

Depend on our people. Count on our advice.<sup>SM</sup>

**REDACTED - FOR PUBLIC INSPECTION**

Received & Inspected

July 1, 2015

JUL 01 2015

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

FCC Mail Room

ATTENTION: WIRELINE COMPETITION BUREAU

RE: Form 481 ETC filing pursuant to Sections 54.313 and 54.422  
SAC 351225, IA, Lehigh Valley Cooperative Telephone Association  
Connect America Fund WC Dockets 10-90, 11-42 and 14-58

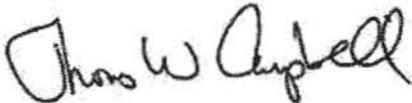
Dear Ms. Dortch:

Pursuant to Sections 54.313 and 54.422 of Commission's Rules, Lehigh Valley Cooperative Telephone Association, IA, SAC 351225 is filing its Form 481 High Cost and Low-Income Annual Report.

Lehigh Valley Cooperative Telephone Association seeks confidential treatment under the Protective Order in this proceeding for Section 54.313(f)(2) financial information in the 481 filing <sup>1</sup> and for Section 54.202(a) 5 Year Service Quality Improvement Plan annual progress report and service area progress mapping information required as part of the 481 filing pursuant to the Request for Confidential Treatment attached to this filing. Pursuant to the Protective Order, one copy of the confidential document and two copies of the redacted version are provided. The Redacted version is also being filed on the Electronic Comment Filing System.

Please address any correspondence regarding this transmittal to the attention of Tom Campbell at the following address, e-mail or telephone number.

Sincerely,



Tom Campbell  
Telecommunications Consultant  
[tcampbell@otcpas.com](mailto:tcampbell@otcpas.com)  
651-621-8511 (v)  
651-483-2467 (f)

No. of Copies rec'd 071  
List ABCDE

Enclosures

CC: Mr. Charles Tyler, FCC Telecommunications Access Policy Division (two copies confidential)

<sup>1</sup> See Protective Order 27, WC Docket Nos. 10-90 et al, Rec 14231 rel. November 16 ("Order")

FCC Form 481 - Carrier Annual Reporting  
Data Collection Form

|  |                      |
|--|----------------------|
| <010> Study Area Code  | 351225               |
| <015> Study Area Name  | LEHIGH VALLEY COOP   |
| <020> Program Year   | 2016                 |
| <030> Contact Name: Person USAC should contact with questions about this data      | Tom Campbell         |
| <035> Contact Telephone Number: Number of the person identified in data line <030> | 6516218511 ext.      |
| <039> Contact Email Address: Email of the person identified in data line <030>     | tcampbell@otcpas.com |

Received & Inspected  
JUL 01 2015

FCC Mail Room

| ANNUAL REPORTING FOR ALL CARRIERS | 54.313<br>Completion<br>Required | 54.422<br>Completion<br>Required |
|-----------------------------------|----------------------------------|----------------------------------|
|-----------------------------------|----------------------------------|----------------------------------|

|  |   |                                     | (check box when complete)           |                                     |
|--|---|-------------------------------------|-------------------------------------|-------------------------------------|
| <100> Service Quality Improvement Reporting                                    | (complete attached worksheet)             | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <200> Outage Reporting (voice)   | (complete attached worksheet)             | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <210> <input checked="" type="checkbox"/> << check box if no outages to report |   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <300> Unfulfilled Service Requests (voice)                                     | 0   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <310> Detail on Attempts (voice)   | (attach descriptive document)             | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <320> Unfulfilled Service Requests (broadband)                                 | 0   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <330> Detail on Attempts (broadband)   | (attach descriptive document)             | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <400> Number of Complaints per 1,000 customers (voice)                         |   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <410> Fixed  | 0.0                                       | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <420> Mobile   | 0.0                                       | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <430> Number of Complaints per 1,000 customers (broadband)                     |   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <440> Fixed  | 0.0                                       | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <450> Mobile   | 0.0                                       | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <500> Service Quality Standards & Consumer Protection Rules Compliance         | (check to indicate certification)         | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <510> 351225ia510.pdf  | (attached descriptive document)           | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <600> Functionality in Emergency Situations                                    | (check to indicate certification)         | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <610> 351225ia610.pdf  | (attached descriptive document)           | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <700> Company Price Offerings (voice)  | (complete attached worksheet)             | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <710> Company Price Offerings (broadband)                                      | (complete attached worksheet)             | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <800> Operating Companies and Affiliates                                       | (complete attached worksheet)             | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <900> Tribal Land Offerings (Y/N)?   | (if yes, complete attached worksheet)     | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <1000> Voice Services Rate Comparability Certification                         | Yes                                       | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <1010> 351225ia1010.pdf  | (attach descriptive document)             | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <1100> Certify whether terrestrial backhaul options exist (Yes or No)          | (if not, check to indicate certification) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <1110>   | (complete attached worksheet)             | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <1200> Terms and Condition for Lifeline Customers                              | (complete attached worksheet)             | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

|  |                                   |                          |                                     |                                     |
|--|-----------------------------------|--------------------------|-------------------------------------|-------------------------------------|
| <2000> Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers | (check to indicate certification) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <2005>   | (complete attached worksheet)     | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

|        |                                   |                                     |                                     |                                     |
|--------|-----------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| <3000> | (check to indicate certification) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <3005> | (complete attached worksheet)     | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" 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 351225  
 <015> Study Area Name LEHIGH VALLEY COOP  
 <020> Program Year 2016  
 <030> Contact Name - Person USAC should contact regarding this data Tom Campbell  
 <035> Contact Telephone Number - Number of person identified in data line <030> 6516218511 ext.  
 <039> Contact Email Address - Email Address of person identified in data line <030> tcampbell@otcpas.com

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

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

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

351225ia112.docx, 351225ia112.pdf

Name of Attached Document

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

<113> Maps detailing progress towards meeting plan targets  
 <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 |

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**(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   | 351225               |
| <015> Study Area Name   | LEHIGH VALLEY COOP   |
| <020> Program Year  | 2016                 |
| <030> Contact Name - Person USAC should contact regarding this data                 | Tom Campbell         |
| <035> Contact Telephone Number - Number of person identified in data line <030>     | 6516218511 ext.      |
| <039> Contact Email Address - Email Address of person identified in data line <030> | tcampbell@otcpas.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<br>Yes or No or<br>Not Applicable |
|--|
|  |
|  |
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**(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   | 351225               |
| <015> Study Area Name   | LEHIGH VALLEY COOP   |
| <020> Program Year  | 2016                 |
| <030> Contact Name - Person USAC should contact regarding this data                 | Tom Campbell         |
| <035> Contact Telephone Number - Number of person identified in data line <030>     | 6516218511 ext.      |
| <039> Contact Email Address - Email Address of person identified in data line <030> | tcampbell@otcpas.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).

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|  |  |
|--|--|
| <b>(1200) Terms and Condition for Lifeline Customers</b><br><b>Lifeline</b><br><b>Data Collection Form</b> | FCC Form 481<br>OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2013 |
|--|--|

|       |   |                      |
|-------|---|----------------------|
| <010> | Study Area Code   | 351225               |
| <015> | Study Area Name   | LEHIGH VALLEY COOP   |
| <020> | Program Year  | 2016                 |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Tom Campbell         |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 6516218511 ext.      |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tcampbell@otcpas.com |

<1210> Terms & Conditions of Voice Telephony Lifeline Plans



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.

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**(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   |   |
| <015> | Study Area Name   | 351225                                  |
| <020> | Program Year  | LEHIGH VALLEY COOP                      |
| <030> | Contact Name - Person USAC should contact regarding this data                 | 2016                                    |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | Tom Campbell                            |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | 6516216511 ext.<br>tcampbell@otcpas.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

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{3000} Rate Of Return Carrier Additional Documentation

FCC Form 481

Data Collection Form

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

July 2013

|   |                      |
|---|----------------------|
| <010> Study Area Code   | 351225               |
| <015> Study Area Name   | LEHIGH VALLEY COOP   |
| <020> Program Year  | 2016                 |
| <030> Contact Name - Person USAC should contact regarding this data                 | Tom Campbell         |
| <035> Contact Telephone Number - Number of person identified in data line <030>     | 6516218511 ext.      |
| <039> Contact Email Address - Email Address of person identified in data line <030> | tcampbell@otcpag.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))

351225ia3010 .pdf  
Name of Attached Document Listing Required Information

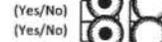
(3011) Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the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



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

351225ia3012 .pdf  
Name of Attached Document Listing Required Information

(3013) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))  
(3014) If yes, does your company file the RUS annual report



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

351225ia3017 .pdf  
Name of Attached Document Listing Required Information

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



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

Name of Attached Document Listing Required Information

(3026) Attach the worksheet listing required information

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

|  |                      |
|--|----------------------|
| <b>&lt;010&gt;</b> Study Area Code   | 351225               |
| <b>&lt;015&gt;</b> Study Area Name   | LEHIGH VALLEY COOP   |
| <b>&lt;020&gt;</b> Program Year  | 2016                 |
| <b>&lt;030&gt;</b> Contact Name - Person USAC should contact regarding this data                 | Tom Campbell         |
| <b>&lt;035&gt;</b> Contact Telephone Number - Number of person identified in data line <030>     | 6516218511 ext.      |
| <b>&lt;039&gt;</b> Contact Email Address - Email Address of person identified in data line <030> | tcampbell@otcpas.com |

**Financial Data Summary**

|   |          |
|---|----------|
| (3027) Revenue                          | 2312294  |
| (3028) Operating Expenses               | 2174597  |
| (3029) Net Income                       | -153118  |
| (3030) Telephone Plant In Service(TPIS) | 14656819 |
| (3031) Total Assets                     | 21835672 |
| (3032) Total Debt                       | 1954725  |
| (3033) Total Equity                     | 18932165 |
| (3034) Dividends                        | 0        |

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

|                    |   |                      |
|--------------------|---|----------------------|
| <b>&lt;010&gt;</b> | Study Area Code   | 351225               |
| <b>&lt;015&gt;</b> | Study Area Name   | LEHIGH VALLEY COOP   |
| <b>&lt;020&gt;</b> | Program Year  | 2016                 |
| <b>&lt;030&gt;</b> | Contact Name - Person USAC should contact regarding this data                 | Tom Campbell         |
| <b>&lt;035&gt;</b> | Contact Telephone Number - Number of person identified in data line <030>     | 6516218511 ext.      |
| <b>&lt;039&gt;</b> | Contact Email Address - Email Address of person identified in data line <030> | tcampbell@otcpas.com |

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

|   |                                |
|---|--------------------------------|
| <b>Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients</b>   |                                |
| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate. |                                |
| Name of Reporting Carrier:  |                                |
| 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: |
| <small>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.</small>                                       |                                |

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

|  |                      |
|--|----------------------|
| <b>&lt;010&gt; Study Area Code</b>   | 351225               |
| <b>&lt;015&gt; Study Area Name</b>   | LEHIGH VALLEY COOP   |
| <b>&lt;020&gt; Program Year</b>  | 2016                 |
| <b>&lt;030&gt; Contact Name - Person USAC should contact regarding this data</b>                       | Tom Campbell         |
| <b>&lt;035&gt; Contact Telephone Number - Number of person identified in data line &lt;030&gt;</b>     | 6516218511 ext.      |
| <b>&lt;039&gt; Contact Email Address - Email Address of person identified in data line &lt;030&gt;</b> | tcampbell@otcpas.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>Tom Campbell</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:  | Tom Campbell                                     |
| Name of Reporting Carrier:   | LEHIGH VALLEY COOP                               |
| Signature of Authorized Officer:   | CERTIFIED ONLINE Date: 06/26/2015                |
| Printed name of Authorized Officer:  | James Suchan                                     |
| Title or position of Authorized Officer:   | CEO  |
| Telephone number of Authorized Officer:  | 5153592211 ext.                                  |
| Study Area Code of Reporting Carrier:  | 351225 Filing Due Date for this form: 07/01/2015 |
| <small>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.</small>  |  |

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:   | LEHIGH VALLEY COOP                               |
| Name of Authorized Agent or Employee of Agent:   | Tom Campbell                                     |
| Signature of Authorized Agent or Employee of Agent:  | CERTIFIED ONLINE Date: 06/26/2015                |
| Printed name of Authorized Agent or Employee of Agent:   | Tom Campbell                                     |
| Title or position of Authorized Agent or Employee of Agent:  | Consultant                                       |
| Telephone number of Authorized Agent or Employee of Agent:   | 6516218511 ext.                                  |
| Study Area Code of Reporting Carrier:  | 351225 Filing Due Date for this form: 07/01/2015 |
| <small>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.</small>  |  |

Attachments





**REDACTED – FOR PUBLIC INSPECTION**

SAC: 351225

State: IA

LeHigh Valley Coop

Form 481 Line No. 112 Five Year Service Quality Improvement Plan

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**ATTACHMENT REDACTED IN ENTIRETY**

SAC: 351225

State: IA

LeHigh Valley Coop

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

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**FCC Form 481, Line 510: Certification of Compliance with Applicable Service Quality Standards and Consumer Protection Rules**

Iowa Administrative Code §199-22.6 requires an ETC to certify in its annual report that it is complying with applicable service quality standards and consumer protection rules. The ETC will measure its service connection, held order, and service interruption performance monthly according to this section. LeHigh Valley Coop certifies that it has complied with these requirements and will continue to comply with these requirements.

LeHigh Valley Coop is in compliance with Federal CPNI rules, Red Flag Rules and other Federal and State requirements governing the protection of Customer's privacy.

SAC: 351225

State: IA

LeHigh Valley Coop

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

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Iowa Administrative Code §199-22.6(5) requires an ETC to certify in its annual report that it is complying with provisions to meet emergencies including but not limited to the provision of emergency power. Each central office shall contain a minimum of two hours of battery reserve and for offices without permanently installed emergency power facilities, there shall be access to a mobile power unit with enough capacity to carry the load which can be delivered on reasonably short notice and readily connected. LeHigh Valley Coop certifies that it has complied with these requirements and will continue to comply with these requirements.

- LeHigh Valley Coop has informed employees as to the procedures to be followed, including reasonable rerouting of traffic around damaged facilities and the deployment of emergency power, in the event of emergency in order to prevent or mitigate interruption or impairment of telecommunications service.

SAC: 351225

State: IA

LeHigh Valley Coop

Form 481 Line No. 1010 Descriptive document for Voice Services Rate Comparability

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Line 1010 – Description of Voice Services Rate Comparability: Provide a detailed description of how your pricing of fixed voice services is no more than two standard deviations above the applicable national average urban rate for voice service, as published annually by the Wireline Competition Bureau, as required in 47 C.F.R. § 54.313(a)(10).

On April 16, 2015 the Wireline Competition Bureau announced results of the Urban Rate Survey for Voice Services as part of FCC Public Notice DA 15-470. Referenced in this public notice are the results required to meet the rate comparability as noted:

“Based on the survey results, the reasonable comparability benchmark for voice services is \$47.48.<sup>3</sup>

<sup>3</sup> Id. at 17694, para. 84.”

As required LeHigh Valley Coop hereby certifies that its current fixed voice services for residential subscribers as defined in the USF/ICC Transformation Order is below \$47.48.

SAC: 351225  
State: IA  
LeHigh Valley Coop  
Form 481 Line No. 1210 Lifeline Plans Terms and Conditions

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**Lifeline Telephone Assistance Program**

Financial assistance through the Lifeline program is available to help eligible Iowans afford and maintain basic telephone service. Lifeline participation enables Iowans to stay connected to jobs, family, community resources, and government and emergency services. Lifeline is a federal government program that assists qualified Iowans by providing a monthly credit of \$9.25 on the local telephone bill.

The Lifeline program has recently been streamlined by the Federal Communications Commission. Lifeline benefits are now limited to one wire line or wireless phone per qualified household. Households currently receiving more than one Lifeline service must select a single Lifeline service provider and de-enroll from the program with any other provider(s). Households eligible for or already receiving Medicaid, the Supplemental Nutrition Assistance Program, Supplemental Security Income Program, Federal Public Housing Assistance Program, Low-Income Home Energy Assistance Program, Temporary Assistance to Needy Families Program, or the National School Lunch Program may qualify. Consumers may also qualify based on their level of income. For more information, please see the 2013 Lifeline Week news release.

A Lifeline application form is available from your local telephone service provider, the Iowa Utilities Board, or most Community Action Agencies in the state. To apply, simply complete the application form and then return it to your chosen participating provider. Additionally, residents of Tribal lands who are eligible for Lifeline, should check with their local telecommunications provider to inquire about additional benefits, including potential Link-Up Telephone installation benefits.

Information about the number of customers receiving Lifeline assistance is reported by each Iowa telephone company. For more information, call the Iowa Utilities Board (IUB) toll free at 1-877-565-4450, or visit [www.fcc.gov/lifeline](http://www.fcc.gov/lifeline) or [www.usac.org](http://www.usac.org)

Number of local minutes provided: Unlimited local calling  
Additional charges for toll calls: Toll calls are billed at carriers' standard rates

SAC: 351225

State: IA

LeHigh Valley Coop

Response to Line 3010 – Milestone Certification (47 CFR §54.313(f)(1)(i))

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LeHigh Valley Coop 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, and currently, it is taking reasonable steps to provide upon reasonable request actual speeds of at least 10 Mbps downstream/1 Mbps upstream broadband service at 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.

SAC: 351225

State: IA

LeHigh Valley Coop

Response to Line 3012 – Progress Report on 5 Year Plan – Community Anchor Institutions (47 CFR §54.313(f)(1)(ii))

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LeHigh Valley Coop has no newly served community anchor institutions that began receiving broadband in the preceding calendar year.

**REDACTED – FOR PUBLIC INSPECTION**

SAC: 351225

State: IA

LeHigh Valley Coop

Form 481 Line No. 3017 RUS Annual Report

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**ATTACHMENT REDACTED IN ENTIRETY**