

DyKEMA

DOCKET FILE COPY ORIGINAL

Dykema Gossett PLLC
4000 Wells Fargo Center
90 South Seventh Street
Minneapolis, MN 55402

WWW.DYKEMA.COM

Tel: (612) 486-1900

Shannon M. Heim

Direct Dial: (612) 486-1586

Direct Fax: (855) 223-7059

Email: SHeim@dykema.com

ACCEPTED/FILED

JUL = 1 2015

Via Hand Delivery

June 30, 2015

Federal Communications Commission
Office of the Secretary

Ms. Marlene Dortch
Federal Communications Commission
445 12th Street SW
Washington, D.C. 20554

Re: FCC Form 481 - High-Cost Support Information and Low-Income Support Information
Pursuant to 47 C.F.R. §§ 54.313(a)-(g) and 54.422(a)

Dear Secretary Dortch:

Pursuant to 47 C.F.R. §§ 54.313(a)-(g) and 54.422(a) of the Federal Communication Commission's regulations, please find enclosed the FCC Form 481 for Cordova Telephone Cooperative, Inc. This form was also filed at the RCA and USAC.

Cordova Telephone Cooperative, Inc. seeks confidential treatment for its financial information pursuant to the Protective Order, Connect America-Fund, et al., WC Docket No. 10-90 et al., (Nov. 16, 2012). A redacted version is also being filed this date via the FCC's Electronic Comment Filing System. In addition, attached is a letter requesting confidential treatment under 47 C.F.R. §§ 0.457 and 0.459 of the initial § 54.202(a) Five-Year Service Quality Improvement Plan.

Please do not hesitate to contact me if you have any questions or I may be of any assistance.

Sincerely,

DYKEMA GOSSETT PLLC



Shannon M. Heim
4000 Wells Fargo Center
90 South Seventh Street
Minneapolis, MN 55402
Phone (612) 486-1586
Fax: (855) 223-7059
Email: sheim@dykema.com

SMHE/ebl
Enclosure

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

REDACTED - FOR PUBLIC INSPECTION

<010> Study Area Code	613007
<015> Study Area Name	CORDOVA TEL COOP
<020> Program Year	2016
<030> Contact Name: Person USAC should contact with questions about this data	Lisa Koker
<035> Contact Telephone Number: Number of the person identified in data line <030>	9074242345 ext.138
<039> Contact Email Address: Email of the person identified in data line <030>	lisa@ctcak.coop

ACCEPTED/FILED

JUL 1 2015

Federal Communications Commission
Office of the Secretary

ANNUAL REPORTING FOR ALL CARRIERS

<100> Service Quality Improvement Reporting	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" 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		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<300> Unfulfilled Service Requests (voice)	0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<310> Detail on Attempts (voice)	(attach descriptive document)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<320> Unfulfilled Service Requests (broadband)	0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<330> Detail on Attempts (broadband)	(attach descriptive document)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<400> Number of Complaints per 1,000 customers (voice)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<410> Fixed	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<420> Mobile	0.0	<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"/>
<440> Fixed	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<450> Mobile	0.0	<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"/>
<510> 613007ak510.pdf	(attached descriptive document)	<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"/>
<610> 613007ak610.pdf	(attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700> Company Price Offerings (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<710> Company Price Offerings (broadband)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>
<1000> Voice Services Rate Comparability Certification	Yes	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1010> 613007ak1010.pdf	(attach descriptive document)	<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"/>
<1110>	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<1200> Terms and Condition for Lifeline Customers	(complete attached worksheet)	<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"/>
<2005>	(complete attached worksheet)	<input 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"/>
<3005>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**(100) Service Quality Improvement Reporting
Data Collection Form**

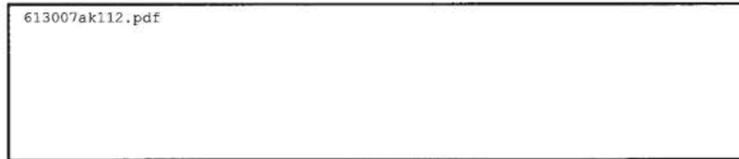
FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	613007
<015>	Study Area Name	CORDOVA TEL COOP
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Lisa Koker
<035>	Contact Telephone Number - Number of person identified in data line <030>	9074242345 ext.138
<039>	Contact Email Address - Email Address of person identified in data line <030>	lisa@ctcak.coop

<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 year plan" filed with the FCC?	(yes / no) <input type="radio"/> <input checked="" type="radio"/>
<111>		(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.

<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

<010> Study Area Code 613007
 <015> Study Area Name CORDOVA TEL COOP
 <020> Program Year 2016
 <030> Contact Name - Person USAC should contact regarding this data Lisa Koker
 <035> Contact Telephone Number - Number of person identified in data line <030> 9074242345 ext.138
 <039> Contact Email Address - Email Address of person identified in data line <030> lisa@ctcak.coop

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

Cordova, AK

<920> Tribal Government Engagement Obligation

613007ak920.pdf

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
Yes

Yes

(1100) No Terrestrial Backhaul Reporting Data Collection Form	FCC Form 451 OMB Control No. 3060-0986/OMB Control No. 3060-0849 July 2013
--	--

<010>	Study Area Code	613007
<015>	Study Area Name	CORDOVA TEL COOP
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Lisa Koker
<035>	Contact Telephone Number - Number of person identified in data line <030>	9074242345 ext.138
<039>	Contact Email Address - Email Address of person identified in data line <030>	lisa@ctcak.coop

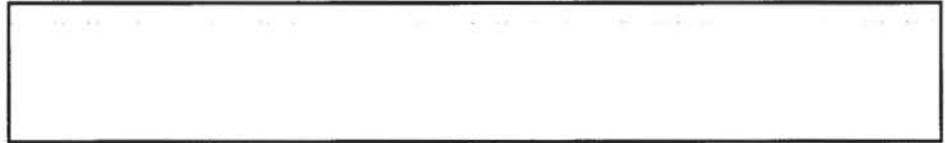
<1120> Please confirm whether terrestrial backhaul options exist within the supported area pursuant to § 54.313(g) (Yes, No).

<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	FCC Form 481
Lifeline	OMB Control No. 3060-0986/OMB Control No. 3060-0819
Data Collection Form	July 2013

<010>	Study Area Code	613007
<015>	Study Area Name	CORDOVA TEL COOP
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Lisa Koker
<035>	Contact Telephone Number - Number of person identified in data line <030>	9074242345 ext.138
<039>	Contact Email Address - Email Address of person identified in data line <030>	lisa@ctcak.coop

<1210> Terms & Conditions of Voice Telephony Lifeline Plans



Name of Attached Document

<1220> Link to Public Website

HTTP <http://www.ctcak.net/lifeline-linkup/>

"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. 3060-0619

July 2003

<010>	Study Area Code	
<015>	Study Area Name	613007
<020>	Program Year	CORDOVA TEL COOP
<030>	Contact Name - Person USAC should contact regarding this data	2016
<035>	Contact Telephone Number - Number of person identified in data line <030>	LISA KOKER
<039>	Contact Email Address - Email Address of person identified in data line <030>	3074242345 ext.138
		lisa@clcak.coop

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

<010> Study Area Code	613007
<015> Study Area Name	CORDOVA TEL COOP
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Lisa Koker
<035> Contact Telephone Number - Number of person identified in data line <030>	9074242345 ext. 138
<039> Contact Email Address - Email Address of person identified in data line <030>	lisa@ctcak.coop

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))

613007ak3010.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))

613007ak3012.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

613007ak3017.pdf

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

(3026) Attach the worksheet listing required information

Name of Attached Document Listing Required Information

Name of Attached Document Listing Required Information

<010> Study Area Code	613007
<015> Study Area Name	CORDOVA TEL COOP
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Lisa Koker
<035> Contact Telephone Number - Number of person identified in data line <030>	9074242345 ext. 138
<039> Contact Email Address - Email Address of person identified in data line <030>	lisa@ctcak.coop

Financial Data Summary

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



Certification - Reporting Carrier
 Data Collection Form
 FCC Form 481
 OMB Control No. 0460-0986/0000-0000-3060-0000
 July 2013

<010>	Study Area Code	613007
<015>	Study Area Name	CORDOVA TEL COOP
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Lisa Koker
<035>	Contact Telephone Number - Number of person identified in data line <030>	9074242345 ext.138
<039>	Contact Email Address - Email Address of person identified in data line <030>	lisa@ctcak.coop

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: CORDOVA TEL COOP	
Signature of Authorized Officer: CERTIFIED ONLINE	Date 06/25/2015
Printed name of Authorized Officer: Paul Kelly	
Title or position of Authorized Officer: General Manager/ CEO	
Telephone number of Authorized Officer: 9074242345 ext.111	
Study Area Code of Reporting Carrier: 613007	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 of Agent for Carrier Data Collection Form	FCC Form 481 OMB Control No. 4715-0047 July 2013
---	--

<010> Study Area Code	613007
<015> Study Area Name	CORDOVA TEL COOP
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Lisa Koker
<035> Contact Telephone Number - Number of person identified in data line <030>	9074242345 ext. 138
<039> Contact Email Address - Email Address of person identified in data line <030>	lisa@ctcak.coop

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: _____
<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: _____	
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: _____
<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

I. DISCUSSION

Cordova Telephone Cooperative, Inc., (*the Company*) an ETC designated by the Regulatory Commission of Alaska, hereby submits this five year service quality improvement plan progress report (*Progress Report*) as required by 47 CFR § 54.313(a)(1). The Company is an incumbent carrier with a service area in the state of Alaska, [REDACTED]. The Company is a rate-of-return (RoR) regulated carrier.

The *Progress Report* reflected herein represents the Company's ongoing efforts to expand high quality, reasonably-priced broadband services throughout its service area. The Company generated and filed in 2014 a five-year plan in compliance with the Commission's rules, [REDACTED]

[REDACTED]

[REDACTED]

II. Five Year Plan Update

[REDACTED]

III. Progress Report

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Cordova Telephone Cooperative, Inc.
Five Year Service Quality Improvement Plan Progress Report
For the 2015 Reporting Year
Per 47 CFR § 54.313(a)(1)
Form 481, Line 112

I	App. Acc'd
[REDACTED]	[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

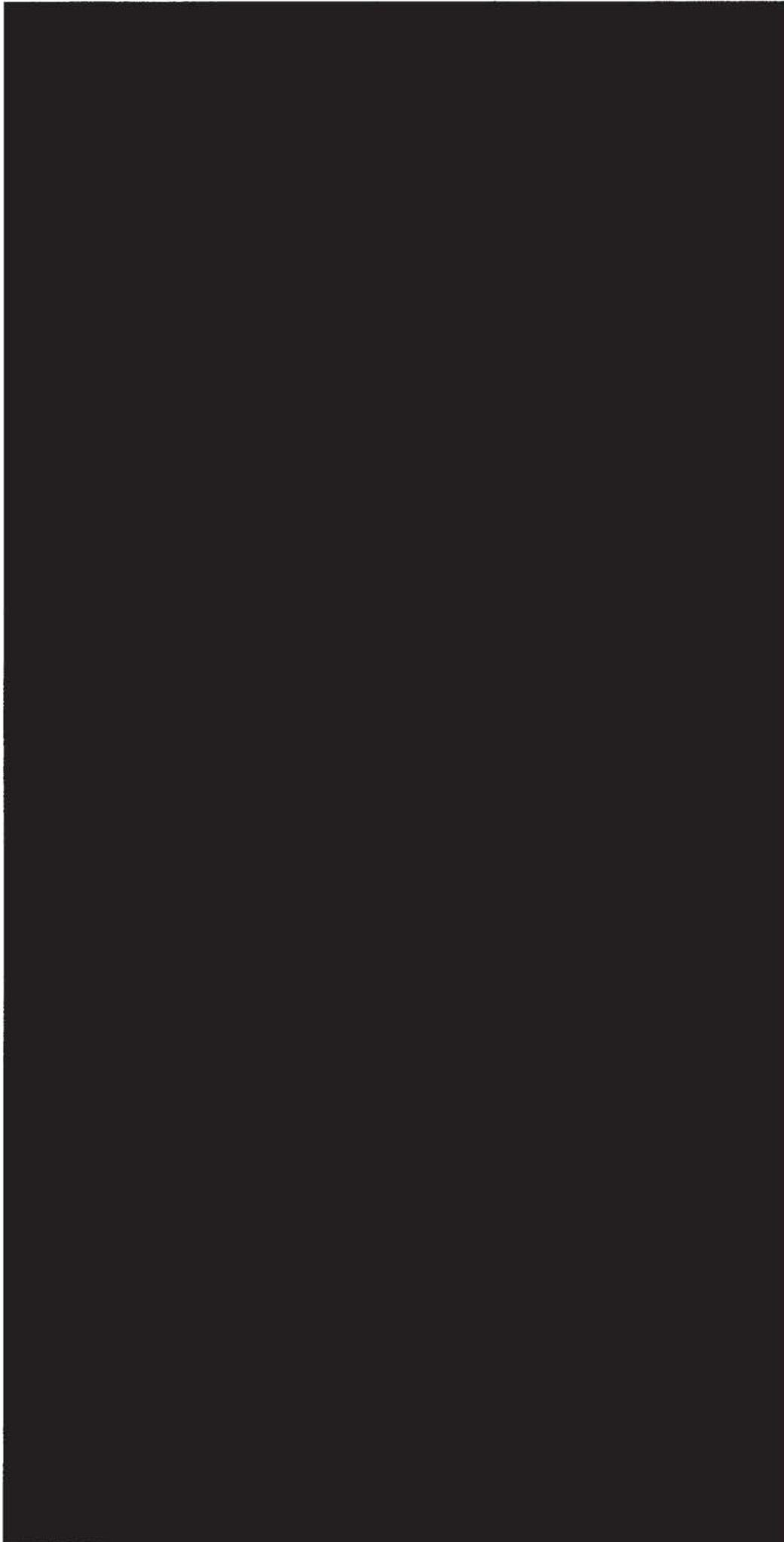
[REDACTED]

[REDACTED]

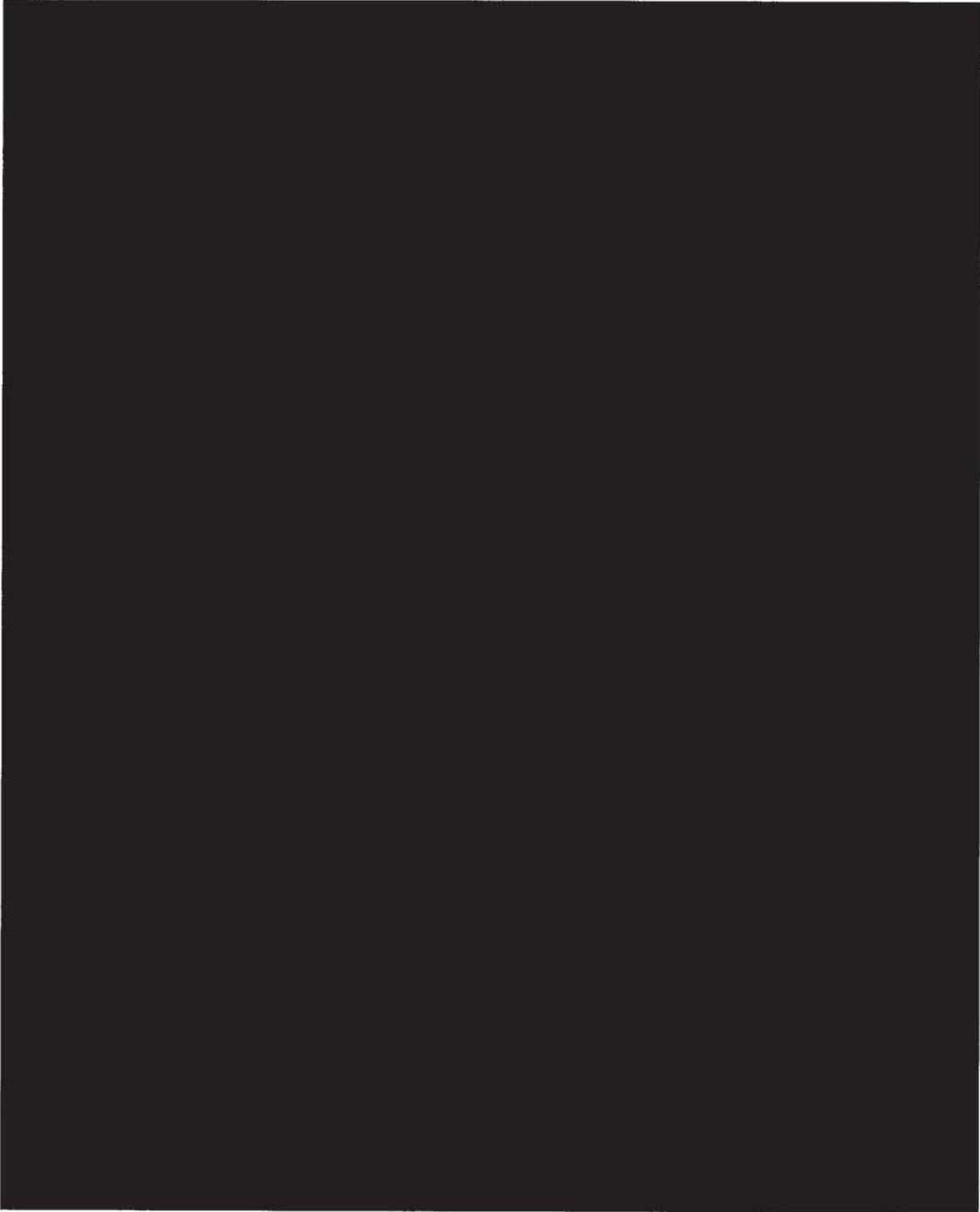
IV. Considerations

[REDACTED]

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]



REDACTED - FOR PUBLIC INSPECTION



Cordova Telephone Cooperative

Statement Regarding Compliance with Service Quality Standards and Consumer Protection Rules

47 CFR § 54.313(a)(5)

Form 481, Line 510

Cordova Telephone Cooperative (CTC) is an incumbent local exchange carrier operating in the state of Alaska, and is an eligible telecommunications carrier (ETC) designated by the Regulatory Commission of Alaska (RCA). As such, CTC is subject to the regulatory authority of the RCA and operates under the relevant RCA rules (Alaska Administrative Code) and laws of the state of Alaska.

CTC is subject to the service quality standards and consumer protection rules adopted by the RCA and that are applicable to ILECs in the state of Alaska. These rules are contained in, but are not limited to, 3 AAC 52.200 - 52.340, as adopted and enforced by the RCA.

CTC ensures compliance with all applicable service quality and consumer protection rules through RCA enforcement, which entails the operation of an effective customer complaint process. CTC, by rule, is required to respond to customer complaints and other service quality-related inquiries from the RCA in a reasonable time frame. CTC consistently meets or exceeds all RCA-adopted standards, and reports to this effect via all required RCA processes.

CTC's local tariff also addresses customer service quality and protection and is available for review in its business office. In addition, customers are notified of their rights under the RCA's quality of service and consumer protection rules by documentation provided at the initiation of service.

Finally, CTC has established internal procedures to ensure compliance with the Federal Communications Commission's Customer Proprietary Network Information (CPNI) rules that include, but are not limited to, periodic employee training and maintenance of written company CPNI procedures. CTC certifies its compliance with the Commission's CPNI rules by making annual filings as required in 47 CFR § 64.2009(e).