



Your business  
is our business.

REDACTED – FOR PUBLIC INSPECTION

7852 Walker Drive, Suite 200  
Greenbelt, Maryland 20770  
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October 15, 2013

**By Hand Delivery**

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

**Re: WC Docket No. 10-90, WC Docket No. 11-42  
2013 ETC Annual Report of Arkwest Communications, Inc.  
Study Area Code 401734**

Dear Ms. Dortch:

On behalf of Arkwest Communications, Inc. “Arkwest”, JSI files the attached confidential and redacted versions of the FCC Form 481 ETC annual reporting information pursuant to sections 54.313 and 54.422 of the Commission’s rules.<sup>1</sup> Arkwest seeks confidential treatment under Protective Order for section 54.313(f)(2) financial information.<sup>2</sup> The redacted version is also being filed this date via the FCC’s Electronic Comment Filing System.

Please direct any questions regarding the filing to the undersigned.

Sincerely,

John Kuykendall  
JSI Vice President  
301-459-7590  
[jkuykendall@jsitel.com](mailto:jkuykendall@jsitel.com)

cc: Charles Tyler, Telecommunications Access Policy Division (two copies, confidential)

<sup>1</sup> 47 C.F.R. §§ 54.313, 54.422.

<sup>2</sup> *Connect America Fund et al.*, WC Docket No. 10-90 *et al.*, Protective Order, DA 12-1857 rel. Nov. 16, 2012 (Protective Order). 47 C.F.R. § 54.313(f)(2).

<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	401734
<015> Study Area Name	ARKWEST COMM., INC.
<020> Program Year	2014
<030> Contact Name: Person USAC should contact with questions about this data	Carmen Adair
<035> Contact Telephone Number: Number of the person identified in data line <030>	479-495-4217
<039> Contact Email Address: Email of the person identified in data line <030>	carmenadair@arkwest.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)			
<100> Service Quality Improvement Reporting	(complete attached worksheet)	<input type="checkbox"/> <input checked="" type="checkbox"/>	
<200> Outage Reporting (voice)	(complete attached worksheet)	<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)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="text-align: center;">0</td></tr> </table>	0	<input checked="" type="checkbox"/> <input type="checkbox"/>
0			
<310> Detail on Attempts (voice)	(attach descriptive document)	<input type="checkbox"/> <input type="checkbox"/>	
<320> Unfulfilled Service Requests (broadband)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="height: 15px;"></td></tr> </table>		<input type="checkbox"/> <input type="checkbox"/>
<330> Detail on Attempts (broadband)	(attach descriptive document)	<input type="checkbox"/> <input type="checkbox"/>	
<400> Number of Complaints per 1,000 customers (voice)		<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	
<410> Fixed	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="text-align: center;">0.25</td></tr> </table>	0.25	
0.25			
<420> Mobile	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="height: 15px;"></td></tr> </table>		
<430> Number of Complaints per 1,000 customers (broadband)		<input type="checkbox"/> <input type="checkbox"/>	
<440> Fixed	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="height: 15px;"></td></tr> </table>		
<450> Mobile	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="height: 15px;"></td></tr> </table>		
<500> Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	
<510> <input type="text" value="401734AR510"/>	(attached descriptive document)	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	
<600> Functionality in Emergency Situations	(check to indicate certification)	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	
<610> <input type="text" value="401734AR610"/>	(attached descriptive document)	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	
<700> Company Price Offerings (voice)	(complete attached worksheet)	<input type="checkbox"/> <input type="checkbox"/>	
<710> Company Price Offerings (broadband)	(complete attached worksheet)	<input type="checkbox"/> <input type="checkbox"/>	
<800> Operating Companies and Affiliates	(complete attached worksheet)	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	
<900> Tribal Land Offerings (Y/N)? <input type="radio"/> <input checked="" type="radio"/>	(if yes, complete attached worksheet)	<input checked="" type="checkbox"/> <input type="checkbox"/>	
<1000> Voice Services Rate Comparability	(check to indicate certification)	<input type="checkbox"/> <input type="checkbox"/>	
<1010> <input type="text"/>	(attach descriptive document)	<input type="checkbox"/> <input type="checkbox"/>	
<1100> Terrestrial Backhaul (Y/N)? <input checked="" type="radio"/> <input type="radio"/>	(if not, check to indicate certification)	<input type="checkbox"/> <input type="checkbox"/>	
<1110>	(complete attached worksheet)	<input type="checkbox"/> <input type="checkbox"/>	
<1200> Terms and Condition for Lifeline Customers	(complete attached worksheet)	<input type="checkbox"/> <input checked="" type="checkbox"/>	

**Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet**

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

<2000>	(check to indicate certification)	<input type="checkbox"/> <input type="checkbox"/>
<2005>	(complete attached worksheet)	<input type="checkbox"/> <input type="checkbox"/>

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

<3000>	(check to indicate certification)	<input checked="" type="checkbox"/> <input type="checkbox"/>
<3005>	(complete attached worksheet)	<input checked="" type="checkbox"/> <input 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	401734
<015> Study Area Name	ARKWEST COMM., INC.
<020> Program Year	2014
<030> Contact Name - Person USAC should contact regarding this data	Carmen Adair
<035> Contact Telephone Number - Number of person identified in data line <030>	479-495-4217
<039> Contact Email Address - Email Address of person identified in data line <030>	carmenadair@arkwest.com

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

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

Name of Attached Document (.pdf)

Please check these boxes below to confirm that the attached PDF, on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

- <113> Maps detailing progress towards meeting plan targets
- <114> Report how much universal service (USF) support was received
- <115> How (USF) was used to improve service quality
- <116> How (USF) was used to improve service coverage
- <117> How (USF) was used to improve service capacity
- <118> Provide an explanation of network improvement targets not met in the prior calendar year.










<b>(900) Tribal Lands Reporting Data Collection Form</b>	FCC Form 481
	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	401734
<015>	Study Area Name	ARKWEST COMM., INC.
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Carmen Adair
<035>	Contact Telephone Number - Number of person identified in data line <030>	479-495-4217
<039>	Contact Email Address - Email Address of person identified in data line <030>	carmenadair@arkwest.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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<010>	Study Area Code	401734
<015>	Study Area Name	ARKWEST COMM., INC.
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Carmen Adair
<035>	Contact Telephone Number - Number of person identified in data line <030>	479-495-4217
<039>	Contact Email Address - Email Address of person identified in data line <030>	carmenadair@arkwest.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	401734
<015>	Study Area Name	ARKWEST COMM., INC.
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Carmen Adair
<035>	Contact Telephone Number - Number of person identified in data line <030>	479-495-4217
<039>	Contact Email Address - Email Address of person identified in data line <030>	carmenadair@arkwest.com

<1210> Terms & Conditions of Voice Telephony Lifeline Plans 401734AR1210

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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.
✓

<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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<b>&lt;010&gt;</b>	Study Area Code	401734
<b>&lt;015&gt;</b>	Study Area Name	ARKWEST COMM., INC.
<b>&lt;020&gt;</b>	Program Year	2014
<b>&lt;030&gt;</b>	Contact Name - Person USAC should contact regarding this data	Carmen Adair
<b>&lt;035&gt;</b>	Contact Telephone Number - Number of person identified in data line <030>	479-495-4217
<b>&lt;039&gt;</b>	Contact Email Address - Email Address of person identified in data line <030>	carmenadair@arkwest.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.**

<b>Incremental Connect America Phase I reporting</b>		
<b>&lt;2010&gt;</b>	2nd Year Certification {47 CFR § 54.313(b)(1)}	<input type="checkbox"/>
<b>&lt;2011&gt;</b>	3rd Year Certification {47 CFR § 54.313(b)(2)}	<input type="checkbox"/>
<b>Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}</b>		
<b>&lt;2012&gt;</b>	2013 Frozen Support Certification	<input type="checkbox"/>
<b>&lt;2013&gt;</b>	2014 Frozen Support Certification	<input type="checkbox"/>
<b>&lt;2014&gt;</b>	2015 Frozen Support Certification	<input type="checkbox"/>
<b>&lt;2015&gt;</b>	2016 and future Frozen Support Certification	<input type="checkbox"/>
<b>Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}</b>		
<b>&lt;2016&gt;</b>	Certification Support Used to Build Broadband	<input type="checkbox"/>
<b>Connect America Phase II Reporting {47 CFR § 54.313(e)}</b>		
<b>&lt;2017&gt;</b>	3rd year Broadband Service Certification	<input type="checkbox"/>
<b>&lt;2018&gt;</b>	5th year Broadband Service Certification	<input type="checkbox"/>
<b>&lt;2019&gt;</b>	Interim Progress Certification	<input type="checkbox"/>
<b>&lt;2020&gt;</b>	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"/>
<b>&lt;2021&gt;</b>	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

<010>	Study Area Code	401734
<015>	Study Area Name	ARKWEST COMM., INC.
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Carmen Adair
<035>	Contact Telephone Number - Number of person identified in data line <030>	479-495-4217
<039>	Contact Email Address - Email Address of person identified in data line <030>	carmenadair@arkwest.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**

(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 style="width: 20px; height: 15px;" 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: (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	Name of Attached Document Listing Required Information _____ <input checked="" type="checkbox"/> (Yes/No) <input checked="" type="checkbox"/> (Yes/No)  <input checked="" type="checkbox"/> <input checked="" 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 : (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 401734AR3017 _____ <input type="checkbox"/> (Yes/No)  _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
(3026) Attach the worksheet listing required information	Name of Attached Document Listing Required Information _____	

<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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<b>&lt;010&gt;</b>	<b>Study Area Code</b>	401734
<b>&lt;015&gt;</b>	<b>Study Area Name</b>	ARKWEST COMM., INC.
<b>&lt;020&gt;</b>	<b>Program Year</b>	2014
<b>&lt;030&gt;</b>	<b>Contact Name - Person USAC should contact regarding this data</b>	Carmen Adair
<b>&lt;035&gt;</b>	<b>Contact Telephone Number - Number of person identified in data line &lt;030&gt;</b>	479-495-4217
<b>&lt;039&gt;</b>	<b>Contact Email Address - Email Address of person identified in data line &lt;030&gt;</b>	carmenadair@arkwest.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:	ARKWEST COMM., INC.
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:	401734 <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	401734
<b>&lt;015&gt;</b>	Study Area Name	ARKWEST COMM., INC.
<b>&lt;020&gt;</b>	Program Year	2014
<b>&lt;030&gt;</b>	Contact Name - Person USAC should contact regarding this data	Carmen Adair
<b>&lt;035&gt;</b>	Contact Telephone Number - Number of person identified in data line <030>	479-495-4217
<b>&lt;039&gt;</b>	Contact Email Address - Email Address of person identified in data line <030>	carmenadair@arkwest.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) <u>Karen Gunkel</u> is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.</p>	
Name of Authorized Agent:	Karen Gunkel
Name of Reporting Carrier:	ARKWEST COMM., INC.
Signature of Authorized Officer:	CERTIFIED ONLINE <span style="float: right;">Date: 10/14/2013</span>
Printed name of Authorized Officer:	John Gowin
Title or position of Authorized Officer:	Accounting Manager
Telephone number of Authorized Officer:	479-495-4200
Study Area Code of Reporting Carrier:	401734 <span style="float: right;">Filing Due Date for this form: 10/15/2013</span>
<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:	ARKWEST COMM., INC.
Name of Authorized Agent or Employee of Agent:	Karen Gunkel
Signature of Authorized Agent or Employee of Agent:	CERTIFIED ONLINE <span style="float: right;">Date: 10/14/2013</span>
Printed name of Authorized Agent or Employee of Agent:	Karen Gunkel
Title or position of Authorized Agent or Employee of Agent:	Consultant- Revenue Requirements
Telephone number of Authorized Agent or Employee of Agent:	512-338-0473
Study Area Code of Reporting Carrier:	401734 <span style="float: right;">Filing Due Date for this form: 10/15/2013</span>
<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

**Arkwest Communications, Inc.****Study Area Code: 401734****Response to Lines 500-510 - Service Quality Standards and Consumer Protection Rules  
Compliance**

In establishing this certification in its *2005 ETC Order*,<sup>1</sup> the FCC found that an ETC must make “a specific commitment to objective measures to protect consumers.”<sup>2</sup> The Commission found that for wireless ETCs, compliance with CTIA’s Consumer Code for Wireless Service would satisfy this requirement and that the sufficiency of other commitments would be considered on a case-by-case basis. In this context, the FCC stated, “to the extent a wireline or wireless ETC applicant is subject to consumer protection obligations under state law, compliance with such laws may meet our requirement.”<sup>3</sup>

**Arkwest Communications, Inc.** (“Company”) hereby certifies that it is complying with applicable service quality standards and consumer protection rules. The Company complies with current service quality and consumer protection provisions under state and federal law. These provisions include, but are not limited to, the following: 1) rules prohibiting discrimination and retaliation<sup>4</sup>; 2) the responsibility for safe and adequate service<sup>5</sup>; 3) customer relations requirements including directory listings, customer service, and complaint procedures<sup>6</sup>; 4) billing regulations<sup>7</sup>; 5) suspension, termination and reconnection regulations<sup>8</sup>; 6) service standards

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<sup>1</sup> *Federal-State Joint Board on Universal Service*, CC Docket No. 96-45, Report and Order, FCC 05-46 (rel. Mar. 17, 2005) (“*2005 ETC Order*”).

<sup>2</sup> *Id.* at para. 28.

<sup>3</sup> *Id.* at n. 72.

<sup>4</sup> Arkansas Public Service Commission Telecommunications Providers Rules, Section 1.05 and 1.06

<sup>5</sup> *Id.* at Section 1.10.

<sup>6</sup> *Id.* at Section 2.

<sup>7</sup> *Id.* at Section 5.

<sup>8</sup> *Id.* at Section 6.

affecting additions, changes, repairs, service interruptions and emergency response to outages<sup>9</sup>; 7) minimum grade of service<sup>10</sup>; 8) maintenance of service provisions<sup>11</sup>; 9) quality standards<sup>12</sup>; 10) federal Truth-in-Billing Rules at 47 CFR § 64.2401; and 11) CPNI rules, Red Flag Rules and other applicable federal and state requirements governing the protection of customers' privacy.

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<sup>9</sup> *Id.* at Section 8.

<sup>10</sup> *Id.* at Section 9.06.

<sup>11</sup> *Id.* at Section 10.

<sup>12</sup> *Id.* at Section 11.

**Arkwest Communications, Inc.**

**Study Area Code: 401734**

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

Arkwest Communications, Inc. (“Company”) hereby certifies that it is able to function in emergency situations as set forth in the Code of Federal Regulations, Title 47, Part 54, Subpart C, §54.202(a)(2)<sup>1</sup>. The Company’s network is designed to remain functional in emergency situations without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations as required by Section 54.202(a)(2). The Company can change call routing translations as needed to reroute traffic around damaged facilities. Changing call routing translations also allows the Company to manage traffic spikes throughout its network, as emergency situations require.

Specifically, the Company is able to function under emergency operations in accordance with numerous Arkansas Public Service Commission Telecommunications Providers Rules, which include the following subparts specific to emergency operations and adequacy of equipment:

1. Section 1.10. Safe and adequate service
2. Section 8.03. Emergency Repair Service
3. Section 8.04. Emergency Response to Outages
4. Section 10.01 Restoration of Service
5. Section 10.02 Inspection and Repair of Plant Facilities
6. Section 10.03 Central Office Maintenance Program
7. Section 10.05 Local Exchange Carrier Testing Responsibility
8. Section 10.07 Electrical Power Influence

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<sup>1</sup> Section 54.202(a)(2) requires ETCs that are designated by the Commission to “demonstrate its ability to remain functional in emergency situations, including a demonstration that it has a reasonable amount of back-up power to ensure functionality without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations.”

9. Section 10.08 System and Equipment Protection
10. Section 11.01 Adequate Facilities
11. Section 11.06 Emergency Power Operations

These rules require telecommunications service providers to test and maintain their networks and facilities so as to render safe, efficient, and continuous service, and to make adequate provision for emergencies in order to prevent interruption of continuous telecommunications service. The Arkansas rules also require that telecommunications service providers equip their central offices with an emergency power source, either on the premises or wired to permit connection of a mobile power unit that is available on short notice with minimal travel time. The Company complies with all of the aforementioned regulations.

**Arkwest Communications, Inc.**

**Rates, Terms and Conditions for Lifeline Service**

**(Response to Form 481, Line 1210)**

Local exchange service rates and charges as specified below are for basic local exchange service, including Tone Dialing Service, and facilities only. The rates for other ancillary services not specifically shown below are presented in Arkwest Communications, Inc.'s tariff(s) on file with the Arkansas Public Service Commission. Unless otherwise specified, the rates and charges quoted below are for a period of one month, payable in advance and provide unlimited flat rate calling within the local exchange calling scope.

Residential Local Exchange Access Line Rates<sup>(1)(2)</sup>:

<b>Exchange Name</b>	<b>R-1 Rate</b>	<b>Res. EAS Charge</b>
Belleville	\$ 14.40	\$ -
Bluffton	\$ 14.40	\$ -
Casa	\$ 14.40	\$ -
Danville	\$ 14.40	\$ -
Havana	\$ 14.40	\$ -
Ola	\$ 14.40	\$ -
Plainview	\$ 14.40	\$ -

<sup>(1)</sup> Above listed fees do not include mandatory taxes, fees and surcharges, including, but not limited to Arkansas Universal Service Fund charges, 9-1-1 fees, and municipal franchise fees.

<sup>(2)</sup> Qualified Lifeline customers are eligible for Lifeline credits or discounts as outlined in the attached Lifeline tariff.

ARKANSAS PUBLIC SERVICE COMMISSION

Section V

4 Revised Sheet No. 1

ALL EXCHANGES

YELL COUNTY TELEPHONE COMPANY

LOCAL EXCHANGE SERVICE (cont)

**LOCAL EXCHANGE SERVICE**

ACCESS LINE RATES

1.1. Applicable to Business and Residential Individual service furnished in the following exchanges:

- Belleville
- Bluffton
- Casa
- Danville
- Havana
- Ola
- Plainview

1.2. The tariff is for local exchange service, covers the period of one month, payable in advance, and entitles the customers to service under the Rules of the Company and the Commission's Rules.

2. RATES

		<b>MONTHLY RATE</b>
	2.1. Business Service	
(NR)	2.1.1 One-Party	\$20.56
	2.2. Residential Service	
(NR)	2.2.1 One-Party	\$14.40

Issued:

Effective: August t2012.

Todd Sanders, Jr. President and General Manager  
 Yell County Telephone Company  
 Danville, Arkansas

ARKANSAS PUBLIC SERVICE COMMISSION

v

Original Sheet No. 2

ALL EXCHANGES

YELL COUNTY TELEPHONE COMPANY

LOCAL EXCHANGE SERVICE (cont.)

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3. **CONDITIONS**

- 3.1. **The above rates do not include the telephone instrument or other terminal equipment.**
- 3.2. **Local Service is provided through facilities owned and maintained according to standards of the Company. The territory served is shown on maps filed with the Commission by the Company. This territory is referred to as an exchange.**
- 3.3. **The application of business or residence rates is determined by the actual and obvious use made of the service by the customer as defined in the Commission's Special Rules - Telecommunications.**
- 3.4. Local service rates include the line which provides access to the central office switching equipment. Customer premises equipment is excluded.
- 3.5. Applicable taxes levied by federal, state, county and local **taxing authorities** are in addition to the rates set forth in this Section.

4. **EXTENDED AREA SERVICE (EAS)**

- 4.1. **EAS service is provided in two groups: (1) the Danville, Befleville and Havana Exchanges; and (2) the Ola, Plainview, Bluffton and Casa Exchanges. Charges for EAS are included in the Access Line Rate above.**

5. **BASE RATE AREA**

- 5.1. The Company's Base Rate Area in each exchange encompasses the entire exchange and is shown on the maps in Section II.

6. **EXCHANGE LINE MILEAGE CHARGES**

- 6.1. The Company does not apply an exchange **line mileage charge or zone**

ARKANSAS PUBLIC SERVICE COMMISSION  
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ARKANSAS PUBLIC SERVICE COMMISSION Section <b>V</b> Second Revised                      Sheet No. <u>  3  </u> ALL EXCHANGES YELL COUNTY TELEPHONE COMPANY LOCAL EXCHANGE SERVICE (corn.)		h.i ZC —8 P 3: RECEIVED PSA File Mak Only
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charge to access line rates.

7. ARKANSAS TELECOMMUNICATIONS RELAY DEVICES SURCHARGE

7.1. Description

On December 31, 1991, the Arkansas Public Service Commission ("APSC") entered Order No. 4 of Docket No. 91-051-U requiring all Arkansas Local Exchange Carriers ("LEC&") to collect a surcharge per month per access line from all customers effective April 1, 1992. The surcharge is a source of funding for the design and implementation of Title IV of the Americans With Disabilities Act ("ADA" through the establishment of a non-profit corporation, Arkansas Relay Services, Inc. to select and oversee the operations of a vendor to provide Telecommunications Relay Service ("TRS") for customers in Arkansas.

7.2. Rates and Charges

The Company concurs in the tariffed rates and charges for TRS approved for Southwestern Bell Telephone Company at Section 19.23.2. of Southwestern Beirs General Exchange Tariff and in any future amendment or revision to such tariff as approved by the Commission.

7.3, The rate applies for each exchange access line up to 100 lines per customer location.

8. TELECOMMUNICATIONS EQUIPMENT FUND

81, Act 501 of 1995 requires all Arkansas Local Exchange Carriers (LEGS) to collect a surcharge per month per access line from all customers. The access line surcharge is a source of funding to provide telecommunication devices for persons who are deaf, blind or speech impaired. The access line surcharge levied under this Act shall be collected by the LECs from their

ARKANSAS PUBLIC SERVICE COMMISSION

Section V

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First Revised Sheet No. 4

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ALL EXCHANGES

**YELL COUNTY TELEPHONE COMPANY**

LOCAL EXCHANGE SERVICE (coni)

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- (AT) customers and deposited as special revenues in the State Treasury to the credit of the Telecommunications Equipment Fund. The Company concurs in the tariffed rates and charges approved for Southwestern Bell Telephone Company in Section 19 of its General Exchange Tariff and in any future amendment or revisions to such tariff approved by the Commission. See Section X, Concurrence.
- (AT)

(cT/JYTF) 9. LIFELINE ASSISTANCE PROGRAM

9.1. General

- 9.1.1. The Lifeline Assistance Program provides for a federal credit equal to 100% of the Interstate Subscriber Line Charge a \$2.75 local service reduction.
- 9.1.2. The discounts apply to monthly recurring rates for qualifying residential customers.
- 9.1.3. Discounts are applied to rates and charges for residential telephone service.

9.2. Regulations

- 9.2.1. Regulations specified in Section VII of this tariff or rate schedule apply to Lifeline Service.
- 9.22. Lifeline Service is available only with residence service, excluding foreign exchange service.
- 9.2.3. Lifeline Service is limited to one line per household at the customers primary residence.

924. The named subscriber to the local telecommunications service must

**REDACTED – FOR PUBLIC INSPECTION**

**ARKWEST COMMUNICATIONS, INC. (SAC 401734)**

**ATTACHMENT - LINE 3017**

**ATTACHMENT REDACTED IN ENTIRETY**