



Your business  
is our business.

REDACTED – FOR PUBLIC INSPECTION

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October 10, 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 Buggs Island Telephone Cooperative  
Study Area Code 190219**

Dear Ms. Dortch:

On behalf of Buggs Island Telephone Cooperative “Buggs Island”, 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> Buggs Island 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	190219
<015> Study Area Name	BUGGS ISLAND COOP
<020> Program Year	2014
<030> Contact Name: Person USAC should contact with questions about this data	Carolyn Piercy
<035> Contact Telephone Number: Number of the person identified in data line <030>	434-636-2274
<039> Contact Email Address: Email of the person identified in data line <030>	cpiercy@bitbroadband.com

<b>ANNUAL REPORTING FOR ALL CARRIERS</b>	<b>54.313 Completion Required</b>	<b>54.422 Completion Required</b>
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<i>(check box when complete)</i>		
<100> Service Quality Improvement Reporting	<i>(complete attached worksheet)</i>	<input type="checkbox"/> <input checked="" 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)	0	<input checked="" type="checkbox"/> <input type="checkbox"/>
<310> Detail on Attempts (voice)	<i>(attach descriptive document)</i>	<input type="checkbox"/> <input type="checkbox"/>
<320> Unfulfilled Service Requests (broadband)		<input type="checkbox"/> <input type="checkbox"/>
<330> Detail on Attempts (broadband)	<i>(attach descriptive document)</i>	<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	0.0	
<420> Mobile		
<430> Number of Complaints per 1,000 customers (broadband)		<input type="checkbox"/> <input type="checkbox"/>
<440> Fixed		
<450> Mobile		
<500> Service Quality Standards & Consumer Protection Rules Compliance	<i>(check to indicate certification)</i>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
<510> 190219va510	<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> 190219va610	<i>(attached descriptive document)</i>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
<700> Company Price Offerings (voice)	<i>(complete attached worksheet)</i>	<input type="checkbox"/> <input type="checkbox"/>
<710> Company Price Offerings (broadband)	<i>(complete attached worksheet)</i>	<input type="checkbox"/> <input 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 type="checkbox"/>
<1000> Voice Services Rate Comparability	<i>(check to indicate certification)</i>	<input type="checkbox"/> <input type="checkbox"/>
<1010> <input type="checkbox"/>	<i>(attach descriptive document)</i>	<input type="checkbox"/> <input type="checkbox"/>
<1100> Terrestrial Backhaul (Y/N)? <input checked="" type="radio"/> <input type="radio"/>	<i>(if not, check to indicate certification)</i>	<input type="checkbox"/> <input type="checkbox"/>
<1110>	<i>(complete attached worksheet)</i>	<input type="checkbox"/> <input type="checkbox"/>
<1200> Terms and Condition for Lifeline Customers	<i>(complete attached worksheet)</i>	<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>	<i>(check to indicate certification)</i>	<input type="checkbox"/> <input type="checkbox"/>
<2005>	<i>(complete attached worksheet)</i>	<input type="checkbox"/> <input type="checkbox"/>

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

<3000>	<i>(check to indicate certification)</i>	<input checked="" type="checkbox"/> <input type="checkbox"/>
<3005>	<i>(complete attached worksheet)</i>	<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	190219
<015> Study Area Name	BUGGS ISLAND COOP
<020> Program Year	2014
<030> Contact Name - Person USAC should contact regarding this data	Carolyn Piercy
<035> Contact Telephone Number - Number of person identified in data line <030>	434-636-2274
<039> Contact Email Address - Email Address of person identified in data line <030>	cpiercy@bitbroadband.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	
<111> year plan" filed with the FCC?	(yes / no) <input type="radio"/> <input type="radio"/>

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

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

Name of Attached Document (.pdf)

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

- <113> Maps detailing progress towards meeting plan targets
- <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	190219
<015>	Study Area Name	BUGGS ISLAND COOP
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Carolyn Piercy
<035>	Contact Telephone Number - Number of person identified in data line <030>	434-636-2274
<039>	Contact Email Address - Email Address of person identified in data line <030>	cpiercy@bitbroadband.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	190219
<015>	Study Area Name	BUGGS ISLAND COOP
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Carolyn Piercy
<035>	Contact Telephone Number - Number of person identified in data line <030>	434-636-2274
<039>	Contact Email Address - Email Address of person identified in data line <030>	cpiercy@bitbroadband.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	190219
<015>	Study Area Name	BUGGS ISLAND COOP
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Carolyn Piercy
<035>	Contact Telephone Number - Number of person identified in data line <030>	434-636-2274
<039>	Contact Email Address - Email Address of person identified in data line <030>	cpiercy@bitbroadband.com

<1210> Terms & Conditions of Voice Telephony Lifeline Plans 190219val210

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Name of attached document (.pdf)

<1220> Link to Public Website HTTP <http://bitbroadband.com/localphone.php>

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“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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<010>	Study Area Code	190219
<015>	Study Area Name	BUGGS ISLAND COOP
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Carolyn Piercy
<035>	Contact Telephone Number - Number of person identified in data line <030>	434-636-2274
<039>	Contact Email Address - Email Address of person identified in data line <030>	cpiercy@bitbroadband.com

**CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.**

**Incremental Connect America Phase I reporting**

<2010>	2nd Year Certification {47 CFR § 54.313(b)(1)}	<input type="checkbox"/>
<2011>	3rd Year Certification {47 CFR § 54.313(b)(2)}	<input type="checkbox"/>

**Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}**

<2012>	2013 Frozen Support Certification	<input type="checkbox"/>
<2013>	2014 Frozen Support Certification	<input type="checkbox"/>
<2014>	2015 Frozen Support Certification	<input type="checkbox"/>
<2015>	2016 and future Frozen Support Certification	<input type="checkbox"/>

**Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}**

<2016>	Certification Support Used to Build Broadband	<input type="checkbox"/>
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**Connect America Phase II Reporting {47 CFR § 54.313(e)}**

<2017>	3rd year Broadband Service Certification	<input type="checkbox"/>
<2018>	5th year Broadband Service Certification	<input type="checkbox"/>
<2019>	Interim Progress Certification	<input type="checkbox"/>
<2020>	Please check the box to confirm that the attached PDF , on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	<input type="checkbox"/>

<2021>	Interim Progress Community Anchor Institutions	Name of Attached Document Listing Required Information
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<b>(3000) Rate Of Return Carrier Additional Documentation</b>	FCC Form 481
<b>Data Collection Form</b>	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010> Study Area Code	190219
<015> Study Area Name	BUGGS ISLAND COOP
<020> Program Year	2014
<030> Contact Name - Person USAC should contact regarding this data	Carolyn Piercy
<035> Contact Telephone Number - Number of person identified in data line <030>	434-636-2274
<039> Contact Email Address - Email Address of person identified in data line <030>	cpiercy@bitbroadband.com

**CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.**

**Progress Report on 5 Year Plan**

<p>(3010) Milestone Certification {47 CFR § 54.313(f)(1)(i)} Please check this box to confirm that the attached PDF , on line 3012,</p>	<p>Name of Attached Document Listing Required Information</p>	<p><input type="checkbox"/></p>
<p>(3011) contains the required information pursuant to § 54.313 (f)(1)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.</p>		
<p>(3012) Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}</p>	<p>Name of Attached Document Listing Required Information</p>	<p><input 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 checked="" type="checkbox"/></p>
<p>(3016) PDF of Balance Sheet, Income Statement and Statement of Cash Flows</p>		<p><input checked="" 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>190219va3017</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>_____</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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<b>&lt;010&gt;</b>	<b>Study Area Code</b>	190219
<b>&lt;015&gt;</b>	<b>Study Area Name</b>	BUGGS ISLAND COOP
<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>	Carolyn Piercy
<b>&lt;035&gt;</b>	<b>Contact Telephone Number - Number of person identified in data line &lt;030&gt;</b>	434-636-2274
<b>&lt;039&gt;</b>	<b>Contact Email Address - Email Address of person identified in data line &lt;030&gt;</b>	cpiercy@bitbroadband.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:	
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.	

<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	190219
<b>&lt;015&gt;</b>	Study Area Name	BUGGS ISLAND COOP
<b>&lt;020&gt;</b>	Program Year	2014
<b>&lt;030&gt;</b>	Contact Name - Person USAC should contact regarding this data	Carolyn Piercy
<b>&lt;035&gt;</b>	Contact Telephone Number - Number of person identified in data line <030>	434-636-2274
<b>&lt;039&gt;</b>	Contact Email Address - Email Address of person identified in data line <030>	cpiercy@bitbroadband.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) <u>Lance Chase</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.	
Name of Authorized Agent:	Lance Chase
Name of Reporting Carrier:	BUGGS ISLAND COOP
Signature of Authorized Officer:	CERTIFIED ONLINE <span style="float: right;">Date: 10/09/2013</span>
Printed name of Authorized Officer:	Jerry Jones
Title or position of Authorized Officer:	President
Telephone number of Authorized Officer:	434-636-2274
Study Area Code of Reporting Carrier:	190219 <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	
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:	BUGGS ISLAND COOP
Name of Authorized Agent or Employee of Agent:	John Staurulakis, Inc.
Signature of Authorized Agent or Employee of Agent:	CERTIFIED ONLINE <span style="float: right;">Date: 10/09/2013</span>
Printed name of Authorized Agent or Employee of Agent:	Lans Chase
Title or position of Authorized Agent or Employee of Agent:	Staff Director - Regulatory Affairs
Telephone number of Authorized Agent or Employee of Agent:	770-569-2105
Study Area Code of Reporting Carrier:	190219 <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

**Buggs Island Telephone Cooperative  
Demonstration of Complying with Applicable Service Quality Standards and  
Consumer Protection Rules**

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 FCC 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.<sup>3</sup> 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>4</sup>

As a Cooperative, and in accordance with Virginia Annotated Code (“VAC”), 20 VAC 5-485, Telephone Cooperatives Act, Buggs Island Telephone Cooperative (“the Company”) is not governed by the rules of the VAC for service quality standards and consumer protection rules. However the Company, in the interest of protecting its own customers, has incorporated consumer protection procedures comparable to those required of ILEC’s in the State of Virginia, allowing the Company to meet or exceed existing VAC rules. These procedures include, but are not limited to, the following: (1) publishing the rates, terms and conditions of service; (2) truth-in-billing

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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.* The FCC noted that under the CTIA Consumer Code, wireless carriers agree to: “(1) disclose rates and terms of service to customers; (2) make available maps showing where service is generally available; (3) provide contract terms to customers and confirm changes in service; (4) allow a trial period for new service; (5) provide specific disclosures in advertising; (6) separately identify carrier charges from taxes on billing statements; (7) provide customers the right to terminate service for changes to contract terms; (8) provide ready access to customer service; (9) promptly respond to consumer inquiries and complaints received from government agencies; and (10) abide by policies for protection of consumer privacy.” *Id.* at n. 71.

<sup>4</sup> *Id.* at n. 72.

requirements; and (3) CPNI, Red Flag Rules and other applicable federal and state requirements governing the protection of customers' privacy.

## **Buggs Island Telephone Cooperative Demonstration of Ability to Function in Emergency Situations**

Buggs Island Telephone Cooperative (“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 reroute traffic around damaged facilities. Changing call routing translations will also allow the Company to manage traffic spikes throughout its network, as emergency situations require.

As a Cooperative, and in accordance with Virginia Annotated Code (VAC), 20 VAC 5-485, Telephone Cooperatives Act, the Company is not governed by VAC rules regarding Emergency Operations. However, in compliance with Federal emergency situations rules the Company’s central offices have adequate provision for emergency operations, Specifically, each central office building is supplied with standby generators and battery back-up that enable the central office to keep running until power is restored so long as fuel is available, or until system changes are made to reroute traffic.

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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.”

# Low-Income Telephone Assistance Program

## Lifeline

Lifeline is a plan that assists qualified low-income customers by providing a monthly reduction of \$9.25 on their local telephone bill.

You may only receive low-income assistance from one wireline or wireless telephone provider per household.\*

### **\*NOTE:**

A "Household" is defined as any individual or group of individuals who are living together at the same address as one economic unit. An "economic unit" consists of all adult individuals contributing to and sharing in the income and expenses of a household.

## Eligibility Requirements

To be eligible for Lifeline assistance, you must meet income-based criterion currently defined as at or below 135 % of the Federal Poverty Guidelines (see table inside) **OR** participate in at least one of the following programs:

- Medicaid
- Supplemental Nutrition Assistance Program (SNAP)
- Supplemental Security Income (SSI)
- Federal Public Housing Assistance
- Low-Income Home Energy Assistance Program (LIHEAP)
- Temporary Assistance to Needy Families Program (TANF)
- National School Lunch Program (NSL)

In addition, you must not currently be receiving Lifeline assistance, and no other person in your household can be subscribed to the Lifeline program.

## To Apply for Lifeline:

1. Complete the certification form attached to this brochure, (please include any supporting documents) and submit it to your local telecommunications provider's business office. This address can be found in your local telephone directory.
2. Apply when becoming certified for LIHEAP Assistance.
3. Re-certification forms are mailed to all subscribers every year. When you receive a re-certification form, complete and return it to your local telecommunications provider within 30 days. Your telecommunications provider will suspend your eligibility for low-income assistance if you do not return the re-certification form.

# Federal Government Lifeline Program for Low-Income Telephone Assistance

Revised: August 2012



Buggs Island Telephone Cooperative  
P O Box 129  
Bracey, VA 23919  
Phone: 434-636-2274  
Fax: 434-636-1211  
Email: [lifeline@bitbroadband.com](mailto:lifeline@bitbroadband.com)

# 135 percent of federal poverty guidelines

(As of May 2012)

Number of people living in home	Household Income (at or below)
1	\$15,080
2	\$20,426
3	\$25,772
4	\$31,118
5	\$36,464
6	\$41,810
7	\$47,156
8	\$52,502
* For each additional person	Add \$5,346

## Application Checklist

Please provide the following information:

1. A signed and completed Lifeline assistance certification form.
2. A copy of one of the following if applying based on the size and income level of a customer's household:
  - Last year's federal or state income tax return
  - Current annual income statement from employer
  - Paycheck stubs for most recent three consecutive months
  - Social Security statement of benefits
  - Veteran's Administration statement of benefits
  - Retirement or pension statement of benefits
  - Unemployment or worker's compensation statement of benefits
  - Letter of participation in general assistance
  - Divorce decree or child support documentation

3. Supporting documentation of program-based eligibility if applying based on participation in any programs listed on the back of this brochure, if requested by your telecommunications provider.

Acceptable documentation of program eligibility includes the current or prior year's statement of benefits from a qualifying assistance program, a notice, letter or documents of participation in a qualifying assistance program, or another official document demonstrating that you, or one or more of your dependents, or your household receives benefits from a qualifying assistance program. **These documents will not be kept or stored by the local telecommunications provider.**

For questions, please call your local telecommunications provider.





### Lifeline Household Worksheet

Name	
Address	
Telephone Number	

Lifeline is a government program that provides a monthly discount on home or mobile telephone services. Only ONE Lifeline discount is allowed per household. Members of a household are not permitted to receive Lifeline service from multiple telephone companies.

Your **household** is everyone who lives together at your address as one economic unit (including children and people who are not related to you).

The **adults** you live with are part of your **economic unit** if they contribute to and share in the income and expenses of the household. An **adult** is any person 18 years of age or older, or an emancipated minor (a person under age 18 who is legally considered to be an adult). Household **expenses** include food, health care expenses (such as medical bills) and the cost of renting or paying a mortgage on your place of residence (a house or apartment, for example) and utilities (including water, heat and electricity). **Income** includes salary, public assistance benefits, social security payments, pensions, unemployment compensation, veteran’s benefits, inheritances, alimony, child support payments, worker’s compensation benefits, gifts, and lottery winnings.

Spouses and domestic partners are considered to be part of the same household. Children under the age of 18 living with their parents or guardians are considered to be part of the same household as their parents or guardians. If an adult has no income, or minimal income, and lives with someone who provides financial support to that adult, both people are considered part of the same household.

**You have been asked to complete this Worksheet because someone else currently receives a Lifeline-supported service at your address. This other person may or may not be a part of your household. Answer the questions below to determine whether there is more than one household residing at your address.**

1. Does your spouse or domestic partner (that is, someone you are married to or in a relationship with) already receive a Lifeline-discounted phone? (check no if you do not have a spouse or partner)  **YES**  **NO**
  - If you checked **YES**, you may not sign up for Lifeline because someone in your household already receives Lifeline. Only ONE Lifeline discount is allowed per household.
  - If you checked **NO**, please answer question #2.
  
2. Other than a spouse or partner, do other adults (people over the age of 18 or emancipated minors) live with you at your address?
 

A. A parent <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>	D. An adult roommate <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>
B. An adult son or daughter <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>	E. Other <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>
C. Another adult relative (such as a sibling, aunt, cousin, grandparent, grandchild, etc.) <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>	

  - If you checked **NO** for each statement above, you do not need to answer the remaining questions. Please initial line B, below, and sign and date the worksheet.
  - If you checked **YES**, please answer question #3.
  
3. Do you share living expenses (bills, food, etc.) and share income (either your income, the other person’s income or both incomes together) with at least one of the adults listed above in question #2?  **YES**  **NO**
  - If you checked **NO**, then your address includes **more than one household**. Please initial lines A and B below, and sign and date the worksheet.
  - If you checked **YES**, then your address includes only **one household**. You may not sign up for Lifeline because someone in your household already receives Lifeline.

**CERTIFICATION**

Please initial the certifications below and sign and date this worksheet. Submit this worksheet to \_\_\_\_\_ [insert company or agency name] along with your Lifeline application.

- A. \_\_\_\_\_ I certify that I live at an address occupied by multiple households.
- B. \_\_\_\_\_ I understand that violation of the one-per-household requirement is against the Federal Communication Commission’s rules and may result in me losing my Lifeline benefits, and potentially, prosecution by the United States government.

Signature \_\_\_\_\_ Date \_\_\_\_\_



LIFELINE ASSISTANCE APPLICATION FORM

BIT USE ONLY: [ ] NEW CUSTOMER [ ] ANNUAL RE-CERTIFICATION

Name: (First) (Middle) (Last)

Physical Address: (Street) (City) (Apt) (State) (Zip)
Cannot be a PO Box

The address listed above is my [ ] Permanent [ ] Temporary residence.

Billing Address: (Street) (City) (Apt) (State) (Zip)

Date of Birth: Last (4) digits of your Social Security Number

I, or a member of my household, currently receive Lifeline at the above physical address: [ ] Yes [ ] No

ELIGIBILITY FOR LIFELINE ASSISTANCE

NEW CUSTOMERS - If you qualify based on participation in one of the public assistance programs listed below, you must provide a copy of documentation demonstrating your participation in the program.

EXISTING LIFELINE CUSTOMERS - If you are recertifying your eligibility you do not need to provide these documents.

I am, or my dependant(s) or a member of my household are, currently receiving benefits from one of the following public assistance program(s):

- \_\_ Food Stamps/Supplemental Nutrition Assistance Program (SNAP)
\_\_ Medicaid (not Medicare)
\_\_ Federal Public Housing Assistance (including Section 8)
\_\_ National School Lunch Program's free lunch program (must qualify for free lunch)
\_\_ Low Income Home Energy Assistance (LIHEAP)
\_\_ Temporary Assistance for Needy Families (TANF)
\_\_ Supplemental Security Income (SSI)

OR

\_\_ My total household income is at or below 135% of the Federal Poverty Guidelines.

If you qualify based on total household income, you must provide copies of one of the documents below:

- \_\_ Prior year's State, Federal or Tribal Tax Return Statements
\_\_ Retirement/Pension Benefit
\_\_ Social Security Benefits Statements Documents
\_\_ Divorce Decree or Child Support
\_\_ Veterans Administration Benefits Statements Benefits Statements
\_\_ Unemployment/Workers Compensation
\_\_ Current Income Statements from Employer or Paycheck Stubs

If you provide documentation that does not cover a full year (such as current paycheck stubs), you must submit three (3) consecutive months' worth of the same type of document from the previous twelve months.



**LIFELINE ASSISTANCE APPLICATION FORM**

**APPLICANT CERTIFICATION AND AGREEMENT**

Lifeline is a federal benefit and willfully making false statements to obtain Lifeline can result in fines, imprisonment, de-enrollment or being barred from the program. Lifeline is non-transferable and you may not transfer this discount to any other person. Only one Lifeline discount is available per household and a household is not permitted to receive Lifeline from multiple providers. A household is defined, for purposes of the Lifeline program, as any individual or group of individuals who live together at the same address and share income and expenses. Violation of the one-per-household limitation constitutes a violation of the Federal Communication Commission’s rules and will result in de-enrollment from the program and could result in criminal prosecution.

**EACH OF THE FOLLOWING CERTIFICATIONS MUST BE INITIALED IN ORDER TO RECEIVE LIFELINE. I CERTIFY UNDER PENALTY OF PERJURY:**

That I meet the income-based or program-based eligibility criteria for receiving Lifeline. **CUSTOMER INITIALS** \_\_\_\_

That I will notify Buggs Island Telephone within 30 days if I no longer meet the income-based or program-based criteria for receiving Lifeline, if I, or another member of my household is receiving Lifeline, or if for any reason I no longer satisfy the criteria for receiving Lifeline. **CUSTOMER INITIALS** \_\_\_\_

That if I move to a new address I will provide my new residential address to Buggs Island Telephone within 30 days. **CUSTOMER INITIALS** \_\_\_\_

That my household will receive only one Lifeline discount and, to the best of my knowledge, my household is not already receiving a Lifeline discount. **CUSTOMER INITIALS** \_\_\_\_

That the information contained in this certification form is true and correct to the best of my knowledge. **CUSTOMER INITIALS** \_\_\_\_

That I acknowledge that providing false or fraudulent information to receive Lifeline is punishable by law and may subject me to fines, imprisonment or being barred from the program. **CUSTOMER INITIALS** \_\_\_\_

That I acknowledge that I may be required to re-certify my continued eligibility for Lifeline at any time, and that failure to do so within 30 days will result in termination of my Lifeline discount. **CUSTOMER INITIALS** \_\_\_\_

I provide my consent for Buggs Island Telephone Cooperative to send the information below to the Universal Service Administrative Company (USAC) and/or its agents for the purpose of verifying that I do not receive more than one Lifeline discount. If USAC determines that I am receiving more than one Lifeline discount then all Lifeline providers involved may be notified so that I may select one Lifeline provider and be de-enrolled from the other. I understand that if I fail to provide consent, I will be denied Lifeline.

- My full name
- My full physical address
- My date of birth
- The amount of my Lifeline discount
- The date on which Lifeline service was terminated, if it has been terminated
- The last four digits of my social security number
- My telephone number associated with Lifeline service
- The date on which Lifeline service was initiated
- The means through which I qualified for Lifeline

**CUSTOMER INITIALS** \_\_\_\_



### LIFELINE ASSISTANCE APPLICATION FORM

I authorize Buggs Island Telephone Cooperative or its authorized representatives to access any records (including financial records) required to verify my statements herein, and to obtain and use my credit as necessary to set up an account, although credit history will not impact eligibility for Lifeline. I authorize social service agency representatives to provide information to Buggs Island Telephone Cooperative verifying my eligibility for, or participation in, a qualifying public assistance program. I authorize Buggs Island Telephone Cooperative to release any records (including financial records) required for the administration of the Lifeline program.

I understand the terms of the Buggs Island Telephone Cooperative Lifeline plans and authorize Buggs Island Telephone Cooperative to make any changes necessary to my account in order to activate or implement the Buggs Island Telephone Cooperative Lifeline discount.

I agree to the current Buggs Island Telephone Cooperative customer agreement, including the plan, and other terms and conditions for services and selected features I have agreed to purchase, and which have been presented to me by the sales representative, and which I had the opportunity to review. I understand that I am agreeing to limitations of liability for service and equipment, settlement of disputes by arbitration and other means instead of jury trials and other important terms in the customer agreement.

TWO FORMS OF IDENTIFICATION WILL BE REQUIRED TO PROCESS YOUR APPLICATION (ONE PRIMARY, ONE SUPPLEMENTAL): (New Customers Only)

Primary ID (State issued Driver's License or ID, U.S. Passport, Tribal Card, Resident Alien Card, U.S. Visa, etc.) Supplemental ID (Public Utility Bill, Credit Card Bill, Computerized Paycheck Stub, Social Security Card, Voter Registration Card, Vehicle Registration Card, Bank Statement, County ID, etc.)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### LIFELINE ASSISTANCE

- Qualifying customers will save \$ 9 . 2 5 per month off of the monthly access for Lifeline.
- If you choose to include a Free Toll Block with your service, you will not be required to pay a security deposit.
- If you choose to not include a Free Toll Block with your service, you will be required to pay a minimum \$50.00 security deposit.
- Your first bill will include one full month's access charge in advance and a portion of the current month's access charge which is calculated based on the activation date. Your Lifeline discount will also be applied accordingly.
- The Lifeline discount is limited to a single line of service. You may not apply for multiple Lifeline discounts and must choose to apply your Lifeline discount to either a landline or wireless number, but not both. Please note that other service providers may use terms other than "Lifeline" to describe the Lifeline program. By signing this application, you are certifying, under penalty of perjury, that you will comply with this requirement. Lifeline is only available to a subscriber whose residential address is located within Buggs Island Telephone Cooperative Lifeline service area. Lifeline may not be applied retroactively.
- You must pay all sales, excise and other taxes and governmental surcharges and fees that we are required by law to bill customers. These taxes, surcharges and fees may change from time to time without notice. However, Lifeline subscribers will not be assessed a Federal Universal Service Fund or Regulatory charge.
- Other restrictions may apply.

This form can be mailed, faxed or emailed to : Buggs Island Telephone Cooperative

Lifeline Program  
P O Box 129  
Bracey, VA 23919  
Fax: 434-636-1211      Email: [lifeline@bitbroadband.com](mailto:lifeline@bitbroadband.com)

If you have any questions, call 434-636-2274

<p>BIT Office Use Only:          Verification Documentation Provided: _____          Expiration Date: _____          Method: __ Walk In __ Mail __ Fax __ Email Employee: _____</p>
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**REDACTED – FOR PUBLIC INSPECTION**

**BUGGS ISLAND TELEPHONE COOPERATIVE (SAC 190219)**

**ATTACHMENT - LINE 3017**

**ATTACHMENT REDACTED IN ENTIRETY**