

## Voluntary Form for Hearing Aid Compatibility Status Report

Reporting Period (MM/DD/YY) 07/01/08 to (MM/DD/YY) 12/31/08

<b>Section 1. Company Information</b>	<i>Service Provider</i> <input checked="" type="checkbox"/>	<i>Device Manufacturer</i> <input type="checkbox"/>
<i>Company Name:</i> <b>Panora Telecommunications, Inc. (hereinafter referred to as "the Company")</b>		
<i>Company Address:</i> <b>114 East Main Street</b>		
<i>City:</i> <b>Panora</b>	<i>State:</i> <b>IA</b>	<i>Zip Code:</i> <b>50216</b>
<i>Phone:</i> <b>(641) 755-2424</b>	<i>Fax:</i>	<i>E-mail:</i>
<i>Filing Agent / Law Firm:</i> <b>Blooston Mordkofsky Dickens Duffy &amp; Prendergast, LLP</b>		
<i>Filing Agent Contact Name:</i> <b>D. Cary Mitchell, Esq.</b>		
<i>Filing Agent Address:</i> <b>2120 L Street, NW Suite 300</b>		
<i>City:</i> <b>Washington</b>	<i>State:</i> <b>DC</b>	<i>Zip Code:</i> <b>20037</b>
<i>Phone:</i> <b>202-828-5538</b>	<i>Fax:</i> <b>202-828-5568</b>	<i>E-mail:</i> <b>cary@bloostonlaw.com</b>

<b>Section 2. Acoustic and Inductive Coupling-Compatible Handset Models (Rated At Least M3 and T3)</b>								
Index	Handset Maker	Model Name(s)	FCC ID(s)	Starting Available Date (MM/YY)	Ending Available Date (MM/YY)	Air Interface Technology(ies) (GSM,CDMA, WCDMA, etc)	Operating Frequency Bands (800, 1900, 2100, etc)	ANSI Standard C63.19 version number (manufacturer only)
2-1	*							
2-2								
2-3								
2-4								
more								

<b>Section 2 --- Continued</b>									
Index	M-Rating (M3, M4)	M-Rating Certification Date (MM/DD/YY) (manufacturer only)	M-Rating Testing Lab (manufacturer only)	T-Rating (T3, T4)	T-Rating Certification Date (MM/DD/YY) (manufacturer only)	T-Rating Testing Lab (manufacturer only)	Wi-Fi Interface (Yes / No)	Functionality Level (service provider only)	Remark
2-1									
2-2									
2-3									
2-4									
more									

**\* Not Applicable. Because the Company offers two or fewer digital wireless handsets in the U.S. , it qualifies for the *de minimis* exception set forth in Section 20.19(e) of the Commission’s Rules. See Attachment A for a description of the Company’s CMRS operations.**

<b>Section 3. Acoustic Coupling-Compatible Handset Models (Rated At Least M3 But Not T3)</b>								
Index	Handset Maker	Model Name(s)	FCC ID(s)	Starting Available Date (MM/YY)	Ending Available Date (MM/YY)	Air Interface Technology (GSM,CDMA,WCDMA, etc)	Operating Frequency Bands (800, 1900, 2100, etc)	ANSI Standard C63.19 version number (manufacturer only)
3-1	*							
3-2								
3-3								
3-4								
more								

<b>Section 3 --- Continued</b>						
Index	M-Rating (M3, M4)	M-Rating Certification Date (MM/DD/YY)(manufacturer only)	M-Rating Testing Lab (manufacturer only)	Wi-Fi Interface (Yes / No)	Functionality Level (service provider only)	Remark
3-1						
3-2						
3-3						
3-4						
more						

**\* Not Applicable.**

<b>Section 4. Non-Hearing Aid-Compatible Handset Models (Rated Neither M3 Nor T3)</b>										
Index	Handset Maker	Model Name(s)	FCC ID(s)	Starting Available Date (MM/YY)	Ending Available Date (MM/YY)	Air Interface Technology (GSM,CDMA, WCDMA, etc)	Operating Frequency (700, 800, 1900, 2100, etc)	Wi-Fi Interface (Yes / No)	Functionality Level (service provider only)	Remark
4-1	*									
4-2										
4-3										
4-4										
more										

<b>Section 5. Total Acoustic and Inductive Coupling-Compatible, Acoustic Coupling-Compatible, and Non-Hearing Aid-Compatible Handset Models By Air Interface Technology</b>				
Air Interface Technology (GSM,CDMA,WCDMA, etc)	Number of Fully Hearing Aid-Compatible Handset Models	Number of Acoustic Coupling-Compatible Handset Models	Number of Non-Hearing Aid-Compatible Handset Models	Remark
<b>GSM</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>de minimis</b>

**\* Not Applicable.**

<b>Section 6. Handset Models Tested Since Last Report (Manufacturer Only)</b>					
Index	Handset Maker	Model Name(s)	FCC ID(s)	Air Interface Technology(ies) (GSM,CDMA, WCDMA, etc)	Operating Frequency Bands (800, 1900, 2100, etc)
6-1	*				
6-2					
6-3					
6-4					
more					

<b>Section 6 --- Continued</b>							
Index	M-Rating (M1-M4.)	M-Rating Testing Date (MM/DD/YY)	M-Rating Testing Lab (manufacturer only)	T-Rating (T1-T4, N/A)	T-Rating Testing Date (MM/DD/YY)	T-rating Testing Lab (manufacturer only)	Remark
6-1							
6-2							
6-3							
6-4							
more							

**\* Not applicable for Service Provider reporting.**

**Section 7. Product Labeling Information:**

Do all hearing aid-compatible handsets include labeling?

Yes  No  \* Not Applicable.

If no, please explain.

Do all hearing aid-compatible handsets with the Wi-Fi air interface have clear and effective disclosure that the handset has not been tested for hearing aid compatibility with respect to its Wi-Fi voice operation?

Yes  No  \* Not Applicable.

If no, please explain.

**Section 8. Public Website:**

Does your company maintain a public website describing all hearing aid-compatible models, the ratings of those models, and an explanation of the rating system?

Yes  No  \* Not Applicable.

If yes, please provide the address for the public website.

If no, please explain.

**Section 9. Describe Consumer Outreach Efforts in the Past 12 Months:**

**\* Not Applicable.**

**Section 10. (Service Providers Only) Describe the Levels of Functionality into Which the Compliant Handsets Fall and Provide An Explanation of the Service Provider's Methodology for Determining Levels of Functionality:**

**\* Not Applicable.**

### **Eligibility for *De Minimis* Exception**

Panora Telecommunications, Inc. (“the Company”) is a small rural CMRS service provider with operations that utilize the GSM air interface in the State of Iowa. The Company provides its service in conjunction with Iowa Wireless Services d/b/a iwireless. As noted above, the Company operates CMRS facilities but it does not currently have any subscribers, and it does not offer digital wireless handsets to the public. As such, the Company qualifies for the *de minimis* exception set forth in Section 20.19(e) of the Commission’s Rules.

If and when the Company begins selling digital wireless handsets, the Company is aware of its obligation to offer hearing aid-compatible devices, to ensure proper labeling for compatible devices, and to engage in the consumer outreach activities as prescribed in the Commission’s policies and rules.