

**Annual Reporting for High-Cost Recipients
47 C.F.R. §54.313(a)(2) through (a)(6) and (h)
Southwest Arkansas Telephone Cooperative, Inc.**

June 15, 2012

Ms. Marlene H. Dortch
Office of the Secretary
Federal Communications Commission
445 12th Street SW
Washington, D.C. 20554

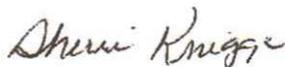
Ms. Karen Majcher
Vice President – High Cost Low Income Division
Universal Service Administrative Company
2000 L Street NW, Suite 200
Washington, D.C. 20036

RE: WC Docket No. 10-90: Annual Reporting Requirements for High-Cost Recipients §54.313 (a)(2) through (a)(6) and (h)

Pursuant to Section 54.313(a)(2) through (a)(6) and (h) of the Federal Communications Commission's rules, enclosed are the 2012 annual reporting requirements and certifications for Southwest Arkansas Telephone Cooperative, Inc., Study Area Code 401724, which includes portions of Arkansas and Texas. Southwest Arkansas Telephone Cooperative, Inc. is a state-designated ETC in both Arkansas and Texas, and as such, is submitting to the Commission relevant information from reports it files with its State Commissions for §54.313 (a)(2) through (a)(4). Included in this filing, as Attachment C, are the affidavits filed in 2011 with the Arkansas Public Service Commission and the Texas Public Utilities Commission as required under 47 USC 254(3); 47 CFR Sec. 54.314 and also Attachment D, which is various reports that the Cooperative sends to the two State Commissions.

Should you have any questions, please contact me via email at sherrick@swatco.com or by phone at 870-653-7132.

Sincerely,



Sherri Knigge
Compliance Officer

Enclosures

Cc: Arkansas Public Service Commission
Texas Public Utilities Commission

**Annual Reporting for High-Cost Recipients
47 C.F.R. §54.313(a)(2) through (a)(6) and (h)
Southwest Arkansas Telephone Cooperative, Inc.**

OUTAGE REPORTING – §54.313 (a)(2)

Detailed information on any outage in the prior calendar year, as that term is defined in 47 C.F.R. 4.5, of at least 30 minutes in duration for each service area in which an eligible telecommunications carrier is designated for any facilities it owns, operates, leases, or otherwise utilizes that potentially affect (i) At least ten percent of the end users served in a designated service area; or (ii) A 911 special facility, as defined in 47 C.F.R. 4.5(e). 47 C.F.R. §54.313(a)(2).

Detailed Outage Information for 2011						
Date of Outage	Time of Outage	Description of Outage and Resolution	Particular Services Affected	Geographic Areas Affected	Steps Taken to Prevent Future Recurrences	Number of Customers Affected

There were no outages of at least 30 minutes in duration for each service area that also affected at least ten percent of the end users service in the designated service areas of Southwest Arkansas Telephone Cooperative, Inc. Attachment A details outages reported to the Arkansas Public Service Commission, however, none of these outages meets or exceeds the thresholds listed above, and are, therefore, not reportable.

The Texas Public Utilities Commission does not require this type information be reported. Therefore, pursuant to paragraph 10 of Connect America Fund, WC Docket No. 10-90 et al., DA 12-147 (rel. Feb. 3, 2012) Order 27 FCC Rcd. 605,608 (2012) and pursuant to paragraph 6 of Connect America Fund, WC Docket No. 10-90 et al., Third Order on Reconsideration, FCC 12-52 (rel. May 14, 2012) (Third Reconsideration Order), the Cooperative is exempt.

**Annual Reporting for High-Cost Recipients
47 C.F.R. §54.313(a)(2) through (a)(6) and (h)
Southwest Arkansas Telephone Cooperative, Inc.**

UNFULFILLED SERVICE REQUESTS – §54.313(a)(3)

The number of requests for service from potential customers within the recipient's service areas that were unfulfilled during the prior calendar year. The carrier shall also detail how it attempted to provide service to those customers.

There were no unfilled requests for service during calendar year 2011. This information was not required to be collected during 2011 by the Arkansas Public Service Commission or the Texas Public Utilities Commission, and therefore, pursuant to paragraph 10 of Connect America Fund, WC Docket No. 10-90 et al., DA 12-147 (rel. Feb. 3, 2012) Order 27 FCC Rcd. 605,608 (2012) and pursuant to paragraph 6 of Connect America Fund, WC Docket No. 10-90 et al., Third Order on Reconsideration, FCC 12-52 (rel. May 14, 2012) (Third Reconsideration Order), the Cooperative is exempt.

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Southwest Arkansas Telephone Cooperative, Inc.**

NUMBER OF COMPLAINTS PER 1,000 CONNECTIONS – §54.313(a)(4)

The number of complaints per 1,000 connections in the prior calendar year.

There were no complaints received during calendar year 2011. This information was not required to be collected during 2011 by the Arkansas Public Service Commission or the Texas Public Utilities Commission, and therefore, pursuant to paragraph 10 of Connect America Fund, WC Docket No. 10-90 et al., DA 12-147 (rel. Feb. 3, 2012) Order 27 FCC Rcd. 605,608 (2012) and pursuant to paragraph 6 of Connect America Fund, WC Docket No. 10-90 et al., Third Order on Reconsideration, FCC 12-52 (rel. May 14, 2012) (Third Reconsideration Order), the Cooperative is exempt.

**Annual Reporting for High-Cost Recipients
47 C.F.R. §54.313(a)(2) through (a)(6) and (h)
Southwest Arkansas Telephone Cooperative, Inc.**

**§54.313(a)(5) – COMPLIANCE WITH SERVICE QUALITY STANDARDS AND CONSUMER PROTECTION
RULES**

Service Quality Standards and Consumer Protection Rules Annual Certification

Sherri Knigge	Compliance Officer	Southwest Arkansas Telephone Cooperative, Inc.
Printed Name of Officer	Title of Officer	Company Name

I am authorized to provide this certification on behalf of the Company. I hereby certify that the Company is in compliance with applicable service quality standards and consumer protection rules.

Executed on June 15, 2012 _____
Date

Signature *Sherri Knigge* _____

Printed/Typed Name Sherri Knigge _____

**Annual Reporting for High-Cost Recipients
47 C.F.R. §54.313(a)(2) through (a)(6) and (h)
Southwest Arkansas Telephone Cooperative, Inc.**

§54.313(a)(6) – ABILITY TO FUNCTION IN EMERGENCY SITUATIONS

Ability to Function in Emergency Situations Annual Certification

Sherri Knigge	Compliance Officer	Southwest Arkansas Telephone Cooperative, Inc.
Printed Name of Officer	Title of Officer	Company Name

I am authorized to provide this certification on behalf of the Company. I hereby certify that the Company is capable of functioning in emergency situations. The Company 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.

Executed on June 15, 2012
Date

Signature *Sherri Knigge*
Sherri Knigge

Printed/Typed Name _____

**Annual Reporting for High-Cost Recipients
47 C.F.R. §54.313(a)(2) through (a)(6) and (h)
Southwest Arkansas Telephone Cooperative, Inc.**

ADDITIONAL VOICE RATE DATA – §54.313(h)

All incumbent local exchange carrier recipients of high-cost support must report all rates for residential local service, as well as state fees as defined pursuant to §54.318(e) of this subpart, that are below the local urban rate floor as defined in §54.318 of this subpart, and the number of lines for each rate specified. Carriers shall report lines and rates in effect as of June 1.

As of June 1, 2012, Southwest Arkansas Telephone Cooperative, Inc. did not have any rates for residential local service, as well as state fees as defined pursuant to §54.318(e), that are below the local urban rate floor as defined in §54.318.

Attachment B shows the information presented to the National Exchange Carriers Association certifying the fact that Southwest Arkansas Telephone Cooperative, Inc. did not have any rates for residential local service, (plus charges as defined) less than \$10.00. Attachment B is also being provided to both the Arkansas Public Service Commission and the Texas Public Utilities Commission, as required.

Annual Reporting for High-Cost Recipients
47 C.F.R. §54.313(a)(2) through (a)(6) and (h)
Southwest Arkansas Telephone Cooperative, Inc.

ATTACHMENT A

Company Name **SOUTHWEST ARKANSAS TELEPHONE COOPERATIVE, INC.**

ATTACHMENT A

APSC SERVICE PERFORMANCE REPORT - TPR 9.01 10.01 10.06															
2011															
Line No.		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec		
	Trouble Reports TPR 10.06														
Exchange Name:	1	Access Lines	484	482	485	484	482	484	481	481	480	479	477	474	
DODDRIDGE	2	Total Trouble Rpts.	12	4	10	4	7	2	5	3	9	1	8	13	
Switch Mfg:	3	Deregulated	2	1	3	4	1	0	2	0	2	0	6	5	
DMS-10	4	Excluded	5	0	3	0	4	1	0	1	1	0	0	2	
NXX:	5	Measurable Rpts.	5	3	4		2	1	3	2	6	1	2	6	
691	6	Trouble Index	1.03	0.62	0.82	0	0.41	0.21	0.62	0.42	1.25	0.21	0.42	1.27	Target <=5
		Service Outage Restoration TRP 10.01													
	7	Total OOS Rpts.	7	4	8	4	4	1	2	3	7	1	5	9	
	8	Deregulated	1	1	2	4	0	0	1	0	2	0	3	3	
	9	Excluded	1	0	3	0	3	0	0	1	1	0	0	0	
	10	Measurable Rpts.	5	3	3		1	1	1	2	4	1	2	6	
	11	Restored W/ 24 Hrs.	5	3	3		1	1	1	2	4	1	2	6	
	12	Percentage	100.00%	100.00%	100.00%		100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	>=95%
		Application for Service 5 days TPR 9.01													
	13	Total Applications	3	2	5	2	2	2	4	2	4	0	4	1	
	14	W/ 5 Days	3	2	5	2	2	2	4	2	4		4	1	
	15	Percentage	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%		100.00%	100.00%	>=95%
		Application for Service 30 days TPR 9.01													
	16	Total Applications	1	0	1	0	2	1	0	0	3	3	-0	0	
	17	W/ 30 Days	1		1		2	1			3	3			
	18	Percentage	100.00%		100.00%		100.00%	100.00%			100.00%	100.00%			>=95%

19 Name and address of person to contact regarding this information:

Macy Bobo
 2601 East Street
 Texarkana, AR 71854

NOTE: Create a tab to represent each exchange

Company Name SOUTHWEST ARKANSAS TELEPHONE COOPERATIVE, INC.

APSC SERVICE PERFORMANCE REPORT - TPR 9.01 10.01 10.06														
2011														
Line No.		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
Trouble Reports TPR 10.06														
Exchange Name:	1	Access Lines	592	591	584	584	584	579	577	584	582	582	580	577
EMERSON	2	Total Trouble Rpts.	6	9	7	16	4	8	10	8	7	3	7	10
Switch Mfg:	3	Deregulated	2	5	1	8	4	3	2	2	5	3	3	6
DMS-10	4	Excluded	4	2	4	5	0	0	2	3	2	0	2	0
NXX:	5	Measurable Rpts.		2	2	3		5	6	3			2	4
547	6	Trouble Index	0	0.34	0.34	0.51	0	0.86	1.04	0.51	0	0	0.34	0.69
Service Outage Restoration TRP 10.01														
	7	Total OOS Rpts.	2	5	3	11	3	5	8	6	5	2	4	6
	8	Deregulated	2	3	1	5	3	2	1	1	3	2	2	2
	9	Excluded	0	0	0	4	0	0	2	3	2		1	0
	10	Measurable Rpts.		2	2	2		3	5	2			1	4
	11	Restored W/ 24 Hrs.		2	2	2		3	5	2			1	4
	12	Percentage		100.00%	100.00%	100.00%		100.00%	100.00%	100.00%			100.00%	100.00%
Application for Service 5 days TPR 9.01														
	13	Total Applications	2	1	2	1	5	2	1	5	2	1	2	2
	14	W/ 5 Days	2	1	2	1	5	2	1	5	2	1	2	2
	15	Percentage	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Application for Service 30 days TPR 9.01														
	16	Total Applications	0	1	0	1	1	2	0	0	3	0	1	1
	17	W/ 30 Days		1		1	1	2			3		1	1
	18	Percentage		100.00%		100.00%	100.00%	100.00%			100.00%		100.00%	100.00%

Target
 <=5
 >=95%
 >=95%
 >=95%

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APSC SERVICE PERFORMANCE REPORT - TPR 9.01 10.01 10.06														
2011														
Line No.		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
	Trouble Reports TPR 10.06													
Exchange Name:	1	Access Lines	271	273	277	276	275	272	271	268	267	265	261	259
FULTON	2	Total Trouble Rpts.	0	8	3	1	1	5	3	0	2	1	3	4
Switch Mfg:	3	Deregulated	0	0	2	0	0	2	3	0	2	1	2	4
DMS-10	4	Excluded	0	7	1	0	1	1	0	0	0		1	0
NXX:	5	Measurable Rpts.		1		1		2						
896	6	Trouble Index	0	0.37	0	0.36	0	0.74	0	0	0	0	0	0
														Target
														<=5
		Service Outage Restoration TRP 10.01												
	7	Total OOS Rpts.	0	8	2	1	1	3	1	0	2	1	2	1
	8	Deregulated	0	0	0	0	0	0	1	0	2	1	1	1
	9	Excluded	0	7	1	0	1	1	0	0	0		1	0
	10	Measurable Rpts.		1	1	1		2						
	11	Restored W/ 24 Hrs.		1	1	1		2						
	12	Percentage		100.00%	100.00%	100.00%		100.00%						
		Application for Service 5 days TPR 9.01												
	13	Total Applications	5	2	5	1	1	2	2	2	1	0	2	0
	14	W/ 5 Days	5	2	5	1	1	2	2	2	1		2	
	15	Percentage	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%		100.00%	
		Application for Service 30 days TPR 9.01												
	16	Total Applications	0	1	1	1	0	1	0	0	1	0	0	
	17	W/ 30 Days		1	1	1		1			1			
	18	Percentage		100.00%	100.00%	100.00%		100.00%			100.00%			

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APSC SERVICE PERFORMANCE REPORT - TPR 9.01 10.01 10.06														
2011														
Line No.		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Target
	Trouble Reports TPR 10.06													
Exchange Name:	1	Access Lines	131	132	132	132	129	128	124	126	128	125	125	122
GARLAND	2	Total Trouble Rpts.	3	1	1	4	2	1	1	4	2	2	2	2
Switch Mfg:	3	Deregulated	1	1	0	3	2	1	1	2	1	1	0	1
DMS-10	4	Excluded	1	0	1	0	0	0	0	1	0	0	0	1
NXX:	5	Measurable Rpts.	1			1				1	1	1	2	
683	6	Trouble Index	0.76	0	0	0.76	0	0	0	0.79	0.78	0.8	1.6	0
		Service Outage Restoration TRP 10.01												
	7	Total OOS Rpts.	1	0	0	2	1	1	1	1	1	2	1	1
	8	Deregulated	0			2	0	1	1	0	0	1	0	1
	9	Excluded	0			0	1	0	0	0	0	0	0	0
	10	Measurable Rpts.	1							1	1	1	1	
	11	Restored W/ 24 Hrs.	1							1	1	1	1	
	12	Percentage	100.00%							100.00%	100.00%	100.00%	100.00%	>=95%
		Application for Service 5 days TPR 9.01												
	13	Total Applications	1	3	1	0	0	0	0	0	3	0	1	0
	14	W/ 5 Days	1	3	1						3		1	
	15	Percentage	100.00%	100.00%	100.00%						100.00%		100.00%	>=95%
		Application for Service 30 days TPR 9.01												
	16	Total Applications	0	0	1	0	0	0	0	0	2	0	0	0
	17	W/ 30 Days			1						2			
	18	Percentage			100.00%						100.00%			>=95%

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APSC SERVICE PERFORMANCE REPORT - TPR 9.01 10.01 10.06														
2011														
Line No.		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
Exchange Name:		Trouble Reports TPR 10.06												
1	Access Lines	244	246	243	240	240	239	236	237	235	236	237	235	
2	Total Trouble Rpts.	3	1	2	2	2	2	6	3	0	1	2	1	
3	Deregulated	3	1	1	1	1	2	1	1	0	0	0	0	
4	Excluded	0		0	1	0	0	0	0	0	1	0	0	
5	Measurable Rpts.			1		1		5	2			2	1	Target
645	Trouble Index	0	0	0.41	0	0.42	0	2.12	0.84	0	0	0.84	0.43	<=5
		Service Outage Restoration TRP 10.01												
7	Total OOS Rpts.	2	1	1	2	1	1	4	2	0	1	1	1	
8	Deregulated	2	1	0	1	1	1	1	1	0		0	0	
9	Excluded	0	0	0	1	0	0	0	0	0	1	0	0	
10	Measurable Rpts.			1				3	1			1	1	
11	Restored W/ 24 Hrs.			1				3	1			1	1	
12	Percentage			100.00%				100.00%	100.00%			100.00%	100.00%	>=95%
		Application for Service 5 days TPR 9.01												
13	Total Applications	1	2	1	0	1	0	0	1	0	1	1	0	
14	W/ 5 Days	1	2	1		1			1		1	1	1	
15	Percentage	100.00%	100.00%	100.00%		100.00%			100.00%		100.00%	100.00%	100.00%	>=95%
		Application for Service 30 days TPR 9.01												
16	Total Applications	1	0	0	0	0	0	0	0	0	0	0	0	
17	W/ 30 Days	1												
18	Percentage	100.00%												>=95%

19 **Name and address of person to contact regarding this information:** Macy Bobo
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Texarkana, AR 71854

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Company Name **SOUTHWEST ARKANSAS TELEPHONE COOPERATIVE, INC.**

APSC SERVICE PERFORMANCE REPORT - TPR 9.01 10.01 10.06														
2011														
Line No.		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
	Trouble Reports TPR 10.06													
Exchange Name:	1	Access Lines	513	512	511	511	509	505	503	505	507	504	497	495
WASHINGTON	2	Total Trouble Rpts.	6	8	2	8	5	10	5	14	7	5	6	18
Switch Mfg:	3	Deregulated	3	2	2	3	2	6	4	4	4	2	4	3
DMS-10	4	Excluded	2	3	0	4	1	1	0	1	1	0	1	1
NXX:	5	Measurable Rpts.	1	3		1	2	3	1	9	2	3	1	14
983	6	Trouble Index	0.19	0.59	0	0.2	0.39	0.59	0.2	1.78	0.39	0.6	0.2	2.83
		Service Outage Restoration TRP 10.01												
	7	Total OOS Rpts.	2	2	2	6	3	5	4	11	2	2	3	16
	8	Deregulated	1	1	2	1	2	3	3	1	1	0	2	1
	9	Excluded	0	1	0	4	0	0	0	1	0	0	0	1
	10	Measurable Rpts.	1			1	1	2	1	9	1	2	1	14
	11	Restored W/ 24 Hrs.	1			1	1	2	1	9	1	2	1	14
	12	Percentage	100.00%			100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
		Application for Service 5 days TPR 9.01												
	13	Total Applications	1	2	2	4	1	1	0	3	4	3	0	3
	14	W/ 5 Days	1	2	2	4	1	1		3	4	3		3
	15	Percentage	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%		100.00%	100.00%	100.00%		100.00%
		Application for Service 30 days TPR 9.01												
	16	Total Applications	0	0	2	2	1	0	1	0	0	0	0	0
	17	W/ 30 Days			2	2	1		1					
	18	Percentage			100.00%	100.00%	100.00%		100.00%					

Target
 <=5
 >=95%
 >=95%
 >=95%

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47 C.F.R. §54.313(a)(2) through (a)(6) and (h)
Southwest Arkansas Telephone Cooperative, Inc.

ATTACHMENT B

Rate Floor Template

Certification of Officer as to the Accuracy of the Data Reported for the Rate Floor Data

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual rate floor data reported ; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier				Southwest Arkansas Telephone Cooperative, Inc.			
Signature of authorized officer		<i>Sherri Knigge</i>		Date		6/11/12	
Printed name of authorized officer				Sherri Knigge			
Title or position of authorized officer				Compliance Officer			
Telephone number of authorized officer:				(870) 653-7132 ext.			
Study Area Code of Reporting Carrier		401724		Filing Due Date for this form (mm/dd/yyyy)		7/1/2012	
<input checked="" type="checkbox"/>	I certify that our company receives or is projected to receive High Cost Loop Support or High Cost Model Support in 2012 and has no monthly residential rates (plus charges as defined) less than \$10.						

Rate Floor Data

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING RATE FLOOR DATA ON THE CARRIER'S BEHALF:

<p>Certification of Officer to Authorize an Agent to File Rate Floor Data on Behalf of Reporting Carrier</p> <p>I certify that <u>National Exchange Carrier Association (NECA)</u> is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual rate floor data provided to the authorized agent; and, to the best of my knowledge, the actual rate floor data provided to the authorized agent is accurate.</p> <p>I certify that I am authorized to submit the information reported on this form on behalf of the reporting carrier; that I have provided the information reported herein based on data provided by the reporting carrier; and to the best of my knowledge the information reported herein is accurate.</p>			
Name of Authorized Agent <u>National Exchange Carrier Association (NECA)</u>			
Name of Reporting Carrier <u>Southwest Arkansas Telephone Cooperative, Inc.</u>			
Signature of authorized officer <u><i>Sherri Knigge</i></u>			Date <u>6/11/12</u>
Printed name of authorized officer <u>Sherri Knigge</u>			
Title or position of authorized officer <u>Compliance Officer</u>			
Telephone number of authorized officer: <u>(870) 653-7132</u> ext.			
Study Area Code of Reporting Carrier	<u>401724</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>7/1/2012</u>

Annual Reporting for High-Cost Recipients

47 C.F.R. §54.313(a)(2) through (a)(6) and (h)

Southwest Arkansas Telephone Cooperative, Inc.

ATTACHMENT C

SOUTH
WEST
△ARKANSAS
△ELEPHONE CO-OP., INC.

August 2, 2011

Connie C. Griffin
Administrative Law Judge
Arkansas Public Service Commission
P. O. Box 400
Little Rock, AR 72203-0400

RE: Southwest Arkansas Telephone Cooperative, Inc.
OCN Code: 1724
Study Area Code: 401724
47 USC 254(e); 47 CFR Sec.54.314

Dear Ms. Griffin:

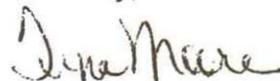
This letter is to request that the Arkansas Public Service Commission notify the Federal Universal Fund Administrator (USAC) and the Federal Communications Commission (FCC) that Southwest Arkansas Telephone Cooperative, Inc. is eligible to receive federal universal service support in accordance with the above-referenced statute and federal rule.

The amount of federal universal service support Southwest Arkansas Telephone Cooperative, Inc. will receive in 2011 will continue to be used for the services and functionalities outlined in 47 C.F.R. Sec.54.101(a) and, as the attached affidavit shows, Southwest Arkansas Telephone Cooperative, Inc. certifies that it will use the federal universal service support it receives for the provision, maintenance and upgrading of facilities and service for which such support is intended.

This state certification for federal support will be an annual process. In order to receive federal support beginning January 1 of each year, the Arkansas Public Service Commission must file its annual certification on or before October 1 of the year before.

Southwest Arkansas Telephone Cooperative, Inc. respectfully requests that the Commission notify the FCC and USAC prior to October 1 of this year that Southwest Arkansas Telephone Cooperative, Inc. is eligible to receive federal universal service support for 2012.

Sincerely,



Tina Moore

Attachments

ARKANSAS PUBLIC SERVICE COMMISSION
AFFIDAVIT FOR FEDERAL UNIVERSAL SERVICE SUPPORT FUNDS
(payable for the 2012 calendar year)

DESIGNATION OF COMMON CARRIERS AS ELIGIBLE)
TELECOMMUNICATIONS CARRIERS TO RECEIVE)
FEDERAL UNIVERSAL FUNDS PURSUANT TO THE)
FEDERAL COMMUNICATIONS COMMISSION'S)
FOURTEENTH REPORT AND ORDER ADOPTING)
A STATE CERTIFICATION PROCESS)

STATE OF ARKANSAS

COUNTY OF MILLER

1. My name is Tina Moore. I am a Compliance Officer of Southwest Arkansas Telephone Cooperative, Inc. My address is 2601 East Street, Texarkana, Arkansas 71854. My e-mail address is tinam@swatco.com and my telephone number is (870)653-8222.
2. This affidavit is provided for state certification by the Arkansas Public Service Commission in accordance with 47 C.F.R. §54.313 or §54.314, as may be applicable. This affidavit is made in support of the Company's request for certification for eligibility for USF support in accordance with the procedures established *In the Matter of Federal-State Joint Board on Universal Service*, CC Docket Nos. 96-45 and 00-256, 14th Report and Order, 22nd Order on Reconsideration and Further Notice of Proposed Rulemaking (FCC 01-157).
3. The Company's study area code for the supported area is 401724.
4. I am familiar with the Universal Service Support received by the Company and how the Company uses those funds.
5. I am authorized to execute this affidavit on behalf of the Company.

ETC Affidavit
Page 1 of 2

6. The Company hereby certifies that the Federal Universal Service Support funds received by the Company are used only for the provision, maintenance and upgrading of facilities for which the support is intended.

FURTHER AFFIANT SAYETH NOT.

Tina Moore

Tina Moore, Compliance Officer

Subscribed and sworn to before me on this 2nd day of August, 2011.

Sherr Knigge
NOTARY PUBLIC

Sherr Knigge
Printed Name of Notary

My Commission Expires: 06/20/2016



**SOUTH
WEST
ARKANSAS
TELEPHONE CO-OP., INC.**

August 2, 2011

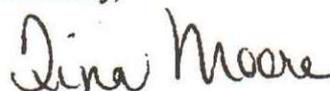
Cindy Neugebauer
John Staurulakis, Inc.
Echelon Building, Suite 200
9430 Research Boulevard
Austin, TX 78759

Dear Cindy:

~~Enclosed are the fully executed and notarized original affidavits to be filed with the Texas Public Utilities Commission.~~

If you should have any questions, please call.

Sincerely,



Tina Moore
Accountant

/TM
enclosure

PROJECT NO. 24481

**DESIGNATION OF COMMON CARRIERS
AS ELIGIBLE TELECOMMUNICATIONS
CARRIERS (ETC) TO RECEIVE FEDERAL
UNIVERSAL SERVICE FUNDS PURSUANT
TO THE FEDERAL COMMUNICATIONS
COMMISSION'S FOURTEENTH REPORT
AND ORDER ADOPTING A STATE
CERTIFICATION PROCESS**

§
§
§
§
§
§
§
§

**PUBLIC UTILITY COMMISSION
OF TEXAS**

ANNUAL AFFIDAVIT OF COMPLIANCE

STATE OF ARKANSAS

COUNTY OF BOWIE

BEFORE ME, the undersigned authority, on this day personally appeared Tina Moore of Southwest Arkansas Telephone Cooperative, Inc. ("SWAT or the Cooperative"), who said under oath:

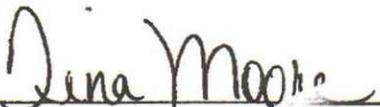
1. My name is Tina Moore. I am employed by SWAT in the position of Compliance Officer. In this position, I am personally familiar with the Federal Universal Service support the Cooperative received and how the Cooperative uses these funds.

2. The Public Utility Commission of Texas designated SWAT as an eligible telecommunications carrier (ETC) in Docket No. 18100, by order dated December 10, 1997 under the name Southwest Arkansas Telephone Cooperative, Inc. The study area code(s) for the area(s) where the Cooperative has been designated as an ETC is 401724. The service area for which the Cooperative has been designated as an ETC is (circle one):

- (A) a rural service area only
- (B) a non-rural service area only
- (C) both a rural and non-rural service area

3. The Federal Universal Service support funds received by the Cooperative are used only for the provision, maintenance, and upgrading of facilities for which the support is intended, as designated by the Federal Communications Commission consistent with §254(e) of the Federal Telecommunications Act. These funds will be used to provide the supported services as designated in 47 C.F.R. §54.101 which are available throughout the Cooperative's study area(s).

4. The matters addressed above are within my personal knowledge and are true and correct.



Tina Moore, Compliance Officer

SWORN TO AND SUBSCRIBED BEFORE ME, the undersigned authority, on this
the 2nd day of August, 2011.



Notary Public
State of Arkansas

SEAL:



PROJECT NO. 32567

ANNUAL COMPLIANCE AFFIDAVIT § PUBLIC UTILITY COMMISSION
ATTESTING TO PROPER USE OF TEXAS §
UNIVERSAL SERVICE FUND PURSUANT § OF TEXAS
TO PURA § 56.030 §

ANNUAL AFFIDAVIT OF COMPLIANCE

STATE OF ARKANSAS

COUNTY OF BOWIE

BEFORE ME, the undersigned authority, on this day personally appeared Tina Moore of Southwest Arkansas Telephone Cooperative, Inc. (the Cooperative) who said under oath:

1. My name is Tina Moore. I am employed by Southwest Arkansas Telephone Cooperative, Inc. in the position of Compliance Officer. In this position, I am personally familiar with the Texas Universal Service Fund (TUSF) support the Cooperative received and how the Cooperative uses these funds.

2. The Public Utility Commission of Texas designated the Cooperative as an eligible telecommunications provider (ETP) or resale eligible telecommunications provider (RETP) in Docket No. 18768 by order dated May 18, 1998 under the name Southwest Arkansas Telephone Cooperative, Inc.

3. I certify that I am familiar with the requirements in PURA and the Commission's Substantive Rules for receiving money from the TUSF. Pursuant to PURA § 56.030, I certify that the Cooperative complies with those requirements for receiving money from the TUSF.

4. Pursuant to PURA § 56.030, I certify that the Cooperative complies with the requirements in PURA and the Commission's Substantive Rules regarding the use of money from each of the following TUSF programs from which disbursements are received (check all that apply):

- Texas High Cost Universal Service Plan (§26.403);
- Small and Rural ILEC Universal Service Plan (§26.404);
- Implementation of the PURA §56.025 (§26.406);
- Additional Financial Assistance (§26.408);
- USF Reimbursement for Certain IntraLATA Services (§26.410);
- Lifeline Service and Link Up Service Programs (§26.412);
- Telecommunications Relay Service (§26.414);
- Designation of Eligible Telecommunications Providers to Provide Service to Uncertificated Areas (§26.421);
- Subsequent Petitions for Service in Uncertificated Areas (§26.422);
- High Cost Universal Service Plan for Uncertificated Areas where an ETP Volunteers to Provide Basic Local Telecommunications Service (§26.423);
- Other (please specify)_____).

5. The matters addressed above are within my personal knowledge and are true and correct.

Tina Moore
Signature of Affiant

SWORN TO AND SUBSCRIBED BEFORE ME, the undersigned authority, on this the 2nd day of August, 2011.

Shen Knigg
Notary Public's Signature
State of Arkansas

SEAL:

Annual Reporting for High-Cost Recipients
47 C.F.R. §54.313(a)(2) through (a)(6) and (h)
Southwest Arkansas Telephone Cooperative, Inc.

ATTACHMENT D

Access Line Count Form

City of Bloomburg - QTR1 - 2011			
			Edit
	Category 1:	Category 2:	Category 3:
Month:	Residential	Non-Resident	Point to Point
January	363	38	0
February	362	38	0
March	363	38	0

[Submit](#) [Reset](#) [Delete](#)

Access Line Count Form

City of Bloomburg - QTR2 - 2011			
			Add
Month:	Category 1: Residential	Category 2: Non-Resident	Category 3: Point to Point
April	360	39	0
May	360	39	0
June	358	39	0

2Q11
8/4/11

Public Utility Commission of Texas

Search for Reports by Year, Quarter and Letter

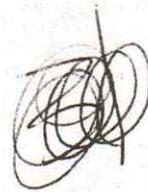
A B C D E F G H I J K L M N O P Q R S T U V W X Y Z ALL

2011

QTR2

Access Line Count Form

City of Bloomburg - QTR3 - 2011			
			 Add
Month:	Category 1: Residential	Category 2: Non-Resident	Category 3: Point to Point
July	354	39	0
August	349	39	0
September	345	39	0



3Q 11

11/3/11

MUNICIPAL RIGHTS-OF-WAY COMPENSATION

Access Line Count Report by
Public Utility Commission of Texas

CONFIDENTIAL - NOT FOR DISCLOSURE

Date of Report: 2/7/2012 8:34:25 AM
Company: SOUTHWEST ARKANSAS TELEPHONE COOPERATIVE, INC.
Year: 2011
Quarter: 4th

2011	October			November			December		
1 Municipalities	CAT 1	CAT 2	CAT 3	CAT 1	CAT 2	CAT 3	CAT 1	CAT 2	CAT 3
Bloomburg	339	39	0	341	39	0	344	39	0
Total	339	39	0	341	39	0	344	39	0

Access Line Count Form

City of Bloomburg - QTR4 - 2011			
			Add
Month:	Category 1: Residential	Category 2: Non-Resident	Category 3: Point to Point
October	339	39	0
November	341	39	0
December	344	39	0

Submit

Reset

4Q11
2/7/12
jm

**SOUTH
WEST
ARKANSAS
TELEPHONE CO-OP., INC.**

March 24, 2011

Office of the Attorney General
Attn: Isabel Saucedo Aleman, Consumer Protection Division
W.P. Clements Bldg., 9th Floor
300 West 15th Street
PO Box 12548
Austin, TX 78711-2548

RE: State Agency Utility Report

Dear Isabel:

Pursuant to Substantive Rule 26.78 utility service providers are required to make biennial filings relating to state agency accounts. This letter serves as a compliance filing pursuant to Substantive Rule 26.78.

At this time, Southwest Arkansas Telephone Cooperative, Inc. does not provide service to a state agency in our Bloomburg, Texas telephone exchange.

Should you have any questions or need additional information, please call me at (870)653-8222.

Sincerely,



Tina Moore
Accountant

/TM

SSOUTH
WWEST
△ARKANSAS
△ELEPHONE CO-OP., INC.

September 29, 2011

Office of the Attorney General
Attn: Isabel Saucedo Aleman, Consumer Protection Division
W.P. Clements Bldg., 9th Floor
300 West 15th Street
PO Box 12548
Austin, TX 78711-2548

RE: State Agency Utility Report

Dear Isabel:

Pursuant to Substantive Rule 26.78 utility service providers are required to make biennial filings relating to state agency accounts. This letter serves as a compliance filing pursuant to Substantive Rule 26.78.

At this time, Southwest Arkansas Telephone Cooperative, Inc. does not provide service to a state agency in our Bloomburg, Texas telephone exchange.

Should you have any questions or need additional information, please call me at (870)653-8222.

Sincerely,



Tina Moore
Accountant

/TM

Tina Moore

From: Tina Moore
Sent: Tuesday, July 12, 2011 5:21 PM
To: 'Janis.Ervin@puc.state.tx.us'
Subject: Annual Access Line Counts for Performance Review
Signed By: tinam@swatco.com

Janis,

As of December 31, 2010, Southwest Arkansas Telephone Cooperative, Inc. served 413 access lines in our Bloomburg, Texas telephone exchange with DMS10 digital switch technology.

Should you have any questions or need additional information, please contact me at 870-653-8222 or tinam@swatco.com.

Thank you,
Tina Moore
Accountant
SW AR Telephone Coop., Inc.
tinam@swatco.com

Public Utility Commission Of Texas ILEC Annual Report

Company Information

Company Name: SOUTHWEST ARKANSAS
TELEPHONE COOPERATIVE INC

Certification No. 40078

Electronic Submissions:

Last Submitted: Never Submitted

Submissions: 0

NOTE: For changes to business entity, state of incorporation, identification numbers, or business or professional certificates please convey information in the note field in the Affirmation section below. Thank you.

Additional Names

 Add Record

Action Company/DBA/Additional Names Information

Company Addresses and Contact Information

 Add Record

Action Address Information

	Company / Physical	Non Emergency		
	Company: SOUTHWEST ARKANSAS TELEPHONE COOPERATIVE INC Contact: BILL HEGMANN Title: GENERAL MANAGER Address1: 2601 EAST STREET Address2: City, St TEXARKANA AR , 71854-8073 Zip: Website: Email: bill@swat.coop Main: (870) 653-8222 Toll-Free: (870) 653-8222 Fax: (870) 653-3227	Home: Cell:		
	Authorized Rep Company: SOUTHWEST ARKANSAS TELEPHONE COOPERATIVE INC Contact: BILL HEGMANN Title: Address1: 2601 EAST STREET Address2: City, St TEXARKANA AR , 71854 Zip: Website: Email: bill@swat.coop Main: (870) 653-8222 Toll-Free: Fax: (870) 653-3227	Home: Cell:		
	Regulatory Rep Company: SOUTHWEST ARKANSAS TELEPHONE COOPERATIVE INC Contact: WILLIAM G BULLOCK Title: ATTORNEY AT LAW	Home: Cell:		

Address1: 3304 RICHMOND ROAD
 Address2:
 City, St: TEXARKANA TX , 75503
 Zip:
 Website:
 Email: WGBLAWFIRM@CABLEONE.NET
 Main: (903) 832-8716 Home:
 Toll-Free: (903) 223-7039 Cell:
 Fax: (903) 832-2171

Complaint Contact Information

Do you need to add, update, or remove any of your Customer Complaints Contact information?

No Response Yes No

Add Record

Action	Address Information	Contact	Complaint Correspondence	Non Emergency	Complaint Correspondence
		Contact	Complaint Correspondence		
	Company: SOUTHWEST ARKANSAS TELEPHONE COOPERATIVE INC	Contact: SANDY BENTON	Title:		
	Address1: 2601 EAST ST	Address2:	City, St: TEXARKANA AR , 71854		
	Zip:	Website:	Email: sandy@swat.coop	Home:	
	Main: (870) 653-8222	Toll-Free:	Fax: (870) 653-8300	Cell:	
	*** Customer Complaint correspondence contact updates are available online but must be approved by Complaints Division at PUC. ***				

Emergency Contact Information

Add Record

Action	Address Information	Contact	Primary Emergency	Secondary Emergency
		Contact	Primary Emergency	
	Company: SOUTHWEST ARKANSAS TELEPHONE COOPERATIVE INC	Contact: DENNIS FARLEY	Title:	EDIT
	Email: dennisf@swatco.com	Main: (870) 653-8222	Home: (870) 691-2581	
	Toll-Free: (870) 653-7222	Fax: (870) 653-2963	Cell: (903) 748-2341	
		Contact	Secondary Emergency	
	Company: SOUTHWEST ARKANSAS TELEPHONE COOPERATIVE INC	Contact: LANE POWERS	Title:	EDIT
	Email: lanep@swatco.com	Main: (870) 653-8222	Home: (870) 330-4677	
	Toll-Free: (870) 653-7222	Fax: (870) 653-2963	Cell: (903) 293-5109	

Migration Contacts**Add Record**

Action Contact Information

Migration: **MOC:** True **MEPP:** True **MEPS:** False **MEPF:** False

Name: RICKEY MCCUTCHEON

Title: CENTRAL OFFICE TECHNICIAN

Phone: (870) 653-8222

Fax: (870) 653-3227

Home:

Email: rickm@swatco.com

1-800:

Cell:

Pager:



EDIT

Technical Information 2

Record Saved

4/12/2011 2:01:53
PM

EDIT

The Technical Information Requested is divided into three sections:

- Provider Type and Prepaid Calling
- Technologies
- Services Provided

Each type of service must be acknowledged by selecting one of the following four responses: No Service, Business, Residential, or Bus. & Res. You will not be able to edit the Type of Provider.

If a value is no longer valid, you can edit the record by selecting a value from the drop down box and saving the record. (See Action Functions listed below)



Save a record

After Editing the sections, you MUST select the grey disk icon to complete the save record.



Show Help

Toggle the help section ON or OFF.



Save Section

Provider Type and Prepaid Calling

Provider Type: N/A

Pre-Paid Domestic Long Distance Service: No Service

Pre-Paid Interstate Long Distance Service: No Service

Pre-Paid Local Calling Service: No Service

Interstate Long Distance Service: Bus. & Res.

Intrastate Long Distance Service: Bus. & Res.

Technologies

Analog: No Service

Fiber: Bus. & Res.

VOIP: No Service

Wireless: No Service

TDM: No Service

Hybrid Coaxial: No Service

UNE-P: No Service

Services Provided

POTS: Bus. & Res.

ADSL: Bus. & Res.

SDSL: No Service

ISDN: No Service

HDSL: No Service

RADSL: No Service

VDSL:	<input type="text" value="No Service"/>	Optical Services:	<input type="text" value="No Service"/>
T1 Private:	<input type="text" value="Bus. & Res."/>	T1 Frac.:	<input type="text" value="No Service"/>
56K Switch:	<input type="text" value="Bus. & Res."/>	Frame Relay:	<input type="text" value="No Service"/>
Long Distance:	<input type="text" value="Bus. & Res."/>	Wireless:	<input type="text" value="No Service"/>
Other:	<input type="text"/>		

Financial Information

 Save Section

Applicant is required to respond to this question. If the response is "Yes", the Applicant must provide an explanation.

-  Save a record After Editing the sections, you MUST select the grey disk icon to complete the save.
-  Show Help Toggle the help section ON or OFF.

No Response
 Yes
 No

Has your company entered into bankruptcy, become insolvent, or failed to meet its financial obligations on a basis during the past 12 months. If Yes, provide a detailed explanation below.

Violation Information

 Save Section

Applicant is required to respond to these question. If the response is "Yes" to any question, the Applicant must provide a detailed explanation.

-  Save a record After Editing the sections, you MUST select the grey disk icon to complete the save.
-  Show Help Toggle the help section ON or OFF.

No Response
 Yes
 No

Has your telecommunication certification or registration been suspended or revoked by any state or federal agency during the past 12 months? If Yes, provide a detailed explanation below.

No Response
 Yes
 No

Have any of the owners, officers, partners, directors, board members and/or key personnel of the cert been convicted of a crime involving fraudulent, unfair, misleading, deceptive, anticompetitive business moral turpitude in the past 12 months. If Yes, provide a detailed explanation below.

No Response
 Yes
 No

Is your company affiliated with a certificate of convenience and necessity (CCN) holder? If Yes, provide explanation below if your company has not been maintaining the affiliate requirements as found in PUF the Commission rules.

Affirmation

Record Saved 4/12/2011 2:05:32 PM

 Save Section

By submitting this report, I swear and affirm that all statements and representations submitted herein are true and correct to the best of my knowledge.

Comments:

Name:

Title:

Affirm
Date: 4/12/2011 2:05:32 PM

Data Not Validated

**SOUTH
WEST
ARKANSAS
TELEPHONE CO-OP., INC.**

September 7, 2011

Filing Clerk
Public Utility Commission of Texas
1701 North Congress Avenue
P. O. Box 13326
Austin, TX 78711-3326

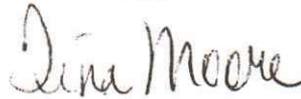
RE: Project No.18685 - Distance Learning and Information Sharing Program Services
Report for Southwest Arkansas Telephone Cooperative, Inc.

Dear Filing Clerk:.

Enclosed please find one original and four copies of the Distance Learning and Information
Sharing Program Services Report for Southwest Arkansas Telephone Cooperative, Inc. as
required under Substantive Rule 26.141(h).

Should you have any questions or need additional information, please call me at (870)653-8222.

Sincerely,



Tina Moore
Accountant

/TM
Enclosures

PROJECT NO. 37178; PROJECT TO DEVELOP COA/SPCOA STATEWIDE AVERAGE SWITCHED ACCESS RATES FOR NOVEMBER 2008 PUBLICATION PURSUANT TO PURA §52.155 AND PUC SUBSTANTIVE RULE 26.223

CCN Holder: Southwest Arkansas Telephone Cooperative, Inc.
Project No.: 39555
12 Mo. Period: 8/1/10 - 7/31/11

*emailed to
Cindy @ JST
8-11-11*

INTRASTATE ORIGINATING SWITCHED ACCESS:

emailed 2nd time

Element	Rate	Minutes	Avg. Mileage	Revenue
Carrier Common Line	0.027800	115,909	N/A	\$3,222.27
Local Transport Termination (Tandem Switched Termination)	0.002556	115,909	N/A	\$296.26
Local Transport Facility (Tandem Switched Facility)	0.000254	115,909	13	\$382.73
Local Switching	0.009600	115,909	N/A	\$1,112.73
Information Surcharge	0.000200	115,909	N/A	\$23.18

7/1/11

INTRASTATE TERMINATING SWITCHED ACCESS:

Element	Rate	Minutes	Avg. Mileage	Revenue
Carrier Common Line	0.027800	203,487	N/A	\$5,656.94
Local Transport Termination (Tandem Switched Termination)	0.002556	203,487	N/A	\$520.11
Local Transport Facility (Tandem Switched Facility)	0.000254	203,487	13	\$671.91
Local Switching	0.009600	203,487	N/A	\$1,953.48
Information Surcharge	0.000200	203,487	N/A	\$40.70

Donna L. Nelson
Chairman

Kenneth W. Anderson, Jr.
Commissioner

Rolando Pablos
Commissioner

Brian H. Lloyd
Executive Director



RECEIVED

NOV 22 2011

SOUTHWEST ARKANSAS
TELEPHONE CO-OP

Rick Perry
Governor

Public Utility Commission of Texas

November 16, 2011

Tina Moore
Southwest Arkansas Cooperative, Inc.
2601 East Street
Texarkana, AR 71854

RE: Annual LEC Assessment

Date Received: 11-22-11
Prices: 4221
Approved: [Signature]
Extension: [Signature]
Approved: BU
A/C No.: 7240.10

LOCAL EXCHANGE COMPANY FEE ASSESSMENT STATEMENT

DUE AND PAYABLE ON OR BEFORE DECEMBER 10, 2011

AMOUNT DUE: \$42.21

These are procedures for remitting the Annual Assessment Fee. Please follow these instructions carefully to assure proper handling of your payment.

1. Your company has been issued an individual account number by the Office of the Comptroller of Public Accounts of Texas to submit **ACH** payments to the **receiving bank, JP Morgan Chase**. Below you will find both the routing number for JP Morgan Chase and your assigned account number. When a payment has been received by the comptroller using this account number, an email notification will be sent to the Public Utility Commission of Texas (PUC).
2. Please provide the following information to your financial institution when submitting your payment for the annual assessment. **This is to be processed as an ACH transaction and not as a Fed Wire.**
3. If your banking relationship does not allow for this type of payment processing, please contact us immediately preferably by email or by phone as noted below.

We appreciate your prompt attention to this matter. Address any questions to Jesus Morales, Fiscal Services, at (512) 936-7395 or email jesus.morales@puc.state.tx.us.

ACH Processing Bank Information:

Routing Number: 021409169
Account Number: 0134731052

Donna L. Nelson
Chairman

Kenneth W. Anderson, Jr.
Commissioner

Rolando Pablos
Commissioner

Brian H. Lloyd
Executive Director



RECEIVED

NOV 22 2011

SOUTHWEST ARKANSAS
TELEPHONE CO-OP

Rick Perry
Governor

Public Utility Commission of Texas

November 16, 2011

Enclosed is the Local Exchange Company (LEC) Assessment for Fiscal Year 2012.

In 1987 the 70th Texas Legislature provided for an annual assessment to be collected from LECs operating in Texas. Substantive Rule 26.7 of the Public Utility Commission of Texas (PUC) describes the nature of this assessment as follows:

Amount of assessment. Each local exchange company subject to the jurisdiction of the commission shall pay an annual per-access-line assessment. The commission shall establish the assessment rate annually according to projected Public Utility Commission and Office of Public Utility Counsel expenditures for the current fiscal year related to implementation of the provisions of the Public Utility Regulatory Act (PURA) §52.060 and §53.308, divided by total industry access lines. The assessment shall be based upon access lines in existence during the preceding calendar year.

The amount assessed your company is shown on the enclosed statement and **payment is due to the State Comptroller's Office by December 10, 2011.** Remittance instructions are included in your Assessment Statement. Please do not include payment for any other fees or taxes in your remittance.

If you have questions regarding the assessment, please contact Jesus Morales at (512) 936-7395 or email jesus.morales@puc.state.tx.us.

Sincerely,

A handwritten signature in black ink, appearing to read "Brian H. Lloyd".

Brian H. Lloyd
Executive Director

Enclosure

1.49 Pls



Printed on recycled paper

An Equal Opportunity Employer

Cash Management

While this page is visible, please do not use your browser's Stop or Back functions. Doing so may cause problems with the processing of this form. Also, Please *do not* click any button more than once. The page may take a moment or two to process after submitting.

Batch Approved

Batch Number: 2566148

Batch Name: txpuc

Batch Total: \$42.21

Active Item Count: 1

Items on Hold: 0

Following is a breakdown of the processing dates for this batch.

It is advisable that you have sufficient funds to cover the total amount of the batch in the account associated with this batch on the day that the account is to be debited.

Batch State Locked: 12/01/2011

Batch Submitted to ACH Network: 12/01/2011

Debit Made to Associated Account: 12/05/2011

Effective Date: 12/05/2011

SOUTH
WEST
ARKANSAS
ATELEPHONE CO-OP., INC.

March 27, 2012

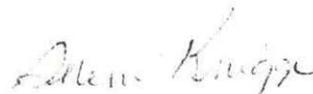
Ms. Florence Garner
Audit Section - Utilities Division
Arkansas Public Service Commission
P. O. Box 400
1000 Center Street
Little Rock, AR 72203-0400

Dear Ms. Garner:

Please find enclosed an original and two copies of the Annual Report for Southwest Arkansas Telephone Cooperative, Inc. for the year ended December 31, 2011.

Should you have any questions, please call.

Sincerely,



Sherri Knigge
Accountant

/SK
Enclosures

LOCAL TELEPHONE COMPANY

ANNUAL REPORT

OF THE

NAME Southwest Arkansas Telephone Cooperative, Inc

(Here show in full the exact corporate, firm or individual name of the respondent)

LOCATED AT 2601 East Street, Texarkana, AR 71854

(Here give the location, including street and number of the respondent's main business office within the State)

COMPANY # 186

(Here give the APSC-assigned company number)

TO THE

ARKANSAS PUBLIC SERVICE COMMISSION



COVERING ALL OPERATIONS

FOR THE YEAR ENDING DECEMBER 31, 2011

LETTER OF TRANSMITTAL

To: Arkansas Public Service Commission
Post Office Box 400
Little Rock, Arkansas 72203-0400

Submitted herewith is the annual report covering the operation of Southwest Arkansas Telephone Cooperative, Inc (Company) of 2601 East Street, Texarkana, AR 71854 (Location) for the year ending December 31, 2011. This report is submitted in accordance with Section 51 of Act 324 of the 1935 Acts of Arkansas. The following report has been carefully examined by me, and I have executed the verification given below.

[Handwritten Signature]
(Signature)
General Manager
(Title)

VERIFICATION

STATE OF)
COUNTY OF) ss.
I, the undersigned, William P. Hegmann, General Manager of the
(Name and Title)

Southwest Arkansas Telephone Cooperative, Inc (Company), on my oath do say that the following report has been prepared under my direction from the original books, papers, and records of said utility: that I have carefully examined the same, and declare the same a complete and correct statement of the business and affairs of said utility in respect to each and every matter and thing set forth, to the best of my knowledge, information, and belief; and I further say that no deductions were made before stating the gross revenues, and that accounts and figures contained in the foregoing statements embrace all of the financial transactions for the period in this report.

[Handwritten Signature]
(Signature)

Subscribed and sworn to before me this 27th day of March, 2012
My Commission Expires 10-23-19
#12373738



[Handwritten Signature: Carolyn Cooke]
(Signature of Notary)

REPORT TO ARKANSAS PUBLIC SERVICE COMMISSION

GENERAL INSTRUCTIONS, DEFINITIONS, ETC.

- 1 Two (2) copies of this report, properly filled out and verified shall be filed with the Utility Division of the Arkansas Public Service Commission, Little Rock, Arkansas, on or before the 31st day of March following the close of the calendar year for which the report is made.
- 2 The word "respondent" in the following inquiries means the person, firm, association or company in whose behalf the report is made.
- 3 If any schedule does not apply to the respondent, such fact should be shown on the schedule by the words "not applicable."
- 4 Except in cases where they are especially authorized, cancellations, arbitrary check marks, and the like must not be used either as partial or entire answers to inquiries.
- 5 Reports should be made out by means which result in a permanent record. The copy in all cases shall be made out in permanent black ink or with permanent black typewriter ribbon. Entries of a contrary or opposite character (such as decreases reported in a column providing for both increases and decreases) should be shown in red ink or enclosed in parentheses.
- 6 This report will be scanned in. Please bind with clips only.
- 7 Answers to inquiries contained in the following forms must be complete. No answer will be accepted as satisfactory which attempts by reference to any paper, document, or return of previous years or other reports, other than the present report, to make the paper or document or portion thereof thus referred to a part of the answer without setting it out. Each report must be complete within itself.
- 8 In cases where the schedules provided in this report do not contain sufficient space or the information called for, or if it is otherwise necessary or desirable, additional statements or schedules may be inserted for the purpose of further explanation of accounts or schedules. They should be legibly made on paper of durable quality and should conform with this form in size of page and width of margin. This also applies to all special or unusual entries not provided for in this form. Where information called for herein is not given, state fully the reason for its omission.
- 9 Schedules supporting the revenue accounts and furnishing statistics should be so arranged as to effect a division in the operations as to those inside and outside the state.
- 10 Answers to all inquiries may be in even dollar figures, with cents omitted and with agreeing totals.
- 11 Each respondent should make its report in duplicate, retaining one copy for its files for reference, in case correspondence with regard to such report becomes necessary. For this reason, several copies of the accompanying forms are sent to each utility company concerned.

REPORT TO ARKANSAS PUBLIC SERVICE COMMISSION

Give the name, title, office address, telephone number and e-mail address of the person to whom any correspondence concerning this report should be addressed:

Name William P. Hegmann Title General Manager

Address 2601 East Street, Texarkana, AR 71854-8073

Telephone Number 870-653-8222

E-Mail bill@swat.coop

Give the name, address, telephone number and e-mail address of the resident agent:

Name _____ Telephone Number _____

Address _____

E-Mail _____

REPORT TO ARKANSAS PUBLIC SERVICE COMMISSION

IDENTITY OF RESPONDENT

1. Give the exact name by which respondent was known in law at the close of the year. Use the initial word "The" only when it is part of the name:

Southwest Arkansas Telephone Cooperative, Inc

2. Give the location (including street and number) of (a) the main Arkansas business office of respondent at the close of the year, and (b) if respondent is a foreign corporation, the main business office if not in this state:

(a) **2601 East Street** (b)
Texarkana, AR 71854-8073

3. Indicate by an **x** in the proper space (a) the type of service rendered, and (b) the type of organization under which respondent was operating at the end of the year.

(a) () Electric, () Gas, () Water, () Telephone, () Other

(b) () Proprietorship, () Partnership, () Joint Stock Association,
() Corporation, (X) Other (describe below): **Cooperative**

4. If respondent is not a corporation, give (a) date of organization, and (b) name of the proprietor or the names of all partners, and the extent of their respective interest at the close of the year.

(a)

(b)

5. If a corporation, indicate (a) in which state respondent is incorporated, (b) date of incorporation, and (c) designation of the general law under which respondent was incorporated, or, if under special charter, the date of passage of the act:

(a) **Arkansas**

(b) **June 19, 1951**

(c)

6. State whether or not respondent during the year conducted any part of its business within the State of Arkansas under a name or names other than that shown in response to inquiry No. 1 above, and, if so, give full particulars:

Respondent did not operate under any other name.

REPORT TO ARKANSAS PUBLIC SERVICE COMMISSION

7. State whether respondent is a consolidated or merged company. If so, (a) give date and authority for each consolidation or merger, (b) name all constituent and merged companies, and (c) give like particulars as required of the respondent in inquiry No. 5 above:

(a) **Respondent is not a consolidated or merged company.**

(b)

(c)

8. State whether respondent is a reorganized company. If so, give (a) name of original corporation, (b) date of reorganization, (c) reference to the laws under which it was reorganized and (d) state the occasion of the reorganization, whether because of foreclosure of mortgage or otherwise, giving full particulars.

(a) **Respondent is not a reorganized company.**

(b)

(c)

(d)

9. Was respondent subject to a receivership or other trust at any time during the year? No
If so, state:

(a) Name of receiver or trustee: _____

(b) Name of beneficiary or beneficiaries for whom trust was maintained:

(c) Purpose of the trust: _____

(d) Give (1) date of creation of receivership or other trust, and (2) date of acquisition of respondent: (1) _____ (2) _____

10. Did the respondent act in any of the capacities listed in Paragraph (a) below during the past year? **NO** _____ If so,

(a) Indicate the applicable one by an **X** in the proper space:

() Guarantor, () Surety, () Principal--obligor to a surety contract,
() Principal--obligor to a guaranty contract.

(b) Insert a statement showing the character, extent, and terms of the primary agreement or obligation, including (1) names of all parties involved, (2) extent of liability of respondent, whether contingent or actual, (3) extent of liabilities of the other parties, whether contingent or actual, and (4) security taken or offered by respondent.

REPORT TO ARKANSAS PUBLIC SERVICE COMMISSION

DIRECTORS

Give the name and office addresses of all directors at the close of the year, and dates of beginning and expiration of terms. Chairman (*) and Secretary (**) marked by asterisks.

Name of Director	Office Address	Date of Term	
		Beginning	End
Ken Cox	2601 East Street, Texarkana, AR 71854	Feb-09	Feb-18
Ode Smith *	2601 East Street, Texarkana, AR 71854	Feb-07	Feb-16
Glen Price	2601 East Street, Texarkana, AR 71854	Feb-06	Feb-15
Bill Templeton **	2601 East Street, Texarkana, AR 71854	Feb-03	Feb-12
Bill Boyce	2601 East Street, Texarkana, AR 71854	Feb-08	Feb-17
Jerry Collins	2601 East Street, Texarkana, AR 71854	Feb-04	Feb-13
Bobby Roberson	2601 East Street, Texarkana, AR 71854	Feb-05	Feb-14
Bill Hegmann	2601 East Street, Texarkana, AR 71854	Feb-11	Feb-20

PRINCIPAL OFFICERS AND KEY MANAGEMENT PERSONNEL

Give the title of the principal officers, managers and key personnel, the names and office addresses of persons holding such positions at the close of the year.

Title	Name of person holding office at close of year	Office Address
General Manager	William P. Hegmann	2601 East Street Texarkana, AR 71854-8073
President	Ode Smith	2601 East Street Texarkana, AR 71854-8073
Vice President	Glen Price	2601 East Street Texarkana, AR 71854-8073
Secretary/Treasurer	Bill Templeton	2601 East Street Texarkana, AR 71854-8073

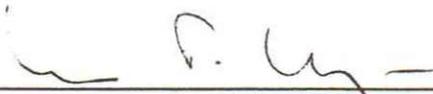
GROSS ASSESSABLE REVENUES	
Description	Amount
ARKANSAS GROSS ASSESSABLE REVENUES (excluding Interstate Tolls)	\$3,977,265

LOCAL EXCHANGE SERVICE STATISTICS

ACCESS LINES	ARKANSAS
Residence	4,020
Business	411
TOTAL RESIDENTIAL & BUSINESS ACCESS LINES	4,431
PBX Access Lines	10
Coin or Credit Card Paystation Access Lines	16
Company Official Access Lines (Numbers)	74
TOTAL ACCESS LINES	4,531

STATEMENT OF ACCURACY

I do hereby state that the amounts contained in this report are true and accurate, schedules have been cross-referenced by use of the attached check list, and that the accuracy of all totals has been verified by me or under my supervision. Should I or anyone under my supervision become aware of any error in or omission from this report, I will take steps to notify the Arkansas Public Service Commission of such error or omission and provide corrected schedules as soon as possible.



President/General Manager

COMPANY CONTACTS

Company Information	
Company Name	Southwest Arkansas Telephone Cooperative, Inc.
dba	
Official Mailing Address	2601 East Street, Texarkana, AR 71854-8073

AREA	PERSON TO CONTACT	PHONE #	FAX #	E-MAIL
Annual Report	Sandy Benton	(870)653-8222	(870)653-3227	sandy@swat.coop
Fuel Adjustment Report	Not Applicable			
Cost of Debt Report	Bill Hegmann	(870)653-8222	(870)653-3227	bill@swat.coop
Tariffs	Bill Hegmann	(870)653-8222	(870)653-3227	bill@swat.coop
Accounting	Sandy Benton	(870)653-8222	(870)653-3227	sandy@swat.coop
Rates	Bill Hegmann	(870)653-8222	(870)653-3227	bill@swat.coop
Engineering	Lane Powers	(870)653-8222	(870)653-3227	lpowers@swatco.com
Finance	Sandy Benton	(870)653-8222	(870)653-3227	sandy@swat.coop
Income Taxes	Sandy Benton	(870)653-8222	(870)653-3227	sandy@swat.coop
Property Taxes	Sandy Benton	(870)653-8222	(870)653-3227	sandy@swat.coop
Gas Supply	Not Applicable			
Legal	Bill Hegmann	(870)653-8222	(870)653-3227	bill@swat.coop
Data Processing	Sandy Benton	(870)653-8222	(870)653-3227	sandy@swat.coop

Please list the number of utility employees located in Arkansas

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