



FairPoint Communications
1 Davis Farm Road
Portland, ME 04103

focuses on the immediate steps that need to be taken to recover functional operations within short duration events (less than 24 hours) and well as long term plans to maintain functionality during an extended event (up to, or greater than 72 hours).

IT Recovery Plan

Like most operations, FairPoint is dependent on an IT infrastructure to conduct business and serve customers. Because of its importance, FairPoint has a continuity plan established specifically for IT operations. The IT continuity plan addresses security and access control of data sites, onsite / offsite data backup methods, processes for sequencing of system(s) recoveries and ultimately the use and execution of our established Disaster Recovery Site located outside the FairPoint footprint.

Plan Maintenance and Exercising

The BCP is a so called "living" document. Updates to the plan are ongoing with changes incorporated annually at a minimum. Individual plan components are reviewed with oversight from FairPoint's Risk Management Team. In 2013, FairPoint began the process of migrating the BCP onto a cloud based solution which will allow access to the plan components from any computer, smartphone and tablet.

FCC FORM 481

Line 1010 – Voice Service Rate Comparability

The pricing of the company's voice service rate is no more than two standard deviations above the applicable national average urban rate for voice service, as specified in the most recent public notice, FCC DA15-470 released on April 16, 2015.

For Rates See Attachment: (700) Company Price Offerings (voice)

Form 481 Line 1210- Terms & Conditions for Lifeline Customers

Chautauqua & Erie Telephone Corporation ("C&E") provides a Lifeline Program discount for residence service for eligible low income customers. The Lifeline Program discount is applied to any month to month residence local service, package or bundle offering. The discount is intended to offset the Subscriber Line Charge and local line charge, although eligible packages and bundles may have toll calling included in the pricing for the offering.

The tariff pages outlining the terms of the Lifeline offering in Chautauqua & Erie Telephone Corporation, including the pages of the New York Telecommunications Association, Inc. Tariff P.S.C. No. 2 with which C&E concurs, are attached. The terms and conditions of residential local service can be found at <http://www.tariffs.net/fairpoint/tier.asp?cid=1644>

Chautauqua & Erie Telephone Corporation
 d/b/a FairPoint Communications
 PSC No. 1 - Telephone
 Effective Date: June 11, 2012

Leaf 3
 Revision 0
 Superseding Revision:

GENERAL AND LOCAL EXCHANGE SCHEDULE

SECTION 1 - CONCURRENCE & EXCEPTIONS

The Chautauqua & Erie Telephone Corporation concurs in the rules and regulations contained in the New York State Telecommunications Association, Inc., tariff P.S.C. No. 2 - Telephone. The following exceptions apply:

Section	Page Number	Description of Exception
1	N/A	No Exceptions
2	N/A	No Exceptions
3	N/A	No Exceptions
4	N/A	No Exceptions
5	N/A	No Exceptions
6	N/A	No Exceptions
7	47	One business day notice required for cancellation of reserved conference.
8	N/A	No Exceptions
9	N/A	No Exceptions
10	N/A	No Exceptions
11	1	For Alternative and Duplicate Number Listings of two or more lines the rate is \$.83 per month.
12	N/A	No Exceptions
13	N/A	No Exceptions

Issued By:

Michael T. Skrivan, Vice President-Regulatory
 1 Davis Road, Portland ME 04103

Chautauqua & Erie Telephone Corporation
d/b/a FairPoint Communications
PSC No. 1 - Telephone
Effective Date: June 7, 2013

Addendum 2
Lifeline Credits

GENERAL AND LOCAL EXCHANGE SCHEDULE

PRICE LIST
LIFELINE CREDIT

Additional Lifeline Service Credit

Amount of Additional Lifeline Credit Per Residential Basic Local Exchange Access Line	\$3.00	(C)
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Issued By:

Michael T. Skrivan, Vice President-Regulatory
1 Davis Farm Road, Portland ME 04103

Received: 05/30/2012

Status: EFFECTIVE
Effective Date: 07/01/2012

P.S.C. No. 2 - Telephone

New York State Telecommunications Association, Inc.

Section 9
Second Revised Page 3
Superseding First Revised Page 3

SPECIAL EQUIPMENT, SERVICES, AND PROGRAMS

A. LIFELINE TELEPHONE SERVICE

1. Lifeline Telephone Service Options

a. Description

1. Lifeline Discounted Service

This service provides a flat rate federal discount of \$9.25, consisting of a \$6.50 reduction of the Federal Subscriber Line Charge and a \$2.75 reduction in the monthly rate for local exchange telephone service for residential customers. Qualified customers may choose any type or grade of local telephone service, including bundled services that are normally offered by the Company.

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1 A. Additional Lifeline Discount

This service provides the discount as outlined in A.1.a.1 above and may provide an additional discount equal to the serving company's increase in residential basic local exchange service, as authorized by the NYS Department of Public Service in Case No. 07-C-0349, released March 4, 2008, whereby the NY Commission authorized certain companies to increase basic local service rates up to \$2.00 per year for 2 years. The discount can be found on Addendum 1 of the individual Company tariff for those companies offering the Additional Lifeline Discount.

Date Issued: May 30, 2012
Issued by: Caroline Hill, Director Tariffs
NYSTA, Inc., 20 Corporate Woods Boulevard, Albany, NY 12210

Date Effective: July 1, 2012

REDACTED FOR PUBLIC INSPECTION
Form 481 Line 1210- Terms & Conditions for Lifeline Customers

Received: 05/30/2012

Status: EFFECTIVE
Effective Date: 07/01/2012

P.S.C. No. 2 - Telephone

New York State Telecommunications Association, Inc.

Section 9
First Revised Page 3.1
Superseding Original Page 3.1

SPECIAL EQUIPMENT, SERVICES, AND PROGRAMS

A. LIFELINE TELEPHONE SERVICE

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(D)

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Date Issued: May 30, 2012
Issued by: Caroline Hill, Director Tariffs
NYSTA, Inc., 20 Corporate Woods Boulevard, Albany, NY 12210

Date Effective: July 1, 2012

Received: 03/29/2012

Status: EFFECTIVE
Effective Date: 04/29/2012

P.S.C. No. 2 - Telephone

New York State Telecommunications Association, Inc.

Section 9
First Revised Page 4
Superseding Original Page 4

SPECIAL EQUIPMENT, SERVICES, AND PROGRAMS

A. LIFELINE TELEPHONE SERVICE (cont'd)

1. Lifeline Telephone Service Options (cont'd)

b. General

Qualified customers may choose to apply the federal Lifeline credit to any of the company's local service offerings, including any local bundled service offering, basic local service, or message rate service. Message rate Lifeline service is available only where central office facilities permit. For connection of new service, service connection charges apply unless the customer qualifies for connection assistance under the Tribal Lands Link Up program.

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Service connection charges do not apply to change existing service from:

(C)

1. Message or flat rate services to Lifeline service.
2. Lifeline service to non-Lifeline services.

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Issued in Compliance with FCC Order in Dockets: WC Docket No. 11-42, WC Docket No. 03-109, CC Docket No. 96-45, WC Docket No. 12-23

Date Issued: March 29, 2012

Date Effective: April 29, 2012

Issued by: Robert R. Puckett, President

NYSTA, Inc., 20 Corporate Woods Boulevard, Albany, NY 12211

Received: 05/30/2012

Status: EFFECTIVE
Effective Date: 07/01/2012

P.S.C. No. 2 - Telephone

New York State Telecommunications Association, Inc.

Section 9
First Revised Page 4.1
Superseding Original Page 4.1

SPECIAL EQUIPMENT, SERVICES, AND PROGRAMS

A. LIFELINE TELEPHONE SERVICE (cont'd)

2. Regulations

- a. These services are restricted to low income residential customers. To qualify for Lifeline service a customer must certify and provide documentation as income eligible. For a consumer to be eligible under the income requirements, the consumer's household income as defined in § 54.400(f) of the FCC Rules must be at or below 135% of the Federal Poverty Guidelines for a household of that size or a recipient of benefits from any one of the following Entitlement Programs:
 - 1. Medicaid; (C)
 - 2. Supplemental Nutrition Assistance Program (SNAP) F/K/A Food stamps; (C)
 - 3. Supplemental Security Income;
 - 4. Federal Public Housing Assistance (Section 8);
 - 5. Low-Income Home Energy Assistance Program (LIHEAP);
 - 6. National School Lunch Program's free lunch program;
 - 7. Temporary Assistance for Needy Families/SafetyNet; (C)
 - 8. Veterans Disability Pension
 - 9. Veterans Surviving Spouse Pension

Issued in Compliance with FCC Order in Dockets: WC Docket No. 11-42, WC Docket No. 03-109, CC Docket No. 96-45, WC Docket No. 12-23

Date Issued: May 30, 2012
Issued by: Robert R. Puckett, President
NYSTA, Inc., 20 Corporate Woods Boulevard, Albany 12211

Date Effective: July 1, 2012

Received: 03/29/2012

Status: EFFECTIVE
Effective Date: 04/29/2012

P.S.C. No. 2 - Telephone

New York State Telecommunications Association, Inc.

Section 9
First Revised Page 5
Superseding Original Page 5

SPECIAL EQUIPMENT, SERVICES, AND PROGRAMS

A. LIFELINE TELEPHONE SERVICE (cont'd)

2. Regulations (cont'd)

b. The Lifeline discount is effective upon receipt of a completed form of eligibility. If the form is not returned, no further action is taken by the Company to establish eligibility.

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c. The Company, in coordination with appropriate agencies and the Lifeline Customer, will require Lifeline customers to be re-certified, on an annual basis. Lifeline customers will need to certify that they continue to be eligible to receive these Lifeline benefits and that they are not receiving benefits from another company. If a customer is identified as being ineligible, the customer will be notified that unless the information is shown to be in error, the Lifeline discount will be discontinued. The customer will be billed for discounts received for the time that they were proven to be ineligible for the service.

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3. Locality Charge Waiver

Customers receiving Lifeline Telephone Service will have applicable locality charges waived each month while they are receiving the Lifeline Assistance.

4. Voluntary Toll Blocking (Restriction)

Customers receiving Lifeline service can voluntarily request and receive toll blocking (call restriction), third number billing/collect call restriction without a monthly charge. There will be no record order charge to add these types of restrictions (blocking).

Issued in Compliance with FCC Order in Dockets: WC Docket No. 11-42, WC Docket No. 03-109, CC Docket No. 96-45, WC Docket No. 12-23

Date Issued: March 29, 2012

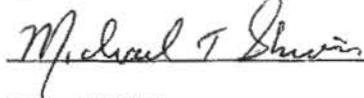
Date Effective: April 29, 2012

Issued by: Robert R. Puckett, President

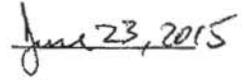
NYSTA, Inc., 20 Corporate Woods Boulevard, Albany, NY 12211

REDACTED FOR PUBLIC INSPECTION

In accordance with 54.313(b)(2) I certify that I am an officer of the reporting carrier; my responsibilities include certifying, as a recipient of Phase I support pursuant to §54.312(c), that, to the best of my knowledge, the locations provided in the attached listing are not receiving support under the Broadband Initiatives Program or the Broadband Technology Opportunities Program for projects that will provide broadband with speeds of at least 4 Mbps/1 Mbps;



Michael T. Skrivan



Date

Vice President of Regulatory

<010> Study Area Code	462204	Accepted / Filed
<015> Study Area Name	COLUMBINE ACQ CORP	
<020> Program Year	2016	JUN 30 2015
<030> Contact Name: Person USAC should contact with questions about this data	Barbara Galardo	Federal Communications Commission Office of the Secretary
<035> Contact Telephone Number: Number of the person identified in data line <030>	2075354126 ext.	
<039> Contact Email Address: Email of the person identified in data line <030>	bgalardo@fairpoint.com	

ANNUAL REPORTING FOR ALL CARRIERS	54.313 Completion Required	54.422 Completion Required
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		(check box when complete)	
<100>	Service Quality Improvement Reporting <i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<200>	Outage Reporting (voice) <i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210>	[REDACTED] -- check box if no outages to report	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<300>	Unfulfilled Service Requests (voice)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<310>	Detail on Attempts (voice) [REDACTED] <i>(attach descriptive document)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<320>	Unfulfilled Service Requests (broadband)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<330>	Detail on Attempts (broadband) [REDACTED] <i>(attach descriptive document)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<400>	Number of Complaints per 1,000 customers (voice)		
<410>	Fixed [REDACTED]	<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)		
<440>	Fixed [REDACTED]	<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 <i>(check to indicate certification)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510>	[REDACTED] 462204C0510.pdf <i>(attached descriptive document)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600>	Functionality in Emergency Situations <i>(check to indicate certification)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610>	[REDACTED] 462204C0610.pdf <i>(attached descriptive document)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700>	Company Price Offerings (voice) <i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<710>	Company Price Offerings (broadband) <i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" 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 checked="" type="radio"/> <i>(if yes, complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1000>	Voice Services Rate Comparability Certification <input type="text" value="Yes"/> <i>(if yes, complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1010>	[REDACTED] 1010 Voice Service Rate Comparability.pdf <i>(attach descriptive document)</i>	<input checked="" type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>
<1110>	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1200>	Terms and Condition for Lifeline Customers <i>(complete attached worksheet)</i>	<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 <i>(check to indicate certification)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<2005>	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

<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
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<010> Study Area Code	462204
<015> Study Area Name	COLUMBINE ACQ CORP
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Barbara Galardo
<035> Contact Telephone Number - Number of person identified in data line <030>	2075354126 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	bgalardo@fairpoint.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 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.

112 Service Quality Improvement Reporting 2015.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.

Not Applicable

(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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<010> Study Area Code	462204
<015> Study Area Name	COLUMBINE ACQ CORP
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Barbara Galardo
<035> Contact Telephone Number - Number of person identified in data line <030>	2075354126 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	bgalardo@fairpoint.com

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

<920> Tribal Government Engagement Obligation

Name of Attached Document

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

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

Select Yes or No or Not Applicable

(1100) No Terrestrial Backhaul Reporting Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	462204
<015>	Study Area Name	COLUMBINE ACQ CORP
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Barbara Galardo
<035>	Contact Telephone Number - Number of person identified in data line <030>	2075354126 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	bgalardo@fairpoint.com

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

<1130> Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(g).

(1200) Terms and Condition for Lifeline Customers Lifeline Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	462204
<015>	Study Area Name	COLUMBINE ACO CORP
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Barbara Galardo
<035>	Contact Telephone Number - Number of person identified in data line <030>	2075354126 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	bgalardo@fairpoint.com

462204C01210.pdf

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

<1220> Link to Public Website HTTP www.tariffs.net/fairpoint/tier.asp?cid+1644

"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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<010>	Study Area Code	462204
<015>	Study Area Name	COLUMBINE ACU CORP
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	BARBARA USIARDO
<035>	Contact Telephone Number - Number of person identified in data line <030>	2075554126 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	bgsaiardc@fairpoint.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}

	<input style="width: 100%;" type="text" value="Not Applicable"/>
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)}

Yes

Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}

- <2016>** Certification Support Used to Build Broadband

	<input style="width: 100%;" type="text" value="Not Applicable"/>
--	--

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

	<input style="width: 100%; height: 60px;" type="text"/>
Name of Attached Document(s) Listing Required Information	

REDACTED - FOR PUBLIC INSPECTION

(3000) Rate Of Return Carrier Additional Documentation Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	462204
<015> Study Area Name	COLUMBINE ACQ CORP
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Barbara Galardo
<035> Contact Telephone Number - Number of person identified in data line <030>	2075354126 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	bgalardo@fairpoint.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))

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) Yes No

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

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

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

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

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

Name of Attached Document Listing Required Information

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

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

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

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

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

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

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

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

(3024) Underlying information subjected to an officer certification.

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

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

<010> Study Area Code	462204
<015> Study Area Name	COLUMBINE ACQ CORP
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Barbara Galardo
<035> Contact Telephone Number - Number of person identified in data line <030>	2075354126 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	bgalardo@fairpoint.com

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. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	462204
<015>	Study Area Name	COLUMBINE ACQ CORP
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Barbara Galardo
<035>	Contact Telephone Number - Number of person identified in data line <030>	2075354126 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	bgalardo@fairpoint.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:	COLUMBINE ACQ CORP
Signature of Authorized Officer:	CERTIFIED ONLINE Date 06/22/2015
Printed name of Authorized Officer:	Mike Skrivan
Title or position of Authorized Officer:	Vice President Regulatory
Telephone number of Authorized Officer:	2075354150 ext.
Study Area Code of Reporting Carrier:	462204 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. 3060-0985/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	462204
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<035>	Contact Telephone Number - Number of person identified in data line <030>	2075354126 ext .
<039>	Contact Email Address - Email Address of person identified in data line <030>	bgalardo@fairpoint.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.	