



DOCKET FILE COPY ORIGINAL

Annual Reporting for High-Cost Recipients Madison Ave., Glens Ferry, ID 83623
47 C.F.R. §54.313(a)(2) through (a)(6) and (h)
Pend Oreille Telephone Company

June 21, 2013

Received & Inspected

JUN 28 2013

FCC Mail Room

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 2013 annual reporting requirements and certifications for Pend Oreille Telephone Company, Study Area Code 522418. Pend Oreille Telephone is a state-designated ETC, and as such, is submitting to the Commission relevant information from reports it files with its state commission for §54.313 (a)(2) through (a)(4).

Should you have any questions, please contact Susan Case via email at susan.case@ruraltel.org or by phone at (208) 653-1212.

Sincerely,

Michael J. Martell
Vice President

Enclosures

Cc: **(Washington)** Public Utilities Commission

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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 2012						
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
		-0- (NONE) outages in 2012				

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 (zero) unfilled requests for service during calendar year 2012.

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

The number of complaints per 1,000 connections (fixed or mobile) in the prior calendar year.

During calendar year 2012, Pend Oreille Telephone Company received 1 complaints per 1,000 working access lines.

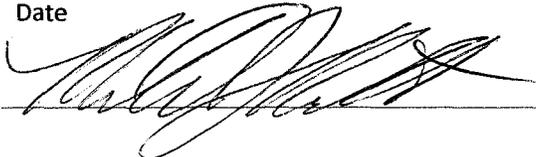
**Annual Reporting for High-Cost Recipients
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§54.313(a)(5) – COMPLIANCE WITH SERVICE QUALITY STANDARDS AND CONSUMER PROTECTION RULES

Service Quality Standards and Consumer Protection Rules Annual Certification

Michael J. Martell	Vice President	Pend Oreille Telephone Company
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 21, 2013
	Date
Signature	
Printed/Typed Name	Michael J. Martell, Vice President

**Annual Reporting for High-Cost Recipients
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Pend Oreille Telephone Company**

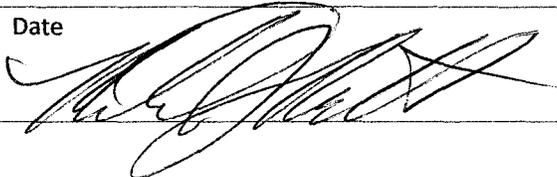
§54.313(a)(6) – ABILITY TO FUNCTION IN EMERGENCY SITUATIONS

Ability to Function in Emergency Situations Annual Certification

Michael J. Martell	Vice President	Pend Oreille Telephone Company
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 21, 2013
Date

Signature 

Printed/Typed Name Michael J. Martell, Vice President

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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, 2013, Pend Oreille Telephone Company 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.

Class of Service	Residential Local Service Rate	State Subscriber Line Charge	State USF Surcharge	Mandatory EAS	Number of Lines

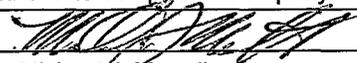
Rate Floor Template

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 **Pend Oreille Telephone Company**

Signature of authorized officer



Date **06/11/2013**

Printed name of authorized officer

Michael J. Martell

Title or position of authorized officer

Vice-President

Telephone number of authorized officer: **(208) 366-2614**, ext.

Study Area Code of Reporting Carrier

522418

Filing Due Date for this form
(mm/dd/yyyy)

7/1/2013



I certify that our company receives or is projected to receive High Cost Loop Support or High Cost Model Support in 2013 and has no monthly residential rates (plus charges as defined) less than \$14.

Rate Floor Data Collection - OMB Control Number 3060-0986

Block 1 - Contact Information

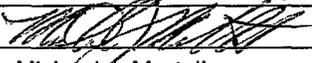
ROW #	DATA ELEMENT	FORMAT OF REQUESTED DATA	RESPONSE
1	Carrier Study Area Code	6 numeric digits	522418
2	Carrier Study Area Name	alpha characters	PEND OREILLE TELEPHONE COMPANY
3	Service Provider Identification Number	9 numeric digits	143002595
4	Residential Local Service Charge Effective Date	mm/dd/yy	06/01/13
5	Contact Name	alpha characters	Arrington, Beverly A
6	Contact Telephone Number (include area code)	9 numeric digits	208-366-2614
7	Sheet Number	numeric digit(s)	
8	Total Number of Sheets	numeric digit(s)	

Block 2 - Residential Local Service Rates, Fees and Line Counts

	Column 1 Residential Local Service Charge	Column 2 State Subscriber Line Charge	Column 3 State Universal Service Fee	Column 4 Mandatory Extended Area Service Charge	Column 5 Loops
9	0.00				0

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>Pend Oreille Telephone Company</u>			
Signature of authorized officer 			Date <u>06/11/2013</u>
Printed name of authorized officer <u>Michael J. Martell</u>			
Title or position of authorized officer <u>Vice-President</u>			
Telephone number of authorized officer: <u>(208) 366-2614</u> ext. _____			
Study Area Code of Reporting Carrier	<u>522418</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>7/1/2013</u>