

6.1.1 Local Line – Residence: Local Line- Residence provides the Customer with a single, voice-grade, DTMF communications channel. Each Local Line will include a telephone number.

6.1.2 Residence Service: The term "Residence Service" denotes service provided when the following conditions exist:

a) The main station is located in a private residence, or a residential room or apartment of a building of any type.

b) All listings of the service are in names of individuals, without a business designation.

6.2 Promotional Offerings

The Company, from time to time, may make promotional offerings of its services which may include waiving or reducing the applicable charges for the promoted service. The promotional offering may be limited as to the duration, the date and times of the offerings and the locations where the offerings are made. Promotional offerings are intended to be limited duration programs which are beneficial to customers and are not intended to replace the Company's obligations to seek approval of permanent rates and charges.

6.3 Service Plans

6.3.1 Flat Rate Service – The term "Flat Rate Service" denotes service where, for a stated monthly rate, unlimited calling is allowed to all other exchange service lines in the local service area of the exchange in which it is furnished.

6.3.2 Each Residential Line will also have the following fees and/or charges. (T)

a) End User Common Line Charge (EUCL)
b) Local Number Portability (LNP)
c) Presubscribed Interexchange Carrier Charge

6.4 Optional Services

Optional features offerings and rates will be provided upon request.

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12. Lifeline and Link Up Services

12.1 Lifeline Service

12.1.1 General Description

The Lifeline Program is a retail local exchange telephone service offering available to qualifying low-income customers.

The Company shall offer the following services or functionalities defined to be qualified, or designated, Lifeline Program Services:

Single party service, local usage, voice-grade access to the public Network, Dual tone multifrequency (DTMF) signaling or its functional equivalent, access to emergency services, access to operator services, access to interexchange services, access to directory assistance services, toll limitation.

A qualifying low-income customer subscribing to the Lifeline Program shall receive federal and state reductions to his/her monthly rate.

Nothing in this document shall prohibit a customer who is otherwise eligible for Lifeline Service from obtaining and using telecommunications equipment and services designed to aid such customer in utilizing qualifying telecommunications equipment or services designed to aid such customer in utilizing qualifying telecommunications services.

The Lifeline discount shall apply only to that portion of a bundled package that is for basic network services.

Customers who apply to receive Lifeline Service on bundled packages shall receive the same price as other consumers less the Lifeline discount that shall only apply to that portion of the bundled package bill that is for basic network service.

The Company may not disconnect the service of a Lifeline customer for the non-payment of toll charges. The Company will offer toll blocking at no charge.

The Company will not charge Lifeline customers a monthly number-portability charge.

The Company will waive the monthly Subscriber Line Charge (SLC) for Lifeline customers.

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12. Lifeline and Link Up Services (cont'd)

12.1 Lifeline Service (cont'd)

12.1.2 Eligibility

Customer Eligibility Criteria: Lifeline discounts will be provided to qualified low-income customers and households. A customer is eligible for Lifeline Service if they meet one of the criterions below.

The customer's household income is at or below 150 % of the federal poverty guidelines; or

A customer receives benefits from or in whose household resides a person who receives or has a child that receives: Medicaid; Federal Pubic Housing Assistance; Food Stamps; Low-Income Home Energy Assistance Program (LIHEAP); Supplemental Security Income (SSI); State Child Health Plan under Chapter 62,Health and Safety Code; or

The customer is an eligible resident of tribal lands.

Obligations of the Customer

A current customer of the Company may be automatically enrolled in the Lifeline Service Program if they are a recipient of certain programs administered by the Texas Health and Human Service Commission (HHSC) or they may self-enroll by contacting the Texas Low- Income Discount Administrator (LIDA).

A customer who is eligible for the Lifeline Program, but does not have telephone service shall be responsible for initiating a request for the Lifeline Program from the Company.

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12. Lifeline and Link Up Services (cont'd)

12.1 Lifeline Service (cont'd)

12.1.2 Eligibility (cont'd)

Obligations of the Customer (cont'd)

The LIDA reviews the customer applications received and determines if the customer meets the eligibility criteria. The LIDA shall provide a list of eligible customers to the Company on a monthly basis. A customer who believes that their self-enrollment application has been erroneously denied may request in writing that LIDA review the application, and the customer may submit additional information as proof of eligibility. A customer who is dissatisfied with LIDA's action following a request for review may request in writing that an informal hearing be conducted by the commission staff of the Public Utility Commission of Texas. A customer dissatisfied with the determination after an informal hearing may file a formal complaint pursuant to PUC Proc. R. § 22.242(e).

Lifeline Program customers will lose their Lifeline Program eligibility once they cease to meet income criteria or participate in one of the identified, qualified programs. Customers will be notified by the LIDA for loss of eligibility and an opportunity given to prove eligibility. The eligibility period for automatically enrolled customers is the length of their enrollment in HHSC benefits plus a period of 60 days for renewal. Automatically enrolled customers will have an opportunity to review their TDHS benefits or self enroll with LIDA upon the expiration of their automatic enrollment. Reduced billing under the Lifeline Program will be terminated if eligibility ceases.

Discontinuance of Lifeline discounts for customers who have self-enrolled. Individuals not receiving benefits through HHSC programs, but who have met Lifeline income qualification in subsection (d) of this section, are eligible to receive the Lifeline discount for seven months, which includes a period of 60 days during which the customer may renew their eligibility with LIDA for an additional seven months.

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12. Lifeline and Link Up Services (cont'd)

12.1 Lifeline Service (cont'd)

12.1.3 Credit Verification and Deposits

The Company shall be prohibited from charging a service deposit in order to initiate the Lifeline Service Program if the eligible customer voluntarily elects to receive toll blocking.

Credit Reference. The credit verification procedures used for all applicants who apply for service with the Company will also be used for eligible customers applying for service under the Link-Up America Program.

Deposits. The deposit standards used for all applicants who apply for service with the Company will also be used for eligible customers applying for service under the Link-Up America Program, except that deposit requirements will be waived for eligible customers of the Link-Up America Program who voluntarily elect to receive toll blocking.

Billing Standards. \Once service has been established for a Link-Up America Program eligible customer, the customer will be expected to adhere to the same bill payment policies expected of any other customer.

12.1.4 Lifeline Service Discounts

The Company shall provide reduced billing for all qualified Lifeline customers within its service area within thirty (30) days after receipt of the initial list of customers from HHSC. In instances where the customer makes direct inquiries regarding participation in the Lifeline Program to the Company, the Company shall make every effort to assist the customer by explaining the necessary steps to become eligible to participate in the Lifeline Service Program and direct the customer to HHSC for completion of the required forms for eligibility certification.

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