Before the
FEDERAL COMMUNICATIONS COMMISSION
Washington, D.C. 20554

In the Matter of	)	
	)	
HTC Communications, LLC	)	CC Docket No. 96-45
	)	
Petition for Waiver of Section 54.802(a) of the Commission's Rules	))	

To: Chief, Wireline Competition Bureau

PETITION FOR WAIVER – EXPEDITED ACTION REQUESTED

Pursuant to Section 1.3 of the Commission's Rules,[1] HTC Communications, LLC ("HTC" or the "Company") hereby requests the Federal Communications Commission ("FCC" or "Commission") for a waiver of the June 30, 2008 deadline for submitting line-count data for receipt of Interstate Access Support ("IAS") as specified in Section 54.802(a) of the Commission's Rules ("the Line Count Rules).[2] As demonstrated herein, strict enforcement of the Line Count Rules in this specific circumstance would be improper and contrary to the public interest in that it would penalize the Company for problems created by the inefficient administrative procedures at the Universal Service Administrative Company ("USAC") that were beyond the control of the Company. Accordingly, waiver of the Line Count Rules is warranted under these circumstances to ensure that the Company receives the Universal Service support that it is entitled to as a Competitive Eligible Telecommunications Carrier ("CETC") in the state of South

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1 *See* 47 C.F.R. §1.3.

2 *See* 47 C.F.R. § 54.802(a).

Carolina to adequately meet the needs of its rural subscribers thus advancing the public interest.

1. BACKGROUND

HTC is a CETC providing service within the state of South Carolina in an area served by Verizon South, a non-rural local exchange carrier ("LEC"). Under current FCC Rules, CETCs receive high-cost support based on the per-line support received by the incumbent LEC, [3] subject to a cap imposed by the FCC's recent CETC Cap Order.[4] Verizon South receives IAS support in the areas in which HTC is designated as a CETC. HTC also qualified to receive ICLS support associated with the LEC territory for Horry Telephone (HTC's parent company). Accordingly, HTC receives the same IAS and ICLS per-line support received by the relevant LECs, subject to the cap, so long as certain line count and certification filings are made with USAC and the FCC on a timely basis.

On April 17, 2008, HTC was granted CETC designation by the South Carolina Public Service Commission ("SCPSC").[5] The Line Count Rules require that in order for a CETC to receive IAS and ICLS support, the CETC must file line count data on a

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[3] *See* 47 C.F.R. § 54.307.

[4] *See High-Cost Universal Service Support; Federal-State Joint Board on Universal Service; Alltel Communications, Inc. et al. Petitions for Designation as Eligible Telecommunications Carriers; RCC Minnesota, Inc. and RCC Atlantic, Inc. New Hampshire ETC Designation Amendment*, WC Docket No. 05-337, CC Docket No. 96-45, Order, FCC 08-122 (rel. May 1, 2008) ("*CETC Cap Order*") at para. 1.

[5] *See Application of HTC Communications, LLC for Designation as an Eligible Telecommunications Carrier Pursuant to Section 24 (e)(2) of the Communications Act of 1934, Public Service Commission of South Carolina, Order Designating HTC Communications, LLC as an Eligible Telecommunications Carrier, Docket No. 2007-402-C, Order No. 2008-273,(rel. April 17, 2008).* A copy of this Order is attached to this Waiver Request as Attachment 1.

quarterly basis with USAC.[6] For HTC, its first line count filing for IAS support was due on June 30, 2008, containing the line count information as of March 31, 2008, while the corresponding quarterly filing for ICLS support was due on July 31, 2008, containing line count information as of December 31, 2007. As further explained below, HTC however did not make the June 30, 2008 IAS line count filing at that time due to numerous issues with USAC that prevented HTC from receiving a Study Area Code ("SAC") and a Service Provider Identification Number ("SPIN") in a timely manner. Instead, HTC filed a Form 525 containing line count information for both IAS and ICLS support, on July 31, 2008.[7]

The reason that HTC did not file its IAS line count information on June 30, 2008, was due to problems created by USAC's inefficient administrative procedures that were beyond the control of the Company. On April 11, 2008, HTC mailed its initial request to receive a SAC and SPIN on Form 498.[8] On April 21, 2008, USAC however rejected the Form 498 because the mailing address submitted did not match the requested format, and the general contact signature was missing.[9] On April 28, 2008, HTC mailed a second Form 498 to USAC, which addressed the errors outlined in the April 21, 2008 rejection notification.[10] On May 12, 2008, USAC and HTC exchanged a series of emails to address two problems. The first problem addressed at this time was due to the fact that

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[6] *See* § 47 C.F.R. 54.802(a) & 47 C.F.R. § 54.307(c). Line count data for both of these mechanisms are reported on one FCC Form 525 "Competitive Carrier Line Count Report".

[7] A copy of the line count filing for both IAS and ICLS support was prepared and filed on July 31, 2008. A copy of this Filing is attached to this Waiver Request as Attachment 2.

[8] A copy of HTC's initially filed Form 498 is attached to this Waiver Request as Attachment No. 3.

[9] A copy of USAC's rejection of HTC's initially filed Form 498 is attached to this Waiver Request as Attachment No. 4.

[10] A copy of HTC's second filed Form 498 is attached to this Waiver Request as Attachment No. 5.

USAC placed HTC's request for a new SPIN on hold, because their records showed that HTC already had a SPIN. HTC informed USAC that their existing SPIN was used in association with HTC's competitive local exchange carrier landline operations, and the request for a new SPIN was to be used in conjunction with HTC's wireless operations. HTC originally made USAC aware of the fact that there were two HTC affiliates eligible for USF support in April, but were compelled to provide this information to USAC again in light of the hold that had been placed on their request for a new SPIN. The second problem addressed at this time was due to the fact that HTC did not elect Schools and Libraries funding on the Form 498. However, the reason that HTC did not make such an election is because HTC does not currently qualify for Schools and Libraries funding. On May 21, 2008, HTC mailed a third Form 498 to USAC, which addressed the error regarding the Schools and Libraries program discussed in the emails exchanged earlier in May.[11] Consistent with directions provided by USAC Staff, HTC's third filed Form 498 contained modifications in the event that HTC would ever qualify for Schools and Libraries support in the future. On May 29, 2008, USAC rejected HTC's third filed Form 498, because the address used on the W-9 form did not match the address on the Form 498. However, the reason that the addresses did not match is because the pre-populated W-9 form lists HTC's address as its mailing address which is a post office box number.[12] Further, in light of the fact that this issue was not raised in previous rejections issued by USAC, the Company had no reason to believe that listing their street address in this

[11] A copy of HTC's third filed Form 498 is attached to this Waiver Request as Attachment No. 6.

[12] A copy of USAC's rejection of HTC's third filed Form 498 is attached to this Waiver Request as Attachment No. 7.

section of the form was incorrect. On June 11, 2008, HTC mailed a fourth Form 498 to USAC, which addressed the errors outlined in the May 29, 2008 rejection notification.[13]

On June 25, 2008, HTC contacted two representatives from USAC. The first USAC representative informed the Company that their fourth filed Form 498 had been accepted, and she verbally provided HTC with their new SPIN. The second USAC representative stated that she needed a copy of the Order issued by the SCPSC which granted HTC's request for CETC designation, as well as the newly assigned SPIN, before the new SAC would be issued. These documents were forwarded to USAC on that same day. However, it was not until June 30, 2008, the due date for the IAS line count filing, that USAC submitted an electronic notification to HTC which assigned the Company a new SAC. Receiving the SAC at such a late date did not allow sufficient time for the Company to make the IAS line count filing. Accordingly, the Company included the IAS line count data with its ICLS line count data filing which it submitted on July 31, 2008.

As a result of these problems created by USAC's inefficient administrative procedures, the Company has had to undergo hardship by foregoing its IAS support for an entire quarter. Consequently, the Company seeks waiver of the application of the Line Count Rules and requests that the FCC direct USAC to process the IAS line count information contained on the Form 525 which was submitted to USAC on July 31, 2008.

2. DISCUSSION

In the context of granting a waiver of the Line Count Rules, the Commission summarized its waiver standard as follows:

[13] A copy of HTC's fourth filed Form 498 is attached to this Waiver Request as Attachment No. 8.

> [g]enerally, the Commission's rules may be waived for good cause shown. The Commission may exercise its discretion to waive a rule where the particular facts make strict compliance inconsistent with the public interest. In addition, the Commission may take into account considerations of hardship, equity, or more effective implementation of overall policy on an individual basis. Waiver of the Commission's rules is therefore appropriate only if special circumstances warrant a deviation from the general rule, and such deviation will serve the public interest. Moreover, in demonstrating whether a waiver is warranted, the burden of proof rests with the petitioner.[14]

HTC's request for a waiver satisfies this standard.

Absent a waiver of the June Filing Deadline, application of the Line Count Rules under these special circumstances would penalize the Company for problems associated with USAC. These problems were directly related to the untimely issuance of the Company's SPIN and SAC. USAC could have rectified these problems in a more expeditious manner; nevertheless USAC's choice to handle this situation as it did was beyond the control of the Company. Moreover, the "errors" that were identified by USAC and used as the basis for rejecting the Company's second and third Form No. 498 filings, in fact were not errors at all, but <u>changes</u> requested by USAC staff representing their preferences for how certain information should be reported. Although HTC was happy to comply with the directions that they were given by USAC, these numerous delays ultimately created a situation that made it impossible for HTC to file line count information for IAS support before the June 30, 2008 deadline.

The FCC is well aware of the fact that there have been numerous problems surrounding the administration of the Universal Service Fund ("USF"). On July 10,

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[14] *Federal-State Joint Board on Universal Service; Citizens Communications and Frontier Communications Petition for Waiver of Section 54.802(a) of the Commission's Rules*, CC Docket No. 96-45, DA 05-2829, Order at para. 6 (rel. Oct. 27, 2005) *citing* 47 C.F.R. § 1.3; *Northeast Cellular Telephone Co. v. FCC*, 897 F.2d 1164, 1166 (D.C. Cir. 1990) (*Northeast Cellular*); *WAIT Radio v. FCC*, 418 F.2d 1153, 1159 (D.C. Cir. 1969); *Northeast Cellular*, 897 F.2d at 1166; *Tucson Radio, Inc. v. FCC*, 452 F.2d 1380, 1382 (D.C. Cir. 1971).

2008, the Government Accountability Office ("GAO") released its report entitled "The FCC Needs to Improve Performance Management and Strengthen Oversight of the High Cost Program." This report acknowledges the fact that there are serious problems with the administration and performance of USAC as the administrator of the high cost fund. Moreover, as the title of the report states, greater oversight is needed with respect to the Universal Service Fund High Cost Program. It has also been announced that the FCC intends to issue a draft Notice of Inquiry ("NOI") that is now being circulated among the Commissioners, to address the GAO report, and specifically, the problems and complaints that have been raised in conjunction with all facets of the management of the USF. The draft NOI seeks comments on ways to improve the management and administration of the Universal Service Fund. The NOI is in response to the GAO report issued last month that noted the FCC needs to do a better job of establishing short- and long-term performance goals and measures for the program, as well as identify risk areas and establish procedures to make it more cost-effective.

This situation involving HTC underscores the seriousness of the problem. Obviously, HTC had every incentive to file the Form 498 correctly the first time, and in fact the Company worked diligently with USAC Staff in order to address all concerns raised as expeditiously as possible. Nevertheless, the process for HTC to acquire a new SAC and SPIN took <u>two months and nineteen days</u>. Clearly this is an unacceptable time frame for obtaining the two key pieces of information necessary for a company to receive support from the USF. This lengthy time frame was due to the inefficiencies in USAC administrative procedures including the lack of directions/instructions for completing the Form 498 that makes it clear whether or not a street address or post office box address is

appropriate, failure to indicate how a company who is not currently eligible for receiving Schools and Libraries support should address that issue on the Form, and other basic instructions that would address questions that must arise in every instance where a new company is attempting to complete Form 498 in order to obtain a SAC and SPIN.

For the foregoing reasons, HTC respectfully requests that the Bureau expeditiously grant this petition and waive the application of the Line Count Rules for the Form 525 filing containing the Company's line count data for IAS which was due June 30, 2008. Further, the Company requests that the FCC direct USAC to process this line count information so that USAC can determine the amount of funds that would have been available to the Company during the third quarter of 2008, and distribute those funds to the Company.

Respectfully submitted,

HTC Communications, LLC

By: /s/ M. O'Neal Miller, Jr.

M. O'Neal Miller, Jr.
Chief Executive-Financial Operations
HTC Communications, LLC
P.O. Box 1820
Conway, South Carolina 29528-1820
843/365-2151

August 22, 2008

Attachment 1

BEFORE

COPY

THE PUBLIC SERVICE COMMISSION OF

SOUTH CAROLINA

DOCKET NO. 2007-402-C – ORDER NO. 2008-273

APRIL 17, 2008

IN RE: Application of HTC Communications, LLC for Designation as an Eligible Telecommunications Carrier Pursuant to Section 241(e)(2) of the Communications Act of 1934	)))))	ORDER DESIGNATING HTC COMMUNICATIONS, LLC AS AN ELIGIBLE TELECOMMUNICATIONS CARRIER

This matter is before the Public Service Commission of South Carolina ("the Commission") on the Application of HTC Communications, LLC ("HTCC") for designation as an eligible telecommunications carrier ("ETC") under 47 U.S.C. § 214(e)(2). HTCC filed its Application on November 8, 2007.

The South Carolina Office of Regulatory Staff ("ORS") was a party to this proceeding pursuant to statute. No other entities intervened or appeared in this docket. The public hearing was held at the Commission offices on February 28, 2008, with the Honorable G. O'Neal Hamilton, Chairman, presiding. At the hearing, Jeremy C. Hodges, Esquire. represented HTCC. C. Lessie Hammonds, Esquire, represented ORS.

By this Application, HTCC seeks authorization to receive support from the federal Universal Service Fund ("USF") for use within HTCC's licensed service territory in South Carolina. The Telecommunications Act of 1934 provides that "only an eligible telecommunications carrier designated under section 214(e) shall be eligible to receive

federal universal service support.[1] Pursuant to 47 U.S.C. § 214(e)(2), this Commission has jurisdiction to designate a competitive carrier as an ETC.

Requirements for Designation

The Commission may, with respect to an area served by a rural telephone company, and shall, in all other cases, designate more than one common carrier as an ETC for a designated service area, consistent with the public interest, convenience, and necessity, so long as the requesting carrier meets the requirements of § 214(e)(1).[2] Before designating an additional ETC for an area served by a rural telephone company, the Commission must determine that the designation is in the public interest.[3]

An ETC petition must contain the following: (1) a demonstration of the petitioner's capability and commitment to offer all services that are supported by the USF; (2) a demonstration of the petitioner's capability and commitment to offer the supported services "either using its own facilities or a combination of its own facilities and resale of another carrier's services;" (3) a description of how the petitioner will "advertise the availability of the [supported services] and the charges therefore using media of general distribution;" and (4) a detailed description of the geographic area for which it requires an ETC designation from the Commission.[4]

[1] 47 U.S.C. § 254(e).
[2] 47 U.S.C. § 214(e)(2).
[3] *Id.*
[4] 47 U.S.C. § 214(e)(1); 47 C.F.R. § 54.201.

DISCUSSION

HTCC's Capability and Commitment to Offer All Services Supported By the USF

HTCC has demonstrated through its Application and related submissions to the Commission that it now offers, or will offer upon designation as an ETC, all of the services supported by the USF. As noted in its petition and in the direct, pre-filed testimony of Mr. Larry Spainhour, HTCC currently provides, or is committed to providing, all of the services and functionalities required by the Federal Communications Commission ("FCC")[5] throughout its designated service area in South Carolina. As set forth in the Settlement Agreement with ORS, HTCC is also committed to making the federal Lifeline and Link-Up programs available to qualifying low-income consumers in accordance with the Commission's proposed regulation 103.690.1. Through this commitment, HTCC will advertise the availability of and initiate outreach programs to promote the availability of Lifeline and Link-Up programs within its designated service area.

HTCC has also committed to comply with FCC rules that have been adopted by this Commission governing ETC designations.[6] These commitments include: (1) adherence to the CTIA Consumer Code for Wireless Service; (2) annual reporting of unfulfilled service requests and complaints per 1,000 handsets; (3) demonstration of ability to remain functional in emergencies and annual reporting of network outages; (4) specific commitments to provide service to requesting customers in its designated service

[5] *See* 47 C.F.R. § 54.101; HTCC Application at pp. 7 - 10
[6] *See* 47 C.F.R. § 54.202, 54.209; *See also* Commission Order 2007-424.

area; and (5) specific commitments to improve its existing network with the use of high-cost support.

HTCC has also committed to develop and offer a wireless service plan that includes unlimited local calling in a manner and price that is the same as what is offered by the incumbent LEC in its designated service area.[7]

Offering the Supported Services Using HTCC's Own Facilities

ETC applicants are required to demonstrate that they offer the supported services using either their own facilities or a combination of their own facilities and resale of another carrier's services.[8] HTCC has demonstrated that it satisfies this requirement.[9]

HTCC has also committed to offering its services to customers making reasonable requests for such in accordance with the process set forth by the FCC and the proposed regulations of this Commission.[10]

Advertisement of the Availability of the Supported Services

HTCC has committed to advertise the availability of the services supported by the federal USF and their applicable charges using media of general distribution within its designated service territory.[11] These advertisements will be made in the same manner as the incumbent local exchange carriers and designed to disclose to all potential customers the services available to them, and the applicable charges for those services, including Lifeline and Link-Up programs for qualifying low-income individuals.

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[7] *See* Settlement Agreement between ORS and HTCC, dated Feb. 15, 2008.
[8] 47 U.S.C. § 214(e)(1)(A).
[9] Affidavit of Curley P. Huggins, p. 2, ¶ 11, at exhibit A to HTCC Application; *See also* Transcript at p. 30:14-31:10.
[10] *See* 47 C.F.R. § 54.202(a)(1)(a); *See also* proposed R.103.690(a)(1)(A)(2); HTCC Application, pp. 3-4.
[11] HTCC Application, p. 11; *See* 47 U.S.C. § 214(e)(1)(B).

Public Interest Analysis

In evaluating HTCC's Application, the Commission must determine whether the requested designation is in the public interest.[12] The ETC applicant bears the burden of establishing that the public interest is served by its requested designation.[13] In areas served by a non-rural telephone company, the Commission is required to designate an additional ETC that meets the applicable requirements of that designation, consistent with the public interest, convenience, and necessity.[14] We conclude that it is in the public interest to designate HTCC as an ETC for the portions of its requested service area that are served by the non-rural telephone company, Verizon South, as listed in the Revised Exhibit B to HTCC's Application.

In areas served by a rural telephone company, the Commission must determine whether the public interest would be served by granting the requested designation.[15] An analysis of the public interest requires consideration of the benefits of increased consumer choice and the unique advantages and disadvantages of the applicant's service offering.[16] When an ETC applicant seeks designation below the study area of (i.e., in less than the full study area of) a rural telephone company, a creamskimming analysis is required to compare the population densities of the wire centers where the applicant seeks designation with the population densities of the wire centers located in the portions of the study area where the applicant does not seek designation.[17]

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[12] 47 U.S.C. § 214(e)(2).
[13] *See ETC Report and Order*, 20 FCC Rcd. At 6392-95, paras. 48-53.
[14] 47 U.S.C. § 214(e)(2).
[15] *Id.*
[16] *See* 47 C.F.R. § 54.202(c); *ETC Report and Order*, 20 FCC Rcd. At 6392-95, paras. 48-53.
[17] *See Id.*

HTCC's Application does not implicate any creamskimming concerns. HTCC has requested designation in the entire study area of its affiliate rural telephone company, Horry Telephone Cooperative.[18] Further, we conclude that HTCC has satisfied the burden of proof in establishing that its universal service offering in the requested areas will provide benefits to rural and non-rural customers, and that therefore, it is consistent with the public interest, convenience, and necessity to designate HTCC as an ETC in these requested service areas.

We find that HTCC's universal service offering will provide a variety of benefits to customers in its service area, including increased customer choice and new service offerings. Additionally, designation will enable HTCC to construct new facilities to improve quality of service and extend service to users in underserved and un-served rural areas. HTCC's two year plan reveals that HTCC will construct facilities in the vicinity of communities whose per capita income are well below the state average. Designation will also promote increased competition among wireline and wireless carriers that will create additional incentives for providers to increase their operating efficiency and introduce new service offerings, increased quality and value to their customers.[19]

HTCC has demonstrated that there are areas of its service territory where its existing network provides limited or no coverage at all, even when currently planned additions to its network are taken into account. We find that HTCC's network improvement plan includes the addition of numerous new cell sites that will significantly

[18] HTCC Application, pp. 11 – 12.
[19] HTCC Application, p. 12.

improve and expand the existing coverage of its network, particularly in rural areas of its service territory.[20]

We accept HTCC's commitment to use all available support as required by applicable law and regulations. We also find that HTCC's initial two-year network improvement plan is sufficient to support a grant of this petition. We note that HTCC has also agreed not to utilize any universal service funds for the provision of broadband type services.[21] We also accept the unopposed testimony that HTCC will invest all of the support it receives on eligible projects as required by the Commission.[22]

We find that HTCC's designation will promote affordable telephone service with the calling plan it will develop and offer that includes local calling in a manner and price that is the same as the incumbent LEC in the service area where it requests designation.[23] HTCC has also made detailed commitments to provide high-quality service throughout the proposed area in which it seeks designation.[24] Given HTCC's commitment to comply with the CTIA Consumer Code for Wireless Service, and its commitment to comply with the rules and regulations of the FCC and this Commission, we find that HTCC has made commitments to service quality that will benefit the public in HTCC's proposed service area and assist the Commission in evaluating that service quality on a continuing basis. Because we have the ability to review HTCC's performance each year, we will be able to ensure that South Carolina's rural citizens realize the benefits that HTCC has promised and that Congress intended to deliver when it authorized competitive carriers.

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[20] Tr. at p.48:24-49:6.
[21] *See* Settlement Agreement, at ¶ 7.
[22] Tr. at p.48:11-23.
[23] *See* Settlement Agreement at ¶ 8.
[24] *See generally,* HTCC Application.

As set forth herein, we find that the designation as an ETC in the rural study area of Horry Telephone Cooperative and the non-rural study area of Verizon South within HTCC's licensed service area, identified in HTCC's Application, is in the public interest. Specific wire center codes for these study areas were provided to the Commission and are found at Revised Exhibit B to HTCC's Application.

Because HTCC requests ETC status in the entire study area of the rural telephone company, Horry Telephone Cooperative, we are not concerned about the potential for creamskimming.[25]

IT IS, THEREFORE, ORDERED THAT:

1. HTCC is designated as an ETC, as of the effective date of this Order, in the requested areas served by the non-rural telephone company, Verizon South, Inc., as listed in Revised Exhibit B to HTCC's Application.

2. HTCC is designated as an ETC, as of the effective date of this Order, in the entire study area served by the rural telephone company, Horry Telephone Cooperative, as listed in Revised Exhibit B to HTCC's Application.

3. HTCC shall abide by the FCC's ETC designation rules set forth at 47 C.F.R. § 54.202 and 209, consistent with Commission Order No. 2007-424.

4. HTCC shall abide by its commitment to provide service through its ETC designated service area to all customers making a reasonable request for service, including low-income customers.

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[25] *ETC Report and Order*, 20 FCC Rcd. at 6392, -95, para. 49 ("When a competitive carrier requests ETC designation for an entire rural service area, it does not create creamskimming concerns because the affected ETC is required to serve all wire centers in the designated service area.")

5 All federal USF funding received as a result of this Order will be used to support the expansion and improvement of services throughout HTCC's service territory and provide Lifeline and Link-Up credits for low income customers as required by the FCC and this Commission.

6 Upon filing this Order, the Commission will file a certification with the FCC and the Universal Service Administrative Company "within 60 days of the effective date" of this Order, as required by 47 C.F.R. § 54.313 and 314, stating that HTCC will use high-cost support "only for the provision, maintenance, and upgrading of facilities and services for which the support is intend."

7. Should the Commission determine that HTCC has not honored its commitments and plans as set forth before the Commission, or has failed to follow the applicable statutes, rules, or regulations, the Commission may deny HTCC's annual recertification as an ETC.

8. This Order shall remain in full force and effect until further Order of the Commission.

BY ORDER OF THE COMMISSION:

G. O'Neal Hamilton, Chairman

ATTEST:

C. Robert Moseley, Vice Chairman

(SEAL)

Attachment 2

COPY

FCC Form 525
High Cost Support Mechanism
Competitive Carrier Line Count Report

COMPETITIVE CARRIERS HIGH COST DATA SUBMISSION

(1) Quarterly Submission Date:	07/31/2008
(2) USAC Service Provider Identification Number (SPIN):	143032610
(3) Company Study Area Code: (First time filers leave blank and a Study Area Code will be assigned)	249004
(4) Study Area Name:	HTC Communications, LLC
(5) Company Legal Name:	HTC Communications, LLC
(6) Filer 499 ID:	806994

Do not write in this Area:
For Administrator's Use Only

Submitted ONLINE
07/31/2008 15:47:54

Check Box if this is a new address/contact from a previous data submission:

(7) Mailing Address:	3480 Hwy. 701 N., P.O. Box 1820, Conway, SC 29528-1820		
(8) Contact Name:	Joni Jordan	**(9) Title:**	Accountant
(10) Telephone Number:	8433698138		
(11) E-mail Address:	joni.jordan@htcinc.net		

(12) Mechanism for which you are requesting support:	**(13) Lines Reported as of:**	**(14) Type of Filing**		**(15) Worksheet to Complete**
		Original	**Revision**	
High Cost Loop Support (HCL)	Dec 31, 2007			Complete HCL and LSS
Local Switching Support (LSS)	Dec 31, 2007			Complete HCL and LSS
Interstate Common Line Support (ICLS)	Dec 31, 2007	✓		Complete ICLS Worksheet
High Cost Model Support (HCM)	Dec 31, 2007			Complete HCM Worksheet
Interstate Access Support (IAS)	Mar 31, 2008	✓		Complete IAS Worksheet

FCC Form 525
High Cost Support Mechanism
Competitive Carrier Line Count Report

HIGH COST LOOP (HCL) AND LOCAL SWITCHING SUPPORT (LSS) LINE COUNT WORKSHEET

(2) USAC Service Provider Identification Number (SPIN):	143032610
(3) Company Study Area Code:	249004
(4) Study Area Name:	HTC Communications, LLC
(13) Lines Reported as of:	Dec 31, 2007
(14) Type of Filing:	

Do not write in this Area:
For Administrator's Use Only

Line Count Data for Path 1, 2 & 3 Carriers

Where carrier reports both UNEs and facilities based linesin the same SAC or disaggregation zone, carrier shall list UNEs in a separate row.
Complete one row for each disaggregation zone.

(16) Incumbent Carrier Name	(17) Incumbent Carrier SAC	(18) ETC Designation	(19) Path Designation	(20) Disaggregation Zone Name	(21) Wire Center CLLI Code	(22) Total Number of Lines in Service	(23) Were any lines provided through UNEs? If yes, please fill out the UNE Agreement Information.

FCC Form 525
High Cost Support Mechanism
Competitive Carrier Line Count Report

INTERSTATE COMMON LINE SUPPORT (ICLS) LINE COUNT WORKSHEET

(2) USAC Service Provider Identification Number (SPIN):	143032610
(3) Company Study Area Code:	249004
(4) Study Area Name:	HTC Communications, LLC
(13) Lines Reported as of:	Dec 31, 2007
(14) Type of Filing:	Original

Do not write in this Area:
For Administrator's Use Only

Line Count Data for Path 1, 2 & 3 Carriers

Complete one row for each disaggregation zone.

(24) Incumbent Carrier Name	(25) Incumbent Carrier SAC	(26) ETC Designation	(27) Path Designation	(28) Disaggregation Zone Name	(29) Wire Center CLLI Code	(30) Residence & Single Line Business	(31) Multi-line Business	(32) Total Number of Lines in Service
HORRY TEL COOP	240528	N	1			13072	0	13072

FCC Form 525
High Cost Support Mechanism
Competitive Carrier Line Count Report

HIGH COST MODEL (HCM) LINE COUNT WORKSHEET

(2) USAC Service Provider Identification Number (SPIN):	143032610
(3) Company Study Area Code:	249004
(4) Study Area Name:	HTC Communications, LLC
(13) Lines Reported as of:	Dec 31, 2007
(14) Type of Filing:	

Do not write in this Area:
For Administrator's Use Only

Complete one row for each Wire Center.

(33) Incumbent Carrier Name	(34) Incumbent Carrier SAC	(35) ETC Designation	(36) Wire Center CLLI Code	(37) Wire Center Name	(38) Total Lines

FCC Form 525
High Cost Support Mechanism
Competitive Carrier Line Count Report

INTERSTATE ACCESS SUPPORT (IAS) LINE COUNT WORKSHEET

(2) USAC Service Provider Identification Number (SPIN):	143032610
(3) Company Study Area Code:	249004
(4) Study Area Name:	HTC Communications, LLC
(13) Lines Reported as of:	Mar 31, 2008
(14) Type of Filing:	Original

Do not write in this Area:
For Administrator's Use Only

Complete one row for each Incumbent Carrier Area Served.

			Number of Lines								
			Zone 1		Zone 2		Zone 3		Zone 4		
(39) Incumbent Carrier Name	(40) Incumbent Carrier SAC	(41) ETC Designation	(42) Residence & Single Line Business	(43) Multi-Line Business	(44) Residence & Single Line Business	(45) Multi-Line Business	(46) Residence & Single Line Business	(47) Multi-Line Business	(48) Residence & Single Line Business	(49) Multi-Line Business	(50) Total Lines
VERIZON SOUTH-SC	240479	N	12873	0	0	0	0	0	0	0	12873

UNBUNDLED NETWORK ELEMENTS REPORTING

(2) USAC Service Provider Identification Number (SPIN):	143032610	Do not write in this Area: For Administrator's Use Only
(3) Company Study Area Code:	249004	
(4) Study Area Name:	HTC Communications, LLC	

Complete one worksheet for each study area of a Path 1 rural incumbent carrier in which the competitive carrier is reporting lines and uses unbundled network elements ("UNEs") to serve the reported lines. The competitive carrier must separately identify the number of UNE loops'; UNE price per loop; any port and vertical services costs included in the UNE loop price; number of loops receiving UNE switching service; the UNE switching price per minute and number of switching minutes.

(51) Incumbent Carrier Name:	
(52) Incumbent Carrier Study Area Code:	

Please provide the following information for Path 1 Rural Incumbent Carrier Study Area:

(53) UNE Zone	Loops w/o Port Cost		Loops w/Ports		Vertical Services		Switching		
	(54) No. of Loops	(55) Price per loop	(56) No. of ports	(57) Price/port	(58) No. of loops w/Vertical Services	(59) Price for vertical services on each loop	(60) No. of loops with switching	(61) No. of switching minutes	(62) Price/minute
Zone 1									
Zone 2									
Zone 3									
Zone 4									
Zone 5									

Complete one worksheet for each study area for a Path 2 or Path 3 rural incumbent carrier in which the competitive carrier is reporting lines and uses unbundled network elements ("UNEs") to serve the reported lines. For each incumbent stdy area, list the name of each disaggregation zone. If disaggregation zone includes more than one UNE zone, please report the lines in each UNE zone per aggregation zone on a separate row. The competitive carrier must separately identify the number of UNE loops; UNE price per loop; any port and vertical services costs included in the UNE loop price; number of loops receiving UNE switching service; the UNE switching price per minute and number of switching minutes.

Please provide the following information for Path 2 and Path 3 rural incumbent carrier study areas:

(63) UNE Zone Name	(64) Disaggregation Zone Name	(65) UNE type	(66) Quantity	(67) Price	(68) Minutes
		Loops without port costs			
		Ports			
		No. of loops w/Vertical Services			
		No. of loops w/switching			
		Loops without port costs			
		Ports			
		No. of loops w/Vertical Services			
		No. of loops w/switching			
		Loops without port costs			
		Ports			
		No. of loops w/Vertical Services			
		No. of loops w/switching			
		Loops without port costs			
		Ports			
		No. of loops w/Vertical Services			
		No. of loops w/switching			
		Loops without port costs			
		Ports			
		No. of loops w/Vertical Services			
		No. of loops w/switching			

FCC Form 525
High Cost Mechanism
Competitive Carrier Line Count Report

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING FCC FORM 525 ON ITS OWN BEHALF:

Certification of Officer or Employee as to the Accuracy of the Data Reported in FCC Form 525, Line Count Report for Competitive Carriers, on Behalf of Reporting Carrier

I certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the actual line count data reported on FCC Form 525; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: HTC Communications, LLC					
Service Provider Identification Number: 143032610					
Signature of authorized officer or employee: CERTIFIED ONLINE					Date: 07/31/2008
Printed name of authorized officer or employee: M. O'Neal Miller, Jr.					
Title or position of authorized officer or employee: CFO					
Telephone number of authorized officer or employee: (843) 369-8316 ext.					
Study Area Code of Reporting CETC	249004		Filing Due Date for this form (mm/dd/yyyy)	06/30/2008	

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communication Acts 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.

FCC Form 525
High Cost Support Mechanism
Competitive Carrier Line Count Report

NOTICE: Sections 54.307(b) and 54.802(a) of the Federal Communications Commission's rules requires all competitive eligible telecommunications carriers to provide line count information to USAC, the universal service Administrator, in order to be eligible to receive support. Pursuant to Sections 54.307(c) and 54.802(a), this information must be submitted by support mechanism on a quarterly basis in accordance with the incumbent carrier's line count reporting schedule. This collection of information stems from the Commission's authority under Section 254 of the Communications Act of 1934, as amended, 47 U.S.C. §254. The data in the form will be used to calculate the amount of support, if any, that each reporting carrier is eligible to receive from the High Cost support mechanisms.

We have estimated that each response to this collection of information will take, on average, 5 hours. Our estimate includes the time to read the instructions, look through existing records, gather and maintain the required data, and actually complete and review the form or response. If you have any comments on this estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, AMD-PERM, Washington, D.C. 20554, Paperwork Reduction Project (3060-0986). We also will accept your comments via the Internet if you send them to Judith-B.Herman@fcc.gov. Please DO NOT SEND COMPLETED DATA COLLECTION FORMS TO THIS ADDRESS.

Remember -- You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid Office of Management and Budget (OMB) control number. This collection has been assigned an OMB control number of 3060-0986.

The Commission is authorized under the Communications Act of 1934, as amended, to collect the information we request in this form. We will use the information that you provide to determine High Cost support amounts for competitive eligible telecommunications carriers. If we believe there may be a violation or potential violation of a statute or a Commission regulation, rule, or order, your form may be referred to the Federal, state, or local agency responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation, or order. In certain cases, the information in your form may be disclosed to the Department of Justice, court, or other adjudicative body when (a) the Commission; (b) any employee of the Commission; or (c) the United States government, is a party to a proceeding before the body or has an interest in the proceeding.

If you do not provide the information we request on this form, you are not eligible to receive support under the High Cost support mechanisms, 47.C.F.R. §§ 54.307 and 54.802.

The foregoing Notice is required by the Paperwork Reduction Act of 1995, P.L. No. 104-13, 44 U.S.C. § 3501, et seq.

Attachment 3

HTC

On The Line For You Every Day

April 11, 2008

USAC Billing and Disbursement
Attn: FCC From 498
2000 L Street, N.W. Suite 200
Washington, DC 20036

COPY

I wish to request a new SPIN from USAC:

HTC Communications, LLC's wireless subsidiary has recently been designated as a CLEC- Eligible Telecommunications Carrier by the state of South Carolina. As required by the FCC, we are requesting a new SPIN be assigned.

I certify that I have provided the information on the attached Service Provider identification Number and Contact Information Form and to the best of my knowledge, information and belief, all information contained in this is true and that said form is an accurate statement of the affairs of the above-named provider.

Service Provider Number

Signature M. O'Neal Miller Jr. Date 4/11/08

Printed name of Authorized person: M. O'Neal Miller, Jr.

Title or position of authorized person: Chief Executive- Financial Operations

Reason for New SPIN: Recently approved as a CETC in the state of South Carolina

HORRY TELEPHONE COOPERATIVE, INC. / HTC COMMUNICATIONS, LLC
Post Office Box 1820 / Conway, South Carolina 29528-1820 / (843) 365-2151 / FAX: (843) 365-1111 / INTERNET: www.htcinc.net

Save time, avoid problems. File electronically at https://forms.universalservice.org

FCC Form 498

Approval by OMB 3060-0824

Service Provider Identification Number and Contact Information Form

Estimated Average Burden Hours Per Response: 1.5 hours

FCC Form 498 is used to collect contact, remittance, and payment information for service providers that receive support from the Federal universal service support mechanisms. For greater flexibility, this form allows service providers to use the same General Contact information for all their program and remittance data collected for each of the four support mechanisms, or multiple remittance addresses. Please report any changes to this information on a revised FCC Form 498 to prevent any delays in notification and the timeliness of disbursements on their behalf. Persons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

Please read instructions, located at: http://www.universalservice.org/forms, before beginning this application.

Please check one box below.

☑ Original Application for SPIN

☐ Revision to existing Form 498 on file with USAC

(Requests for revisions to an existing Form 498 must be signed by the General Contact or an officer of the company.)

See Instruction Section III.A

Service Provider Identification Number (SPIN) ☐☐☐☐☐☐☐☐☐☐

(To be inserted by USAC for first time applicants. **Required for subsequent revisions.**)

499 Filer ID 806994

(Must be indicated if your company is required to file the FCC form 499)

Block 1: General Company Information [All Fields REQUIRED]

See Instruction Section III.B

1 HTC Communications, LLC
Company Name

2 HTC Communications, LLC
Name Company is Doing Business As (DBA) or Formerly Known As (FKA)

3 3480 Hwy. 701 North
Street Address

4
Address Line 2

5 Conway — City
6 SC — State
7 29526 — Zip Code

Block 2: General Contact Information [All Fields REQUIRED]

See Instruction Section III.C

The General Contact should be an officer of the company authorized to make certifications on behalf of the company with respect to the support mechanisms. Only the General Contact listed below can change the remittance information for any of the four support mechanisms. For revisions, if the current General Contact is no longer available, the letter of certification must: State the name of the former contact; state that the contact is no longer available or has left the organization; state the name of the new contact; and be signed by an officer of the company.

8 First: Sherri Middle Initial: O. Last: Jones
General Company Contact Person Name

9 Director
Title

10 (843) 369-8386
Phone Number Ext.

11 (843) 365-1999
Fax Number

12 3480 Hwy. 701 North
Street Address

13
Address Line 2

14 Conway — City
15 SC — State
16 29526 — Zip Code

17 sherri.jones@htcinc.net
E-mail Address of General Contact-Used for Return Confirmations

Block 3: Federal Employer Identification Number [All Fields REQUIRED]

18 65-127-1508
Enter Federal Identification Number, or Tax ID Number.

19 ☐ Corporation ☐ Partnership ☑ Other
(Check applicable corporate structure.)

This page is for High Cost Support Mechanism participants only.
For more information about the High Cost Support Mechanism, please refer to:
www.universalservice.org/hc/

Block 4: High Cost Support Mechanism Banking and Remittance Payment Information

See Instruction Section III.E

Remittance information is the address to which USAC will send payments.

☐ Check this box if this information is the same as the Company Name (Block 1) and General Contact information (Block 2) and continue on to lines 30 to 32.

20 HTC Communications, LLC
Remittance Company Name

21 First: Joni Middle Initial: Last: Jordan 22 Accountant
Remittance Contact Name- Checks will be sent to Remittance Contact's attention Title

23 P.O. Box 1820
Remittance Address

24
Address Line 2

25 Conway 26 SC 27 29528-1820
City State Zip Code

28 (843) 369-8138 29 (843) 365-1999
Phone Number Ext Fax Number

30
Remittance Bank for ACH or locked box transfer of funds

31 ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ 32 ☐☐☐☐☐☐☐☐☐
Bank Account Number for ACH ACH Bank Transit Number (must be nine digits)

33 joni.jordan@htcinc.net
E-mail Address of Remittance Contact (Required if participating in the High Cost Support Mechanism)

☑ Check this box if you are requesting mailed paper copy statements instead of electronic remittance statements
(If you do not check this box, your remittance statements will be sent to your e-mail address)

Block 5: Company Contact for High Cost Support Mechanism

See Instruction Section III.F

☑ Check this box if this information is the same as the General Contact information (Block 2) and continue on to Block 6.

34 First: Middle Initial: Last: 35
Contact Name for High Cost Support Mechanism Title
(Must be a company employee or designated representative)

36
Contact Address for High Cost Support Mechanism

37
Address Line 2

38 39 40
City State Zip Code

41 ( ) 42 ( )
Phone Number Ext Fax Number

43
E-mail Address of Contact

This page is for Low Income Support Mechanism participants only.
For more information about the Low Income Support Mechanism, please refer to: www.universalservice.org/li/

Block 6: Low Income Support Mechanism Banking and Remittance Payment Information

See Instruction Section III.G

Remittance information is the address to which USAC will send payments.

☐ Check this box if this information is the same as the Company Name (Block 1) and General Contact information (Block 2) and continue on to lines 54-56.

44 HTC Communications, LLC
Remittance Company Name

45 First: Joni Middle Initial: Last: Jordan 46 Accountant
Remittance Contact Name- Checks will be sent to Remittance Contact's attention Title

47 P.O. Box 1820
Remittance Address

48
Address Line 2

49 Conway 50 SC 51 29528 - 1820
City State Zip Code

52 (843) 369-8138 53 (843) 365-1999
Phone Number Ext Fax Number

54
Remittance Bank for ACH or locked box transfer of funds

55 ☐☐☐☐☐☐☐☐☐☐☐☐☐ 56 ☐☐☐☐☐☐☐☐☐
Bank Account Number for ACH ACH Bank transit Number (must be nine digits)

57 joni.jordan@htcinc.net
E-mail Address of Remittance Contact (Required if participating in the Low Income Support Mechanism)

☑ Check this box if you are requesting mailed paper copy statements instead of electronic remittance statements
(If you do not check this box, your remittance statements will be sent to your e-mail address)

Block 7: Company Contact for Low Income Support Mechanism

See Instruction Section III.H

☑ Check this box if this information is the same as the General Contact information (Block 2) and continue on to Block 8.

58 First: Middle Initial: Last: 59
Contact Name for Low Income Support Mechanism Title
(Must be a company employee or designated representative)

60
Contact Address for Low Income Support Mechanism

61
Address Line 2

62 63 64
City State Zip Code

65 ( ) 66 ( )
Phone Number Ext Fax Number

67
E-mail Address of Contact

This page is for Rural Health Care Support Mechanism participants only. For more information about the Rural Health Care Support Mechanism, please refer to: www.rhc.universalservice.org/

Block 8: Rural Health Care Support Mechanism Banking and Remittance Payment Information

See Instruction Section III.I

Remittance information is the address to which USAC will send payments.

☐ Check this box if this information is the same as the Company Name (Block 1) and General Contact information (Block 2) and continue on to lines # 78-80.

68 _____
Remittance Company Name

69 First: Middle Initial: Last: 70 _____
Remittance Contact Name- Checks will be sent to Remittance Contact's attention Title

71 _____
Remittance Address

72 _____
Address Line 2

73 _____ 74 _____ 75 _____
City State Zip Code

76 ( ) _____ 77 ( ) _____
Phone Number Ext Fax Number

78 _____
Remittance Bank for ACH or locked box transfer of funds

79 ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ 80 ☐☐☐☐☐☐☐☐☐
Bank Account Number for ACH ACH Bank transit Number (must be nine digits)

81 _____
E-mail Address of Remittance Contact (Required if participating in the Rural Health Care Support Mechanism)

☐ Check this box if you are requesting mailed paper copy statements instead of electronic remittance statements
(If you do not check this box, your remittance statements will be sent to your e-mail address)

Block 9: Company Contact for Rural Health Care Support Mechanism

See Instruction Section III.J

☐ Check this box if this information is the same as the General Contact information (Block 2) and continue on to Block 10.

82 First: Middle Initial: Last: 83 _____
Contact Name for Rural Health Care Mechanism - Title
(Must be a company employee or designated representative)

84 _____
Contact Address for Rural Health Care Support Mechanisı

85 _____
Address Line 2

86 _____ 87 _____ 88 _____
City State Zip Code

89 ( ) _____ 90 ( ) _____
Phone Number Ext Fax Number

91 _____
E-mail Address of Contact

This page is for Schools and Libraries Support Mechanism participants only. For more information about the Schools and Libraries Support Mechanism, please refer to: www.sl.universalservice.org/

Block 10: Schools & Libraries Support Mechanism Banking and Remittance Payment Information

See Instruction Section III.K

Remittance information is the address to which USAC will send payments.

☐ Check this box if this information is the same as the Company Name (Block 1) and General Contact information (Block 2) and continue on to lines # 102-104.

92 Remittance Company Name

93 First: Middle Initial: Last: 94 Title
Remittance Contact Name- Checks will be sent to Remittance Contact's attention

95 Remittance Address

96 Address Line 2

97 City 98 State 99 Zip Code

100 ( ) Phone Number Ext 101 ( ) Fax Number

102 Remittance Bank for ACH or locked box transfer of funds

103 Bank Account Number for ACH 104 ACH Bank Transit Number (must be nine digits)

105 E-mail Address of Remittance Contact (Required if participating in the Schools and Libraries Support Mechanism)

☐ Check this box if you are requesting mailed paper copy statements instead of electronic remittance statements
(If you do not check this box, your remittance statements will be sent to your e-mail address)

Block 11: Company Contact for Schools and Libraries Support Mechanism

See Instruction Section III.L

☐ Check this box if this information is the same as the General Contact information (Block 2) and continue on to Block 12.

106 First: Middle Initial: Last: 107 Title
Contact Name for Schools and Libraries Mechanism
(Must be a company employee or designated representative)

108 Contact Address for Schools and Libraries Support Mechanism

109 Address Line 2

110 City 111 State 112 Zip Code

113 ( ) Phone Number Ext 114 ( ) Fax Number

115 E-mail Address of Contact

Block 12: Netting Disbursement Payments Against Federal Universal Service Contribution Obligations

See Instruction Section III.M

In accordance with FCC rule Part 54.515, USAC will offset service provider Schools and Libraries Support Mechanism payments against the provider's Federal universal service contribution obligation at the provider's request. In addition, the Rural Health Care Support Mechanism distribution FCC rule Part 54.611, states that service provider Rural Health Care Support Mechanism payments must be netted; this is mandatory for participation in the Rural Health Care Support Mechanism. ONLY telecommunications companies that have their FCC Form 499 Filer ID number may participate. If you provide telecommunications services and do not have an FCC Form Filer ID number, visit www. universalservice.org/forms and select FCC Form 499. This is NOT required in order to be issued a SPIN.

116 ☐ Yes, I want my Schools and Libraries Support Mechanism disbursement payments to offset against my Federal universal service contribution obligations. This box must be checked in order to receive offsets. The default is "No."

Block 13: Principal Communications Business Code [REQUIRED Field]

See Instruction Section III.N

CAP - Competitive Access Provider/ Competitive Local Exchange Carrier
CEL - Cellular/PCS/SMR
DAT - Wireless Data
ISP - Internet Service Provider
IXC - Interexchange Carrier
LEC - Incumbent Local Exchange Provider
LRES - Local reseller
NTP - Non-Traditional Provider
OSP - Operator Service
OTHL - Other Local
OTHM - Other Mobile
OTHT - Other Toll
PAG - Paging/Messaging
PAY - Payphone Service Provider
PRE - Pre-paid Card
PRIV - Private Sector Provider
SAT - Satellite
SMR-SMR dispatch
TEN - Shared Tenant Service Provider
TRES - Toll Reseller

Choose ONE code from the list above. **Enter Here.** CAP

Block 14: Authorized Contact Signature [All Fields REQUIRED]

See Instruction Section III.O

I understand that both the General Contact and an officer of the company **must** sign below for a new SPIN application. Only the General Contact or an officer of the company is authorized to make revisions to an exisiting FCC Form 498. No other persons are permitted to make changes to this information. I certify that I am authorized to submit this FCC Form 498 on behalf of the above-named service provider, and certify to the best of my knowledge that data set forth in this form is true, accurate, and complete. Incomplete information or incorrect filling of this form will result in it being returned to the General Contact and the form will not be processed. A certification letter on company letterhead must be attached with the FCC Form 498 (Found on page 19 of instructions). Persons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act, as amended, 47 U.S.C. secs. 220(e), 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

Signature of **General Contact** — Date: April 11, 2008

First: Sherri Middle Initial: O Last: Jones
Printed Name

Director - Corporate Accounting
Title

sherri.jones@htcinc.net
E-mail address

Signature of the **Company Officer** — Date: April 11, 2008

First: M. O'Neal Middle Initial: Last: Miller, Jr.
Printed Name

CFO
Title

oneal.miller@htcinc.net
E-mail address

Form **W-9**
(Rev. November 2005)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give form to the requester. Do not send to the IRS.

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return)
HTC Communications, LLC

Business name, if different from above

Check appropriate box: ☐ Individual/ Sole proprietor ☐ Corporation ☐ Partnership ☑ Other ▶ LLC ☐ Exempt from backup withholding

Address (number, street, and apt. or suite no.)
P O Box 1820

Requester's name and address (optional)

City, state, and ZIP code
Conway, SC 29528

List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number
| | | | | | | | | |

or

Employer identification number
6 5 1 2 7 1 5 0 8

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

Sign Here Signature of U.S. person ▶ Pamela D. Hardy Date ▶ 5-18-06

Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

In 3 above, if applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes, you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or
- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

Attachment 4

Jordan, Joni

From: Jones, Sherri
Sent: Monday, April 21, 2008 3:58 PM
To: Jordan, Joni
Cc: Gerrald, Crystal
Subject: FW: 498 SPIN Rejection

Joni,

Can you put this together, please.

Thanks
Sherri

From: BCD Customer Service [mailto:bcd.customerservice@usac.org]
Sent: Monday, April 21, 2008 3:23 PM
To: Jones, Sherri
Subject: 498 SPIN Rejection

Company Name: HTC Communications, LLC
SPIN: New
Reference # PM191633

Dear Sherri O. Jones,

We have received your request for a new Service Provider Identification Number (SPIN). We are unable to process your application for the following reason(s):

1. Block 4 Line 23 and Block 6 Line 47: P.O. Boxes are not permitted as the primary street address.
2. Block 14, General Contact signature is missing. This is required for new SPIN requests.

In order to process your request you will need to submit a new application and certification letter to the address below.

USAC
Attn: Form 498
2000 L Street NW
Suite 200
Washington, DC 20036

The FCC form 498 is located on the USAC website: http://forms.universalservice.org
The instructions and certification letter for the FCC form 498 are available here: http://www.universalservice.org/sl/tools/required-forms.aspx

Please contact the Customer Support Center at 888-641-8722, option 3 for any assistance with this form.

Thank you,

USAC Billing, Collections and Disbursements
Customer Support Center

Attachment 5

HTC

On The Line For You Every Day

April 28, 2008

USAC Billing and Disbursement
Attn: FCC From 498
2000 L Street, N.W. Suite 200
Washington, DC 20036

COPY

I wish to request a new SPIN from USAC:

HTC Communications, LLC's wireless subsidiary has recently been designated as a CLEC- Eligible Telecommunications Carrier by the state of South Carolina. As required by the FCC, we are requesting a new SPIN be assigned.

I certify that I have provided the information on the attached Service Provider identification Number and Contact Information Form and to the best of my knowledge, information and belief, all information contained in this is true and that said form is an accurate statement of the affairs of the above-named provider.

Service Provider Number:

Signature_____ Date 4/28/08

Printed name of Authorized person: M. O'Neal Miller, Jr.

Title or position of authorized person: Chief Executive- Financial Operations

Reason for New SPIN: Recently approved as a CETC in the state of South Carolina

HORRY TELEPHONE COOPERATIVE, INC. / HTC COMMUNICATIONS, LLC
Post Office Box 1820 / Conway, South Carolina 29528-1820 / (843) 365-2151 / FAX: (843) 365-1111 / INTERNET: www.htcinc.net

Save time, avoid problems. File electronically at https://forms.universalservice.org

FCC Form 498

Approval by OMB 3060-0824

Service Provider Identification Number and Contact Information Form

Estimated Average Burden Hours Per Response: 1.5 hours

FCC Form 498 is used to collect contact, remittance, and payment information for service providers that receive support from the Federal universal service support mechanisms. For greater flexibility, this form allows service providers to use the same General Contact information for all their program and remittance data collected for each of the four support mechanisms, or multiple remittance addresses. Please report any changes to this information on a revised FCC Form 498 to prevent any delays in notification and the timeliness of disbursements on their behalf. Persons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

Please read instructions, located at: http://www.universalservice.org/forms, before beginning this application.

Please check one box below.

[✓] Original Application for SPIN

[ ] Revision to existing Form 498 on file with USAC

(Requests for revisions to an existing Form 498 must be signed by the General Contact or an officer of the company.)

See Instruction Section III.A

Service Provider Identification Number (SPIN) [| | | | | | | | |]
(To be inserted by USAC for first time applicants. **Required for subsequent revisions**.)

499 Filer ID [8|0|6|9|9|4]
(Must be indicated if your company is required to file the FCC form 499)

Block 1: General Company Information [All Fields REQUIRED]

See Instruction Section III.B

1 HTC Communications, LLC
Company Name

2 HTC Communications, LLC
Name Company is Doing Business As (DBA) or Formerly Known As (FKA)

3 3480 Hwy. 701 North
Street Address

4
Address Line 2

5 Conway — City
6 SC — State
7 29526 — Zip Code

Block 2: General Contact Information [All Fields REQUIRED]

See Instruction Section III.C

The General Contact should be an officer of the company authorized to make certifications on behalf of the company with respect to the support mechanisms. Only the General Contact listed below can change the remittance information for any of the four support mechanisms. For revisions, if the current General Contact is no longer available, the letter of certification must: State the name of the former contact; state that the contact is no longer available or has left the organization; state the name of the new contact; and be signed by an officer of the company.

8 First: Sherri Middle Initial: O. Last: Jones
General Company Contact Person Name

9 Director
Title

10 (843) 369-8386
Phone Number Ext.

11 (843) 365-1999
Fax Number

12 3480 Hwy. 701 North
Street Address

13
Address Line 2

14 Conway — City
15 SC — State
16 29526 — Zip Code

17 sherri.jones@htcinc.net
E-mail Address of General Contact-Used for Return Confirmations

Block 3: Federal Employer Identification Number [All Fields REQUIRED]

18 [6|5|-|1|2|7|-|1|5|0|8]
Enter Federal Identification Number, or Tax ID Number.

19 [ ] Corporation [ ] Partnership [✓] Other
(Check applicable corporate structure.)

This page is for High Cost Support Mechanism participants only.
For more information about the High Cost Support Mechanism, please refer to:
www.universalservice.org/hc/

Block 4: High Cost Support Mechanism Banking and Remittance Payment Information

See Instruction Section III.E

Remittance information is the address to which USAC will send payments.

☐ Check this box if this information is the same as the Company Name (Block 1) and General Contact information (Block 2) and continue on to lines 30 to 32.

20 HTC Communications, LLC
Remittance Company Name

21 First: Joni Middle Initial: Last: Jordan 22 Accountant
Remittance Contact Name- Checks will be sent to Remittance Contact's attention Title

23 3480 Hwy. 701 North
Remittance Address

24
Address Line 2

25 Conway 26 SC 27 29526
City State Zip Code

28 (843) 369-8138 29 (843) 365-1999
Phone Number Ext Fax Number

30
Remittance Bank for ACH or locked box transfer of funds

31 ☐☐☐☐☐☐☐☐☐☐☐☐ 32 ☐☐☐☐☐☐☐☐☐
Bank Account Number for ACH ACH Bank Transit Number (must be nine digits)

33 joni.jordan@htcinc.net
E-mail Address of Remittance Contact (Required if participating in the High Cost Support Mechanism)

☑ Check this box if you are requesting mailed paper copy statements instead of electronic remittance statements
(If you do not check this box, your remittance statements will be sent to your e-mail address)

Block 5: Company Contact for High Cost Support Mechanism

See Instruction Section III.F

☑ Check this box if this information is the same as the General Contact information (Block 2) and continue on to Block 6.

34 First: Middle Initial: Last: 35
Contact Name for High Cost Support Mechanism Title
(Must be a company employee or designated representative)

36
Contact Address for High Cost Support Mechanism

37
Address Line 2

38 39 40
City State Zip Code

41 ( ) 42 ( )
Phone Number Ext Fax Number

43
E-mail Address of Contact

This page is for Low Income Support Mechanism participants only.
For more information about the Low Income Support Mechanism, please refer to: www.universalservice.org/li/

Block 6: Low Income Support Mechanism Banking and Remittance Payment Information

See Instruction Section III.G

Remittance information is the address to which USAC will send payments.

☐ Check this box if this information is the same as the Company Name (Block 1) and General Contact information (Block 2) and continue on to lines 54-56.

44 HTC Communications, LLC
Remittance Company Name

45 First: Joni Middle Initial: Last: Jordan 46 Accountant
Remittance Contact Name- Checks will be sent to Remittance Contact's attention Title

47 3480 Hwy. 701 North
Remittance Address

48
Address Line 2

49 Conway 50 SC 51 29526
City State Zip Code

52 (843) 369-8138 53 (843) 365-1999
Phone Number Ext Fax Number

54
Remittance Bank for ACH or locked box transfer of funds

55 ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ 56 ☐☐☐☐☐☐☐☐☐
Bank Account Number for ACH ACH Bank transit Number (must be nine digits)

57 joni.jordan@htcinc.net
E-mail Address of Remittance Contact (Required if participating in the Low Income Support Mechanism)

☑ Check this box if you are requesting mailed paper copy statements instead of electronic remittance statements
(If you do not check this box, your remittance statements will be sent to your e-mail address)

Block 7: Company Contact for Low Income Support Mechanism

See Instruction Section III.H

☑ Check this box if this information is the same as the General Contact information (Block 2) and continue on to Block 8.

58 First: Middle Initial: Last: 59
Contact Name for Low Income Support Mechanism Title
(Must be a company employee or designated representative)

60
Contact Address for Low Income Support Mechanism

61
Address Line 2

62 63 64
City State Zip Code

65 ( ) 66 ( )
Phone Number Ext Fax Number

67
E-mail Address of Contact

This page is for Rural Health Care Support Mechanism participants only. For more information about the Rural Health Care Support Mechanism, please refer to: www.rhc.universalservice.org/

Block 8: Rural Health Care Support Mechanism Banking and Remittance Payment Information

See Instruction Section III.I

Remittance information is the address to which USAC will send payments.

☐ Check this box if this information is the same as the Company Name (Block 1) and General Contact information (Block 2) and continue on to lines # 78-80.

68 _____
Remittance Company Name

69 First: Middle Initial: Last: 70
Remittance Contact Name- Checks will be sent to Remittance Contact's attention Title

71 _____
Remittance Address

72 _____
Address Line 2

73 74 75
City State Zip Code

76 ( ) 77 ( )
Phone Number Ext Fax Number

78 _____
Remittance Bank for ACH or locked box transfer of funds

79 ☐☐☐☐☐☐☐☐☐☐☐☐ 80 ☐☐☐☐☐☐☐☐☐
Bank Account Number for ACH ACH Bank transit Number (must be nine digits)

81 _____
E-mail Address of Remittance Contact (Required if participating in the Rural Health Care Support Mechanism)

☐ Check this box if you are requesting mailed paper copy statements instead of electronic remittance statements
(If you do not check this box, your remittance statements will be sent to your e-mail address)

Block 9: Company Contact for Rural Health Care Support Mechanism

See Instruction Section III.J

☐ Check this box if this information is the same as the General Contact information (Block 2) and continue on to Block 10.

82 First: Middle Initial: Last: 83
Contact Name for Rural Health Care Mechanism - Title
(Must be a company employee or designated representative)

84 _____
Contact Address for Rural Health Care Support Mechanisı

85 _____
Address Line 2

86 87 88
City State Zip Code

89 ( ) 90 ( )
Phone Number Ext Fax Number

91 _____
E-mail Address of Contact

This page is for Schools and Libraries Support Mechanism participants only. For more information about the Schools and Libraries Support Mechanism, please refer to: www.sl.universalservice.org/

Block 10: Schools & Libraries Support Mechanism Banking and Remittance Payment Information

See Instruction Section III.K

Remittance information is the address to which USAC will send payments.

☐ Check this box if this information is the same as the Company Name (Block 1) and General Contact Information (Block 2) and continue on to lines # 102-104.

92 Remittance Company Name

93 First: Middle Initial: Last: 94 Title
Remittance Contact Name- Checks will be sent to Remittance Contact's attention

95 Remittance Address

96 Address Line 2

97 City 98 State 99 Zip Code

100 ( ) Phone Number Ext 101 ( ) Fax Number

102 Remittance Bank for ACH or locked box transfer of funds

103 Bank Account Number for ACH 104 ACH Bank Transit Number (must be nine digits)

105 E-mail Address of Remittance Contact (Required if participating in the Schools and Libraries Support Mechanism)

☐ Check this box if you are requesting mailed paper copy statements instead of electronic remittance statements
(If you do not check this box, your remittance statements will be sent to your e-mail address)

Block 11: Company Contact for Schools and Libraries Support Mechanism

See Instruction Section III.L

☐ Check this box if this information is the same as the General Contact information (Block 2) and continue on to Block 12.

106 First: Middle Initial: Last: 107 Title
Contact Name for Schools and Libraries Mechanism
(Must be a company employee or designated representative)

108 Contact Address for Schools and Libraries Support Mechanism

109 Address Line 2

110 City 111 State 112 Zip Code

113 ( ) Phone Number Ext 114 ( ) Fax Number

115 E-mail Address of Contact

Block 12: Netting Disbursement Payments Against Federal Universal Service Contribution Obligations

See Instruction Section III.M

In accordance with FCC rule Part 54.515, USAC will offset service provider Schools and Libraries Support Mechanism payments against the provider's Federal universal service contribution obligation at the provider's request. In addition, the Rural Health Care Support Mechanism distribution FCC rule Part 54.611, states that service provider Rural Health Care Support Mechanism payments must be netted; this is mandatory for participation in the Rural Health Care Support Mechanism. ONLY telecommunications companies that have their FCC Form 499 Filer ID number may participate. If you provide telecommunications services and do not have an FCC Form Filer ID number, visit www. universalservice.org/forms and select FCC Form 499. This is NOT required in order to be issued a SPIN.

116 ☐ Yes, I want my Schools and Libraries Support Mechanism disbursement payments to offset against my Federal universal service contribution obligations. This box must be checked in order to receive offsets. The default is "No."

Block 13: Principal Communications Business Code [REQUIRED Field]

See Instruction Section III.N

CAP - Competitive Access Provider/ Competitive Local Exchange Carrier
CEL - Cellular/PCS/SMR
DAT - Wireless Data
ISP - Internet Service Provider
IXC - Interexchange Carrier
LEC - Incumbent Local Exchange Provider
LRES - Local reseller
NTP - Non-Traditional Provider
OSP - Operator Service
OTHL - Other Local
OTHM - Other Mobile
OTHT - Other Toll
PAG - Paging/Messaging
PAY - Payphone Service Provider
PRE - Pre-paid Card
PRIV - Private Sector Provider
SAT - Satellite
SMR-SMR dispatch
TEN - Shared Tenant Service Provider
TRES - Toll Reseller

Choose ONE code from the list above. **Enter Here.** CAP

Block 14: Authorized Contact Signature [All Fields REQUIRED]

See Instruction Section III.O

I understand that both the General Contact and an officer of the company **must** sign below for a new SPIN application. Only the General Contact or an officer of the company is authorized to make revisions to an exisiting FCC Form 498. No other persons are permitted to make changes to this information. I certify that I am authorized to submit this FCC Form 498 on behalf of the above-named service provider, and certify to the best of my knowledge that data set forth in this form is true, accurate, and complete. Incomplete information or incorrect filling of this form will result in it being returned to the General Contact and the form will not be processed. A certification letter on company letterhead must be attached with the FCC Form 498 (Found on page 19 of instructions). Persons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act, as amended, 47 U.S.C. secs. 220(e), 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

Sherri O Jones
Signature of **General Contact**

4/28/08
Date

First: Sherri Middle Initial: O. Last: Jones
Printed Name

Director - Corporate Accounting
Title

sherri.jones@htcinc.net
E-mail address

M. O'Neal Miller, Jr.
Signature of the **Company Officer**

4/28/08
Date

First: M. O'Neal Middle Initial: Last: Miller, Jr.
Printed Name

CFO
Title

oneal.miller@htcinc.net
E-mail address

Form **W-9**
(Rev. November 2005)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give form to the requester. Do not send to the IRS.

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return)
HTC Communications, LLC

Business name, if different from above

Check appropriate box: ☐ Individual/ Sole proprietor ☐ Corporation ☐ Partnership ☑ Other ▶ LLC ☐ Exempt from backup withholding

Address (number, street, and apt. or suite no.)
P O Box 1820

Requester's name and address (optional)

City, state, and ZIP code
Conway, SC 29528

List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number
| | | | | | | | | |

or

Employer identification number
6 5 - 1 2 7 1 5 0 8

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

Sign Here Signature of U.S. person ▶ Pamela D. Hardy Date ▶ 5-18-06

Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

In 3 above, if applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes, you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or
- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

Attachment 6

HTC

On The Line For You Every Day

May 21, 2008

USAC Billing and Disbursement
Attn: FCC From 498- Yolanda French
2000 L Street, N.W. Suite 200
Washington, DC 20036

COPY

I wish to request a new SPIN from USAC:

HTC Communications, LLC's wireless subsidiary has recently been designated as a CLEC- Eligible Telecommunications Carrier by the state of South Carolina. As required by the FCC, we are requesting a new SPIN be assigned.

I certify that I have provided the information on the attached Service Provider identification Number and Contact Information Form and to the best of my knowledge, information and belief, all information contained in this is true and that said form is an accurate statement of the affairs of the above-named provider.

Service Provider Number:

Signature_____ Date May 21, 2008

Printed name of Authorized person: M. O'Neal Miller, Jr.

Title or position of authorized person: Chief Executive- Financial Operations

Reason for New SPIN: Recently approved as a CETC in the state of South Carolina

HORRY TELEPHONE COOPERATIVE, INC. / HTC COMMUNICATIONS, LLC
Post Office Box 1820 / Conway, South Carolina 29528-1820 / (843) 365-2151 / FAX: (843) 365-1111 / INTERNET: www.htcinc.net

FCC Form 498

Approval by OMB 3060-0824

Service Provider Identification Number and Contact Information Form

Estimated Average Burden Hours Per Response: 1.5 hours

FCC Form 498 is used to collect contact, remittance, and payment information for service providers that receive support from the Federal universal service support mechanisms. For greater flexibility, this form allows service providers to use the same General Contact information for all their program and remittance data collected for each of the four support mechanisms, or multiple remittance addresses. Please report any changes to this information on a revised FCC Form 498 to prevent any delays in notification and the timeliness of disbursements on their behalf. Persons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

Please read instructions, located at: http://www.universalservice.org/forms, before beginning this application.

Please check one box below.

☑ Original Application for SPIN

☐ Revision to existing Form 498 on file with USAC

(Requests for revisions to an existing Form 498 must be signed by the General Contact or an officer of the company.)

See Instruction Section III.A

Service Provider Identification Number (SPIN) ☐☐☐☐☐☐☐☐☐☐

(To be inserted by USAC for first time applicants. **Required for subsequent revisions.**)

499 Filer ID 806994

(Must be indicated if your company is required to file the FCC form 499)

Block 1: General Company Information [All Fields REQUIRED]

See Instruction Section III.B

1 HTC Communications, LLC
Company Name

2 HTC Communications, LLC
Name Company is Doing Business As (DBA) or Formerly Known As (FKA)

3 3480 Hwy. 701 North
Street Address

4
Address Line 2

5 Conway — City
6 SC — State
7 29526 — Zip Code

Block 2: General Contact Information [All Fields REQUIRED]

See Instruction Section III.C

The General Contact should be an officer of the company authorized to make certifications on behalf of the company with respect to the support mechanisms. Only the General Contact listed below can change the remittance information for any of the four support mechanisms. For revisions, if the current General Contact is no longer available, the letter of certification must: State the name of the former contact; state that the contact is no longer available or has left the organization; state the name of the new contact; and be signed by an officer of the company.

8 First: Sherri Middle Initial: O. Last: Jones
General Company Contact Person Name

9 Director
Title

10 (843) 369-8386
Phone Number Ext.

11 (843) 365-1999
Fax Number

12 3480 Hwy. 701 North
Street Address

13
Address Line 2

14 Conway — City
15 SC — State
16 29526 — Zip Code

17 sherri.jones@htcinc.net
E-mail Address of General Contact-Used for Return Confirmations

Block 3: Federal Employer Identification Number [All Fields REQUIRED]

18 65-1270-1508
Enter Federal Identification Number, or Tax ID Number.

19 ☐ Corporation ☐ Partnership ☑ Other
(Check applicable corporate structure.)

This page is for High Cost Support Mechanism participants only.
For more information about the High Cost Support Mechanism, please refer to:
www.universalservice.org/hc/

Block 4: High Cost Support Mechanism Banking and Remittance Payment Information

See Instruction Section III.E

Remittance information is the address to which USAC will send payments.

☐ Check this box if this information is the same as the Company Name (Block 1) and General Contact information (Block 2) and continue on to lines 30 to 32.

20 HTC Communications, LLC
Remittance Company Name

21 First: Joni Middle Initial: Last: Jordan 22 Accountant
Remittance Contact Name- Checks will be sent to Remittance Contact's attention Title

23 3480 Hwy. 701 North
Remittance Address

24
Address Line 2

25 Conway 26 SC 27 29526
City State Zip Code

28 (843) 369-8138 29 (843) 365-1999
Phone Number Ext Fax Number

30
Remittance Bank for ACH or locked box transfer of funds

31 ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ 32 ☐☐☐☐☐☐☐☐☐
Bank Account Number for ACH ACH Bank Transit Number (must be nine digits)

33 joni.jordan@htcinc.net
E-mail Address of Remittance Contact (Required if participating in the High Cost Support Mechanism)

☑ Check this box if you are requesting mailed paper copy statements instead of electronic remittance statements
(If you do not check this box, your remittance statements will be sent to your e-mail address)

Block 5: Company Contact for High Cost Support Mechanism

See Instruction Section III.F

☑ Check this box if this information is the same as the General Contact information (Block 2) and continue on to Block 6.

34 First: Middle Initial: Last: 35
Contact Name for High Cost Support Mechanism Title
(Must be a company employee or designated representative)

36
Contact Address for High Cost Support Mechanism

37
Address Line 2

38 39 40
City State Zip Code

41 ( ) 42 ( )
Phone Number Ext Fax Number

43
E-mail Address of Contact

This page is for Low Income Support Mechanism participants only.
For more information about the Low Income Support Mechanism, please refer to:
www.universalservice.org/li/

Block 6: Low Income Support Mechanism Banking and Remittance Payment Information

See Instruction Section III.G

Remittance information is the address to which USAC will send payments.

☐ Check this box if this information is the same as the Company Name (Block 1) and General Contact information (Block 2) and continue on to lines 54-56.

44 HTC Communications, LLC
Remittance Company Name

45 First: Joni Middle Initial: Last: Jordan 46 Accountant
Remittance Contact Name- Checks will be sent to Remittance Contact's attention Title

47 3480 Hwy. 701 North
Remittance Address

48
Address Line 2

49 Conway 50 SC 51 29526
City State Zip Code

52 (843) 369-8138 53 (843) 365-1999
Phone Number Ext Fax Number

54
Remittance Bank for ACH or locked box transfer of funds

55 ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ 56 ☐☐☐☐☐☐☐☐☐
Bank Account Number for ACH ACH Bank transit Number (must be nine digits)

57 joni.jordan@htcinc.net
E-mail Address of Remittance Contact (Required if participating in the Low Income Support Mechanism)

☑ Check this box if you are requesting mailed paper copy statements instead of electronic remittance statements
(If you do not check this box, your remittance statements will be sent to your e-mail address)

Block 7: Company Contact for Low Income Support Mechanism

See Instruction Section III.H

☑ Check this box if this information is the same as the General Contact information (Block 2) and continue on to Block 8.

58 First: Middle Initial: Last: 59
Contact Name for Low Income Support Mechanism Title
(Must be a company employee or designated representative)

60
Contact Address for Low Income Support Mechanism

61
Address Line 2

62 63 64
City State Zip Code

65 ( ) 66 ( )
Phone Number Ext Fax Number

67
E-mail Address of Contact

This page is for Rural Health Care Support Mechanism participants only. For more information about the Rural Health Care Support Mechanism, please refer to: www.rhc.universalservice.org/

Block 8: Rural Health Care Support Mechanism Banking and Remittance Payment Information

See Instruction Section III.I

Remittance information is the address to which USAC will send payments.

☐ Check this box if this information is the same as the Company Name (Block 1) and General Contact information (Block 2) and continue on to lines # 78-80.

68 HTC Communications, LLC
Remittance Company Name

69 First: Joni Middle Initial: Last: Jordan 70 Accountant
Remittance Contact Name- Checks will be sent to Remittance Contact's attention Title

71 3480 Hwy. 701 North
Remittance Address

72
Address Line 2

73 Conway 74 SC 75 29526
City State Zip Code

76 (843) 369-8138 77 (843) 365-1999
Phone Number Ext Fax Number

78
Remittance Bank for ACH or locked box transfer of funds

79 ☐☐☐☐☐☐☐☐☐☐☐☐☐☐ 80 ☐☐☐☐☐☐☐☐☐☐
Bank Account Number for ACH ACH Bank transit Number (must be nine digits)

81 joni.jordan@htcinc.net
E-mail Address of Remittance Contact (Required if participating in the Rural Health Care Support Mechanism)

☑ Check this box if you are requesting mailed paper copy statements instead of electronic remittance statements
(If you do not check this box, your remittance statements will be sent to your e-mail address)

Block 9: Company Contact for Rural Health Care Support Mechanism

See Instruction Section III.J

☑ Check this box if this information is the same as the General Contact information (Block 2) and continue on to Block 10.

82 First: Middle Initial: Last: 83
Contact Name for Rural Health Care Mechanism - Title
(Must be a company employee or designated representative)

84
Contact Address for Rural Health Care Support Mechanis

85
Address Line 2

86 87 88
City State Zip Code

89 ( ) 90 ( )
Phone Number Ext Fax Number

91
E-mail Address of Contact

This page is for Schools and Libraries Support Mechanism participants only. For more information about the Schools and Libraries Support Mechanism, please refer to: www.sl.universalservice.org/

Block 10: Schools & Libraries Support Mechanism Banking and Remittance Payment Information

See Instruction Section III.K

Remittance information is the address to which USAC will send payments.

☐ Check this box if this information is the same as the Company Name (Block 1) and General Contact information (Block 2) and continue on to lines # 102-104.

92 HTC Communications, LLC
Remittance Company Name

93 First: Joni Middle Initial: Last: Jordan 94 Accountant
Remittance Contact Name- Checks will be sent to Remittance Contact's attention Title

95 3480 Hwy. 701 North
Remittance Address

96
Address Line 2

97 Conway 98 SC 99 29526
City State Zip Code

100 (843) 369-8138 101 (843) 365-1999
Phone Number Ext Fax Number

102
Remittance Bank for ACH or locked box transfer of funds

103 ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ 104 ☐☐☐☐☐☐☐☐☐
Bank Account Number for ACH ACH Bank Transit Number (must be nine digits)

105 joni.jordan@htcinc.net
E-mail Address of Remittance Contact (Required if participating in the Schools and Libraries Support Mechanism)

☑ Check this box if you are requesting mailed paper copy statements instead of electronic remittance statements
(If you do not check this box, your remittance statements will be sent to your e-mail address)

Block 11: Company Contact for Schools and Libraries Support Mechanism

See Instruction Section III.L

☑ Check this box if this information is the same as the General Contact information (Block 2) and continue on to Block 12.

106 First: Middle Initial: Last: 107
Contact Name for Schools and Libraries Mechanism Title
(Must be a company employee or designated representative)

108
Contact Address for Schools and Libraries Support Mechanism

109
Address Line 2

110 111 112
City State Zip Code

113 ( ) 114 ( )
Phone Number Ext Fax Number

115
E-mail Address of Contact

Block 12: Netting Disbursement Payments Against Federal Universal Service Contribution Obligations

See Instruction Section III.M

In accordance with FCC rule Part 54.515, USAC will offset service provider Schools and Libraries Support Mechanism payments against the provider's Federal universal service contribution obligation at the provider's request. In addition, the Rural Health Care Support Mechanism distribution FCC rule Part 54.611, states that service provider Rural Health Care Support Mechanism payments must be netted; this is mandatory for participation in the Rural Health Care Support Mechanism. ONLY telecommunications companies that have their FCC Form 499 Filer ID number may participate. If you provide telecommunications services and do not have an FCC Form Filer ID number, visit www. universalservice.org/forms and select FCC Form 499. This is NOT required in order to be issued a SPIN.

116 ☐ Yes, I want my Schools and Libraries Support Mechanism disbursement payments to offset against my Federal universal service contribution obligations. This box must be checked in order to receive offsets. The default is "No."

Block 13: Principal Communications Business Code [REQUIRED Field]

See Instruction Section III.N

CAP - Competitive Access Provider/ Competitive Local Exchange Carrier
CEL - Cellular/PCS/SMR
DAT - Wireless Data
ISP - Internet Service Provider
IXC - Interexchange Carrier
LEC - Incumbent Local Exchange Provider
LRES - Local reseller
NTP - Non-Traditional Provider
OSP - Operator Service
OTHL - Other Local
OTHM - Other Mobile
OTHT - Other Toll
PAG - Paging/Messaging
PAY - Payphone Service Provider
PRE - Pre-paid Card
PRIV - Private Sector Provider
SAT - Satellite
SMR-SMR dispatch
TEN - Shared Tenant Service Provider
TRES - Toll Reseller

Choose ONE code from the list above. **Enter Here.** CAP

Block 14: Authorized Contact Signature [All Fields REQUIRED]

See Instruction Section III.O

I understand that both the General Contact and an officer of the company **must** sign below for a new SPIN application. Only the General Contact or an officer of the company is authorized to make revisions to an exisiting FCC Form 498. No other persons are permitted to make changes to this information. I certify that I am authorized to submit this FCC Form 498 on behalf of the above-named service provider, and certify to the best of my knowledge that data set forth in this form is true, accurate, and complete. Incomplete information or incorrect filling of this form will result in it being returned to the General Contact and the form will not be processed. A certification letter on company letterhead must be attached with the FCC Form 498 (Found on page 19 of instructions). Persons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act, as amended, 47 U.S.C. secs. 220(e), 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

Signature of **General Contact** — Date: 5/21/08

First: Sherri Middle Initial: O. Last: Jones
Printed Name

Title: Director - Corporate Accounting — E-mail address: sherri.jones@htcinc.net

Signature of the **Company Officer** — Date: 5-21-08

First: M. O'Neal Middle Initial: Last: Miller, Jr.
Printed Name

Title: CFO — E-mail address: oneal.miller@htcinc.net

Form **W-9**
(Rev. November 2005)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give form to the requester. Do not send to the IRS.

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return)
HTC Communications, LLC

Business name, if different from above

Check appropriate box: ☐ Individual/ Sole proprietor ☐ Corporation ☐ Partnership ☑ Other ▶ LLC ☐ Exempt from backup withholding

Address (number, street, and apt. or suite no.)
P O Box 1820

Requester's name and address (optional)

City, state, and ZIP code
Conway, SC 29528

List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number
| | | – | | – | | | | |

or

Employer identification number
6 5 – 1 2 7 1 5 0 8

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

Sign Here Signature of U.S. person ▶ Pamela D. Hardy Date ▶ 5-18-06

Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

In 3 above, if applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes, you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or
- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

Attachment 7

From: BCD Customer Service [mailto:bcd.customerservice@usac.org]
Sent: Thursday, May 29, 2008 2:47 PM
To: Jones, Sherri
Subject: NEW SPIN APP REJECTION

Company Name: HTC Communications, LLC

Reference # PM 193193

Dear Sherri Jones

We have received your request for a Service Provider Identification Number (SPIN). We are unable to process your application for the following reason(s):

- Mismatch between Form 498 Block 1, and Block 1, W9 Form. The W9 Form must match EXACTLY the information on 498's Block 1.

In order to process your request you will need to submit a new application including certification letter to the address below:

USAC
Attn: Form 498
2000 L Street NW
Suite 200
Washington, DC 20036

The FCC form 498 is located on the USAC website: http://forms.universalservice.org
The instructions and certification letter for the FCC form 498 are available here: http://www.universalservice.org/sl/tools/required-forms.aspx

Please contact the Customer Support Center at 888-641-8722, option 4 for any assistance with this form.

Thank you,

USAC Billing, Collections and Disbursements
Customer Support Center

Attachment 8

HTC

On The Line For You Every Day

June 11, 2008

USAC Billing and Disbursement
Attn: FCC From 498- Yolanda French
2000 L Street, N.W. Suite 200
Washington, DC 20036

COPY

I wish to request a new SPIN from USAC:

HTC Communications, LLC's wireless subsidiary has recently been designated as a CLEC- Eligible Telecommunications Carrier by the state of South Carolina. As required by the FCC, we are requesting a new SPIN be assigned.

I certify that I have provided the information on the attached Service Provider identification Number and Contact Information Form and to the best of my knowledge, information and belief, all information contained in this is true and that said form is an accurate statement of the affairs of the above-named provider.

Service Provider Number:

Signature M. O'Neal Miller Jr. Date June 11, 2008

Printed name of Authorized person: M. O'Neal Miller, Jr.

Title or position of authorized person: Chief Executive- Financial Operations

Reason for New SPIN: Recently approved as a CETC in the state of South Carolina

HORRY TELEPHONE COOPERATIVE, INC. / HTC COMMUNICATIONS, LLC
Post Office Box 1820 / Conway, South Carolina 29528-1820 / (843) 365-2151 / FAX: (843) 365-1111 / INTERNET: www.htcinc.net

FCC Form 498

Approval by OMB 3060-0824

Service Provider Identification Number and Contact Information Form

Estimated Average Burden Hours Per Response: 1.5 hours

FCC Form 498 is used to collect contact, remittance, and payment information for service providers that receive support from the Federal universal service support mechanisms. For greater flexibility, this form allows service providers to use the same General Contact information for all their program and remittance data collected for each of the four support mechanisms, or multiple remittance addresses. Please report any changes to this information on a revised FCC Form 498 to prevent any delays in notification and the timeliness of disbursements on their behalf. Persons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

Please read instructions, located at: http://www.universalservice.org/forms, before beginning this application.

Please check one box below.

☑ Original Application for SPIN

☐ Revision to existing Form 498 on file with USAC

(Requests for revisions to an existing Form 498 must be signed by the General Contact or an officer of the company.)

See Instruction Section III.A

Service Provider Identification Number (SPIN) ☐☐☐☐☐☐☐☐☐☐

(To be inserted by USAC for first time applicants. **Required for subsequent revisions.**)

499 Filer ID 806994

(Must be indicated if your company is required to file the FCC form 499)

Block 1: General Company Information [All Fields REQUIRED]

See Instruction Section III.B

1 HTC Communications, LLC
Company Name

2 HTC Communications, LLC
Name Company is Doing Business As (DBA) or Formerly Known As (FKA)

3 3480 Hwy. 701 North
Street Address

4
Address Line 2

5 Conway — City
6 SC — State
7 29526 — Zip Code

Block 2: General Contact Information [All Fields REQUIRED]

See Instruction Section III.C

The General Contact should be an officer of the company authorized to make certifications on behalf of the company with respect to the support mechanisms. Only the General Contact listed below can change the remittance information for any of the four support mechanisms. For revisions, if the current General Contact is no longer available, the letter of certification must: State the name of the former contact; state that the contact is no longer available or has left the organization; state the name of the new contact; and be signed by an officer of the company.

8 First: Sherri Middle Initial: O. Last: Jones
General Company Contact Person Name

9 Director
Title

10 (843) 369-8386
Phone Number Ext.

11 (843) 365-1999
Fax Number

12 3480 Hwy. 701 North
Street Address

13
Address Line 2

14 Conway — City
15 SC — State
16 29526 — Zip Code

17 sherri.jones@htcinc.net
E-mail Address of General Contact-Used for Return Confirmations

Block 3: Federal Employer Identification Number [All Fields REQUIRED]

18 65-1127-1508
Enter Federal Identification Number, or Tax ID Number.

19 ☐ Corporation ☐ Partnership ☑ Other
(Check applicable corporate structure.)

This page is for High Cost Support Mechanism participants only.
For more information about the High Cost Support Mechanism, please refer to:
www.universalservice.org/hc/

Block 4: High Cost Support Mechanism Banking and Remittance Payment Information

See Instruction Section III.E

Remittance information is the address to which USAC will send payments.

☐ Check this box if this information is the same as the Company Name (Block 1) and General Contact information (Block 2) and continue on to lines 30 to 32.

20 HTC Communications, LLC
Remittance Company Name

21 First: Joni Middle Initial: Last: Jordan 22 Accountant
Remittance Contact Name- Checks will be sent to Remittance Contact's attention Title

23 3480 Hwy. 701 North
Remittance Address

24
Address Line 2

25 Conway 26 SC 27 29526
City State Zip Code

28 (843) 369-8138 29 (843) 365-1999
Phone Number Ext Fax Number

30
Remittance Bank for ACH or locked box transfer of funds

31 ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ 32 ☐☐☐☐☐☐☐☐☐
Bank Account Number for ACH ACH Bank Transit Number (must be nine digits)

33 joni.jordan@htcinc.net
E-mail Address of Remittance Contact (Required if participating in the High Cost Support Mechanism)

☑ Check this box if you are requesting mailed paper copy statements instead of electronic remittance statements
(If you do not check this box, your remittance statements will be sent to your e-mail address)

Block 5: Company Contact for High Cost Support Mechanism

See Instruction Section III.F

☑ Check this box if this information is the same as the General Contact information (Block 2) and continue on to Block 6.

34 First: Middle Initial: Last: 35
Contact Name for High Cost Support Mechanism Title
(Must be a company employee or designated representative)

36
Contact Address for High Cost Support Mechanism

37
Address Line 2

38 39 40
City State Zip Code

41 ( ) 42 ( )
Phone Number Ext Fax Number

43
E-mail Address of Contact

This page is for Low Income Support Mechanism participants only.
For more information about the Low Income Support Mechanism, please refer to: www.universalservice.org/li/

Block 6: Low Income Support Mechanism Banking and Remittance Payment Information

See Instruction Section III.G

Remittance information is the address to which USAC will send payments.

☐ Check this box if this information is the same as the Company Name (Block 1) and General Contact information (Block 2) and continue on to lines 54-56.

44 HTC Communications, LLC
Remittance Company Name

45 First: Joni Middle Initial: Last: Jordan 46 Accountant
Remittance Contact Name- Checks will be sent to Remittance Contact's attention Title

47 3480 Hwy. 701 North
Remittance Address

48
Address Line 2

49 Conway 50 SC 51 29526
City State Zip Code

52 (843) 369-8138 53 (843) 365-1999
Phone Number Ext Fax Number

54
Remittance Bank for ACH or locked box transfer of funds

55 ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ 56 ☐☐☐☐☐☐☐☐☐
Bank Account Number for ACH ACH Bank transit Number (must be nine digits)

57 joni.jordan@htcinc.net
E-mail Address of Remittance Contact (Required if participating in the Low Income Support Mechanism)

☑ Check this box if you are requesting mailed paper copy statements instead of electronic remittance statements
(If you do not check this box, your remittance statements will be sent to your e-mail address)

Block 7: Company Contact for Low Income Support Mechanism

See Instruction Section III.H

☑ Check this box if this information is the same as the General Contact information (Block 2) and continue on to Block 8.

58 First: Middle Initial: Last: 59
Contact Name for Low Income Support Mechanism Title
(Must be a company employee or designated representative)

60
Contact Address for Low Income Support Mechanism

61
Address Line 2

62 63 64
City State Zip Code

65 ( ) 66 ( )
Phone Number Ext Fax Number

67
E-mail Address of Contact

This page is for Rural Health Care Support Mechanism participants only. For more information about the Rural Health Care Support Mechanism, please refer to: www.rhc.universalservice.org/

Block 8: Rural Health Care Support Mechanism Banking and Remittance Payment Information

See Instruction Section III.I

Remittance information is the address to which USAC will send payments.

☐ Check this box if this information is the same as the Company Name (Block 1) and General Contact information (Block 2) and continue on to lines # 78-80.

68 HTC Communications, LLC
Remittance Company Name

69 First: Joni Middle Initial: Last: Jordan 70 Accountant
Remittance Contact Name- Checks will be sent to Remittance Contact's attention Title

71 3480 Hwy. 701 North
Remittance Address

72
Address Line 2

73 Conway 74 SC 75 29526
City State Zip Code

76 (843) 369-8138 77 (843) 365-1999
Phone Number Ext Fax Number

78
Remittance Bank for ACH or locked box transfer of funds

79 ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ 80 ☐☐☐☐☐☐☐☐☐
Bank Account Number for ACH ACH Bank transit Number (must be nine digits)

81 joni.jordan@htcinc.net
E-mail Address of Remittance Contact (Required if participating in the Rural Health Care Support Mechanism)

☑ Check this box if you are requesting mailed paper copy statements instead of electronic remittance statements
(If you do not check this box, your remittance statements will be sent to your e-mail address)

Block 9: Company Contact for Rural Health Care Support Mechanism

See Instruction Section III.J

☑ Check this box if this information is the same as the General Contact information (Block 2) and continue on to Block 10.

82 First: Middle Initial: Last: 83
Contact Name for Rural Health Care Mechanism - Title
(Must be a company employee or designated representative)

84
Contact Address for Rural Health Care Support Mechanism

85
Address Line 2

86 87 88
City State Zip Code

89 ( ) 90 ( )
Phone Number Ext Fax Number

91
E-mail Address of Contact

This page is for Schools and Libraries Support Mechanism participants only. For more information about the Schools and Libraries Support Mechanism, please refer to: www.sl.universalservice.org/

Block 10: Schools & Libraries Support Mechanism Banking and Remittance Payment Information

See Instruction Section III.K

Remittance information is the address to which USAC will send payments.

☐ Check this box if this information is the same as the Company Name (Block 1) and General Contact information (Block 2) and continue on to lines # 102-104.

92 HTC Communications, LLC
Remittance Company Name

93 First: Joni Middle Initial: Last: Jordan 94 Accountant
Remittance Contact Name- Checks will be sent to Remittance Contact's attention Title

95 3480 Hwy. 701 North
Remittance Address

96
Address Line 2

97 Conway 98 SC 99 29526
City State Zip Code

100 (843) 369-8138 101 (843) 365-1999
Phone Number Ext Fax Number

102
Remittance Bank for ACH or locked box transfer of funds

103 ☐☐☐☐☐☐☐☐☐☐☐☐☐ 104 ☐☐☐☐☐☐☐☐☐
Bank Account Number for ACH ACH Bank Transit Number (must be nine digits)

105 joni.jordan@htcinc.net
E-mail Address of Remittance Contact (Required if participating in the Schools and Libraries Support Mechanism)

☑ Check this box if you are requesting mailed paper copy statements instead of electronic remittance statements
(If you do not check this box, your remittance statements will be sent to your e-mail address)

Block 11: Company Contact for Schools and Libraries Support Mechanism

See Instruction Section III.L

☑ Check this box if this information is the same as the General Contact information (Block 2) and continue on to Block 12.

106 First: Middle Initial: Last: 107
Contact Name for Schools and Libraries Mechanism Title
(Must be a company employee or designated representative)

108
Contact Address for Schools and Libraries Support Mechanism

109
Address Line 2

110 111 112
City State Zip Code

113 ( ) 114 ( )
Phone Number Ext Fax Number

115
E-mail Address of Contact

Block 12: Netting Disbursement Payments Against Federal Universal Service Contribution Obligations

See Instruction Section III.M

In accordance with FCC rule Part 54.515, USAC will offset service provider Schools and Libraries Support Mechanism payments against the provider's Federal universal service contribution obligation at the provider's request. In addition, the Rural Health Care Support Mechanism distribution FCC rule Part 54.611, states that service provider Rural Health Care Support Mechanism payments must be netted; this is mandatory for participation in the Rural Health Care Support Mechanism. ONLY telecommunications companies that have their FCC Form 499 Filer ID number may participate. If you provide telecommunications services and do not have an FCC Form Filer ID number, visit www. universalservice.org/forms and select FCC Form 499. This is NOT required in order to be issued a SPIN.

116 ☐ Yes, I want my Schools and Libraries Support Mechanism disbursement payments to offset against my Federal universal service contribution obligations. This box must be checked in order to receive offsets. The default is "No."

Block 13: Principal Communications Business Code [REQUIRED Field]

See Instruction Section III.N

CAP - Competitive Access Provider/ Competitive Local Exchange Carrier
CEL - Cellular/PCS/SMR
DAT - Wireless Data
ISP - Internet Service Provider
IXC - Interexchange Carrier
LEC - Incumbent Local Exchange Provider
LRES - Local reseller
NTP - Non-Traditional Provider
OSP - Operator Service
OTHL - Other Local
OTHM - Other Mobile
OTHT - Other Toll
PAG - Paging/Messaging
PAY - Payphone Service Provider
PRE - Pre-paid Card
PRIV - Private Sector Provider
SAT - Satellite
SMR-SMR dispatch
TEN - Shared Tenant Service Provider
TRES - Toll Reseller

Choose ONE code from the list above. **Enter Here.** CAP

Block 14: Authorized Contact Signature [All Fields REQUIRED]

See Instruction Section III.O

I understand that both the General Contact and an officer of the company **must** sign below for a new SPIN application. Only the General Contact or an officer of the company is authorized to make revisions to an exisiting FCC Form 498. No other persons are permitted to make changes to this information. I certify that I am authorized to submit this FCC Form 498 on behalf of the above-named service provider, and certify to the best of my knowledge that data set forth in this form is true, accurate, and complete. Incomplete information or incorrect filling of this form will result in it being returned to the General Contact and the form will not be processed. A certification letter on company letterhead must be attached with the FCC Form 498 (Found on page 19 of instructions). Persons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act, as amended, 47 U.S.C. secs. 220(e), 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

Signature of **General Contact** — Date: 6-11-08

First: Sherri Middle Initial: O. Last: Jones
Printed Name

Title: Director - Corporate Accounting — E-mail address: sherri.jones@htcinc.net

Signature of the **Company Officer** — Date: 6-11-08

First: M. O'Neal Middle Initial: Last: Miller, Jr.
Printed Name

Title: CFO — E-mail address: oneal.miller@htcinc.net

Form **W-9**
(Rev. October 2007)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give form to the requester. Do not send to the IRS.

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return)
HTC Communications, LLC

Business name, if different from above

Check appropriate box: ☐ Individual/Sole proprietor ☐ Corporation ☐ Partnership
☐ Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶
☐ Other (see instructions) ▶

☐ Exempt payee

Address (number, street, and apt. or suite no.)
3480 Hwy. 701 North

Requester's name and address (optional)

City, state, and ZIP code
Conway, SC 29526

List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number
| |

or

Employer identification number
65 | 1271508

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here Signature of U.S. person ▶ Steve O Jones **Date ▶** June 11, 2008

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),

2. Certify that you are not subject to backup withholding, or

3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,