Your business is our business.

7852 Walker Drive, Suite 200
Greenbelt, Maryland 20770
phone: 301-459-7590, fax: 301-577-5575
internet: www.jsitel.com, e-mail: jsi@jsitel.com

REDACTED – FOR PUBLIC INSPECTION

September 27, 2013

By Hand Delivery

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

Re: WC Docket No. 10-90, WC Docket No. 11-42
2013 ETC Annual Report of Taylor Telephone Cooperative, Inc.
Study Area Code 442151

Dear Ms. Dortch:

On behalf of Taylor Telephone Cooperative, Inc. "Taylor", JSI files the attached confidential and redacted versions of the FCC Form 481 ETC annual reporting information pursuant to sections 54.313 and 54.422 of the Commission's rules.[1] Taylor seeks confidential treatment under Protective Order for section 54.313(f)(2) financial information.[2] The redacted version is also being filed this date via the FCC's Electronic Comment Filing System.

Please direct any questions regarding the filing to the undersigned.

Sincerely,

John Kuykendall
JSI Vice President
301-459-7590
jkuykendall@jsitel.com

cc: Charles Tyler, Telecommunications Access Policy Division (two copies, confidential)

[1] 47 C.F.R. §§ 54.313, 54.422.
[2] *Connect America Fund et al.*, WC Docket No. 10-90 *et al.*, Protective Order, DA 12-1857 rel. Nov. 16, 2012 (Protective Order). 47 C.F.R. § 54.313(f)(2).

FCC Form 481 - Carrier Annual Reporting Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	442151
<015>	Study Area Name	TAYLOR TEL CO-OP INC
<020>	Program Year	2014
<030>	Contact Name: Person USAC should contact with questions about this data	Susan Hollingsworth
<035>	Contact Telephone Number: Number of the person identified in data line <030>	3258464111
<039>	Contact Email Address: Email of the person identified in data line <030>	susanh@taylortel.net

ANNUAL REPORTING FOR ALL CARRIERS			54.313 Completion Required	54.422 Completion Required
			(check box when complete)	
<100>	Service Quality Improvement Reporting	(complete attached worksheet)		
<200>	Outage Reporting (voice)	(complete attached worksheet)	✔	✔
<210>	✔ <-- check box if no outages to report			
<300>	Unfulfilled Service Requests (voice)	0	✔	
<310>	Detail on Attempts (voice)	(attach descriptive document)		
<320>	Unfulfilled Service Requests (broadband)			
<330>	Detail on Attempts (broadband)	(attach descriptive document)		
<400>	Number of Complaints per 1,000 customers (voice)		✔	✔
<410>	Fixed	0.0		
<420>	Mobile			
<430>	Number of Complaints per 1,000 customers (broadband)			
<440>	Fixed			
<450>	Mobile			
<500>	Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	✔	✔
<510>	442151tx510	(attached descriptive document)	✔	✔
<600>	Functionality in Emergency Situations	(check to indicate certification)	✔	✔
<610>	442151tx610	(attached descriptive document)	✔	✔
<700>	Company Price Offerings (voice)	(complete attached worksheet)		
<710>	Company Price Offerings (broadband)	(complete attached worksheet)		
<800>	Operating Companies and Affiliates	(complete attached worksheet)	✔	✔
<900>	Tribal Land Offerings (Y/N)? ○ ●	(if yes, complete attached worksheet)	✔	
<1000>	Voice Services Rate Comparability	(check to indicate certification)		
<1010>		(attach descriptive document)		
<1100>	Terrestrial Backhaul (Y/N)? ● ○	(if not, check to indicate certification)		
<1110>		(complete attached worksheet)		
<1200>	Terms and Condition for Lifeline Customers	(complete attached worksheet)		✔

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>		(check to indicate certification)		
<2005>		(complete attached worksheet)		

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

<3000>		(check to indicate certification)	✔	
<3005>		(complete attached worksheet)	✔	

(100) Service Quality Improvement Reporting
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	442151
<015>	Study Area Name	TAYLOR TEL CO-OP INC
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Susan Hollingsworth
<035>	Contact Telephone Number - Number of person identified in data line <030>	3258464111
<039>	Contact Email Address - Email Address of person identified in data line <030>	susanh@taylortel.net

<110>	Has your company received its ETC certification from the FCC?	(yes / no) ○ ●
<111>	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes / no) ○ ○

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

Name of Attached Document (.pdf)

Please check these boxes below to confirm that the attached PDF, on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

<113>	Maps detailing progress towards meeting plan targets	☐
<114>	Report how much universal service (USF) support was received	☐
<115>	How (USF) was used to improve service quality	☐
<116>	How (USF)was used to improve service coverage	☐
<117>	How (USF) was used to improve service capacity	☐
<118>	Provide an explanation of network improvement targets not met in the prior calendar year.	☐

(200) Service Outage Reporting (Voice)
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	442151
<015>	Study Area Name	TAYLOR TEL CO-OP INC
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Susan Hollingsworth
<035>	Contact Telephone Number - Number of person identified in data line <030>	3258464111
<039>	Contact Email Address - Email Address of person identified in data line <030>	susanh@taylortel.net

<220>

<a> NORS Reference Number	<b1> Outage Start Date	<b2> Outage Start Time	<b3> Outage End Date	<b4> Outage End Time	<c1> Number of Customers Affected	<c2> Total Number of Customers	<d> 911 Facilities Affected (Yes / No)	<e> Service Outage Description (Check all that apply)	<f> Did This Outage Affect Multiple Study Areas (Yes / No)	<g> Service Outage Resolution	<h> Preventative Procedures

-- See attached worksheet --

(700) Price Offerings including Voice Rate Data
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	442151
<015>	Study Area Name	TAYLOR TEL CO-OP INC
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Susan Hollingsworth
<035>	Contact Telephone Number - Number of person identified in data line <030>	3258464111
<039>	Contact Email Address - Email Address of person identified in data line <030>	susanh@taylortel.net

<701>	Residential Local Service Charge Effective Date	1/1/2013
<702>	Single State-wide Residential Local Service Charge	

<703>

<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<b4>	<b5>	<c>
State	**Exchange (ILEC)**	**SAC (CETC)**	**Rate Type**	**Residential Local Service Rate**	**State Subscriber Line Charge**	**State Universal Service Fee**	**Mandatory Extended Area Service Charge**	**Total per line Rates and Fees**
				-- See attached worksheet				
				--				

(710) Broadband Price Offerings
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	442151
<015>	Study Area Name	TAYLOR TEL CO-OP INC
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Susan Hollingsworth
<035>	Contact Telephone Number - Number of person identified in data line <030>	3258464111
<039>	Contact Email Address - Email Address of person identified in data line <030>	susanh@taylortel.net

<711>

<a1>	<a2>	<b1>	<b2>	<c>	<d1>	<d2>	<d3>	<d4>
State	**Exchange (ILEC)**	**Residential Rate**	**State Regulated Fees**	**Total Rate and Fees**	**Broadband Service - Download Speed (Mbps)**	**Broadband Service - Upload Speed (Mbps)**	**Usage Allowance (GB)**	**Usage Allowance Action Taken When Limit Reached {*select*}**
		-- See attached worksheet --						

(800) Operating Companies
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	442151
<015>	Study Area Name	TAYLOR TEL CO-OP INC
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<030>	Contact Name - Person USAC should contact regarding this data	Susan Hollingsworth
<035>	Contact Telephone Number - Number of person identified in data line <030>	3258464111
<039>	Contact Email Address - Email Address of person identified in data line <030>	susanh@taylortel.net

<810>	Reporting Carrier	Taylor Telephone Cooperative, Inc.
<811>	Holding Company	
<812>	Operating Company	

<813>

<a1>	<a2>	<a3>
Affiliates	**SAC**	**Doing Business As Company or Brand Designation**

-- See attached worksheet --

(900) Tribal Lands Reporting
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	442151
<015>	Study Area Name	TAYLOR TEL CO-OP INC
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Susan Hollingsworth
<035>	Contact Telephone Number - Number of person identified in data line <030>	3258464111
<039>	Contact Email Address - Email Address of person identified in data line <030>	susanh@taylortel.net

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document (.pdf)

If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

		Select (Yes,No, NA)
<921>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions;	
<922>	Feasibility and sustainability planning;	
<923>	Marketing services in a culturally sensitive manner;	
<924>	Compliance with Rights of way processes	
<925>	Compliance with Land Use permitting requirements	
<926>	Compliance with Facilities Siting rules	
<927>	Compliance with Environmental Review processes	
<928>	Compliance with Cultural Preservation review processes	
<929>	Compliance with Tribal Business and Licensing requirements.	

(1100) No Terrestrial Backhaul Reporting Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	442151
<015>	Study Area Name	TAYLOR TEL CO-OP INC
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Susan Hollingsworth
<035>	Contact Telephone Number - Number of person identified in data line <030>	3258464111
<039>	Contact Email Address - Email Address of person identified in data line <030>	susanh@taylortel.net

<1120> Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G) ☐

<1130> Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G) ☐

(1200) Terms and Condition for Lifeline Customers
Lifeline
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	442151
<015>	Study Area Name	TAYLOR TEL CO-OP INC
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<030>	Contact Name - Person USAC should contact regarding this data	Susan Hollingsworth
<035>	Contact Telephone Number - Number of person identified in data line <030>	3258464111
<039>	Contact Email Address - Email Address of person identified in data line <030>	susanh@taylortel.net

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

442151tx1210

Name of attached document (.pdf)

<1220> Link to Public Website

HTTP

"Please check these boxes below to confirm that the attached PDF, on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

<1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, ✔

<1222> Details on the number of minutes provided as part of the plan, ✔

<1223> Additional charges for toll calls, and rates for each such plan. ✔

(2000) Price Cap Carrier Additional Documentation
Data Collection Form
Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	442151
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<030>	Contact Name - Person USAC should contact regarding this data	Susan Hollingsworth
<035>	Contact Telephone Number - Number of person identified in data line <030>	3258464111
<039>	Contact Email Address - Email Address of person identified in data line <030>	susanh@taylortel.net

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

<2010> 2nd Year Certification {47 CFR § 54.313(b)(1)} ☐

<2011> 3rd Year Certification {47 CFR § 54.313(b)(2)} ☐

Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}

<2012> 2013 Frozen Support Certification ☐

<2013> 2014 Frozen Support Certification ☐

<2014> 2015 Frozen Support Certification ☐

<2015> 2016 and future Frozen Support Certification ☐

Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}

<2016> Certification Support Used to Build Broadband ☐

Connect America Phase II Reporting {47 CFR § 54.313(e)}

<2017> 3rd year Broadband Service Certification ☐

<2018> 5th year Broadband Service Certification ☐

<2019> Interim Progress Certification ☐

<2020> Please check the box to confirm that the attached PDF , on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. ☐

<2021> Interim Progress Community Anchor Institutions — Name of Attached Document Listing Required Information _____

(3000) Rate Of Return Carrier Additional Documentation

Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	442151
<015>	Study Area Name	TAYLOR TEL CO-OP INC
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Susan Hollingsworth
<035>	Contact Telephone Number - Number of person identified in data line <030>	3258464111
<039>	Contact Email Address - Email Address of person identified in data line <030>	susanh@taylortel.net

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

Progress Report on 5 Year Plan

(3010)	Milestone Certification {47 CFR § 54.313(f)(1)(i)} Please check this box to confirm that the attached PDF , on line 3012,	Name of Attached Document Listing Required Information	☐
(3011)	contains the required information pursuant to § 54.313 (f)(1)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.		
(3012)	Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}	Name of Attached Document Listing Required Information	
(3013)	Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)}		☑ (Yes/No)
(3014)	If yes, does your company file the RUS annual report		☑ (Yes/No)
	Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:		
(3015)	Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)		☑
(3016)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		☑
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	Name of Attached Document Listing Required Information	442151tx3017
(3018)	If the response is no on line 3014, Is your company audited?		☐ (Yes/No)
	If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains :		
(3019)	Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications		☐
(3020)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		☐
(3021)	Management letter issued by the independent certified public accountant that performed the company's financial audit.		☐
	If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:		
(3022)	Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,		☐
(3023)	Underlying information subjected to a review by an independent certified public accountant		☐
(3024)	Underlying information subjected to an officer certification.		☐
(3025)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		☐
(3026)	Attach the worksheet listing required information	Name of Attached Document Listing Required Information	

Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013

<010>	Study Area Code	442151
<015>	Study Area Name	TAYLOR TEL CO-OP INC
<020>	Program Year	2014
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<035>	Contact Telephone Number - Number of person identified in data line <030>	3258464111
<039>	Contact Email Address - Email Address of person identified in data line <030>	susanh@taylortel.net

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

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.

Name of Reporting Carrier:

Signature of Authorized Officer: Date

Printed name of Authorized Officer:

Title or position of Authorized Officer:

Telephone number of Authorized Officer:

Study Area Code of Reporting Carrier: Filing Due Date for this form:

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

Certification - Agent / Carrier
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	442151
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<035>	Contact Telephone Number - Number of person identified in data line <030>	3258464111
<039>	Contact Email Address - Email Address of person identified in data line <030>	susanh@taylortel.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier

I certify that (Name of Agent) Dee Dee Longenecker **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 annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.**

Name of Authorized Agent: Dee Dee Longenecker

Name of Reporting Carrier: TAYLOR TEL CO-OP INC

Signature of Authorized Officer: CERTIFIED ONLINE Date: 09/23/2013

Printed name of Authorized Officer: Susan Hollingsworth

Title or position of Authorized Officer: Controller

Telephone number of Authorized Officer: 325-846-4111

Study Area Code of Reporting Carrier: 442151 Filing Due Date for this form: 10/15/2013

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

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier

I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.

Name of Reporting Carrier: TAYLOR TEL CO-OP INC

Name of Authorized Agent or Employee of Agent: Dee Dee Longenecker

Signature of Authorized Agent or Employee of Agent: CERTIFIED ONLINE Date: 09/23/2013

Printed name of Authorized Agent or Employee of Agent: Dee Dee Longenecker

Title or position of Authorized Agent or Employee of Agent Manager - Regulatory Affairs, JSI

Telephone number of Authorized Agent or Employee of Agent: 512-338-0473

Study Area Code of Reporting Carrier: 442151 Filing Due Date for this form: 10/15/2013

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

Attachments

Taylor Telephone Cooperative, Inc.

Response to Lines 500-510 - Service Quality Standards and Consumer Protection Rules Compliance

In establishing this certification in its *2005 ETC Order*,[1] the FCC found that an ETC must make "a specific commitment to objective measures to protect consumers."[2] The FCC found that for wireless ETCs, compliance with CTIA's Consumer Code for Wireless Service would satisfy this requirement" and that the sufficiency of other commitments would be considered on a case-by-case basis.[3] In this context, the FCC stated, "to the extent a wireline or wireless ETC applicant is subject to consumer protection obligations under state law, compliance with such laws may meet our requirement."[4]

Taylor Telephone Cooperative, Inc. ("Cooperative") hereby certifies that it complies with applicable service quality standards and consumer protection rules under the Texas Administrative Code, Title 16, Part II, as established by the Public Utility Commission of Texas. These obligations include, but are not limited to, the following: (1) filing a Local Exchange Tariff which discloses rates, terms and conditions of service to customers pursuant to Subchapter J requirements in Sections 26.201-26.230; (2) adherence to state consumer protection requirements governing telephone providers as

[1] *Federal-State Joint Board on Universal Service*, CC Docket No. 96-45, Report and Order, FCC 05-46 (rel. Mar. 17, 2005) ("*2005 ETC Order*").
[2] *Id.* at para. 28.
[3] *Id.* The FCC noted that under the CTIA Consumer Code, wireless carriers agree to: "(1) disclose rates and terms of service to customers; (2) make available maps showing where service is generally available; (3) provide contract terms to customers and confirm changes in service; (4) allow a trial period for new service; (5) provide specific disclosures in advertising; (6) separately identify carrier charges from taxes on billing statements; (7) provide customers the right to terminate service for changes to contract terms; (8) provide ready access to customer service; (9) promptly respond to consumer inquiries and complaints received from government agencies; and (10) abide by policies for protection of consumer privacy." *Id.* at n. 71.
[4] *Id.* at n. 72.

identified in Subchapter B, in Sections 26.21-26.37; and (3) service quality standards requirements as identified in Subchapter C, Sections 26.51 -26.57.

In addition, the Cooperative complies with numerous federal consumer protection standards including, but not limited to: (1) Truth-in-Billing Rules outlined in 47 CFR § 64.2401; and (2) compliance with Federal CPNI rules, Red Flag Rules and other applicable federal and state requirements governing the protection of customers' privacy.

Taylor Telephone Cooperative, Inc.

Response to Lines 600-610 - Ability to Function in Emergency Situations

Taylor Telephone Cooperative, Inc. ("Company") hereby certifies that it is able to function in emergency situations as set forth in the Code of Federal Regulations, Title 47, Part 54, Subpart C, §54.202(a)(2)[1] and the Texas Administrative Code. The Company's network is designed to remain functional in emergency situations without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations as required by Section 54.202(a)(2). The Company can change call routing translations as needed to reroute traffic around damaged facilities. Changing call routing translations also allows the Company to manage traffic spikes throughout its network, as emergency situations require.

Specifically, the Company is able to function under emergency operations in accordance with Public Utility Commission of Texas Substantive Rules §26.51 *Reliability of Operations of Telecommunications Providers* and §26.52 *Emergency Operations* which include obligations for continuity of service and emergency operations planning and service provision capability for dominant carriers. Any central office not equipped with permanently installed standby generators contains as a minimum four hours of battery reserve without voltage falling below the level required for proper operation of all equipment. In addition, all central offices without installed emergency

[1] Section 54.202(a)(2) requires ETCs that are designated by the Commission to "demonstrate its ability to remain functional in emergency situations, including a demonstration that it 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."

power facilities have a mobile power unit available which can be delivered and connected on short notice.

Taylor Telephone Cooperative, Inc.

Rates, Terms and Conditions for Lifeline Service

(Response to Form 481, Line 1210)

Local exchange service rates and charges as specified below are for basic local exchange service, including Tone Dialing Service, and facilities only. The rates for other ancillary services not specifically shown below are presented in Taylor Telephone Cooperative's tariff(s) on file with the Public Utility Commission of Texas. Unless otherwise specified, the rates and charges quoted below are for a period of one month, payable in advance and provide unlimited flat rate calling within the local exchange calling scope.

Residential Local Exchange Access Line Rates[(1)(2)]:

Exchange Name	R-1 Rate	Res. EAS Charge
Bradshaw	$11.65	$ 5.00
Buffalo Gap	$11.15	$ 3.50
Crews	$11.65	$ 3.50
Hamby	$12.15	$ 3.50
Hawley	$12.15	$ -
Lawn	$11.15	$ 3.50
Lueders	$11.65	$ 3.50
Nolan	$11.65	$ 3.50
Noodle	$11.65	$ 3.50
Norton	$11.65	$ 3.50
Nubia	$11.65	$ 3.50
Potosi	$12.15	$ -
Tuscola	$11.15	$ 3.50
Wingate	$11.65	$ 3.50

[(1)] Above listed fees do not include mandatory taxes, fees and surcharges, including, but not limited to Texas Universal Service Fund charges, 9-1-1 fees, and municipal franchise fees.

[(2)] Qualified Lifeline customers are eligible for Lifeline credits or discounts as outlined in the attached Lifeline tariff.

MEMBER SERVICES TARIFF

LOCAL EXCHANGE SERVICE

II. LOCAL EXCHANGE SERVICE RATES (Continued)

D. Lifeline Service

1. General

a. Lifeline Service is a retail local service offering sponsored by the FCC and available to qualifying low-income consumers.

b. Consumers qualifying for Lifeline Service are offered the voice telephony services or functionalities enumerated in 47 Code of Federal Regulations §54.101(a) (relating to Supported Services for Rural, Insular and High Cost Areas).

c. The Cooperative shall offer toll restriction at no charge to all qualifying low-income consumers at the time such consumers subscribe to Lifeline Service. If the consumer elects to receive toll restriction, that service shall become part of the consumer's Lifeline Service.

d A customer otherwise eligible to receive the Lifeline Service shall not be prohibited from obtaining and using telecommunication equipment and services designed to aid such customer in utilizing qualifying telecommunication services.

e. Lifeline Service rate reductions only apply to basic service and do not apply to non-basic service such as long distance service whether tariffed or untariffed. Customers may obtain such non-basic services, including bundled service where available, at their discretion, although the Lifeline Service reduction applies only to the basic service charge of the bundled service.

f. The Lifeline Service rate reductions do not apply to service connection charges.

g. Lifeline Service will not be available on a retroactive basis unless directed by the Low Income Discount Administrator or the Commission.

h. The Cooperative will waive monthly number portability charges, subject to its tariff, for the Lifeline customer.

MEMBER SERVICES TARIFF

LOCAL EXCHANGE SERVICE

II. LOCAL EXCHANGE SERVICE RATES (Continued)

D. Lifeline Service (Continued)

2. Eligibility Requirements

a. The discounted service will be provided for one (1) residential telephone line per household, at the subscriber's principal place of residence.

b. To determine eligibility, the applicant must certify that their annual household income is at or below 150% of the annual federal poverty guidelines, be an eligible resident of Tribal lands, or participate in, or have a person or child who resides in the customer household who participates in, a program identified in Chapter 47 of the Code of Federal Regulations § 54.409 and in P.U.C. Substantive Rule 26.412 regarding consumer qualification for Lifeline. T

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MEMBER SERVICES TARIFF

LOCAL EXCHANGE SERVICE

II. LOCAL EXCHANGE SERVICE RATES (Continued)

D. Lifeline Service (Continued)

2. Eligibility Requirements (Continued)

c. Procedures for Establishing Lifeline Discounts

(i) Consumers within the Cooperative's service area identified as eligible for Lifeline Service by the Texas Low-Income Discount Administrator (LIDA) through the automatic enrollment process under Commission Substantive Rule 26.412, shall be provided Lifeline Service discounts unless the Cooperative receives a customer request to be excluded from such discounts. Consumers who are eligible for Lifeline Service but do not have telephone service at the time the LIDA provides its eligibility list to the Cooperative are responsible for contacting the Cooperative and initiating a request for Link-Up Service from the Cooperative.

(ii) The LIDA shall provide the Cooperative with a monthly list of consumers eligible for Lifeline Service.

(iii) Consumers who do not participate in one of the designated programs but who meet annual income qualifications by having an annual household income at or below 150% of the federal poverty guidelines, may establish eligibility for Lifeline Service by contacting the LIDA and receive Lifeline Service discounts within 30 days of proof of eligibility.

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MEMBER SERVICES TARIFF

SERVICE CHARGES

LOCAL EXCHANGE SERVICE RATES (Continued)

D. Lifeline Service (Continued)

2. Eligibility Requirements (Continued)

e. Provision of Service

(i) The Cooperative shall provide Lifeline Service to all eligible consumers identified by the LIDA within its service after receipt of the list, the Cooperative shall begin reduced billing for those eligible low-income consumers. T D

(ii) If the eligible consumer changes the telephone service to qualifying services or initiates new qualifying service, the Cooperative shall begin reduced billing at the time the change of service becomes effective or at the time the new service is established.

(iii) The Cooperative may discontinue Lifeline Service discounts upon notice by the LIDA that a customer is no longer eligible. T D D

(iv) The Cooperative has provided a confidentiality agreement to the LIDA and to the Texas Department of Human Services specifying the use of confidential client information is solely for providing Lifeline Service. T

MEMBER SERVICES TARIFF

LOCAL EXCHANGE SERVICE

II. LOCAL EXCHANGE SERVICE RATES (Continued)

D. Lifeline Service (Continued)

3. Deposits

a. The deposit requirements will be waived for Lifeline Service applicants who voluntarily elect to subscribe to Toll Restriction Service.

4. Lifeline Service Discounts

a. Eligible consumers who subscribe to Lifeline Service will receive the following:

(i) Federal Lifeline support amount. The Cooperative shall grant qualifying low-income consumers support of $9.25 per month or equal to the support amount as directed by the Federal Communications Commission in Chapter 47 of the Code of Federal Regulations § 54.403 regarding Lifeline support. T

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(ii) State support of up to $3.50 in the monthly amount of intrastate charges due. D

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MEMBER SERVICES TARIFF

LOCAL EXCHANGE SERVICE

II. LOCAL EXCHANGE SERVICE RATES (Continued)

D. Lifeline Service (Continued)

5. Service Charges

a. Service charges do not apply when eligible customers with existing residential service convert to Lifeline Service.

b. Service charges apply when:

(i) At the time Lifeline Service billing is initiated, where existing eligible residential local exchange access service customers request additional features, such as special or custom calling features.

(ii) A customer receiving Lifeline Service voluntarily elects to convert to telephone service arrangements, which preclude Lifeline Service eligibility.

(iii) New residential applicants (those without existing local exchange access service) eligible for the Lifeline Program will be subject to applicable service charges, except those new customers who qualify for the Link Up America program as specified in Section 5 of this tariff.

d. Any subsequent moves or changes after the initial connection to Lifeline Service will be subject to applicable service charges, except for cases where the charges would be reduced under the provisions of Link Up Service.

MEMBER SERVICES TARIFF

LOCAL EXCHANGE SERVICE

II. LOCAL EXCHANGE SERVICE RATES (Continued)

D. Lifeline Service (Continued)

6. Payments and Disconnection of Service

a. The Cooperative may not disconnect Lifeline Service for nonpayment of toll charges.

b. A Lifeline customer is required to adhere to the same bill payment policies applicable to all of the Cooperative's customers

REDACTED – FOR PUBLIC INSPECTION

TAYLOR TELEPHONE COOPERATIVE, INC. (SAC 442151)

ATTACHMENT - LINE 3017

ATTACHMENT REDACTED IN ENTIRETY