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JUN 29 2015
FCC Mail Room

REDACTED – FOR PUBLIC INSPECTION

June 25, 2015

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

Re: ***In the Matter of ETC Annual Reports and Certifications, Connect America Fund, A National Broadband Plan for Our Future, Establishing Just and Reasonable Rates for Local Exchange Carriers, High-Cost Universal Service Support, Developing a Unified Intercarrier Compensation Regime, Federal-State Joint Board on Universal Service, Lifeline and Link-Up, Universal Service Reform – Mobility Fund,*** **WC Docket Nos. 14-58, 10-90, 07-135, 05-337, 03-109, CC Docket Nos. 01-92, 96-45, GN Docket No. 09-51, WT Docket No. 10-208**

Dear Ms. Dortch:

On behalf of Sycamore Telephone Company ("Sycamore"), please find enclosed two copies of Sycamore's FCC Form 481, along with the redacted versions of the Confidential Financial Information.

Also enclosed are copies of Sycamore's redacted progress reports on its five-year service quality improvement plan.

One copy of the FCC Form 481, containing Confidential Financial Information is being filed under separate cover.

Please do not hesitate to contact me at (402) 441-4315 if you have any questions regarding this submission.

No. of Copies rec'd 0+1
List ABCDE

16924 Francis Street • Suite 115 • Omaha, NE 68130 • Ph: 402-398-0062 • Fax: 402-398-0065
233 South 13th Street • Suite 1225 • Lincoln, NE 68508 • Ph: 402-441-4315 • Fax: 402-441-4317
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CONSORTIA
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Here for you.

Respectfully submitted,

Jessica Meyer
Consultant
Consortia Consulting, Inc.

Encl.

FCC Form 481 - Carrier Annual Reporting Data Collection Form

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

Received & Inspected
JUN 29 2015
FCC Mail Room

<010>	Study Area Code	300658
<015>	Study Area Name	SYCAMORE TEL CO
<020>	Program Year	2016
<030>	Contact Name: Person USAC should contact with questions about this data	Steve Ekleberry
<035>	Contact Telephone Number: Number of the person identified in data line <030>	4199276012 ext.
<039>	Contact Email Address: Email of the person identified in data line <030>	steve.ekleberry@syctelco.com

ANNUAL REPORTING FOR ALL CARRIERS

(check box when complete)

			54.313 Completion Required	54.422 Completion Required
<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>	300658oh510.pdf	(attached descriptive document)	✓	✓
<600>	Functionality in Emergency Situations	(check to indicate certification)	✓	✓
<610>	300658oh610.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)	✓	

(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	300658
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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>	steve.ekleberry@syctelco.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.

300658oh112-117.pdf, 300658oh112-117.docx

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

(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	300658
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<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Steve Ekleberry
<035>	Contact Telephone Number - Number of person identified in data line <030>	4199276012 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	steve.ekleberry@syctelco.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

(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	300658
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<035>	Contact Telephone Number - Number of person identified in data line <030>	4199276012 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	steve.ekleberry@syctelco.com

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

<703>

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

-- See attached worksheet

(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	300658
<015>	Study Area Name	SYCAMORE TEL CO
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Steve Ekleberry
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<039>	Contact Email Address - Email Address of person identified in data line <030>	steve.ekleberry@syctelco.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*)

-- See attached worksheet --

(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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<039>	Contact Email Address - Email Address of person identified in data line <030>	steve.ekleberry@syctelco.com

<810>	Reporting Carrier	Sycamore Telephone Company
<811>	Holding Company	Not Applicable
<812>	Operating Company	Not Applicable

<813>

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

(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	SYCAMORE TEL CO
<020>	Program Year	2016
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<039>	Contact Email Address - Email Address of person identified in data line <030>	steve.ekleberry@syctelco.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

<010>	Study Area Code	300658
<015>	Study Area Name	SYCAMORE TEL CO
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Steve Ekleberry
<035>	Contact Telephone Number - Number of person identified in data line <030>	4199276012 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	steve.ekleberry@syctelco.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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<020>	Program Year	2016
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<035>	Contact Telephone Number - Number of person identified in data line <030>	4199276012 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	steve.ekleberry@syctelco.com

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

300658oh1210.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

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<039>	Contact Email Address - Email Address of person identified in data line <030>	steve.eklberry@sycteico.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

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<039>	Contact Email Address - Email Address of person identified in data line <030>	steve.ekleberry@sycteleo.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))

300658oh3010.pdf
Name of Attached Document Listing Required Information

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

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

300658oh3012.pdf
Name of Attached Document Listing Required Information

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

300658oh3017.pdf
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

REDACTED - FOR PUBLIC INSPECTION

(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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<039>	Contact Email Address - Email Address of person identified in data line <030>	steve.ekleberry@syctelco.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]

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	300658
<015>	Study Area Name	SYCAMORE TEL CO
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<039>	Contact Email Address - Email Address of person identified in data line <030>	steve.ekleberry@syctelco.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: SYCAMORE TEL CO

Signature of Authorized Officer: CERTIFIED ONLINE Date 06/26/2015

Printed name of Authorized Officer: Steve Ekleberry

Title or position of Authorized Officer: General Manager/ Treasurer

Telephone number of Authorized Officer: 4199276012 ext.

Study Area Code of Reporting Carrier: 300658 Filing Due Date for this form: 07/01/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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

<010>	Study Area Code	300658
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<039>	Contact Email Address - Email Address of person identified in data line <030>	steve.ekleberry@syctelco.com

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

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier

I certify that (Name of Agent)_____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.

Name of Authorized Agent:

Name of Reporting Carrier:

Signature of Authorized Officer: Date:

Printed name of Authorized Officer:

Title or position of Authorized Officer:

Telephone number of Authorized Officer:

Study Area Code of Reporting Carrier: Filing Due Date for this form:

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier

I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.

Name of Reporting Carrier:

Name of Authorized Agent or Employee of Agent:

Signature of Authorized Agent or Employee of Agent: Date:

Printed name of Authorized Agent or Employee of Agent:

Title or position of Authorized Agent or Employee of Agent

Telephone number of Authorized Agent or Employee of Agent:

Study Area Code of Reporting Carrier: Filing Due Date for this form:

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Attachments

SAC: 300658

State: Ohio

Sycamore Telephone

Form 481 Line No.: 510 Compliance with Service Quality Standards and Consumer Protection

As Required by Ohio Administrative Code "4901:1-6-12 Service Requirements for Basic Local Exchange Service (BLES)" the local services provided by Sycamore Telephone Co. are provided under internal company operating procedures and tariffs which are in compliance with applicable Ohio Public Utility Commission orders and rules including:

4901:1-6-12(c)

(1) BLES shall be installed within five business days of the receipt by a telephone company of a completed application for new access line service, unless the customer requests or agrees to a later date.
(2) The requirements to install BLES in paragraph (c)(1) of this rule is not applicable where any of the following exist:
    (a) A customer or applicant has not met pertinent tariff requirements.
    (b) The need for special equipment or service.
    (c) Military action, war, insurrection, riot or strike.
    (d) The customer misses an installation appointment
(3) A LEC shall make responsible efforts to repair a BLES outage within twenty-four hours, excluding Sundays and legal holidays, after the outage is reported to the telephone company.
(4) A BLES service outage or service-affecting problem shall be repaired within seventy-two hours after it is reported to the telephone company.
(5) If a BLES outage is reported to the telephone company and it lasts more than seventy-two hours, the LEC shall credit every affected BLES customer, of which the LEC is aware, in the amount of one month's charges for BLES.
(6) The customer credit in paragraph (c)(5) of this rule is not applicable if the condition or failure to repair occurs as a result of any of the following:
    (a) A customer's negligent or willful act
    (b) Malfunction of customer-owned telephone equipment or inside wire.
    (c) Military action, war, insurrection, riot, or strike
    (d) Customer missing a repair appointment.

SAC: 808413

State: Ohio

Sycamore Telephone

Form 481 Line No.: 610 Description of Functionality in Emergency Situations

Sycamore Telephone Co., pursuant to Ohio Administrative Code "4901:1 1-6-31 Emergency and Outage Operations".

(A) Each Facilities-based local exchange carrier (LEC) shall design, operate and maintain its facilities to continue to provide customers with the ability to originate and receive calls at all times. This commission will utilize existing FCC rules applicable to emergency and outage operations. Companies shall submit outage reports utilizing, at the company's discretion, either existing FCC reports or a format determined by the commission.

(B) Each facilities-based LEC shall submit, within two hours of discovery, to the commission's outage coordinator and when appropriate, the news media in the affected area, a notification that it has experienced an outage, whenever that outage occurs on any facility that it owns, operates, leases or otherwise utilizes and it both:

(1) Expected to last for a period in excess of thirty minutes.

(2) Potentially affects at least nine hundred thousand user minutes in the incumbent local calling area.

(C) Each Facilities-based LEC shall report, by telephone or electronic means, a disruption of 9-1-1 services, which impairs 9-1-1 service within a given county 9-1-1 system, immediately to each county 9-1-1 public safety answering point, to the Ohio 9-1-1 coordinator, and to the news media in the affected area, when appropriate.

(D) Each facilities-based LEC experiencing a loss of communications or selective routing to a public safety answering point, as a result of an outage described under paragraphs (B) and (C) of this rule, shall also notify, as soon as possible, by telephone or electronic means, any official who has been designated by the management of the affected 9-1-1 facility as the LEC's contact person for communication outages at that facility; and the LEC shall convey to that person all available information that may be useful to the management of the affected facility in mitigating the effects of the outage on efforts to communicate with that facility.

(E) Each facilities-based LEC experiencing an outage described under paragraphs (B) and (C) of this rule, shall electronically submit to the commission's outage coordinator the same information as that provided to the FCC or the following information:

(1) A notification that it has experienced an outage, which shall include the name of the reporting entity, the date and time of the onset of the outage, a brief description of

the problem, the particular service affected, the geographic area affected by the outage, the number of customers affected, an estimate of when the service, including 9-1-1, will be restored, and a contact name and telephone number by which the commission's outage coordinator at contact the reporting entity.

(2) Not later than seventy-two hours after discovering the outage, an initial communications outage report, which shall include all pertinent information then available on the outage and shall be submitted in good faith.

(3) Not later than thirty days after discovering the outage, the provider shall submit electronically a final communications outage report, which shall include all pertinent information on the outage, including any information that was not contained in, or that had changed from that provided in, the initial report.

(F) Each facilities-based LEC shall develop, implement, and maintain an emergency plan and make it available for review by commission staff. The plan shall include, but not limited to, all of the following:

(1) Procedures for maintaining and annually updating a list of those customers who have subscribed to the federal telecommunications service priority program, as identified in 47 C.F.R. 64, appendix A.

(2) Procedures for priority treatment in restoring out-of-service trouble of an emergency nature for customers with documented medical or life-threatening condition.

(3) In addition to the telecommunications service priority program, each LEC shall develop policies and procedures regarding those customers who require priority treatment for out-of-service clearance. Such procedures shall include a table of restoration priority, including, but not limited to, subscribes such as police and fire stations, hospitals, key medical personnel, and other utilities.

(4) Procedures for restoring service to priority critical facilities customers.

(5) Identification and annual updates for all of the facilities-based LEC's critical facilities and reasonable measures to protect its personnel and facilities.

(6) Assessments and evaluations of telecommunications facilities available to provide back-up service capabilities.

(7) Procedures for after-action assessments and reporting following activation of any part of the emergency plan. An after-action report will be written and will include

lessons learned, deficiencies in the response to the emergency, and deficiencies in the emergency plan.

(8) A current list of names and telephone numbers of the facilities-based LEC's emergency service personnel to contact and coordinate with in the event of a real or anticipated local or national threats to its ability to provide telecommunications service.

(9) A current list of the names and telephone numbers of the facilities-based LEC's emergency service personnel that is made available to the commission's emergency coordinator, upon request.

(10) A continuity of operations plan to assume continuance of minimum essential functions during a large scale event in which staffing is reduced. Such plans shall provide for:

(a) Plan activation triggers such as the world health organization's pandemic phase alert levels, widespread transmission within the United States, or a case at one or more locations within Ohio.

(b) Identification of a pandemic coordinator and team with defined roles and responsibilities for preparedness and response planning.

(c) Identification of minimal essential functions, minimal staffing required to maintain such essential functions, and personnel resource pools required to ensure continuance of those functions in progr associated with declining workforce.

(d) Identification of essential employees and critical inputs (e.g., raw materials, equipment, suppliers, subcontractor services/products, and logistics) required to maintain business operations by location and function.

(e) Policies and procedures to address personal protection initiatives.

(f) Policies and procedures to maintain lines of communication with the public utilities commission of Ohio during a declared emergency.

(g) Each facilities-based LEC shall amend its emergency plan in accordance with the findings identified in the after-action assessment report required under paragraph (F)(7) of this rule.

(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	300658
<015>	Study Area Name	SYCAMORE TEL CO
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Steve Ekleberry
<035>	Contact Telephone Number - Number of person identified in data line <030>	4199276012 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	steve.ekleberry@syctelco.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
OH	Sycamore		FR	11.5	0.0	0.0	9.79	21.29
OH	McCutchenville		FR	11.5	0.0	0.0	9.79	21.29
OH	Melmore		FR	13.4	0.0	0.0	9.98	23.38

(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	300658
<015>	Study Area Name	SYCAMORE TEL CO
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Steve Ekleberry
<035>	Contact Telephone Number - Number of person identified in data line <030>	4199276012 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	steve.ekleberry@syctelco.com

<711>

<a1> State	<a2> Exchange (ILEC)	<b1> Residential Rate	<b2> State Regulated Fees	<c> Total Rates and Fees	<d1> Broadband Service - Download Speed (Mbps)	<d2> Broadband Service -Upload Speed (Mbps)	<d3> Usage Allowance (GB)	<d4> Usage Allowance Action Taken When Limit Reached {select}
OH	ALL	59.95	0.0	59.95	10.0	1.0	999999	Other, No Limit on usage allowance
OH	ALL	49.95	0.0	49.95	5.0	1.0	999999	Other, No Limit on usage allowance
OH	ALL	59.95	0.0	59.95	5.0	1.0	999999	Other, No Limit on usage allowance

FCC Form 481 – Line 1210

Sycamore Telephone Company

Lifeline Terms and Conditions

Sycamore Telephone Company ("Sycamore") offers Lifeline program-supported service to qualified low-income residential consumers for one telephone line per eligible household. The Lifeline program provides discounts to eligible low-income consumers to help them establish and maintain telephone service. Lifeline assistance lowers the cost of basic, monthly local telephone service. Eligible consumers can receive $9.25 per month in discounts. In addition, the Federal Universal Service Charge is not assessed to consumers participating in Lifeline. Toll Blocking prevents the placement of all long distance calls for which a subscriber would be charged. Toll blocking is available to eligible consumers at no cost. Also, by choosing this option, consumers are usually not charged a deposit.

Lifeline Program Eligibility Information

Program Based Eligibility

Consumers are eligible for Lifeline if they, one of their dependents or their household participate in one of the following qualifying assistance programs:

Medicaid
Federal Public Housing Assistance (Section 8)
Low Income Housing Energy Assistance (LIHEAP)
Supplemental Nutrition Assistance Program (SNAP, formerly Food Stamps)
Ohio Works First/Temporary Aid to Needy Families (TANF)
National School Lunch Program Free Lunch Program
Supplemental Security Income (SSI)
SSI – Blind and Disabled (SSDI)
General/Disability Assistance

Lifeline applicants must present documentation demonstrating eligibility either through participation in one of the qualifying federal assistance programs or through income-based means.

Acceptable documentation of program-based eligibility includes: current or prior year's statement of benefits from a qualifying state, federal or Tribal program; notice letter of participation in a qualifying state, federal or Tribal program; program participation documents; or another official document evidencing the consumer's participation in a qualifying state, federal or Tribal program.

Income Based Eligibility

In addition, consumers are eligible for Lifeline if their household income is at or below 150% of the federal poverty guidelines.

Acceptable documentation of income eligibility includes: prior year's state, federal or Tribal tax return; current income statement from an employer or paycheck stub; social security statement of benefits; Veterans Administration statement of benefits; retirement/pension statement of benefits; unemployment/workmen's compensation statement of benefits; federal or Tribal notice of letter participating in General Assistance; or a divorce decree or child support award or other official document containing income information.

Numbers of Minutes-of-Use Provided as Part of Lifeline Program Service

Sycamore's Voice Lifeline service includes unlimited local minutes-of-use within the toll-free calling area. Sycamore's Voice Lifeline Plan does not include any free minutes-of-use for toll. Toll is billed at the standard toll rate depending on which interexchange carrier the consumer subscribes to for toll service. As part of the Lifeline service, Toll blocking is available to eligible consumers at no cost.

FCC Form 481 – Line 1210

Rates

Subscribers may receive the Lifeline credit on any type or grade of local service, including bundled services that are normally offered by Sycamore Telephone Company. Advertised rates do not include any applicable taxes or surcharges.

Recertification of Lifeline Eligibility

Lifeline recipients are required to recertify their eligibility annually. **Failure to properly recertify a recipient's continued eligibility for the Lifeline program will result in termination of the Lifeline recipient's monthly** Lifeline discount and de-enrollment from the Lifeline Program.

Additional Lifeline Program Information

The Lifeline program is limited to one benefit per household, consisting of either wireline or wireless service. A household is defined, for purposes of the Lifeline program, as an individual or group of individuals who live together at the same address and share income and expenses. Lifeline is a government benefit program, and consumers who willfully make false statements in order to obtain the benefit can be punished by fine or imprisonment or can be barred from the program.