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REDACTED – FOR PUBLIC INSPECTION

Received & inspected

June 26, 2015

JUN 29 2015

FCC Mail Room

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

Re: **WC Docket No. 14-58**
2015 ETC Annual Report of Metamora Telephone Company (SAC 341053)

Dear Ms. Dortch:

On behalf of **Metamora Telephone Company**, Kiesling Associates LLP files the attached confidential and redacted versions of the FCC Form 481 ETC annual reporting information pursuant to sections 54.313 and 54.422 of the Commission's rules.¹ **Metamora Telephone Company** seeks confidential treatment under Protective Order for section 54.313(f)(2) financial information.² The redacted version is also being filed this date via the FCC's Electronic Comment Filing System. In addition, an attached letter requests confidential treatment under Sections 0.457 and 0.459 of the initial section 54.202(a) Five-Year Service Quality Improvement Plan as required by Section 54.313(a)(1).³

Please direct any questions about this filing to the undersigned at 608-664-9110 or rabrams@kiesling.com.

Sincerely,

KIESLING ASSOCIATES LLP

Robert R. Abrams
Senior Telecommunications Consultant

cc: Charles Tyler, Telecommunications Access Policy Division (two copies, confidential)
Office of the Chief Clerk, Illinois Commerce Commission

¹ 47 C.F.R. §§ 54.313, 54.422.

² *Connect America Fund et al.*, WC Docket No. 10-90 *et al.*, Protective Order, DA 12-1857 rel. Nov. 16, 2012 (Protective Order). 47 C.F.R. § 54.313(f)(2).

³ 47 C.F.R. §§ 0.457, 0.459, 54.313(a)(1).

No. of Copies rec'd

List ABCDE



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445 12th Street, SW
Washington, DC 20554

**Re: WC Docket 14-58
2015 ETC Annual Report of Metamora Telephone Company (SAC 341053)
Request for Confidentiality**

Dear Ms. Dortch:

On behalf of **Metamora Telephone Company** (the "Company"), Kiesling associates LLP hereby requests withholding from public inspection certain information contained in an attachment to the above referenced reporting requirement, pursuant to Sections 0.457 and 0.459 of the Commission's rules,¹. The Company provides the following in support of its request, numbered consistent with the subparagraphs of Section 0.459(b).²

1. The information for which the Company is seeking confidential treatment is the attachment at Line 112 of the Company's annual reporting information in FCC Form 481, pursuant to Sections 54.313 and 54.422 of the Commission's rules ("Report").³
2. Pursuant to Section 54.313(a)(1), Rate-of-Return Eligible Telecommunications Carriers ("ETCs") must file with the Commission a Progress Report on its Five-Year Service Quality Improvement Plan ("Progress Report") which is contained in the attachment to the 2015 Report.⁴
3. The information contained in attachment for which the Company seeks the withholding from public inspection is the entirety of data pertaining to the Company's Five-Year Plan, as provided at FCC Form 481 Line 112 attachment. Information of this nature is confidential commercial information routinely withheld from public inspection.
4. With respect to identifying the degree to which the subject attachment concerns a service that is subject to competition, the information is of a financial and competitive nature regarding the provision of telecommunications services. The Line 112 attachment contains competitively sensitive information related to proposed improvements or upgrades and maintenance the Company's network.

¹ 47 C.F.R. §§ 0.457, 0.459.

² 47 C.F.R. § 0.459(b)(1) through (9).

³ 47 C.F.R. §§ 54.313, 54.422.

⁴ 47 C.F.R. §§ 54.313(a)(1).

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In its *March 5, 2013 Order*, the FCC specified that for rate-of-return carriers, the five-year plans “should describe the carrier’s network improvement plan, which should provide greater visibility into current plans to extend broadband service to unserved locations in rate-of-return service territories.”⁵ The Company is a rate-of-return carrier filing its five-year service improvement plan which contains proprietary, competitively sensitive information related to the Company’s existing network including the specific locations of customers as well as describe proposed improvements or upgrades and maintenance of its network throughout its service area. Specifically, this information sets forth services provided by the Company over its existing network including specific locations of customers as well as planned network improvement and maintenance for the years 2015 through 2019 including project start and completion dates, population that will be impacted by the improvements and upgrades at the wire center level and projected capital costs associated with the improvements and upgrades and operating costs associated with maintaining the network including depreciation for investments that have already been made. As such, this information contains competitively sensitive information related to the Company’s existing network as well as detailed plans at the wire center level for network upgrades and maintenance projected for the years 2015 through 2019.

5. With respect to identifying possible exposure to competitive harm, the information contained in the Line 112 attachment is information that is not customarily released to the public. This information is proprietary to the Company, is unique to the Company’s serving territory and is only known to the Company and its authorized agents. If the Information is not protected, it would have economic value to existing and potential competitors who would be able to target their marketing to specific customers. In a competitive telecommunications marketplace, this type of information is highly sensitive. If publicly disclosed, it would enable competitors to craft business plans that capitalize on their knowledge of the locations of the Company’s customers which would place the Company at a competitive disadvantage.
6. With respect to steps the Company has taken to ensure against unauthorized disclosure of the information contained in the attachment, the Company is filing the attachment under seal. The Company uses the information contained in the Five-Year Plan to ensure that its customers continue to receive state-of-the-art high quality telecommunications and broadband services that the Company has been providing to them for many years as well as to satisfy mandatory reporting requirements and does not share the information for which protection is sought. The Company protects the secrecy of this information with a security protocol that ensures the information is not inadvertently disclosed or disseminated. Only directors, managers and employees with a direct need to know are authorized to access the information.
7. Previous versions of this information are not publicly available.
8. Because the information is not routinely available, a need exists for maintaining the confidentiality of this information permanently.
9. Not applicable.

⁵ See *Connect America Fund et al.*, WC Docket 10-90 *et al.*, Order, DA 13-332 (rel. Mar. 5, 2013) (“*March 5, 2013 Order*”) at para. 9 *citing* Section 54.202(a) (1) (ii).

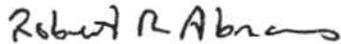
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Based on the preceding, Kiesling respectfully requests on behalf of the Company that the Commission grant confidential treatment under Section 0.459 to Company's Five-Year Plan provided at FCC Form 481 Line 112 attachment.

Please contact the undersigned at 608-664-9110 or rabrams@kiesling.com with questions regarding this request.

Sincerely,

KIESLING ASSOCIATES LLP



Robert R. Abrams
Senior Telecommunications Consultant

cc: Office of the Chief Clerk, Illinois Commerce Commission

**FCC Form 481 - Carrier Annual Reporting
Data Collection Form**

<010>	Study Area Code	341053	Received & Inspected
<015>	Study Area Name	METAMORA TEL CO	
<020>	Program Year	2016	JUN 29 2015
<030>	Contact Name: Person USAC should contact with questions about this data	Ann Dickerson	
<035>	Contact Telephone Number: Number of the person identified in data line <030>	3093674197 ext.	FCC Mail Room
<039>	Contact Email Address: Email of the person identified in data line <030>	adickerson@corp.mtco.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)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<200>	Outage Reporting (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210>	<input checked="" type="checkbox"/> -- check box if no outages to report Unfulfilled Service Requests (voice)	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<310>	Detail on Attempts (voice)	(attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>
<320>	Unfulfilled Service Requests (broadband)	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<330>	Detail on Attempts (broadband)	(attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>
<400>	Number of Complaints per 1,000 customers (voice)			
<410>	Fixed	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<420>	Mobile	0.0	<input type="checkbox"/>	<input type="checkbox"/>
<430>	Number of Complaints per 1,000 customers (broadband)		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<440>	Fixed	0.0	<input type="checkbox"/>	<input type="checkbox"/>
<450>	Mobile	0.0	<input type="checkbox"/>	<input type="checkbox"/>
<500>	Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510>	34105311510.pdf (attached descriptive document)	(attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600>	Functionality in Emergency Situations 34105311610.pdf (attached descriptive document)	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700>	Company Price Offerings (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<710>	Company Price Offerings (broadband)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<800>	Operating Companies and Affiliates	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900>	Tribal Land Offerings (Y/N)?	(if yes, complete attached worksheet)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<1000>	Voice Services Rate Comparability Certification	Yes	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<1010>			<input type="checkbox"/>	<input type="checkbox"/>
<1100>	Certify whether terrestrial backhaul options exist (Yes or No)	(if not, check to indicate certification)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<1110>			<input type="checkbox"/>	<input type="checkbox"/>
<1200>	Terms and Condition for Lifeline Customers	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet
Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

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

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

<3000>		(check to indicate certification)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<3005>		(complete attached worksheet)	<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	341053
<015>	Study Area Name	METAMORA TEL CO
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Ann Dickerson
<035>	Contact Telephone Number - Number of person identified in data line <030>	3093674197 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	adickerson@corp.mtco.com

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

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

34105311112.pdf

<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.

Yes
Not Applicable

(900) Tribal Lands Reporting Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
--	--

<010>	Study Area Code	341053
<015>	Study Area Name	METAMORA TEL CO
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Ann Dickerson
<035>	Contact Telephone Number - Number of person identified in data line <030>	3093674197 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	adickerson@corp.mtco.com

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

<920> Tribal Government Engagement Obligation

Name of Attached Document

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

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select Yes or No or Not Applicable

(1100) No Terrestrial Backhaul Reporting Data Collection Form FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010> Study Area Code	341053
<015> Study Area Name	METAMORA TEL CO
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Ann Dickerson
<035> Contact Telephone Number - Number of person identified in data line <030>	3093674197 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	adickerson@corp.mt.co.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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<010>	Study Area Code	341053
<015>	Study Area Name	METAMORA TEL CO
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Ann Dickerson
<035>	Contact Telephone Number - Number of person identified in data line <030>	3093674197 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	adickerson@corp.mtco.com

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

341053111210.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 <i>Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers</i>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	
<015> Study Area Name	341053
<020> Program Year	METAMORA TEL CO
<030> Contact Name - Person USAC should contact regarding this data	2016
<035> Contact Telephone Number - Number of person identified in data line <030>	Ann Dickerson
<039> Contact Email Address - Email Address of person identified in data line <030>	3093874197 ext.
	adickerson@corp.mtco.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)iii}

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
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<010> Study Area Code	341053
<015> Study Area Name	METAMORA TEL CO
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Ann Dickerson
<035> Contact Telephone Number - Number of person identified in data line <030>	3093674197 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	adickerson@corp.mtcc.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.

341053113010 .pdf

(3010) Progress Report on 5 Year Plan
Milestone Certification (47 CFR § 54.313(f)(1)(ii))

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.

341053113012 .pdf

(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) Yes No

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

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

(3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)

(3016) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

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

Name of Attached Document Listing Required Information

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

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

(3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications

(3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

(3021) Management letter and audit opinion issued by the independent certified public accountant that performed the company's financial audit

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

(3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,

(3023) Underlying information subjected to a review by an independent certified public accountant

(3024) Underlying information subjected to an officer certification.

(3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

341053113026 .pdf

(3026) Attach the worksheet listing required information

Name of Attached Document Listing Required Information

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

<010> Study Area Code	341053
<015> Study Area Name	METAMORA TEL CO
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Ann Dickerson
<035> Contact Telephone Number - Number of person identified in data line <030>	3093674197 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	adickerson@corp.mtco.com

Financial Data Summary

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

Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	341053
<015> Study Area Name	METAMORA TEL CO
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Ann Dickerson
<035> Contact Telephone Number - Number of person identified in data line <030>	3093674197 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	adickerson@corp.mtco.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	341053
<015> Study Area Name	METAMORA TEL CO
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Ann Dickerson
<035> Contact Telephone Number - Number of person identified in data line <030>	3093674197 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	adickerson@corp.mtco.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) <u>Robert Abrams</u> 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:	Robert Abrams
Name of Reporting Carrier:	METAMORA TEL CO
Signature of Authorized Officer:	CERTIFIED ONLINE
Date:	06/24/2015
Printed name of Authorized Officer:	Ann Dickerson
Title or position of Authorized Officer:	CPO
Telephone number of Authorized Officer:	3093674197 ext.120
Study Area Code of Reporting Carrier:	341053
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:	METAMORA TEL CO
Name of Authorized Agent or Employee of Agent:	Kiesling Associates LLP
Signature of Authorized Agent or Employee of Agent:	CERTIFIED ONLINE
Date:	06/24/2015
Printed name of Authorized Agent or Employee of Agent:	Robert R. Abrams
Title or position of Authorized Agent or Employee of Agent:	Communications Consultante
Telephone number of Authorized Agent or Employee of Agent:	6086649110 ext.243
Study Area Code of Reporting Carrier:	341053
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

REDACTED - FOR PUBLIC INSPECTION

REDACTED – FOR PUBLIC INSPECTION
METAMORA TELEPHONE COMPANY (SAC 341053)
ATTACHMENT - LINE 112
PROGRESS REPORT ON THE
FIVE YEAR SERVICE QUALITY IMPROVEMENT PLAN
ATTACHMENT REDACTED IN ENTIRETY

FCC Form 481 – Line 510 Service Quality Standards & Consumer Protection Compliance

SAC: 341053
State: IL
Name: Metamora Telephone Company
Submission: 7/1/2015

47 CFR §54.313(a)(5) requires an ETC to certify that it complies with applicable service quality standards and consumer protection rules.

Metamora Telephone Company of Marseilles Illinois complies with applicable service quality standards for local exchange telecommunications carriers in Title 83 the Illinois Administrative Code (*ILGA §730, Subpart E*) which includes adequacy of service, answer time, service interruptions, outages and notifications.

Metamora Telephone Company complies with consumer protection requirements including those found in federal Customer Proprietary Network Information (*CPNI; WC Docket No. 04-36*), and those of the Title 83 the Illinois Administrative Code (*ILGA §732*), covering local exchange service obligations, payment and billing practices, procedures for timely reimbursement of customer credits, customer education programs, and (*ILGA §755*)meeting state requirements regarding telecommunications access for persons with disabilities.

Metamora Telephone Company certifies it has complied with these requirements and will continue to comply with these requirements.



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State of Illinois

Illinois Commerce Commission
Service Quality for Telecommunications Carriers
Code Part 730.115
Quarterly Filing

Metamora Telephone Company
for quarter ending September 30, 2014

Performance Data	July	August	September	Quarterly Average
A. Operator Answering Time - Toll and Assistance [730.510(a)(1)]	3.00	2.90	3.40	3.10
B. Operator Answer Time - Information [730.510(a)(1)]	3.99	3.74	4.78	4.17
C. Repair Office Answer Time [730.510(b)(1)]	4.70	5.90	6.20	5.60
D. Business or Customer Service Answer Time [730.510(b)(1)]	4.70	5.90	6.20	5.60
E. Percent of Service Installations [730.540(a)]	100.00%	100.00%	100.00%	100.00%
F. Percent of Out of Service Lines Repaired in < 30 Hours [730.535(a)]	100.00%	100.00%	100.00%	100.00%
G. Trouble Reports per 100 Access Lines [730.545(a)]	0.35	0.86	0.67	0.63
H. Percent Repeat Trouble Reports [730.545(c)]	0.00%	0.00%	11.00%	3.60%
I. Percent of Installation Trouble Reports [730.545(f)]	0.00%	0.00%	0.00%	0.00%
J. Missed Repair Appointments [730.545(h)]	0	0	0	0
K. Missed Installation Appointments [730.540(d)]	0	0	0	0

Comments



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State of Illinois

Illinois Commerce Commission
Customer Credits for Telecommunications Carriers
Code Part 732.30
Quarterly Filing

Metamora Telephone Company
for quarter ending September 30, 2014

Out of Service More Than 30 Hours	July	August	September	Totals
A. Total dollar amount of all customer credits paid	\$0.00	\$0.00	\$0.00	\$0.00
B. Number of credits issued for repairs - 30 - 48 hours	0	0	0	0
C. Number of credits issued for repairs - 48 - 72 hours	0	0	0	0
D. Number of credits issued for repairs - 72 - 96 hours	0	0	0	0
E. Number of credits issued for repairs - 96 - 120 hours	0	0	0	0
F. Number of credits issued for repairs > 120 hours	0	0	0	0
G. Number of exemptions claimed for each of the categories identified in Section 732.30(e)	0	0	0	0
H. Number of customers receiving alternate phone service rather than receiving a credit	0	0	0	0

Failure to Install Basic Local Exchange Service	July	August	September	Totals
A. Total dollar amount of all customer credits paid	\$0.00	\$0.00	\$0.00	\$0.00
B. Number of installations after 5 business days	0	0	0	0
C. Number of installations after 10 business days	0	0	0	0
D. Number of installations after 11 business days	0	0	0	0
E. Number of exemptions claimed for each of the categories identified in Section 732.30(e)	0	0	0	0
F. Number of customers receiving alternate phone service rather than receiving a credit	0	0	0	0

Missed Appointments	July	August	September	Totals
A. Total dollar amount of all customer credits paid	\$0.00	\$0.00	\$0.00	\$0.00
B. Number of customers receiving credits	0	0	0	0
C. Number of exemptions claimed for each of the categories identified in Section 732.30(e)	0	0	0	0

Comments

FCC Form 481 – Line 610 Ability To Remain Functional In An Emergency Situation

SAC: 341053
State: IL
Name: Metamora Telephone Company
Submission: 7/1/2015

47 CFR §54.313(a)(6) requires an ETC to certify that it is able to function in emergency situation as set forth in 47 CFR §54.202 (a)(2).

Metamora Telephone Company complies with relevant sections for wireless ETCs in Title 83 the Illinois Administrative Code (*ILGA §730, Subpart C*) requiring it to make provisions to meet emergencies resulting from failures of commercial or power service, sudden and prolonged increases in traffic, illness of personnel, fire, storm, or other natural disasters. The company informs employees as to procedures to be followed in the event of emergency in order to prevent or minimize interruption or impairment of telecommunications service, and maintains at least 3 hours of reserve battery power.

Central Office batteries are maintained in accordance with Institute of Electrical and Electronic Engineers (IEEE) standards as adopted in Section 730.340, and generators are tested each week.

Designated employees are informed as to procedures to be followed in the event of an emergency in order to prevent or mitigate interruption or impairment of telecommunications service, including rerouting of traffic around damaged facilities and the deployment of emergency power.

Metamora Telephone Company certifies it has complied with, and will continue to comply with applicable requirements regarding its ability to remain functional in an emergency situation as set forth in 47 CFR §54.202 (a)(2).

FCC Form 481 – Line 1210 Lifeline Service Terms & Conditions

SAC: 341053
State: IL
Name: Metamora Telephone Company
Submission: 7/1/2015

Metamora Telephone Company offers Lifeline service to qualifying subscribers.

- Qualifying residential subscribers receive Lifeline credits of \$9.25 against the regular monthly rate of any eligible single line residential local telephone service the company offers, in or out of bundles. This benefit is limited to one per qualifying household, and for service received from a single provider.
- Number of Local Minutes/Calls Provided: Unlimited local calling.
- Additional Charges for Toll Calls: Toll calls and services for Lifeline subscribers are available and are billed at toll carriers' standard rates.
- Federal program eligibility for Lifeline service must be confirmed before the credit is issued. All subscribers must be recertified at least once each year.

Lifeline eligibility requires that income be no higher than 135% of the federal Poverty Guideline level, and/or participation in at one of the following programs, verified at least once each year:

- Medicaid
- Supplemental Security Income (SSI)
- Supplemental Nutritional Assistance Programs (SNAP) – Food Stamps
- Low Income Home Energy Assistance Program (LIHEAP)
- Temporary Assistance for Needy Families (TANF)
- Federal Public Housing Assistance (FPHA)/Section 8
- National School Lunch – Free Lunch Program
- Head Start (if income eligibility criteria are met)

Additional Terms & Conditions:

- Lifeline service shall not be disconnected for non-payment of toll charges.
- Qualifying low-income subscribers who voluntarily elect toll blocking, where available, will not be required to pay a service deposit in order to initiate Lifeline Service. This service will only be provided at the customer's request.

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- Qualifying Lifeline customers will not be charged a monthly number-portability charge.
- Annual verification, either through the Department of Human Services or, in lieu of electronic verification, applicants will sign the form contained in Illinois Administrative Code Part 757 Exhibit E, as proof of their income eligibility.

Section 757.Exhibit E Link up/Lifeline Programs Certification Form
EMERGENCY

Exhibit E

LINK UP/LIFELINE PROGRAMS CERTIFICATION FORM

NAME _____ DATE ISSUED _____

ADDRESS _____ APARTMENT _____

CITY _____ ZIP CODE _____

COUNTY _____ AGE _____

SOCIAL SECURITY NO. _____ PUBLIC AID CASE NUMBER _____

For which benefits do you wish to apply?

- _____ Link Up Connection Fee Assistance (waiver of up to 50% of the initial telephone connection fee)
- _____ Lifeline Local Exchange Service Assistance (Assistance) with monthly telephone bills)
- _____ UTSAP Assistance (Supplemental Initial Telephone Connection Fee Assistance)

Are you a participant as of this date of application in one of the programs listed below?

YES _____ NO _____

In Which program(s) do you currently participate?

- _____ Food Stamps (SNAP)
- _____ Medicaid
- _____ Supplemental Security Income (SSI)
- _____ Federal housing Assistance program
- _____ Low-Income Home Energy Assistance Program (LIHEAP)
- _____ National School Lunch Program's free lunch program
- _____ Temporary Assistance to Needy Families (TANF)

Do you currently receive Lifeline discount from any other provider, example would be a free cell phone?

YES _____ NO _____

Under penalty of perjury, I confirm that I participate in the above stated program(s). I will notify my provider of local exchange service in the event I cease to participate in the program(s). I am also aware that I am eligible to receive only one Lifeline subsidy. By my signature below, I confirm that the only subsidy I currently receive is from my local exchange telephone company. I am also giving the Social Security Administration permission to inform my local exchange telephone company whether or not I am entitled to Supplemental Security Income benefits as of the date of this application.

SIGNED _____ Date _____

(Source: Emergency amendment as 21 IL. Reg. 16416, effective December 10, 1997 for a maximum of 150 days)

FCC Form 481 – Line 3010 – Milestone Certification, 47 CFR §54.313(f)(1)(i)

SAC: 341053
State: IL
Name: Metamora Telephone Company
Submission: 7/1/2015

Metamora Telephone Company hereby certifies that throughout 2014, it took 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 as determined in an annual survey, and that requests for such service are met within a reasonable amount of time.

**FCC Form 481 – Line 3012 – List of Community Anchor Institutions to Which the ETC
Newly Began Providing Service, 47 CFR §54.313(f)(1)(ii)**

SAC: 341053
State: IL
Name: Metamora Telephone Company
Submission: 7/1/2015

The FCC's *USF/ICC Transformation Order* requires a listing of community anchor institutions to which the ETC newly began providing broadband service in the previous year.

The FCC has defined community anchor institutions in Section 54.5 of its Rules as "schools, libraries, health care providers, community colleges, other institutions of higher education, and other community support organizations and entities."

In addition to existing served subscribers, the Company did not newly begin providing access to broadband service to any community anchor institutions during calendar year 2014.

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METAMORA TELEPHONE COMPANY (SAC 341053)

ATTACHMENT - LINE 3026

ATTACHMENT REDACTED IN ENTIRETY