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	379014
<015>	Study Area Name	MOBIUS COMMUNICATIONS COMPANY, HEMINGFORD
<020>	Program Year	2014
<030>	Contact Name: Person USAC should contact with questions about this data	Ray Schindler
<035>	Contact Telephone Number: Number of the person identified in data line <030>	7192664334
<039>	Contact Email Address: Email of the person identified in data line <030>	rschindler@tcatel.com

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	0.0		
<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>	379014ne510	(attached descriptive document)	✓	✓
<600>	Functionality in Emergency Situations	(check to indicate certification)	✓	✓
<610>	379014ne610	(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)		

Line 510: Service Quality Standards & Consumer Protection Rules Compliance

Service Quality Standards

The Company complies with the service quality standards set forth in the following sections of the rules of the Nebraska Public Service Commission (NE PSC):

- 291 Neb. Admn. Code 5-002 (Local Exchange Service)

Consumer Protection Rules

The company complies with the following consumer protection rules:

- FCC rules regarding (1) Verification of orders for telecommunications service as required of submitting carriers {47 CFR §64.1100}, (2) Truth-in-Billing Requirements {47 CFR §64.2400}, and (3) 47 C.F.R. § Part 64 Subpart U, Customer Proprietary Network Information
- Federal Trade Commission 16 C.F.R. §681, Identity Theft Red Flags
- NE PSC rules 291 Neb. Admn. Code 5-004 (Subscriber Complaints of Slamming and

Line 610: Functionality in Emergency Situations

- The Company has made reasonable provisions to meet emergencies resulting from power failures; sudden and prolonged increases in traffic; staff shortages; and fire, storm, and acts of god. These provisions include, but are not limited to, installing adequate battery reserve capacity where needed, training personnel in appropriate emergency procedures and maintaining the ability to reroute traffic around damaged facilities. FCC rule 47 CFR §54.202(a), NE PSC rule 291 Neb. Admn. Code 5-002.05 (Emergency Operations and Power).

(100) Service Quality Improvement Reporting
Data Collection Form

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<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

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<039>	Contact Email Address - Email Address of person identified in data line <030>	rschindler@tcatel.com

<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

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

<703>

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

(710) Broadband Price Offerings
Data Collection Form

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<039>	Contact Email Address - Email Address of person identified in data line <030>	rschindler@tcatel.com

<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

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<039>	Contact Email Address - Email Address of person identified in data line <030>	rschindler@tcatel.com

<810>	Reporting Carrier	MOBIUS COMMUNICATIONS COMPANY
<811>	Holding Company	HEMINGFORD COOPERATIVE TELEPHONE COMPANY
<812>	Operating Company	NA

<813>

<a1> Affiliates	<a2> SAC	<a3> Doing Business As Company or Brand Designation
-- See attached worksheet --		

(900) Tribal Lands Reporting
Data Collection Form

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July 2013

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<039>	Contact Email Address - Email Address of person identified in data line <030>	rschindler@tcatel.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:

		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

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<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

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<1210> Terms & Conditions of Voice Telephony Lifeline Plans — 379014ne1210

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. ☑

LIFELINE

Mobius Communications Company

523 Niobrara Avenue, Hemingford, NE 69348

223 Box Butte Avenue, Alliance, NE 69301

(308) 487-5500 or toll free (877) 266-2487

Lifeline

Because everyone in Nebraska deserves access to affordable telephone service

Through the Nebraska Telephone Assistance Program, qualified low income households can receive a $9.25 per month discount (Lifeline) on their basic monthly landline or wireless phone service.

You may qualify for these services if you are already participating in programs such as Medicaid, Kids Connection (SAM, MAC, EMAC), Supplemental Security Income, Low- Income Home Energy Assistance, Supplemental Nutritional Assistance Program, National School Lunch Program Free Lunch Program, Federal Public Housing, Temporary Assistance for Needy or your income is at or below 135% of the poverty level.

Lifeline is a government assistance program, the service is non-transferable, only eligible consumers may enroll in the program, and the program is limited to one discount per household. Customers who willfully make false statements in order to obtain the benefit can be punished by fine or imprisonment or can be barred from the program.

To apply for this program complete an application form and provide proof of eligibility as directed on the application. Applications are available online at www.psc.state.ne.us or by calling the Nebraska Public Service Commission at 402-471-3101 or (toll free) 800-526-0017. Applications may also be obtained by contacting the office of Mobius Communications Company or by mailing a request to:

NTAP

P.O. Box 94927

Lincoln, NE 68509-4927

Residential & Business Local Phone Service

Switching to Mobius is easy! Your phone number stays the same, the change is seamless!

Mobius Communications Company offers residential and business local phone service in the following communities:

Alliance | Berea | Bridgeport | Chadron | Crawford | Harrision | Sidney | Whitney

Local Phone service provides unlimited local calling for both residential and business customers.

Long distance service and calling features can be added.

*applicable taxes will be added

*applicable taxes will be added

Calling Features

3 Way Calling	$ 1.50 per month
Selective Call Rejection	$ 2.00 per month
Call Waiting	$ 1.50 per month
Call Forwarding	$ 1.50 per month
Call Forward – Busy	$ 1.50 per month
Call Forwarding – Variable	$ 1.50 per month

Call Forward – Don't Answer	$ 1.50 per month
Remote Access Forwarding	$ 5.06 per month
Selective Call Forwarding	$ 2.00 per month
Wire Maintenance	$ 4.00 per month
Toll Restrict	FREE
Non Listed/Non Published Number	$ 1.50 per month
Additional Directory Listing	$ 5.04 per month
Caller ID Name & Number	$ 4.00 per month
Anonymous Call Rejection	$ 2.00 per month
Automatic Callback/Last Call Return	$ 2.00 per month
Automatic Recall/Continuous Redial	$ 2.00 per month
Distinctive Ringing/Custom Ringing	$ 3.00 per month
Voice Mail	$ 2.00 per month
Telemarketing Block	$ 5.50 per month
Speed Calling	$ 2.00 per month (8 pre selected numbers) (30 pre selected numbers)
On Vacation	$ 10.00 per month

Please note: Prices & Services subject to change. Adding features and other Mobius products will cause taxes to change. A $5.00 order fee will be assessed when new features are added to the line.

Long Distance Services

Mobius Communications wouldn't be a complete communications services company without long distance service. Long distance service from Mobius is hassle-free:

- No Monthly Service Fees
- No Connection Charges
- One Rate All Day – Every Day
- Call Any State In The Continental United States
- No Minimum / Maximum Call Length
- No Extra Numbers To Dial

10¢ Plan

Activation Fee: None

Available: Anywhere in the U.S

Hi 5

Minutes of use: 100 (10¢ for any minutes over 100)

Requirement: Mobius Communications Company Residential and Business Phone Customer

Activation Fee: None

Calling Area Anywhere in the U.S.

Available Area: Alliance, Berea, Bridgeport, Chadron, Crawford, Harrison, Hemingford, Sidney, Whitney

250 Minutes

Minutes of use: 250 (10¢ for any minutes over 250)

Requirements: Mobius Communications Company Residential and Business Phone Customer

Calling Area: Anywhere in the U.S.

Available Area: Alliance, Berea, Bridgeport, Chadron, Crawford, Harrison, Hemingford, Sidney, Whitney

Unlimited

Minutes of use: Unlimited

Requirements: Mobius Communications Company Residential and Business Phone Customer

Calling Area: Anywhere in the U.S.

Available Area: Alliance, Berea, Bridgeport, Chadron, Crawford, Harrison, Hemingford, Sidney, Valentine, Whitney

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

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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> Sth 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

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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	
(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

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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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<039>	Contact Email Address - Email Address of person identified in data line <030>	rschindler@tcatel.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) Ray Schindler 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:	Ray Schindler		
Name of Reporting Carrier:	MOBIUS COMMUNICATIONS COMPANY, HEMINGFORD		
Signature of Authorized Officer:	CERTIFIED ONLINE	Date:	10/10/2013
Printed name of Authorized Officer:	Tonya Mayer		
Title or position of Authorized Officer:	General Manager		
Telephone number of Authorized Officer:	308-487-5500		
Study Area Code of Reporting Carrier:	379014	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:	MOBIUS COMMUNICATIONS COMPANY, HEMINGFORD		
Name of Authorized Agent or Employee of Agent:	Ray Schindler		
Signature of Authorized Agent or Employee of Agent:	CERTIFIED ONLINE	Date:	10/10/2013
Printed name of Authorized Agent or Employee of Agent:	Ray Schindler		
Title or position of Authorized Agent or Employee of Agent	Financial Consultant		
Telephone number of Authorized Agent or Employee of Agent:	719-266-4334		
Study Area Code of Reporting Carrier:	379014	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