

**MOSS ADAMS** LLP  
Certified Public Accountants | Business Consultants

*Acumen. Ability. Answers.*



October 11, 2013

**VIA OVERNIGHT DELIVERY**

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

RE: **Compliance Filing of FCC Form 481 In the Matter of WC Docket Nos. 10-90, 07-135, 05-337, 03-109, CC Docket Nos. 01-92, 96-45, GN Docket No. 09-51, WT Docket No. 10-208, Before the Federal Communications Commission**

Dear Ms. Dortch:

ENMR Telephone Cooperative Inc., a state certified competitive eligible telecommunications carrier for Study Area Code 499007 New Mexico RSA 4, receiving high cost support, electronically submits its FCC Form 481 to the Commission, in compliance with 47 C.F.R. §§ 54.313 and 54.422

Please feel free to contact me with any questions regarding this particular matter.

Sincerely,

A handwritten signature in black ink, appearing to read 'Eric N. Votaw', written over a horizontal line.

Eric N. Votaw, Senior Manager  
For Moss Adams LLP

Enclosures

.cc Launa Walker – ENMR  
New Mexico Regulation Commission

<b>FCC Form 481 - Carrier Annual Reporting Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	499007
<015> Study Area Name	NEW MEXICO RSA 4-EAST LIMITED PARTNERSHIP
<020> Program Year	2014
<030> Contact Name: Person USAC should contact with questions about this data	Eric N. Votaw
<035> Contact Telephone Number: Number of the person identified in data line <030>	209-955-6116
<039> Contact Email Address: Email of the person identified in data line <030>	eric.votaw@mossadams.com

<b>ANNUAL REPORTING FOR ALL CARRIERS</b>	<b>54.313 Completion Required</b>	<b>54.422 Completion Required</b>
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<i>(check box when complete)</i>		
<100> Service Quality Improvement Reporting	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/> <input style="background-color: #cccccc;" type="checkbox"/>
<200> Outage Reporting (voice)	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/> <input type="checkbox"/>
<210> <input checked="" type="checkbox"/> <-- check box if no outages to report		
<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"/>	<input style="background-color: #cccccc;" type="checkbox"/>
<320> Unfulfilled Service Requests (broadband)	<input type="text"/>	<input style="background-color: #cccccc;" type="checkbox"/>
<330> Detail on Attempts (broadband)	<input type="text"/>	<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"/>	
<420> Mobile	<input type="text" value="0.0"/>	
<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="499007NM510"/>	<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="499007NM610"/>	<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 checked="" 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 style="background-color: #cccccc;" 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 type="checkbox"/> <input style="background-color: #cccccc;" type="checkbox"/>
<3005>	<i>(complete attached worksheet)</i>	<input type="checkbox"/> <input style="background-color: #cccccc;" type="checkbox"/>

<b>(100) Service Quality Improvement Reporting Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	499007
<015> Study Area Name	NEW MEXICO RSA 4-EAST LIMITED PARTNERSHIP
<020> Program Year	2014
<030> Contact Name - Person USAC should contact regarding this data	Eric N. Votaw
<035> Contact Telephone Number - Number of person identified in data line <030>	209-955-6116
<039> Contact Email Address - Email Address of person identified in data line <030>	eric.votaw@mossadams.com

<110> Has your company received its ETC certification from the FCC? If your answer to Line <110> is yes, do you have an existing §54.202(a) "5		(yes / no)	<input type="radio"/>	<input checked="" type="radio"/>	
<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		<input type="checkbox"/>	<input type="checkbox"/>	
<114> Report how much universal service (USF) support was received		<input type="checkbox"/>	<input type="checkbox"/>	
<115> How (USF) was used to improve service quality		<input type="checkbox"/>	<input type="checkbox"/>	
<116> How (USF) was used to improve service coverage		<input type="checkbox"/>	<input type="checkbox"/>	
<117> How (USF) was used to improve service capacity		<input type="checkbox"/>	<input type="checkbox"/>	
<118> Provide an explanation of network improvement targets not met in the prior calendar year.		<input type="checkbox"/>	<input type="checkbox"/>	










<b>(900) Tribal Lands Reporting Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	499007
<015>	Study Area Name	NEW MEXICO RSA 4-EAST LIMITED PARTNERSHIP
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Eric N. Votaw
<035>	Contact Telephone Number - Number of person identified in data line <030>	209-955-6116
<039>	Contact Email Address - Email Address of person identified in data line <030>	eric.votaw@mossadams.com

<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

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<039>	Contact Email Address - Email Address of person identified in data line <030>	eric.votaw@mossadams.com

<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)

<b>(1200) Terms and Condition for Lifeline Customers</b> <b>Lifeline</b> <b>Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	499007
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<030>	Contact Name - Person USAC should contact regarding this data	Eric N. Votaw
<035>	Contact Telephone Number - Number of person identified in data line <030>	209-955-6116
<039>	Contact Email Address - Email Address of person identified in data line <030>	eric.votaw@mossadams.com

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of attached document (.pdf)

<1220> Link to Public Website

HTTP [http://www.plateautel.com/docs/safety\\_and\\_security.pdf](http://www.plateautel.com/docs/safety_and_security.pdf)

“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**

FCC Form 481

**Data Collection Form**

OMB Control No. 3060-0986/OMB Control No. 3060-0819

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

July 2013

<010>	Study Area Code	499007
<015>	Study Area Name	NEW MEXICO RSA 4-EAST LIMITED PARTNERSHIP
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Eric N. Votaw
<035>	Contact Telephone Number - Number of person identified in data line <030>	209-955-6116
<039>	Contact Email Address - Email Address of person identified in data line <030>	eric.votaw@mossadams.com

**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"/>
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**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	<input type="checkbox"/>
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<b>(3000) Rate Of Return Carrier Additional Documentation</b>	FCC Form 481
<b>Data Collection Form</b>	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010> Study Area Code	499007
<015> Study Area Name	NEW MEXICO RSA 4-EAST LIMITED PARTNERSHIP
<020> Program Year	2014
<030> Contact Name - Person USAC should contact regarding this data	Eric N. Votaw
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<039> Contact Email Address - Email Address of person identified in data line <030>	eric.votaw@mossadams.com

**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 type="checkbox"/></p>
<p>(3013) Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)}</p>		<p><input 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 type="checkbox"/> (Yes/No)</p>
<p>(3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)</p>		<p><input type="checkbox"/></p>
<p>(3016) PDF of Balance Sheet, Income Statement and Statement of Cash Flows</p>		<p><input 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><input type="checkbox"/></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>

<b>Certification - Reporting Carrier Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<039> Contact Email Address - Email Address of person identified in data line <030>	eric.votaw@mossadams.com

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

<b>Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients</b>	
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:	NEW MEXICO RSA 4-EAST LIMITED PARTNERSHIP
Signature of Authorized Officer:	CERTIFIED ONLINE <span style="float: right;">Date</span>
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	499007 <span style="float: right;">Filing Due Date for this form: 10/15/2013</span>
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.	

<b>Certification - Agent / Carrier Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<b>&lt;010&gt;</b>	Study Area Code	499007
<b>&lt;015&gt;</b>	Study Area Name	NEW MEXICO RSA 4-EAST LIMITED PARTNERSHIP
<b>&lt;020&gt;</b>	Program Year	2014
<b>&lt;030&gt;</b>	Contact Name - Person USAC should contact regarding this data	Eric N. Votaw
<b>&lt;035&gt;</b>	Contact Telephone Number - Number of person identified in data line <030>	209-955-6116
<b>&lt;039&gt;</b>	Contact Email Address - Email Address of person identified in data line <030>	eric.votaw@mossadams.com

**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) _____ 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: _____	
Name of Reporting Carrier: NEW MEXICO RSA 4-EAST LIMITED PARTNERSHIP	
Signature of Authorized Officer: CERTIFIED ONLINE	Date: _____
Printed name of Authorized Officer: _____	
Title or position of Authorized Officer: _____	
Telephone number of Authorized Officer: _____	
Study Area Code of Reporting Carrier: 499007	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: NEW MEXICO RSA 4-EAST LIMITED PARTNERSHIP	
Name of Authorized Agent or Employee of Agent: Moss Adams LLP	
Signature of Authorized Agent or Employee of Agent: CERTIFIED ONLINE	Date: _____
Printed name of Authorized Agent or Employee of Agent: Eric Votaw	
Title or position of Authorized Agent or Employee of Agent: Senior Manager	
Telephone number of Authorized Agent or Employee of Agent: 209-955-6116	
Study Area Code of Reporting Carrier: 499007	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

Response Line 510  
New Mexico RSA4  
Study Area 499007

Pursuant to 47 C.F.R. § 54.313(a)(5) and or 47 C.F.R. § 54.422(b)(3) New Mexico RSA 4 (“Plateau”) is in compliance with appropriate FCC Service Quality Standards and Consumer Protection Rules. Plateau provides CPNI training to all of its new employees and in addition trains all of its existing employees on an annual basis. Plateau also conducts subscriber outreach regarding CPNI by periodically placing CPNI explanation messages onto its website informing subscribers on CPNI rules and regulations. In addition Plateau trains staff on Red Flag issues on an annual basis. All company employees are required to sign and acknowledge that they have completed CPNI and Red Flag training and understand obligations to adherence of applicable rules.

Plateau adheres to the CTIA Consumer Code and rapidly discloses its rates and terms of service through use of its website as well as at the point of sale. The consumer is made aware of the applicable terms and fees for all services including minutes of use, overage fees, monthly recurring charges, taxes, fees and surcharges. Plateau also keeps its network coverage maps available on its website and also provides printed documentation for subscriber’s information. Maps include the appropriate availability of service and are also periodically updated as needed. Plateau always provides printed material to its subscribers when contract changes are made. Plateau goes beyond the CTIA code and currently provides a customer with up to 14 days to accept services and return applicable equipment. All advertising provides the necessary disclosures and this is further coupled with insuring, when necessary, that appropriate disclosures are placed on Plateau’s website. Plateau has been compliant with identifying appropriate billing charges and separating out taxes and surcharges for easy identification by the subscriber. Plateau provides access to customer service and offers multiple access paths by providing toll free numbers, providing necessary information for contact on its website, allowing customers to “chat” on its website, and has multiple store locations around its service territory to provide face-to-face customer service . Plateau promptly answers all inquiries or complaints received from governmental agencies. Plateau met the deadline to provide free notifications of usage and international roaming.

Response Line 610  
New Mexico RSA 4  
Study Area 499007

#### Functionality in Emergency Situations:

Pursuant to 47 C.F.R. § 54.313(a)(6) and 47 C.F.R § 54.22(b)(4) as set forth in 47 C.F.R. § 54.202(a)(2) New Mexico RSA 4 ("Plateau") meets the requirements to remain functional in emergency situations and has the following capabilities: Back-up power is provided to Plateau's MSOs by use of generators and batteries that provide a minimum of 8 hours emergency power. In addition, Plateau's towers have been equipped with a combination of generators and batteries that provide a minimum of 8 hours of emergency power with capabilities in many locations to remain operational for up to 20 hours on emergency power.

Plateau has fiber optics deployed to many of its towers and in addition has redundant fiber optic paths from its core switching network allowing Plateau the capabilities to reroute traffic in emergency situations. Plateau has properly prepared itself for any network outages by having redundant and diverse routing in place to manage any outages and has also purchased sufficient replacement parts for its core network equipment to ensure a reliable network. For added security, reliability, and connectivity in emergency situations, Plateau has interconnection with the LATA tandem, other local exchange carriers and other wireless carriers. For added emergency functionality, Plateau has two Cell-on-Wheel ("COW") mobile towers. These COWs allow Plateau to quickly respond to emergency situations, including network outages.

Lastly, Plateau has developed network preparedness plans in case of emergency situations. Plateau has sufficient capacity within its switching network to handle call spikes in emergency situations and its staff has been sufficiently trained on those preparedness plans to minimize any and all outages during emergency situations.

