



Your business
is our business.

REDACTED – FOR PUBLIC INSPECTION

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Greenbelt, Maryland 20770
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internet: www.jsitel.com, e-mail: jsi@jsitel.com

September 30, 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 Mid-Plains Rural Telephone Cooperative, Inc.
Study Area Code 442112**

Dear Ms. Dortch:

On behalf of Mid-Plains Rural Telephone Cooperative, Inc. “Mid-Plains”, 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 Mid-Plains 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
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<010> Study Area Code	442112
<015> Study Area Name	MID-PLAINS RURAL TEL
<020> Program Year	2014
<030> Contact Name: Person USAC should contact with questions about this data	Rick Hurt
<035> Contact Telephone Number: Number of the person identified in data line <030>	806-668-4420
<039> Contact Email Address: Email of the person identified in data line <030>	rhurt@midplains.org

ANNUAL REPORTING FOR ALL CARRIERS	54.313 Completion Required	54.422 Completion Required
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<i>(check box when complete)</i>		
<100> Service Quality Improvement Reporting	<i>(complete attached worksheet)</i>	<input type="checkbox"/> <input style="background-color: #cccccc;" type="checkbox"/>
<200> Outage Reporting (voice)	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
<210>	<input checked="" type="checkbox"/> <-- check box if no outages to report	<input type="checkbox"/> <input type="checkbox"/>
<300> Unfulfilled Service Requests (voice)	<input type="text" value="0"/>	<input checked="" type="checkbox"/> <input style="background-color: #cccccc;" type="checkbox"/>
<310> Detail on Attempts (voice)	<input type="text"/> <i>(attach descriptive document)</i>	<input type="checkbox"/> <input style="background-color: #cccccc;" type="checkbox"/>
<320> Unfulfilled Service Requests (broadband)	<input type="text"/>	<input type="checkbox"/> <input style="background-color: #cccccc;" type="checkbox"/>
<330> Detail on Attempts (broadband)	<input type="text"/> <i>(attach descriptive document)</i>	<input type="checkbox"/> <input style="background-color: #cccccc;" type="checkbox"/>
<400> Number of Complaints per 1,000 customers (voice)		<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
<410> Fixed	<input type="text" value="0.0"/>	
<420> Mobile	<input type="text"/>	
<430> Number of Complaints per 1,000 customers (broadband)		<input type="checkbox"/> <input style="background-color: #cccccc;" type="checkbox"/>
<440> Fixed	<input type="text"/>	
<450> Mobile	<input type="text"/>	
<500> Service Quality Standards & Consumer Protection Rules Compliance	<i>(check to indicate certification)</i>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
<510>	<input type="text" value="442112tx510"/> <i>(attached descriptive document)</i>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
<600> Functionality in Emergency Situations	<i>(check to indicate certification)</i>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
<610>	<input type="text" value="442112tx610"/> <i>(attached descriptive document)</i>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
<700> Company Price Offerings (voice)	<i>(complete attached worksheet)</i>	<input type="checkbox"/> <input style="background-color: #cccccc;" type="checkbox"/>
<710> Company Price Offerings (broadband)	<i>(complete attached worksheet)</i>	<input type="checkbox"/> <input style="background-color: #cccccc;" type="checkbox"/>
<800> Operating Companies and Affiliates	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
<900> Tribal Land Offerings (Y/N)?	<input type="radio"/> <input checked="" type="radio"/> <i>(if yes, complete attached worksheet)</i>	<input checked="" type="checkbox"/> <input style="background-color: #cccccc;" type="checkbox"/>
<1000> Voice Services Rate Comparability	<i>(check to indicate certification)</i>	<input type="checkbox"/> <input style="background-color: #cccccc;" type="checkbox"/>
<1010>	<input type="text"/> <i>(attach descriptive document)</i>	<input type="checkbox"/> <input style="background-color: #cccccc;" type="checkbox"/>
<1100> Terrestrial Backhaul (Y/N)?	<input checked="" type="radio"/> <input type="radio"/> <i>(if not, check to indicate certification)</i>	<input type="checkbox"/> <input style="background-color: #cccccc;" type="checkbox"/>
<1110>	<i>(complete attached worksheet)</i>	<input type="checkbox"/> <input style="background-color: #cccccc;" type="checkbox"/>
<1200> Terms and Condition for Lifeline Customers	<i>(complete attached worksheet)</i>	<input type="checkbox"/> <input checked="" type="checkbox"/>

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

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

<2000>	<i>(check to indicate certification)</i>	<input type="checkbox"/> <input style="background-color: #cccccc;" type="checkbox"/>
<2005>	<i>(complete attached worksheet)</i>	<input type="checkbox"/> <input style="background-color: #cccccc;" type="checkbox"/>

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

<3000>	<i>(check to indicate certification)</i>	<input checked="" type="checkbox"/> <input style="background-color: #cccccc;" type="checkbox"/>
<3005>	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/> <input style="background-color: #cccccc;" type="checkbox"/>

(100) Service Quality Improvement Reporting Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	442112
<015> Study Area Name	MID-PLAINS RURAL TEL
<020> Program Year	2014
<030> Contact Name - Person USAC should contact regarding this data	Rick Hurt
<035> Contact Telephone Number - Number of person identified in data line <030>	806-668-4420
<039> Contact Email Address - Email Address of person identified in data line <030>	rhurt@midplains.org

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

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.

(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	442112
<015>	Study Area Name	MID-PLAINS RURAL TEL
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Rick Hurt
<035>	Contact Telephone Number - Number of person identified in data line <030>	806-668-4420
<039>	Contact Email Address - Email Address of person identified in data line <030>	rhurt@midplains.org

<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:

- <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.

Select (Yes,No, NA)

(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	442112
<015>	Study Area Name	MID-PLAINS RURAL TEL
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Rick Hurt
<035>	Contact Telephone Number - Number of person identified in data line <030>	806-668-4420
<039>	Contact Email Address - Email Address of person identified in data line <030>	rhurt@midplains.org

<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
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<010>	Study Area Code	442112
<015>	Study Area Name	MID-PLAINS RURAL TEL
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Rick Hurt
<035>	Contact Telephone Number - Number of person identified in data line <030>	806-668-4420
<039>	Contact Email Address - Email Address of person identified in data line <030>	rhurt@midplains.org

<1210> Terms & Conditions of Voice Telephony Lifeline Plans 442112tx1210

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 <i>Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers</i>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	442112
<015>	Study Area Name	MID-PLAINS RURAL TEL
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Rick Hurt
<035>	Contact Telephone Number - Number of person identified in data line <030>	806-668-4420
<039>	Contact Email Address - Email Address of person identified in data line <030>	rhurt@midplains.org

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)} | <input type="checkbox"/> |
| <2011> | 3rd Year Certification {47 CFR § 54.313(b)(2)} | <input type="checkbox"/> |

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

- | | | |
|--------|--|--------------------------|
| <2012> | 2013 Frozen Support Certification | <input type="checkbox"/> |
| <2013> | 2014 Frozen Support Certification | <input type="checkbox"/> |
| <2014> | 2015 Frozen Support Certification | <input type="checkbox"/> |
| <2015> | 2016 and future Frozen Support Certification | <input type="checkbox"/> |

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

- | | | |
|--------|---|--------------------------|
| <2016> | Certification Support Used to Build Broadband | <input type="checkbox"/> |
|--------|---|--------------------------|

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

- | | | |
|--------|--|--|
| <2017> | 3rd year Broadband Service Certification | <input type="checkbox"/> |
| <2018> | 5th year Broadband Service Certification | <input type="checkbox"/> |
| <2019> | Interim Progress Certification | <input type="checkbox"/> |
| <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. | <input type="checkbox"/> |
| <2021> | Interim Progress Community Anchor Institutions | Name of Attached Document Listing Required Information _____ |

(3000) Rate Of Return Carrier Additional Documentation	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	442112
<015>	Study Area Name	MID-PLAINS RURAL TEL
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Rick Hurt
<035>	Contact Telephone Number - Number of person identified in data line <030>	806-668-4420
<039>	Contact Email Address - Email Address of person identified in data line <030>	rhurt@midplains.org

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

<p>(3010) Milestone Certification {47 CFR § 54.313(f)(1)(i)} Please check this box to confirm that the attached PDF , on line 3012,</p>	<p>Name of Attached Document Listing Required Information</p>	<p><input type="checkbox"/></p>
<p>(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.</p>		
<p>(3012) Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}</p>	<p>Name of Attached Document Listing Required Information</p>	<p><input checked="" type="checkbox"/> (Yes/No)</p>
<p>(3013) Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)}</p>		<p><input checked="" type="checkbox"/> (Yes/No)</p>
<p>(3014) If yes, does your company file the RUS annual report 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:</p>		<p><input checked="" type="checkbox"/></p>
<p>(3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)</p>		<p><input checked="" type="checkbox"/></p>
<p>(3016) PDF of Balance Sheet, Income Statement and Statement of Cash Flows</p>		<p><input checked="" type="checkbox"/></p>
<p>(3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation</p>	<p>Name of Attached Document Listing Required Information</p>	<p>442112tx3017</p>
<p>(3018) If the response is no on line 3014, Is your company audited? 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 :</p>		<p><input type="checkbox"/> (Yes/No)</p>
<p>(3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications</p>		<p><input type="checkbox"/></p>
<p>(3020) PDF of Balance Sheet, Income Statement and Statement of Cash Flows</p>		<p><input type="checkbox"/></p>
<p>(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:</p>		<p><input type="checkbox"/></p>
<p>(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,</p>		<p><input type="checkbox"/></p>
<p>(3023) Underlying information subjected to a review by an independent certified public accountant</p>		<p><input type="checkbox"/></p>
<p>(3024) Underlying information subjected to an officer certification.</p>		<p><input type="checkbox"/></p>
<p>(3025) PDF of Balance Sheet, Income Statement and Statement of Cash Flows</p>		<p><input type="checkbox"/></p>
<p>(3026) Attach the worksheet listing required information</p>	<p>Name of Attached Document Listing Required Information</p>	<p><input type="checkbox"/></p>

Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	442112
<015>	Study Area Name	MID-PLAINS RURAL TEL
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Rick Hurt
<035>	Contact Telephone Number - Number of person identified in data line <030>	806-668-4420
<039>	Contact Email Address - Email Address of person identified in data line <030>	rhurt@midplains.org

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
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<010>	Study Area Code	442112
<015>	Study Area Name	MID-PLAINS RURAL TEL
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Rick Hurt
<035>	Contact Telephone Number - Number of person identified in data line <030>	806-668-4420
<039>	Contact Email Address - Email Address of person identified in data line <030>	rhurt@midplains.org

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	
<p>I certify that (Name of Agent) <u>Dee Dee Longenecker</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 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.</p>	
Name of Authorized Agent:	Dee Dee Longenecker
Name of Reporting Carrier:	MID-PLAINS RURAL TEL
Signature of Authorized Officer:	CERTIFIED ONLINE Date: 09/27/2013
Printed name of Authorized Officer:	Rick Hurt
Title or position of Authorized Officer:	General Manager
Telephone number of Authorized Officer:	806-668-4420
Study Area Code of Reporting Carrier:	442112 Filing Due Date for this form: 10/15/2013
<small>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.</small>	

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	
<p>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.</p>	
Name of Reporting Carrier:	MID-PLAINS RURAL TEL
Name of Authorized Agent or Employee of Agent:	Dee Dee Longenecker
Signature of Authorized Agent or Employee of Agent:	CERTIFIED ONLINE Date: 09/27/2013
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:	442112 Filing Due Date for this form: 10/15/2013
<small>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.</small>	

Attachments

Mid-Plains Rural 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

Mid-Plains Rural 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 identified in Subchapter B, in Sections 26.21-

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.

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.

Mid-Plains Rural Telephone Cooperative, Inc.

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

Mid-Plains Rural Telephone Cooperative, Inc. (“Cooperative”) 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 Cooperative’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 Cooperative can change call routing translations as needed to reroute traffic around damaged facilities. Changing call routing translations also allows the Cooperative to manage traffic spikes throughout its network, as emergency situations require.

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

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.”

Mid-Plains Rural 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 Mid-Plains Rural 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
Bean	\$ 14.25	\$ 3.50
Cleta	\$ 14.75	\$ 3.50
Elkins	\$ 14.25	\$ 3.50
Goodnight	\$ 14.25	\$ 3.50
Gurley	\$ 14.25	\$ 3.50
Kress	\$ 14.25	\$ 3.50
Redmon	\$ 14.25	\$ 3.50
Silverton	\$ 10.60	\$ 4.60
Umbarger	\$ 14.75	\$ 3.50
Vigo Park	\$ 14.25	\$ 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.

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TULIA, TEXAS

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MEMBER SERVICES TARIFF

LOCAL EXCHANGE SERVICE

V. LIFELINE PROGRAM

The Lifeline Program is a retail local service offering designed to make telephone service available at reduced rates to qualifying low-income customers.

A. General

1. A qualifying low-income customer subscribing to the Lifeline Program shall receive federal and state reductions to their monthly tariffed residential local exchange access line rate. When a Lifeline customer subscribes to a package of services, those same reductions will apply to that portion of the package rate that is for basic network service.

2. Nothing in this section shall prohibit a customer who is otherwise eligible for the Lifeline Program from obtaining and using telecommunications equipment and services designed to aid such customer in utilizing qualifying telecommunications services.

3. Lifeline Programs reductions do not apply to surcharges, taxes, long distance services, 976 and other information custom calling features. Customers may obtain these services, where available, at their discretion.

4. The Lifeline Program rate reductions do not apply to service connection charges; however, customers eligible for the Tribal Link-Up Program may receive a 50% reduction not to exceed \$100.00 on applicable service connection charges as provided in Section 5 of this tariff.

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TULIA, TEXAS

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MEMBER SERVICES TARIFF

LOCAL EXCHANGE SERVICE

V. LIFELINE PROGRAM (Continued)

A. General (Continued)

6. The Cooperative may not disconnect the service of a Lifeline Program customer for the non-payment of toll charges. However, the Cooperative reserves the right to implement toll blocking, at no charge, if the customer incurs a significant balance of unpaid toll bills. The Cooperative will inform the customer, by direct mail, of this change to their service due to the customer's non-payment of toll charges. Upon the customer's payment of all outstanding toll charges, the Cooperative shall remove mandatory toll blocking at no charge.

7. Upon subscribing to the Lifeline Program, a customer will be offered a subscription, at no charge, to toll blocking service (in exchanges where technically available) which denies the customer access to the long distance telecommunications network; however, the customer is under no obligation to accept the subscription to toll blocking.

8. The Lifeline Program rate reductions will not be available on a retroactive basis unless approved by the Public Utility Commission of Texas or the Low-Income Discount Administrator (LIDA).

B. Designated Lifeline Program Services.

The Cooperative shall offer consumers qualifying for Lifeline Service 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).

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MEMBER SERVICES TARIFF

LOCAL EXCHANGE SERVICE

V.LIFELINE PROGRAM (Continued)

C. Eligibility Requirement

I. Qualifying Low-income (Eligible) Customer Criteria

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.

The Lifeline Program rate reductions will be provided to each eligible customer, The Low-Income Discount Administrator (LIDA) will provide a list of eligible customers to the Cooperative each month,

2. Obligations of the Customer

a. Customers whose annual household income is at or below 150% of the federal poverty guidelines or who participate in Federal Public Housing Assistance or Low-Income Home Energy Assistance programs may self-enroll for the Lifeline Program benefits by completing an application form and returning it to LIDA. LIDA will send a blank application upon customer's request. LIDA can be reached at 1-866-4LITEUP. Current customers receiving Lifeline benefits will be subject to the Lifeline Program automatic enrollment procedures as provided by the LIDA unless they provide written request to the LIDA to be excluded from the Lifeline Program.

b. A customer who is eligible for the Lifeline Program but does not have telephone service at the time the **LIDA** provides its eligibility list to the Cooperative, shall be responsible for initiating a request for the Lifeline Program from the Cooperative.

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LOCAL EXCHANGE SERVICE

V. LIFELINE PROGRAM (Continued)

C. Eligibility Requirement (Continued)

3. Obligations of the Cooperative

a. LIDA will provide a list of eligible customers to the Cooperative on a monthly basis. Upon receipt of the list, the Cooperative shall begin reduced billing for those customers within 30 days.

4. Discontinuance of Service

a. Discontinuance of Lifeline Discounts for customers automatically enrolled: The eligibility period for automatically enrolled customers is the length of their enrollment in Texas Health and Human Services Commission (THHSC) benefits plus a period of 60 days for renewal. Automatically enrolled customers will have an opportunity to renew their THHSC benefits or self-enrollment with LIDA upon the expiration of their automatic enrollment.

b. Discontinuance of Lifeline Discounts for customers who have self-enrolled: Individuals not receiving benefits through THHSC programs, but who have met Lifeline income qualifications, are eligible to receive the Lifeline Discount for seven months, which includes a period of 60 days during which the customer may renew their eligibility with LIDA for an additional seven months.

D. Deposit and Credit Requirement

1. The Cooperative shall be prohibited from charging a service deposit in order to initiate the Lifeline Program if the eligible customer voluntarily elects to receive toll blocking.

2. The Cooperative may charge a service deposit if the eligible customer denies subscription to toll blocking upon subscribing to the Lifeline Program.

3. In instances where the Cooperative may require a service deposit, the same credit verification procedures and deposit regulations used for all applicants who apply for service with the Cooperative are also applicable to eligible customers for the Lifeline Program.

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TULIA, TEXAS

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MEMBER SERVICES TARIFF

LOCAL EXCHANGE SERVICE

V.LIFELINE PROGRAM(Continued)

E. Service Connection Charges

1. Service connection charges do not apply to eligible customers with existing, qualifying service converting to the Lifeline Program.

2. Service connection charges do apply when:

a. Existing eligible customers request additional non-qualifying services at the time Lifeline Program reduced billing is initiated.

b. New customers (those without existing local exchange access service) eligible for the Lifeline Program establish service.

c. Customers make subsequent moves or changes after initial connection to the Lifeline Program.

3. In instances where service connection charges apply, customers qualifying for the Lifeline Program may qualify for the Tribal Link-Up Program and may be eligible to receive reduction in the applicable service connection charges as provided in Section 5 of this tariff.

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TULIA, TEXAS

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MEMBER SERVICES TARIFF

LOCAL EXCHANGE SERVICE

V. LIFELINE PROGRAM (Continued)

F. Lifeline Program Rate Reduction

I. Implementation

The Cooperative shall provide reduced billing to all Lifeline Program eligible customers within its service area in accordance with the Commission's Substantive Rules.

In instances where a customer inquires about participation in the Lifeline Program, the Cooperative shall provide contact information for LIDA



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TULIA, TEXAS

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MEMBER SERVICES TARIFF

LOCAL EXCHANGE SERVICE

V. LIFELINE PROGRAM (Continued)

F. Lifeline Program Rate Reduction (Continued)

2. Amounts

The Cooperative shall apply Lifeline Program rate reductions, per eligible customer, as described below.

- | | <u>Monthly
Rate Reduction</u> |
|--|-----------------------------------|
| a. Federal Lifeline support amount 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. | up to \$9.25 |
| b. Maximum state reduction to Residential Local Exchange Access Line Rate. | up to \$3.50 |

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ATTACHMENT - LINE 3026

ATTACHMENT REDACTED IN ENTIRETY