



June 18, 2012

Office of the FCC Secretary  
Marlene H Dortch, Secretary  
Federal Communications Commission  
445 12<sup>th</sup> Street SW  
Washington, DC 20554

USAC  
2000 L Street NW  
Suite 200  
Washington, DC 20036

RE: Annual Certification Filing, WC Docket No. 10-90

Attached is the annual reporting certification pursuant to Section 54.313(a)(2) – (a)(6).

I am authorized to make this certification on behalf of the above named company. This certification is provided for study area 330847.

Sincerely,

D. Egli, V.P.

D. Egli, V.P.

Enc

**Annual Reporting Requirements pursuant to § 54.313(a)(2)-(6)**

**WC Docket No. 10-90**

§ 54.313(a)(2) – Outage reporting

My company was not required to collect this information in 2011.

My company collected this information pursuant to state utility commission requirement. A copy of the report is attached.

§ 54.313(a)(3) – Unfulfilled service requests

My company was not required to collect this information in 2011.

My company collected this information pursuant to state utility commission requirement. A copy of the report is attached.

§ 54.313(a)(4) – Customer complaints per 1000 connections

My company was not required to collect this information in 2011.

My company collected this information pursuant to state utility commission requirement. A copy of the report is attached.

§ 54.313(a)(5) – Service quality standards and consumer protection rules

I certify that the reporting carrier is in compliance with applicable service quality standards and consumer protection rules.

§ 54.313(a)(6) – Ability to function in emergency situations

I certify that the reporting carrier can function in emergency situations as set forth in 47 CFR §54.202(a)(2). Specifically, the reporting carrier has a reasonable amount of back-up power to ensure functionality without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations.

I am authorized to make this certification on behalf of the company named above and, to the best of my knowledge the information reported on this form is accurate. This certification is for the study area(s) listed below. **(Please enter your Company Name, State and Study Area Code)**

Company Name	State	Study Area Code
Belmont Telephone Co.	WI	330847

(If necessary, attach a separate list of additional study areas and check this box.)

Signed,

[Signature]

[Signature of Corporate Officer]

Date:

6/19/2012

D. Egli

[Printed Name of Corporate Officer]

V.P.

[Title of Corporate Officer]

Carrier's Name      Belmont Telephone Co  
Carrier's Address    P.O. Box 162, Cuba City, WI 53807  
Carrier's Telephone Number    608-744-3500