

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

<b>&lt;010&gt; Study Area Code</b>	613000
<b>&lt;015&gt; Study Area Name</b>	ACS OF ANCHORAGE
<b>&lt;020&gt; Program Year</b>	2014
<b>&lt;030&gt; Contact Name: Person USAC should contact with questions about this data</b>	Lisa Phillips
<b>&lt;035&gt; Contact Telephone Number: Number of the person identified in data line &lt;030&gt;</b>	907-297-3130
<b>&lt;039&gt; Contact Email Address: Email of the person identified in data line &lt;030&gt;</b>	Lisa.Phillips@acsalaska.com

<b>ANNUAL REPORTING FOR ALL CARRIERS</b>	<b>54.313 Completion Required</b>	<b>54.422 Completion Required</b>
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			(check box when complete)	
<b>&lt;100&gt; Service Quality Improvement Reporting</b>	<i>(complete attached worksheet)</i>		<input checked="" type="checkbox"/>	
<b>&lt;200&gt; Outage Reporting (voice)</b>	<i>(complete attached worksheet)</i>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>&lt;210&gt;</b>	<input type="checkbox"/> <-- check box if no outages to report			
<b>&lt;300&gt; Unfulfilled Service Requests (voice)</b>	<input type="text" value="0"/>		<input checked="" type="checkbox"/>	
<b>&lt;310&gt; Detail on Attempts (voice)</b>	<i>(attach descriptive document)</i>			
<b>&lt;320&gt; Unfulfilled Service Requests (broadband)</b>				
<b>&lt;330&gt; Detail on Attempts (broadband)</b>	<i>(attach descriptive document)</i>			
<b>&lt;400&gt; Number of Complaints per 1,000 customers (voice)</b>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>&lt;410&gt; Fixed</b>	<input type="text" value="0.12"/>			
<b>&lt;420&gt; Mobile</b>	<input type="text"/>			
<b>&lt;430&gt; Number of Complaints per 1,000 customers (broadband)</b>				
<b>&lt;440&gt; Fixed</b>	<input type="text"/>			
<b>&lt;450&gt; Mobile</b>	<input type="text"/>			
<b>&lt;500&gt; Service Quality Standards &amp; Consumer Protection Rules Compliance</b>	<i>(check to indicate certification)</i>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>&lt;510&gt;</b>	<input type="text" value="613000ak510"/> <i>(attached descriptive document)</i>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>&lt;600&gt; Functionality in Emergency Situations</b>	<i>(check to indicate certification)</i>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>&lt;610&gt;</b>	<input type="text" value="613000ak610"/> <i>(attached descriptive document)</i>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>&lt;700&gt; Company Price Offerings (voice)</b>	<i>(complete attached worksheet)</i>			
<b>&lt;710&gt; Company Price Offerings (broadband)</b>	<i>(complete attached worksheet)</i>			
<b>&lt;800&gt; Operating Companies and Affiliates</b>	<i>(complete attached worksheet)</i>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>&lt;900&gt; Tribal Land Offerings (Y/N)?</b>	<input checked="" type="radio"/> <input type="radio"/> <i>(if yes, complete attached worksheet)</i>		<input checked="" type="checkbox"/>	
<b>&lt;1000&gt; Voice Services Rate Comparability</b>	<i>(check to indicate certification)</i>			
<b>&lt;1010&gt;</b>	<input type="text"/> <i>(attach descriptive document)</i>			
<b>&lt;1100&gt; Terrestrial Backhaul (Y/N)?</b>	<input checked="" type="radio"/> <input type="radio"/> <i>(if not, check to indicate certification)</i>		<input checked="" type="checkbox"/>	
<b>&lt;1110&gt;</b>	<i>(complete attached worksheet)</i>			
<b>&lt;1200&gt; Terms and Condition for Lifeline Customers</b>	<i>(complete attached worksheet)</i>			<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*

<b>&lt;2000&gt;</b>	<i>(check to indicate certification)</i>		<input checked="" type="checkbox"/>	
<b>&lt;2005&gt;</b>	<i>(complete attached worksheet)</i>			

**Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet**

<b>&lt;3000&gt;</b>	<i>(check to indicate certification)</i>			
<b>&lt;3005&gt;</b>	<i>(complete attached worksheet)</i>			

<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	613000
<015>	Study Area Name	ACS OF ANCHORAGE
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Lisa Phillips
<035>	Contact Telephone Number - Number of person identified in data line <030>	907-297-3130
<039>	Contact Email Address - Email Address of person identified in data line <030>	Lisa.Phillips@acsalaska.com
<110>	Has your company received its ETC certification from the FCC?	(yes / no) <input type="radio"/> <input checked="" type="radio"/>
<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) <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.










**(900) Tribal Lands Reporting  
Data Collection Form**

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<910> Tribal Land(s) on which ETC Serves Cook Inlet Region, Inc.

<920> Tribal Government Engagement Obligation

613000ak920

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)
Yes

Yes
NA

**(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)

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

\_\_\_\_\_  
 Name of attached document (.pdf)

<1220> Link to Public Website

HTTP www.alaskacommunications.com

"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.

<b>(2000) Price Cap Carrier Additional Documentation</b> <b>Data Collection Form</b> <i>Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers</i>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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**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> <b>Data Collection Form</b>	FCC Form 461 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**

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

<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:	ACS OF ANCHORAGE
Signature of Authorized Officer:	CERTIFIED ONLINE <span style="float: right;">Date 10/15/2013</span>
Printed name of Authorized Officer:	Laurie Butcher
Title or position of Authorized Officer:	VP of Finance/Controler
Telephone number of Authorized Officer:	907-564-1704
Study Area Code of Reporting Carrier:	613000 <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.	

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>	Lisa.Phillips@acsalaska.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: _____	
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.	

**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: _____	
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: _____
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





**FCC Form 481**

**Service Quality Standards & Consumer Protection Rules Compliance**

ACS of Anchorage, LLC, as a common carrier and an Eligible Telecommunications Carrier (ETC), is in compliance with the applicable consumer protection and service quality standards as set out in 47 CFR § 54.313(a)(5) and 47 CFR § 54.422(b)(3).

ACS of Anchorage, LLC maintains multiple business offices within its ETC service area, with its main branch located at 600 36th Avenue, Anchorage, AK. These offices are staffed during Commission business hours with personnel who can assist customers with their service needs and who represent the carrier. ACS of Anchorage, LLC also maintains a local and a toll-free number by which customers may reach personnel for assistance with their service needs.

ACS of Anchorage, LLC maintains consumer complaint procedures on their website for access by customers. Consumers may go to <http://www.alaskacommunications.com> and access our Frequently Asked Questions, or use a web-form to contact ACS of Anchorage, LLC directly with a specific question.

ACS of Anchorage, LLC, as a common carrier and an Eligible Telecommunications Carrier (ETC), provided service throughout its ETC serving area to customers requesting service.

**FCC Form 481**

**Functionality in Emergency Situations**

ACS of Anchorage, LLC, as a common carrier and an Eligible Telecommunications Carrier (ETC), is in compliance with the requirements set out in 47 CFR § 54.313(a)(6), 47 CFR § 54.422(b)(4), and 47 CFR § 54.202(a)(2) regarding functionality in emergency situations.

ACS of Anchorage, LLC maintains a minimum of eight (8) hours of backup power in order to ensure functionality without local AC commercial power.

ACS of Anchorage, LLC has established, to the extent feasible, the ability to reroute traffic around damaged facilities and to manage traffic spikes resulting from emergency situations.

ACS of Anchorage, LLC has established procedures for employees to follow in an emergency to prevent or minimize interruption or impairment of telecommunications services.

**FCC Form 481**

**Tribal Land Offerings**

In 2012, the 54.313(a)(9) requirements had not yet been approved by the Office of Management and Budget, and so were not yet in effect. Nevertheless, Alaska Communications initiated dialogue with over 60 tribal entities in response to 54.313(a)(9) requirements in anticipation of the effectiveness of these requirements. First, regulatory staff made contact and confirmed that it had current contact information for the leadership of each of the tribal entities served by Alaska Communications. Alaska Communications then sent each of these entities a letter describing the Commission's tribal outreach reporting requirements. In many of these remote and isolated locations, Alaska Communications provides the only broadband solutions available, and the anchor institutions it serves receive support through the Rural Health Care and Schools and Libraries funds.

Our company routinely works with the tribal entities to best deliver broadband services that will meet the needs of the communities. Our company works with the tribal entities to preserve the cultural aspects of the community.