



**REDACTED- FOR PUBLIC INSPECTION**

October 14, 2013

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

RE: **Confidential Financial Information Subject to Protective Order in 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:

Mountain View Telephone Company, a privately-held rate of return carrier receiving high cost support, has electronically submitted FCC Form 481 to the Commission with redacted financial data, in compliance with 47 C.F.R. §§ 54.313 and 54.422

As specified in the Protective Order issued on November 16, 2012 by the Commission, two copies of the redacted confidential information are being filed simultaneously with the non-redacted confidential information. The redacted information for this filing and each page of the file where confidential information has been omitted is marked "REDACTED - FOR PUBLIC INSPECTION"

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

Sincerely,

A handwritten signature in blue ink, appearing to read "Sara", is written over the word "Sincerely,".

Sara Zimmerman, Vice President  
Enclosures

.cc Mr. Charles Tyler, FCC Telecommunications Access Policy Division  
Arkansas Public Service Commission

<b>FCC Form 481 - Carrier Annual Reporting Data Collection Form</b>	<b>FCC Form 481</b> OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	401712
<015> Study Area Name	MOUNTAIN VIEW TEL CO
<020> Program Year	2014
<030> Contact Name: Person USAC should contact with questions about this data	Leslie Dewey
<035> Contact Telephone Number: Number of the person identified in data line <030>	870-425-3100
<039> Contact Email Address: Email of the person identified in data line <030>	leslie.dewey@yelcot.com

<b>ANNUAL REPORTING FOR ALL CARRIERS</b>	<b>54.313</b>	<b>54.422</b>
	<b>Completion</b>	<b>Completion</b>
	<b>Required</b>	<b>Required</b>

<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 checked="" 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)	<i>(attach descriptive document)</i>	<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)	<i>(attach descriptive document)</i>	<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" value="0.335"/>	
<420> Mobile	<input type="text"/>	
<430> Number of Complaints per 1,000 customers (broadband)		<input type="text"/> <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="401712ar510"/>	<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="401712ar610"/>	<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="text"/> <input style="background-color: #cccccc;" type="checkbox"/>
<710> Company Price Offerings (broadband)	<i>(complete attached worksheet)</i>	<input type="text"/> <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="text"/> <input style="background-color: #cccccc;" type="checkbox"/>
<1010> <input type="text"/>	<i>(attach descriptive document)</i>	<input type="text"/> <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="text"/> <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="text"/> <input style="background-color: #cccccc;" type="checkbox"/>
<2005>	<i>(complete attached worksheet)</i>	<input type="text"/> <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"/>

<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	401712
<015> Study Area Name	MOUNTAIN VIEW TEL CO
<020> Program Year	2014
<030> Contact Name - Person USAC should contact regarding this data	Leslie Dewey
<035> Contact Telephone Number - Number of person identified in data line <030>	870-425-3100
<039> Contact Email Address - Email Address of person identified in data line <030>	leslie.dewey@yelcot.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 year plan" filed with the FCC?	(yes / no)	<input type="radio"/>	<input checked="" type="radio"/>
<111>	(yes / no)	<input type="radio"/>	<input checked="" 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.							










<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	401712
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<030>	Contact Name - Person USAC should contact regarding this data	Leslie Dewey
<035>	Contact Telephone Number - Number of person identified in data line <030>	870-425-3100
<039>	Contact Email Address - Email Address of person identified in data line <030>	leslie.dewey@yelcot.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)

<b>(1100) No Terrestrial Backhaul Reporting 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>	leslie.dewey@yelcot.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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<039>	Contact Email Address - Email Address of person identified in data line <030>	leslie.dewey@yelcot.com

<1210> Terms & Conditions of Voice Telephony Lifeline Plans 401712ar1210

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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**

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	401712
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<039>	Contact Email Address - Email Address of person identified in data line <030>	leslie.dewey@yelcot.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)}
- <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 \_\_\_\_\_

<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

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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**

<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 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>401712ar3017</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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**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:	MOUNTAIN VIEW TEL CO
Signature of Authorized Officer:	CERTIFIED ONLINE <span style="float: right;">Date 10/11/2013</span>
Printed name of Authorized Officer:	Anne Schuhknecht
Title or position of Authorized Officer:	Sec-Treas
Telephone number of Authorized Officer:	870-425-3100
Study Area Code of Reporting Carrier:	401712 <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;039&gt;</b>	Contact Email Address - Email Address of person identified in data line <030>	leslie.dewey@yelcot.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	
<p>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.</p>	
Name of Authorized Agent: _____	
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: _____
<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: _____	
Name of Authorized Agent or Employee of Agent: _____	
Signature of Authorized Agent or Employee of Agent: _____	Date: _____
Printed name of Authorized Agent or Employee of Agent: _____	
Title or position of Authorized Agent or Employee of Agent: _____	
Telephone number of Authorized Agent or Employee of Agent: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
<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



Mountain View Telephone Company  
481 Line 510 Service Quality & Standards  
Study Area: 401712

Pursuant to 47 C.F.R. § 54.313(a)(5) and or 47 C.F.R. § 54.422(b)(3), Mountain View Telephone Company is in compliance with appropriate FCC Service Quality Standards, Consumer Protection Rules, as well as standards and procedures as defined in the Arkansas Public Service Commission Telecommunication Provider Rules of Practice and Procedure. Mountain View Telephone Company provides CPNI training to all of its new employees and in addition trains all of its existing employees on an annual basis to ensure compliance with the CPNI rules, which include new carrier authentication requirements, a requirement to notify customers of account changes, and a requirement to notify both law enforcement and customers in the event of a CPNI breach. Mountain View Telephone Company trains staff on an annual basis regarding Red Flag issues to help prevent identify theft. 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. Mountain View Telephone Company also conducts subscriber CPNI outreach by periodically placing CPNI explanation messages into subscriber's bills and also has signage in its business office regarding CPNI rules and regulations.

Mountain View Telephone Company  
481 Line 610 Emergency Situations  
Study Area 401712

Mountain View Telephone Company has the ability to reroute traffic during a facility cut. Mountain View Telephone Company consists of eight exchange territories. Seven of the exchanges (870269, 870363, 870585, 870591, 870746, 870757 and 870948) are switched from a single location in Mountain View, AR. Each of these exchanges, excluding the Mountain View central office, are equipped with Aztek ESA equipment for emergency local switching. The other exchange (870652) is switched in the Pleasant Grove, AR central office. The access equipment served from the Mountain View switch is connected to the main central office by a SONET ring with diverse fiber routes. The switch at the Pleasant Grove location is also connected back to Mountain View by a SONET ring with diverse fiber routes. Mountain View Long Distance Service is transported on SIP trunks via the internet. If for some reason the Internet is not available, the telephone switch will automatically reroute Mountain View Long Distance on AT&T TDM trunks.

Mountain View Telephone Company has the ability to handle traffic spikes in an emergency situation via 911 trunks to the AT&T tandem in Jonesboro, AR.

Mountain View Telephone Company has permanent back-up power to our central offices and the majority of the remotes. Some remotes use portable generators. Mountain View has generators that stand at the ready for use in the case of power outages and emergencies. The generators are deployed in the following manner:

Portable Onan Genset with a 250 lb. LP gas fuel tank. This unit can be deployed to any location to provide power in an emergency. The fuel tank can be fueled at any location that can fill a LP tank or fuel can be delivered by any LP vendor.

Mobil Lab trailers are used when splicing fiber. Each trailer is equipped with generators not only for trailer power but can be plugged in an AC power outlet or can provide AC power to other equipment, this is called ship to shore power. Each trailer is equipped with a built in gasoline fuel tank that will support the trailer for nearly 12 hours of run time.

Central offices that are equipped with built in stand by generators with automatic transfer switches. These units are fueled by Natural Gas supplied by Source Gas of Arkansas 800-252-9090. These generators have a continuous run time of several days as long as the natural gas supply is not damaged. These generators are tested weekly and routine maintenance is performed monthly to insure that these pieces of equipment will perform in the event of an outage.

Mountain View Telephone Company  
481 Line 610 Emergency Situations  
Study Area 401712

Portable Generators deployed in Portable Power Trailers that are equipped with portable gas generators that can be deployed at any smaller location that requires power. Each trailer contains multiple generators ranging from 1000 to 5000 watts each as well as fuel, oil and electrical supplies to make any connection necessary to provide emergency power. The trailers are also equipped with Fire suppression equipment and first aid gear along with lights for working at night. These generators are deployed during an outage and have a run time ranging from 8 to 10 hours. During the deployment, a Mountain View Telephone Company employee is assigned to perform checks and refueling until the power outage is over or a different employee is assigned to the task.

Permanently mounted generators at remote office locations are deployed. These generators are supplied by either Natural gas or LP gas. Natural gas is supplied to by Source Gas of Arkansas 800-252-9090. LP gas is supplied by Stone County Propane 870-269-3616. These generators have various continuous run times, with a minimum 24 hour run time. Each generator is set up with an automatic start/stop/transfer switch. The generators are set up to automatically exercise once per week and an employee checks and performs maintenance on each generator once per month on a normal schedule.

Both Central offices have wet cell battery power. Each of these offices have enough power to run on battery power alone for approximately 4 to 8 hours depending on the load at the time of the outage. Each of office is equipped with automatic start/stop/transfer switches to switch over to generator power within minutes of a power outage.

All remote offices and remote cabinets deployed in the system have battery backup. Each office is set up and tested to carry the load in the event of a power outage for a minimum of 8 hours. Many of the remotes will continue to run after the loss of power for 8 to 10 hours depending on the load at the time of the outage. All offices and remotes are equipped to notify a technician in the case of a power outage. The batteries at all locations are checked monthly for corrosion, swelling and loose connections. Wet cell batteries are checked for specific gravity and individual cell voltage annually or as needed.

3rd Revised Sheet No. 13a

Replacing: 2nd Revised Sheet No. 13a

Mountain View Telephone Company, Inc.  
Name of Company

Kind of Service: Telecommunications Class of Service: Res/Bus

Part III. Rate Schedule No.: 1

Title: LOCAL SERVICE

ARM. PUBLIC SERV. COMM

SECRETARY OF COMM.

2012 JUN -7 A 8:07

RECEIVED  
PSC File Mark Only

### 1.3. LIFELINE ASSISTANCE PROGRAM

#### 1.3.1. General

1.3.1.1. The Lifeline Assistance Program provides for a federal credit equal to 100% of the Interstate Subscriber Line Charge (\$6.50) and a \$2.75 local service reduction.

1.3.1.2. The discounts apply to monthly recurring rates for qualifying residential customers.

1.3.1.3. Discounts are applied to rates and charges for residential telephone service.

#### 1.3.2. Regulations

1.3.2.1. Regulations specified in Part III, Rate Schedule No. 3, Page 15 of this tariff or rate schedule apply to Lifeline Service.

1.3.2.2. Lifeline Service is available only with residence service, excluding foreign exchange service.

1.3.2.3. Lifeline Service is limited to one line per household.

1.3.2.4. The named subscriber to the local telecommunications service, his or her dependent, or someone in his or her household must participate in one of the listed assistance programs to qualify for Lifeline Service. The federal and state credits are applied to the Local Service bills for qualified residential recipients of Supplemental Security Income (SSI), Food Stamps, Aid to Families with Dependent Children recipients, Medicaid, federal public housing assistance or Section 8, Low Income Home Energy Assistance Program (LIHEAP), recipients of Temporary Assistance to Needy Families, participants in the National School Lunch free lunch program, or families whose household income falls below 135% of the Federal Poverty Guideline.

(CT)

(CT)

2<sup>nd</sup> Revised

Sheet No. 13b

Replacing: 1<sup>st</sup> Revised

Sheet No. 13b

Mountain View Telephone Company, Inc.  
Name of Company

Kind of Service: Telecommunications Class of Service: Res/Bus

Part III. Rate Schedule No.: 1

Title: LOCAL SERVICE

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1.3. LIFELINE ASSISTANCE PROGRAM (continued)

(CT)

1.3.2.5. The Customer will certify under penalty of perjury that the information supplied at the time of application for Lifeline service is accurate. The Company will obtain sufficient documentation from the customer to verify that the customer qualifies for Lifeline and an officer of the Company will certify that the Company has procedures to review the application for Lifeline Service in accordance with 47 U.S.C. Part 54.

1.3.2.6. The Company will process all applications and apply the appropriate credit on the customer's monthly bill.

1.3.2.7. Customers of Lifeline Service must notify the Company of any changes which would affect qualification. Verification of eligibility will take place initially and at a minimum annually each year of service thereafter. When the customer is no longer eligible for Lifeline Service, the discount will be discontinued and regular rates and charges will apply.

1.3.3. Rates and Charges

1.3.3.1. Monthly Credit (maximum of one line per qualified customer)

1.3.3.2. A discount equal to 100 percent of the Interstate Subscriber Line Charge is applicable to qualified residential customers (\$6.50).

1.3.3.3. A reduction of \$2.75 of the Local Service Rate.

(CT)

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CLINT CZESCHIN : MOUNTAIN VIEW TELEPHONE COMPANY [AR0551] : OP. REPORT-TELECOM : DECEMBER 2012

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- Notes

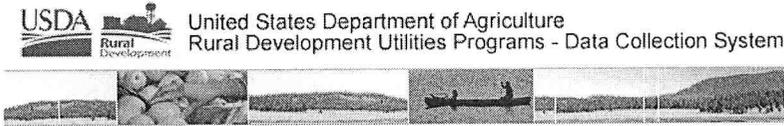
**Part A: Balance Sheet**

Your response is required by 7 U.S.C. 901 et seq. and subject to federal laws and regulations regarding confidential information, will be treated as confidential. The Balance Prior Year figures have been brought forward from the December 2011 submission and cannot be edited here. If these figures need to be corrected please revise them in that submission and resubmit.

ASSETS	Balance Prior Year	Balance End of Period	LIABILITIES AND STOCKHOLDERS' EQUITY	Balance Prior Year	Balance End of Period
<b>CURRENT ASSETS</b>			<b>CURRENT LIABILITIES</b>		
1. Cash and Equivalents			25. Accounts Payable		
2. Cash-RUS Construction Fund			26. Notes Payable		
3. Affiliates:			27. Advance Billings and Payments		
a. Telecom, Accounts Receivable			28. Customer Deposits		
b. Other Accounts Receivable			29. Current Mat. L/T Debt		
c. Notes Receivable			30. Current Mat. L/T Debt-Rur. Dev.		
4. Non-Affiliates:			31. Current Mat.-Capital Leases		
a. Telecom, Accounts Receivable			32. Income Taxes Accrued		
b. Other Accounts Receivable			33. Other Taxes Accrued		
c. Notes Receivable			34. Other Current Liabilities		
5. Interest and Dividends Receivable			35. Total Current Liabilities (25 thru 34)		
6. Material-Regulated			<b>LONG-TERM DEBT</b>		
7. Material-Nonregulated			36. Funded Debt-RUS Notes		
8. Prepayments			37. Funded Debt-RTB Notes		
9. Other Current Assets			38. Funded Debt-FFB Notes		
10. Total Current Assets (1 thru 9)			39. Funded Debt-Other		
<b>NONCURRENT ASSETS</b>			40. Funded Debt-Rural Develop. Loan		
11. Investment in Affiliated Companies			41. Premium (Discount) on L/T Debt		
a. Rural Development			42. Reacquired Debt		
b. Nonrural Development			43. Obligations Under Capital Lease		
12. Other Investments			44. Adv. From Affiliated Companies		
a. Rural Development			45. Other Long-Term Debt		
b. Nonrural Development			46. Total Long-Term Debt (36 thru 45)		
13. Nonregulated Investments			<b>OTHER LIABILITIES &amp; DEF. CREDITS</b>		
14. Other Noncurrent Assets			47. Other Long-Term Liabilities		
15. Deferred Charges			48. Other Deferred Credits		
16. Jurisdictional Differences			49. Other Jurisdictional Differences		
17. Total Noncurrent Assets (11 thru 16)			50. Total Other Liabilities and Deferred Credits (47 thru 49)		
<b>PLANT, PROPERTY, AND EQUIPMENT</b>			<b>EQUITY</b>		
18. Telecom, Plant-in-Service			51. Cap. Stock Outstand. & Subscribed		
19. Property Held for Future Use			52. Additional Paid-in Capital		
20. Plant Under Construction			53. Treasury Stock		
21. Plant Adj., Nonop. Plant & Goodwill			54. Membership and Cap. Certificates		
22. Less Accumulated Depreciation			55. Other Capital		
23. Net Plant (18 thru 21 less 22)			56. Patronage Capital Credits		
24. Total Assets (10+17+23)			57. Retained Earnings or Margins		
			58. Total Equity (51 thru 57)		
			59. Total Liabilities and Equity (35+46+50+58)		

Total Equity = [REDACTED] % of Total Assets

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**Part B: Statements of Income and Retained Earnings or Margins**

*Your response is required by 7 U.S.C. 901 et seq. and subject to federal laws and regulations regarding confidential information, will be treated as confidential. The Prior Year figures have been brought forward from the December 2011 submission and cannot be edited here. If these figures need to be corrected please revise them in that submission and resubmit.*

Item	Prior Year	This Year
1. Local Network Services Revenues		
2. Network Access Services Revenues		
3. Long Distance Network Services Revenues		
4. Carrier Billing and Collection Revenues		
5. Miscellaneous Revenues		
6. Uncollectible Revenues		
7. Net Operating Revenues (1 Thru 5 Less 6)		
8. Plant Specific Operations Expense		
9. Plant Nonspecific Operations Expense (Excluding Depreciation & Amortization)		
10. Depreciation Expense		
11. Amortization Expense		
12. Customer Operations Expense		
13. Corporate Operations Expense		
14. Total Operating Expenses (8 Thru 13)		
15. Operating Income or Margins (7 less 14)		
16. Other Operating Income and Expense		
17. State and Local Taxes		
18. Federal Income Taxes		
19. Other Taxes		
20. Total Operating Taxes (17+18+19)		
21. Net Operating Income or Margins (15+16-20)		
22. Interest on Funded Debt		
23. Interest Expense - Capital Leases		
24. Other Interest Expense		
25. Allowance for Funds Used During Construction		
26. Total Fixed Charges (22+23+24-25)		
27. Nonoperating Net Income		
28. Extraordinary Items		
29. Jurisdictional Differences		
30. Nonregulated Net Income		
31. Total Net Income or Margins (21+27+28+29+30-26)		
32. Total Taxes Based on Income		
33. Retained Earnings or Margins Beginning-of-Year		
34. Miscellaneous Credits Year-to-Date		
35. Dividends Declared (Common)		
36. Dividends Declared (Preferred)		
37. Other Debits Year-to-Date		
38. Transfers to Patronage Capital		
39. Retained Earnings or Margins End-Of-Period [(31+33+34)-(35+36+37+38)]		
40. Patronage Capital Beginning-of-Year		
41. Transfers to Patronage Capital		
42. Patronage Capital Credits Retired		
43. Patronage Capital End-Of-Year (40+41-42)		
44. Debt Service Payments for the period(principal interest on long term debt)		
45. Cash Ratio [(14+20-10-11) / 7]		
46. Operating Accrual Ratio [(14+20+26) / 7]		
47. TIER [(31+26) / 26]		

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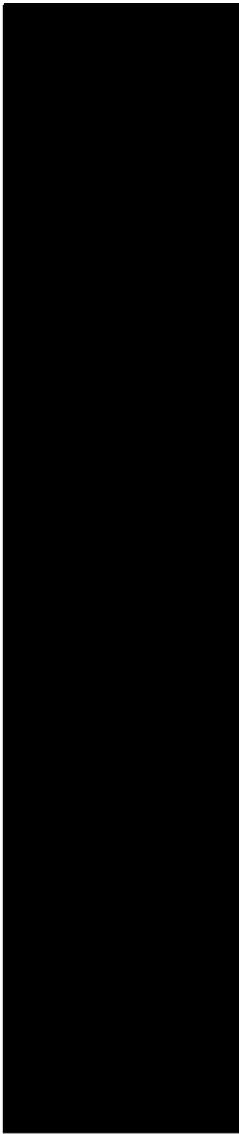
[Part I](#)

[Notes](#)

**Part I: Statement of Cash Flows**

*Your response is required by 7 U.S.C. 901 et seq. and subject to federal laws and regulations regarding confidential information, will be treated as confidential.*

1. Beginning Cash (Cash and Equivalents plus RUS Construction Fund)
- CASH FLOWS FROM OPERATING ACTIVITIES
2. Net Income
- Adjustments to Reconcile Net Income to Net Cash Provided by Operating Activities*
3. Add: Depreciation
4. Add: Amortization
5. Other (*Explain*)
- Changes in Operating Assets and Liabilities*
6. Decrease/(Increase) in Accounts Receivable
7. Decrease/(Increase) in Materials and Inventory
8. Decrease/(Increase) in Prepayments and Deferred Charges
9. Decrease/(Increase) in Other Current Assets
10. Increase/(Decrease) in Accounts Payable
11. Increase/(Decrease) in Advance Billings & Payments
12. Increase/(Decrease) in Other Current Liabilities
13. Net Cash Provided/(Used) by Operations
- CASH FLOWS FROM FINANCING ACTIVITIES
14. Decrease/(Increase) in Notes Receivable
15. Increase/(Decrease) in Notes Payable
16. Increase/(Decrease) in Customer Deposits
17. Net Increase/(Decrease) in Long Term Debt (including current maturities)
18. Increase/(Decrease) in Other Liabilities & Deferred Credits
19. Increase/(Decrease) in Capital Stock, Paid-in Capital, Membership and Capital Certificates & Other Capital
20. Less: Payment of Dividends
21. Less: Patronage Capital Credits Retired
22. Other (*Explain*)
23. Net Cash Provided/(Used) by Financing Activities
- CASH FLOWS FROM INVESTING ACTIVITIES
24. Net Capital Expenditures (Property, Plant & Equipment)
25. Other Long-Term Investments
26. Other Noncurrent Assets & Jurisdictional Differences
27. Other (*Explain*)
28. Net Cash Provided/(Used) by Investing Activities
29. Net Increase/(Decrease) in Cash
30. Ending Cash



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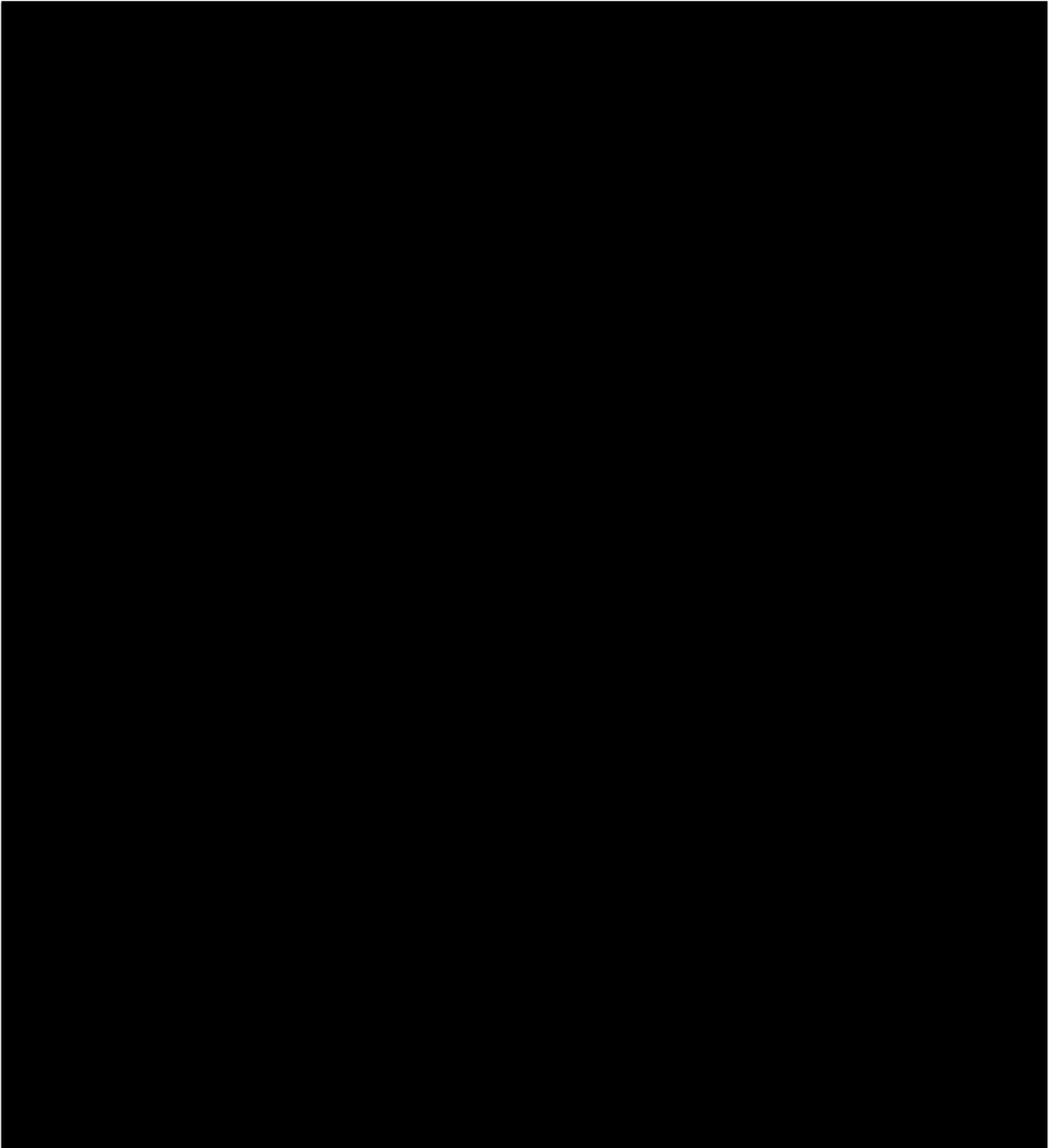
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**INDEPENDENT AUDITOR'S MANAGEMENT LETTER**

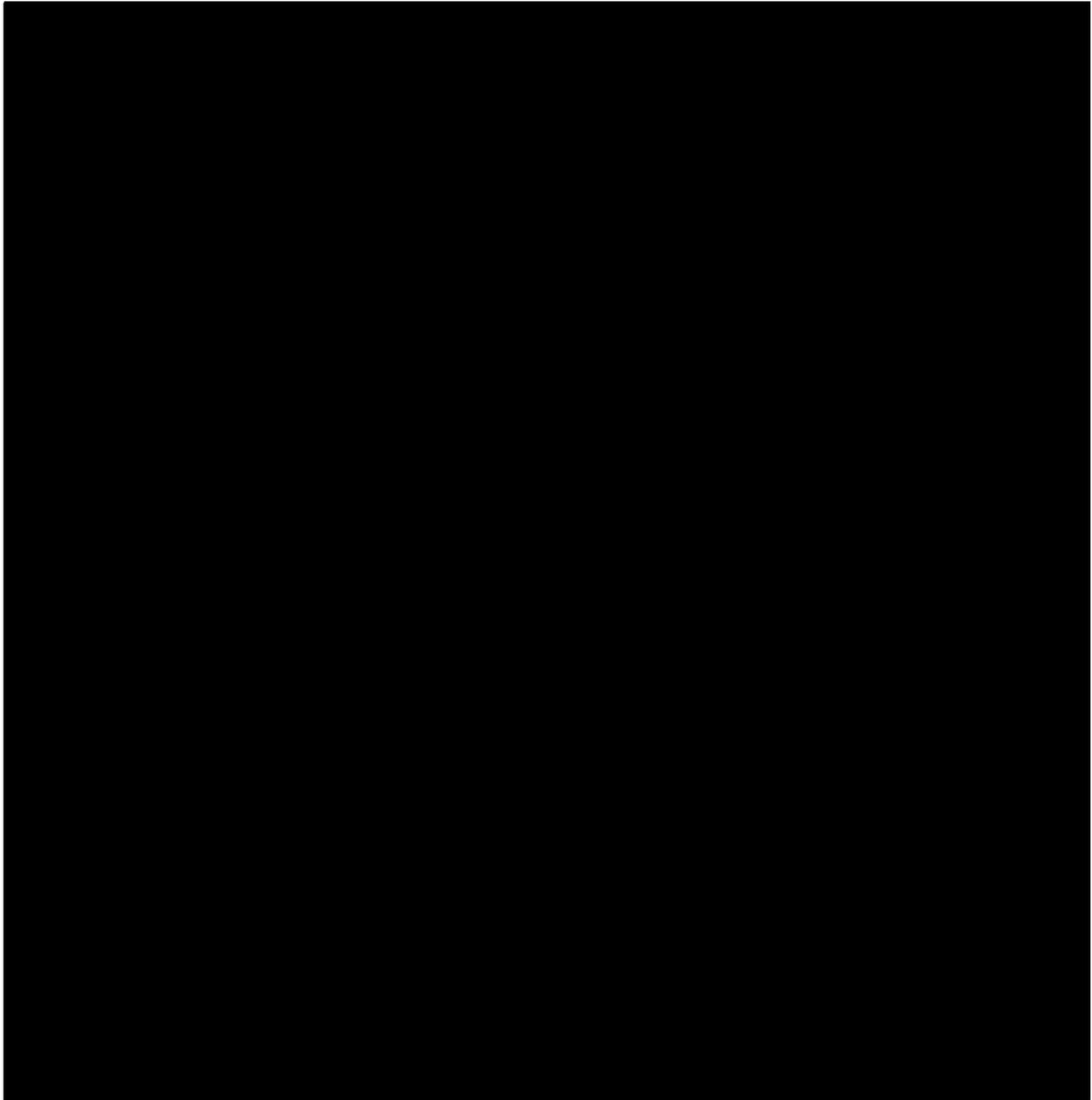
To the Board of Directors  
Mountain View Telephone Company



**INDEPENDENT AUDITOR'S MANAGEMENT LETTER (continued)**



**INDEPENDENT AUDITOR'S MANAGEMENT LETTER (continued)**



**INDEPENDENT AUDITOR'S MANAGEMENT LETTER (continued)**

**Comments on Other Additional Matters**



*Moss Adams LLP*

Overland Park, Kansas  
June 19, 2013