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 Email: SHeim@dykema.com

**ACCEPTED/FILED**

JUL - 1 2015

June 30, 2015

Federal Communications Commission  
 Office of the Secretary

Via Hand Delivery

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 Ketchikan Public Utilities. This form was also filed at the RCA and USAC.

Ketchikan Public Utilities 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

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SMHE/ebf  
 Enclosure

No. of Copies rec'd 0+1  
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FCC Form 481 - Carrier Annual Reporting  
Data Collection Form

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

<010> Study Area Code 613011  
 <015> Study Area Name KETCHIKAN PUBLIC UT  
 <020> Program Year 2016  
 <030> Contact Name: Person USAC should contact with questions about this data Tina Bredenhoft  
 <035> Contact Telephone Number: Number of the person identified in data line <030> 9073285479 ext.  
 <039> Contact Email Address: Email of the person identified in data line <030> tina@city.ketchikan.ak.us

ACCEPTED/FILED

JUL = 1 2016

Federal Communications Commission  
Office of the Secretary

ANNUAL REPORTING FOR ALL CARRIERS		54.313 Completion Required	54.422 Completion Required
<i>(check box when complete)</i>			
<100> Service Quality Improvement Reporting	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<200> Outage Reporting (voice)	<i>(complete attached worksheet)</i>	<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 type="checkbox"/>
<300> Unfulfilled Service Requests (voice)	<input type="text" value="0"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<310> Detail on Attempts (voice)	<input type="text" value=""/> <i>(attach descriptive document)</i>	<input type="checkbox"/>	<input type="checkbox"/>
<320> Unfulfilled Service Requests (broadband)	<input type="text" value="0"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<330> Detail on Attempts (broadband)	<input type="text" value=""/> <i>(attach descriptive document)</i>	<input type="checkbox"/>	<input type="checkbox"/>
<400> Number of Complaints per 1,000 customers (voice)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<410> Fixed	<input type="text" value="0.0"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<420> Mobile	<input type="text" value="0.0"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<430> Number of Complaints per 1,000 customers (broadband)		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<440> Fixed	<input type="text" value="0.0"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<450> Mobile	<input type="text" value="0.0"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<500> Service Quality Standards & Consumer Protection Rules Compliance	<i>(check to indicate certification)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510> <input type="text" value="613013ak510.pdf"/> <i>(attached descriptive document)</i>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600> Functionality in Emergency Situations <input type="text" value="613013ak610.pdf"/> <i>(attached descriptive document)</i>	<i>(check to indicate certification)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610> <input type="text" value=""/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700> Company Price Offerings (voice)	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<710> Company Price Offerings (broadband)	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<800> Operating Companies and Affiliates	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900> Tribal Land Offerings (Y/N)? <input checked="" type="radio"/> <input type="radio"/>	<i>(if yes, complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<1000> Voice Services Rate Comparability Certification <input type="text" value="Yes"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<1010> <input type="text" value=""/> <i>(attach descriptive document)</i>		<input type="checkbox"/>	<input type="checkbox"/>
<1100> Certify whether terrestrial backhaul options exist (Yes or No) <input checked="" type="radio"/> <input type="radio"/>	<i>(if not check to indicate certification)</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<1110>	<i>(complete attached worksheet)</i>	<input type="checkbox"/>	<input type="checkbox"/>
<1200> Terms and Condition for Lifeline Customers	<i>(complete attached worksheet)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet</b>			
<i>Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers</i>			
<2000>	<i>(check to indicate certification)</i>	<input type="checkbox"/>	<input type="checkbox"/>
<2005>	<i>(complete attached worksheet)</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet</b>			
<3000>	<i>(check to indicate certification)</i>	<input type="checkbox"/>	<input type="checkbox"/>
<3005>	<i>(complete attached worksheet)</i>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

<010>	Study Area Code	613013
<015>	Study Area Name	KETCHIKAN PUBLIC UT
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Tina Brodehoff
<035>	Contact Telephone Number - Number of person identified in data line <030>	907285479 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	t.brodehoff@ketchikan.ak.us
<110>	Has your company received its ETC certification from the FCC?	(yes / no) <input type="radio"/> <input checked="" type="radio"/>
<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) <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.

613013ac112.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









**(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	614018
<015> Study Area Name	KETCHIKAN PUBLIC UT
<020> Program Year	2018
<030> Contact Name - Person USAC should contact regarding this data	Tina Bredhoff
<035> Contact Telephone Number - Number of person identified in data line <030>	9072285479 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	tina@city.ketchikan.ak.us

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

Ketchikan Indian Community  
Organized Village of Saxman

<920> Tribal Government Engagement Obligation

613013ak920.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 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<010> Study Area Code	633013
<015> Study Area Name	KETCHIKAN PUBLIC UT
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Tina Bredehoff
<035> Contact Telephone Number - Number of person identified in data line <030>	9072285479 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	tinabrehoff@ketchikan.ak.us

<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).

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

<010>	Study Area Code	614011
<015>	Study Area Name	KETCHIKAN PUBLIC UT
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Tina Brodehoff
<035>	Contact Telephone Number - Number of person identified in data line <030>	9072285479 ext
<039>	Contact Email Address - Email Address of person identified in data line <030>	tina@city.ketchikan.ak.us

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

<1220> Link to Public Website

HTTP <http://www.kpuTel.com/residential/voice/life-line-phone/>

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

- <1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,
- <1222> Details on the number of minutes provided as part of the plan,
- <1223> Additional charges for toll calls, and rates for each such plan.

**(2000) Price Cap Carrier Additional Documentation**

**Data Collection Form**

*Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers*

FCC Form 481

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

July 2013

<010>	Study Area Code	017013
<015>	Study Area Name	KETCHIKAN PUBLIC UT
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	THOMAS BRADSHAW
<035>	Contact Telephone Number - Number of person identified in data line <030>	907285478 ext
<039>	Contact Email Address - Email Address of person identified in data line <030>	thomas@city.ketchikan.ak.us

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**

FCC Form 481

**Data Collection Form**

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

July 2013

<010> Study Area Code	613013
<015> Study Area Name	KETCHIKAN PUBLIC UT
<020> Program Year	2016
<030> Contact Name Person USAC should contact regarding this data	Tina Bredehott
<035> Contact Telephone Number Number of person identified in data line <030>	9072284479 ext.
<039> Contact Email Address Email Address of person identified in data line <030>	tinabre@city.ketchikan.ak.us

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

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

Name of Attached Document Listing Required Information

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

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

Name of Attached Document Listing Required Information

(3013) Is your company a Privately Held ROR Carrier [47 CFR § 54.313(f)(2)]  Yes  No

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

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

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

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

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

Name of Attached Document Listing Required Information

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

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

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

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

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

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

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

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

(3024) Underlying information subjected to an officer certification

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

(3026) **Attach the worksheet listing required information**

Name of Attached Document Listing Required Information

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

FCC Form 481

**Data Collection Form**

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

July 2013

<010> Study Area Code	613013
<015> Study Area Name	KETCHIKAN PUBLIC UT
<020> Program Year	2016
<030> Contact Name Person USAC should contact regarding this data	Tina Biedelhoff
<035> Contact Telephone Number Number of person identified in data line <030>	9072265479 ext.
<039> Contact Email Address Email Address of person identified in data line <030>	tina@city.ketchikan.ak.us

**Financial Data Summary**

(3027) Revenue	16160808
(3028) Operating Expenses	15547311
(3029) Net Income	617454
(3030) Telephone Plant In Service(TPIS)	15429103
(3031) Total Assets	145024013
(3032) Total Debt	27710232
(3033) Total Equity	108628215
(3034) Dividends	0

Name of Attached Document Listing Required Information

<b>Certification - Reporting Carrier Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0286/OMB Control No. 3080-0519 July 2013
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<010> Study Area Code	613013
<015> Study Area Name	KETCHIKAN PUBLIC UT
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Tina Bredehoft
<035> Contact Telephone Number - Number of person identified in data line <030>	9072285479 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	tinab@city.ketchikan.ak.us

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:	KETCHIKAN PUBLIC UT
Signature of Authorized Officer:	CERTIFIED ONLINE
	Date 06/29/2015
Printed name of Authorized Officer:	Daniel Lindgren
Title or position of Authorized Officer:	Assistant KPU Telecom Division Manager
Telephone number of Authorized Officer:	9072285439 ext.
Study Area Code of Reporting Carrier:	613013
	Filing Due Date for this form: 07/01/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Attachments



**(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	611011
<015> Study Area Name	KETCHIKAN PUBLIC UT
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Tina Bredeloft
<035> Contact Telephone Number - Number of person identified in data line <030>	9072285479 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	tinab@city.ketchikan.ak.us

<a1>	<a2>	<b1>	<b2>	<c>	<d1>	<d2>	<d3>	<d4>
State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rates and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached (select)
AK	Ketchikan Public UT	34.95	0.0	34.95	1.5	0.5	100.0	Overage Charge
AK	Ketchikan Public UT	49.95	0.0	49.95	3.0	1.0	150.0	Overage Charge
AK	Ketchikan Public UT	59.95	0.0	59.95	5.0	1.0	200.0	Overage Charge
AK	Ketchikan Public UT	74.95	0.0	74.95	10.0	1.0	150.0	Overage Charge
AK	Ketchikan Public UT	74.95	0.0	74.95	10.0	3.0	150.0	Overage Charge
AK	Ketchikan Public UT	99.95	0.0	99.95	15.0	3.0	250.0	Overage Charge
AK	Ketchikan Public UT	129.95	0.0	129.95	20.0	3.0	250.0	Overage Charge
AK	Ketchikan Public UT	199.95	0.0	199.95	35.0	5.0	500.0	Overage Charge
AK	Ketchikan Public UT	49.95	0.0	49.95	3.0	1.0	999999	Other, Unlimited usage
AK	Ketchikan Public UT	59.95	0.0	59.95	5.0	1.0	999999	Other, Unlimited usage
AK	Ketchikan Public UT	89.95	0.0	89.95	5.0	5.0	999999.0	Other, Unlimited usage
AK	Ketchikan Public UT	74.95	0.0	74.95	10.0	1.0	999999.0	Other, Unlimited usage
AK	Ketchikan Public UT	74.95	0.0	74.95	10.0	1.0	999999.0	Other, Unlimited usage
AK	Ketchikan Public UT	99.95	0.0	99.95	15.0	3.0	999999.0	Other, Unlimited usage
AK	Ketchikan Public UT	129.95	0.0	129.95	20.0	3.0	999999.0	Other, Unlimited usage



Attachment 613013ak112.pdf

**I. DISCUSSION**

Ketchikan Public Utilities – Telecommunications Division (KPU), 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). KPU is an incumbent carrier with its service area in the state of Alaska.

KPU is a rate of return (RoR) regulated carrier.

[REDACTED]

[REDACTED]

**II. Five Year Plan Update**

[REDACTED]

Description	2015 (Jul – Dec)	2016	2017	2018	2019
CapEx	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
OpEx	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

[REDACTED]

City of Ketchikan, Ketchikan Public Utilities (KPU)  
Five Year Service Quality Improvement Plan Progress Report  
For the 2015 Reporting Year  
Per 47 CFR § 54.313(a)(1)

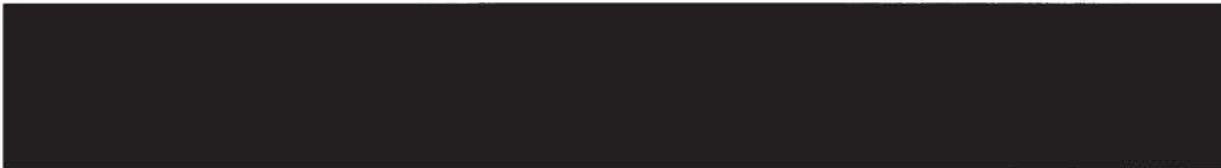


**III. Progress Report**

A. Maps



B. Universal Service Support Received



<b>Description</b>	<b>Amount Rec'd Jan – Jun 2015</b>
High Cost Loop Support	
Safety Valve Support	
Safety Net Additive Support	
Interstate Common Line Support	
CAF-ICC Support	
<b>Total</b>	

[REDACTED]

C. How Universal Service Support Was Used

[REDACTED]

[REDACTED]

D. Network Improvement Targets

[REDACTED]

**IV. Considerations**

[REDACTED]

- 
- 
- 
- 

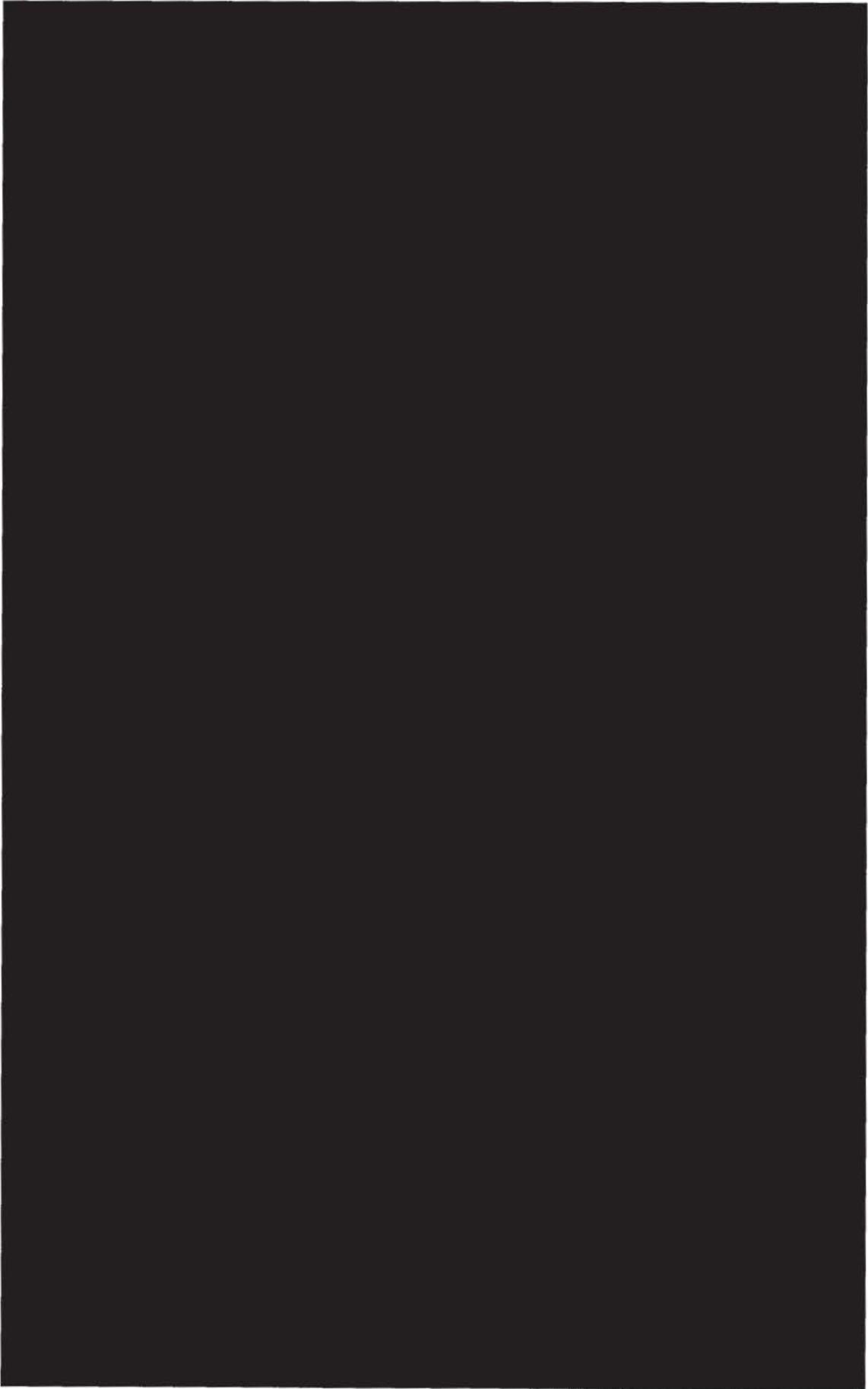
[REDACTED]

City of Ketchikan, Ketchikan Public Utilities (KPU)  
Five Year Service Quality Improvement Plan Progress Report  
For the 2015 Reporting Year  
Per 47 CFR § 54.313(a)(1)





REDACTED - FOR PUBLIC INSPECTION



REDACTED - FOR PUBLIC INSPECTION