Your business is our business.

7852 Walker Drive, Suite 200
Greenbelt, Maryland 20770
phone: 301-459-7590, fax: 301-577-5575
internet: www.jsitel.com, e-mail: jsi@jsitel.com

**REDACTED – FOR PUBLIC INSPECTION**

October 8, 2013

***By Hand Delivery***

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

**Re: WC Docket No. 10-90, WC Docket No. 11-42**
**2013 ETC Annual Report of Chester Telephone Company, Inc.**
**Study Area Code 240516**

Dear Ms. Dortch:

On behalf of Chester Telephone Company, Inc. "Chester", 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.[1] Chester seeks confidential treatment under Protective Order for section 54.313(f)(2) financial information.[2] 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

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

[1] 47 C.F.R. §§ 54.313, 54.422.
[2] *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).

**FCC Form 481 - Carrier Annual Reporting Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

| | | |
|---|---|---|
| <010> | Study Area Code | 240516 |
| <015> | Study Area Name | CHESTER TEL CO - SC |
| <020> | Program Year | 2014 |
| <030> | Contact Name: Person USAC should contact with questions about this data | Thomas T. Harper |
| <035> | Contact Telephone Number: Number of the person identified in data line <030> | 803-581-9164 |
| <039> | Contact Email Address: Email of the person identified in data line <030> | tharper@truvista.biz |

| ANNUAL REPORTING FOR ALL CARRIERS | | | 54.313 Completion Required | 54.422 Completion Required |
|---|---|---|---|---|
| | | | (check box when complete) | |
| <100> | Service Quality Improvement Reporting | (complete attached worksheet) | | |
| <200> | Outage Reporting (voice) | (complete attached worksheet) | ✔ | ✔ |
| <210> | ✔ <-- check box if no outages to report | | | |
| <300> | Unfulfilled Service Requests (voice) | 0 | ✔ | |
| <310> | Detail on Attempts (voice) | (attach descriptive document) | | |
| <320> | Unfulfilled Service Requests (broadband) | | | |
| <330> | Detail on Attempts (broadband) | (attach descriptive document) | | |
| <400> | Number of Complaints per 1,000 customers (voice) | | ✔ | ✔ |
| <410> | Fixed | 0.0839 | | |
| <420> | Mobile | | | |
| <430> | Number of Complaints per 1,000 customers (broadband) | | | |
| <440> | Fixed | | | |
| <450> | Mobile | | | |
| <500> | Service Quality Standards & Consumer Protection Rules Compliance | (check to indicate certification) | ✔ | ✔ |
| <510> | 240516sc510 | (attached descriptive document) | ✔ | ✔ |
| <600> | Functionality in Emergency Situations | (check to indicate certification) | ✔ | ✔ |
| <610> | 240516sc610 | (attached descriptive document) | ✔ | ✔ |
| <700> | Company Price Offerings (voice) | (complete attached worksheet) | | |
| <710> | Company Price Offerings (broadband) | (complete attached worksheet) | | |
| <800> | Operating Companies and Affiliates | (complete attached worksheet) | ✔ | ✔ |
| <900> | Tribal Land Offerings (Y/N)? ○ ● | (if yes, complete attached worksheet) | ✔ | |
| <1000> | Voice Services Rate Comparability | (check to indicate certification) | | |
| <1010> | | (attach descriptive document) | | |
| <1100> | Terrestrial Backhaul (Y/N)? ● ○ | (if not, check to indicate certification) | | |
| <1110> | | (complete attached worksheet) | | |
| <1200> | Terms and Condition for Lifeline Customers | (complete attached worksheet) | | ✔ |

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

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

| | | | | |
|---|---|---|---|---|
| <2000> | | (check to indicate certification) | | |
| <2005> | | (complete attached worksheet) | | |

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

| | | | | |
|---|---|---|---|---|
| <3000> | | (check to indicate certification) | ✔ | |
| <3005> | | (complete attached worksheet) | ✔ | |

**(100) Service Quality Improvement Reporting**
**Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

| | | |
|---|---|---|
| <010> | Study Area Code | 240516 |
| <015> | Study Area Name | CHESTER TEL CO - SC |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Thomas T. Harper |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 803-581-9164 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tharper@truvista.biz |

| | | |
|---|---|---|
| <110> | Has your company received its ETC certification from the FCC? | (yes / no ) ○ ● |
| <111> | If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC? | (yes / no ) ○ ○ |

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

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

Name of Attached Document (.pdf)

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

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

**(200) Service Outage Reporting (Voice)**
**Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

| | | |
|---|---|---|
| <010> | Study Area Code | 240516 |
| <015> | Study Area Name | CHESTER TEL CO - SC |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Thomas T. Harper |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 803-581-9164 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tharper@truvista.biz |

<220>

| <a> NORS Reference Number | <b1> Outage Start Date | <b2> Outage Start Time | <b3> Outage End Date | <b4> Outage End Time | <c1> Number of Customers Affected | <c2> Total Number of Customers | <d> 911 Facilities Affected (Yes / No) | <e> Service Outage Description (Check all that apply) | <f> Did This Outage Affect Multiple Study Areas (Yes / No) | <g> Service Outage Resolution | <h> Preventative Procedures |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | |

-- See attached worksheet --

**(700) Price Offerings including Voice Rate Data**
**Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

| | | |
|---|---|---|
| <010> | Study Area Code | 240516 |
| <015> | Study Area Name | CHESTER TEL CO - SC |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Thomas T. Harper |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 803-581-9164 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tharper@truvista.biz |

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

<703>

| <a1> | <a2> | <a3> | <b1> | <b2> | <b3> | <b4> | <b5> | <c> |
|---|---|---|---|---|---|---|---|---|
| **State** | **Exchange (ILEC)** | **SAC (CETC)** | **Rate Type** | **Residential Local Service Rate** | **State Subscriber Line Charge** | **State Universal Service Fee** | **Mandatory Extended Area Service Charge** | **Total per line Rates and Fees** |
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**(710) Broadband Price Offerings**
**Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986 /OMB Control No. 3060-0819
July 2013

| | | |
|---|---|---|
| <010> | Study Area Code | 240516 |
| <015> | Study Area Name | CHESTER TEL CO - SC |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Thomas T. Harper |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 803-581-9164 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tharper@truvista.biz |

<711>

| <a1> | <a2> | <b1> | <b2> | <c> | <d1> | <d2> | <d3> | <d4> |
|---|---|---|---|---|---|---|---|---|
| **State** | **Exchange (ILEC)** | **Residential Rate** | **State Regulated Fees** | **Total Rate and Fees** | **Broadband Service - Download Speed (Mbps)** | **Broadband Service - Upload Speed (Mbps)** | **Usage Allowance (GB)** | **Usage Allowance Action Taken When Limit Reached {*select*}** |
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**(800) Operating Companies**
**Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

| | | |
|---|---|---|
| <010> | Study Area Code | 240516 |
| <015> | Study Area Name | CHESTER TEL CO - SC |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Thomas T. Harper |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 803-581-9164 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tharper@truvista.biz |

| | | |
|---|---|---|
| <810> | Reporting Carrier | Chester Telephone Company |
| <811> | Holding Company | |
| <812> | Operating Company | Chester Telephone Company d/b/a TruVista |

**<813>**

| <a1> | <a2> | <a3> |
|---|---|---|
| **Affiliates** | **SAC** | **Doing Business As Company or Brand Designation** |

-- See attached worksheet --

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

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

| | | |
|---|---|---|
| <010> | Study Area Code | 240516 |
| <015> | Study Area Name | CHESTER TEL CO - SC |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Thomas T. Harper |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 803-581-9164 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tharper@truvista.biz |

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document (.pdf)

If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

| | | Select (Yes,No, NA) |
|---|---|---|
| <921> | Needs assessment and deployment planning with a focus on Tribal community anchor institutions; | |
| <922> | Feasibility and sustainability planning; | |
| <923> | Marketing services in a culturally sensitive manner; | |
| <924> | Compliance with Rights of way processes | |
| <925> | Compliance with Land Use permitting requirements | |
| <926> | Compliance with Facilities Siting rules | |
| <927> | Compliance with Environmental Review processes | |
| <928> | Compliance with Cultural Preservation review processes | |
| <929> | Compliance with Tribal Business and Licensing requirements. | |

**(1100) No Terrestrial Backhaul Reporting Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

| | | |
|---|---|---|
| <010> | Study Area Code | 240516 |
| <015> | Study Area Name | CHESTER TEL CO - SC |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Thomas T. Harper |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 803-581-9164 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tharper@truvista.biz |

<1120> Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G) ☐

<1130> Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G) ☐

**(1200) Terms and Condition for Lifeline Customers**
**Lifeline**
**Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

| | | |
|---|---|---|
| <010> | Study Area Code | 240516 |
| <015> | Study Area Name | CHESTER TEL CO - SC |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Thomas T. Harper |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 803-581-9164 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tharper@truvista.biz |

<1210> Terms & Conditions of Voice Telephony Lifeline Plans — 240516sc1210

Name of attached document (.pdf)

<1220> Link to Public Website — HTTP www.truvista.net

"Please check these boxes below to confirm that the attached PDF, on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

<1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, ☑

<1222> Details on the number of minutes provided as part of the plan, ☑

<1223> Additional charges for toll calls, and rates for each such plan. ☑

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

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

| | | |
|---|---|---|
| <010> | Study Area Code | 240516 |
| <015> | Study Area Name | CHESTER TEL CO - SC |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Thomas T. Harper |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 803-581-9164 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tharper@truvista.biz |

**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 _____

**(3000) Rate Of Return Carrier Additional Documentation**

**Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

| | | |
|---|---|---|
| <010> | Study Area Code | 240516 |
| <015> | Study Area Name | CHESTER TEL CO - SC |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Thomas T. Harper |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 803-581-9164 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tharper@truvista.biz |

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

**Progress Report on 5 Year Plan**

| | | | |
|---|---|---|---|
| (3010) | Milestone Certification {47 CFR § 54.313(f)(1)(i)} Please check this box to confirm that the attached PDF , on line 3012, | Name of Attached Document Listing Required Information | ☐ |
| (3011) | contains the required information pursuant to § 54.313 (f)(1)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. | | |
| (3012) | Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)} | Name of Attached Document Listing Required Information | |
| (3013) | Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)} | | ☑ (Yes/No) |
| (3014) | If yes, does your company file the RUS annual report | | ☐ (Yes/No) |
| | Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires: | | |
| (3015) | Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers) | | ☐ |
| (3016) | PDF of Balance Sheet, Income Statement and Statement of Cash Flows | | ☐ |
| (3017) | If the response is yes on line 3014, attach your company's RUS annual report and all required documentation | Name of Attached Document Listing Required Information | |
| (3018) | If the response is no on line 3014, Is your company audited? | | ☑ (Yes/No) |
| | If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains : | | |
| (3019) | Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications | | ☑ |
| (3020) | PDF of Balance Sheet, Income Statement and Statement of Cash Flows | | ☑ |
| (3021) | Management letter issued by the independent certified public accountant that performed the company's financial audit. | | ☑ |
| | If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains: | | |
| (3022) | Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers, | | ☐ |
| (3023) | Underlying information subjected to a review by an independent certified public accountant | | ☐ |
| (3024) | Underlying information subjected to an officer certification. | | ☐ |
| (3025) | PDF of Balance Sheet, Income Statement and Statement of Cash Flows | | ☐ |
| (3026) | Attach the worksheet listing required information | Name of Attached Document Listing Required Information | 240516sc3026 |

| **Certification - Reporting Carrier Data Collection Form** | FCC Form 481<br>OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2013 |
|---|---|

| | | |
|---|---|---|
| <010> | Study Area Code | 240516 |
| <015> | Study Area Name | CHESTER TEL CO - SC |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Thomas T. Harper |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 803-581-9164 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tharper@truvista.biz |

**TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:**

**Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients**

**I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.**

Name of Reporting Carrier:

Signature of Authorized Officer: Date

Printed name of Authorized Officer:

Title or position of Authorized Officer:

Telephone number of Authorized Officer:

Study Area Code of Reporting Carrier: Filing Due Date for this form:

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

**Certification - Agent / Carrier**
**Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

| | | |
|---|---|---|
| <010> | Study Area Code | 240516 |
| <015> | Study Area Name | CHESTER TEL CO - SC |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Thomas T. Harper |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 803-581-9164 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tharper@truvista.biz |

**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)** John Staurulakis, Inc **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: John Staurulakis, Inc

Name of Reporting Carrier: CHESTER TEL CO - SC

Signature of Authorized Officer: CERTIFIED ONLINE Date: 10/08/2013

Printed name of Authorized Officer: Thomas Harper

Title or position of Authorized Officer: VP-Administration & Regulatory Affairs

Telephone number of Authorized Officer: 803-581-9164

Study Area Code of Reporting Carrier: 240516 Filing Due Date for this form: 10/15/2013

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

**TO BE COMPLETED BY THE AUTHORIZED AGENT:**

**Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier**

**I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.**

Name of Reporting Carrier: CHESTER TEL CO - SC

Name of Authorized Agent or Employee of Agent: John Staurulakis, Inc.

Signature of Authorized Agent or Employee of Agent: CERTIFIED ONLINE Date: 10/08/2013

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: 240516 Filing Due Date for this form: 10/15/2013

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

# Attachments

**Chester Telephone Company, Inc.**
**Demonstration of Complying with Applicable Service Quality Standards and Consumer Protection Rules**

In establishing this certification in its *2005 ETC Order*,[1] the FCC found that an ETC must make "a specific commitment to objective measures to protect consumers."[2] 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.[3] 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."[4]

Chester Telephone Company, Inc. ("Chester") hereby certifies that it is in compliance with applicable service quality standards and consumer protection rules. Chester is subject to consumer protection obligations under both federal and South Carolina state law. These obligations include, but are not limited to, the following: (1) filing a Local Exchange Tariff pursuant to the requirements of the Public Service Commission of South Carolina which disclose rates, and terms and conditions of service to customers (Section 103-612.2.1 of the South Carolina Code of Regulations); (2) adherence to state consumer protection requirements governing telephone providers which govern Standards and Quality of Service (Sections 103-661, 103-662, and 103-663 of the South Carolina Code of Regulations); Customer Relations, including billing, deposits,

[1] *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*").
[2] *Id.* at para. 28.
[3] *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.
[4] *Id.* at n. 72.

discontinuance and termination of service (Sections 103-620 through 103-633 of the South Carolina Code of Regulations); Engineering and Safety Standards (Sections 103-640 through 103-646 and 103-670 through 103-672 of the South Carolina Code of Regulations); Inspections and Tests (Sections 103-650 through 103-653 of the South Carolina Code of Regulations); Records and Reports (Sections 103-610 through 103-619 of the South Carolina Code of Regulations) and Customer Complaints (Section 103-628 of the South Carolina Code of Regulations); (3) truth-in-billing requirements (Section 103-622.1 of the South Carolina Code of Regulations); and (4) CPNI, Red Flag Rules and other applicable federal and state requirements governing the protection of customers' privacy.

**Chester Telephone Company**
**Demonstration of Ability to Function in Emergency Situations**

Chester Telephone Company, Inc. ("Chester") hereby certifies that it is able to function in emergency situations as set forth in 47 C.F.R. § 54.202(a)(2)[1] and Section 103-646 of the South Carolina Code of Regulations. Chester'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) and Section 103-646 of the South Carolina Code of Regulations. Chester can change call routing translations as needed to reroute traffic around damaged facilities. Changing call routing translations will also allow Chester to manage traffic spikes throughout its network, as emergency situations require.

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. Chester has battery backup at all office locations and in its electronic equipment sites. Length of run time is determined by the equipment serving the area and the number of customers working out of the equipment.

[1] 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."

**(800) Operating Companies**
**Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

| | | |
|---|---|---|
| <010> | Study Area Code | 240516 |
| <015> | Study Area Name | CHESTER TEL CO - SC |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Thomas T. Harper |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 803-581-9164 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tharper@truvista.biz |

| | | |
|---|---|---|
| <810> | Reporting Carrier | Chester Telephone Company |
| <811> | Holding Company | |
| <812> | Operating Company | Chester Telephone Company d/b/a TruVista |

<813>

| <a1> | <a2> | <a3> |
|---|---|---|
| **Affiliates** | **SAC** | **Doing Business As Company or Brand Designation** |
| Lockhart Telephone Company | 240532 | TruVista |
| Ridgeway Telephone Company | 240541 | TruVista |
| Chester Long Distance Services, LLC | | TruVista |

(1200) Terms and Conditions for Lifeline Customers
Study Area Code: 240516
Study Area Name: Chester Telephone Company

Chester Telephone Company, d/b/a TruVista does not offer any plans only available to Lifeline customers. Lifeline customers may subscribe to any voice or broadband plan under the same terms and conditions as any non-Lifeline customer, with the exception that Lifeline customers may subscribe to Toll Limitation Service free of charge.

All Chester Telephone Co. d/b/a/ TruVista voice plans offer unlimited local calling.

All customers are eligible for any of the LD calling Plans which offer discounts based on packages of minutes up to unlimited nationwide long distance . These plans are offered through TruVista' s affiliated Long Distance Carrier (Chester Long Distance Services, Inc.).

If no plan is chosen , LD calls are billed on a per call/per minute basis.

.( **See http://www.truvista.net/) for a more detailed description of the terms and conditions of all TruVista products.**

**The pages below are maintained on the TruVista internal web server as an aid to employees**:

# Pricing

## Voice

### Lines/Calling Features

| Calling Features | Res | | Bus | |
|---|---|---|---|---|
| Exchange Access Line - One Party -Ridgeway | RR1 | $15.50 | RB1 | $27.90 |
| Exchange Access Line - One Party - Chester | RR1 | $15.50 | RB1 | $27.90 |
| Exchange Access Line - One Party - Great Falls | RR1 | $15.50 | RB1 | $27.90 |
| Exchange Access Line - One Party - Lewisville | RR1 | $15.50 | RB1 | $27.90 |
| Exchange Access Line - One Party -Lockhart | RR1 | $14.25 | RB1 | $23.80 |
| Rotary Line (Hunting)Service | RRLS | $2.00 | RRLS | $2.00 |
| **Advanced Calling-Features** | | | | |
| Anonymous Call Rejection | RRACB | $2.00 | RBACB | $2.00 |
| Call Block (Selective Call Rejection) | CLR04 | $3.00 | CLB04 | $4.25 |
| Call Forwarding | RRCF | $1.75 | RBCF | $2.75 |
| Call Forwarding Busy Line | RRCFB | $1.75 | RBCFA | $2.75 |
| Call Forwarding Don't Answer Busy Customer Control | | $1.75 | | $2.75 |
| Call Forwarding Don't Answer | RRCFD | $1.75 | RBCFD | $2.75 |
| Call Hold | RCH | $1.75 | RCH | $2.75 |
| Call Return (Automatic Recall) | CLR01 | $2.75 | CLB01 | $4.00 |
| Call Selector (Distinctive Ringing) | CLR03 | $3.00 | CLB03 | $4.25 |
| Call Tracing (Customer Originated Trace) | RRCT | $3.75 | RBCT | $5.00 |
| Call Waiting | RRCW | $2.75 | RBCW | $4.25 |
| Call Waiting Deluxe | RRCWD | $4.00 | RBCWD | $6.00 |
| Caller ID (Calling Number Delivery) | CLR06 | $4.75 | | $6.25 |
| Caller ID Blocking Per Line | CIBPL | $2.00 | | $2.00 |
| Caller ID Blocking Per Call | RRID2 | $0.00 | | N/C |
| Caller ID Deluxe (Name | RRIDD | $5.75 | | $7.25 |

| | | | | |
|---|---|---|---|---|
| and Number Delivery) | | | | |
| Enhanced Caller ID (Busy Line/idle Line Name ) | RRECI | $8.95 | RBECI | $11.00 |
| Hot Line | RRHL | $1.75 | | $2.75 |
| Remote Access- Call Forwarding | RRCFA | $6.50 | | $9.00 |
| Repeat Dialing (Automatic Call Back) | RRRD | $2.75 | | $4.00 |
| Selective Call Acceptance | RRSCA | $3.00 | | $4.25 |
| Selective Call Forwarding | RRSCF | $3.00 | | $4.25 |
| Speed Calling (8 code) | RRSC | $1.75 | | $2.75 |
| Speed Calling (30 code) | RRSC1 | $2.75 | | $3.75 |
| Speed Calling (50 code) | RRSC2 | $3.75 | | $4.75 |
| Three Way Calling | RRTWC | $2.75 | | $4.25 |
| Warm Line | RRWL | $1.75 | | $2.75 |
| Single Line Variety Pack | RRVP | $3.00 | | $4.50 |
| Calling Card (Each Call) | | $1.00 | | $1.00 |
| Operator Station, Each Call | | $1.25 | | $1.25 |
| Person to Person | | $2.50 | | $2.50 |
| Emergency Interrupt (Each Request) | | $1.75 | | $1.75 |
| Verification Request (Per Request) | | $1.75 | | $1.75 |
| Primary Service Listing | | $0.00 | | $0.00 |
| Additional Name Listing | | $0.35 | | $0.35 |
| Non-Published Service | | $1.00 | | $1.00 |
| Non-Listed Service | | $0.50 | | $0.50 |
| Residential Voice Mail | | $3.95 | | |
| 711 Dialing Code Residence | | $0.00 | | $0.00 |
| **VACATION RATES** | | | | |
| Access Lines | SCFEEAL | | | |

## Nationwide Talk 500

OCPNW) 500 Nationwide Long Distance Minutes for $25.00 permonth - Overage minutes above| 500 will be charged at $.09 per minute. Applies to Direct Dialed Domestic calls including Alaska and Hawaii any time of day. No Connection Charges. Calls are rounded up to the nearest Minute. Volume discounts do not apply to this plan. Available to Residential & Business Customers

## Nationwide Talk Plan 250

**(OCPNT**)"] 50 Nationwide Long Distance Minutesfor $12.95 per month.Overage minutes above 250 will be charged at $.09 per minute.Applies to Direct Dialed Domestic calls including Alaska and Hawaii any time of day.

- No Connection Charges.

- *Volume discounts do not apply to this plan.*
- Available to Residential & Business Customers

## Nationwide Talk 500

**OCPNW) 500 Nationwide Long Distance Minutes for $25.00 permonth** - Overage minutes above| 500 will be charged at $.09 per minute. Applies to Direct Dialed Domestic calls including Alaska and Hawaii any time of day. No Connection Charges. *Calls are rounded up to the nearest Minute.*

- Volume discounts do not apply to this plan.
- Available to Residential & Business Customers

## Nationwide Talk Plan 1000

- **(OCPNN**)Distance Minutes for$50.00 per -Overage minutes above1000 will be charged at $.09 per minute.
- Applies to Direct Dialed Domestic calls including Alaska and Hawaii anytime of day. No Connection Charges. *Calls are rounded up to the nearest Minute.*
- Volume discounts do not apply to this plan.
- Available to Residential & Business Customers

## 9 cents Flat Rate Calling Plan

- **(OCP10)** Flat rate of 9 cents per minute on Direct Dialed Domestic calls including Alaska and Hawaii any time of day
- **NO monthly recurring charge.** No Connection Charges.Calls are *rounded up to the nearest Minute*.Applies to Direct Dialed Domestic calls including Alaska and Hawaii any timeof day. No ConnectionCharges.
- Volume discounts do not apply to this plan.
- Available to Residential & Business Customers

## The 509 Plan

- Flat rate of 5 cents per minute on Direct Dialed Domestic State to State calls including Alaska and Hawaii any time. Flat rate of 9 cents per minute on Direct Dialed In-State calls any time.
- $5.95 Monthly Recurring Charge
- 9.9% Universal Access Fee
- *Calls are rounded up to the nearest Minute.*

## Unlimited LD

- One Flat Monthly Charge for All Your Long Distance Calls!*View Brochure
- $29.99

# TruVista Lifeline Application

## Application for Lifeline

- Lifeline is a federal benefit and willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment or being barred from the program
- Only one Lifeline service is available per household
- 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
- A household is not permitted to receive Lifeline benefits from multiple providers
- Violation of the one-per-household limitation constitutes a violation of the Federal Communications Commission's (or "FCC") rules and will result in the subscriber's de-enrollment from the program
- Lifeline is a non-transferable benefit and the subscriber may not transfer his or her benefit to any other person.

## How to apply: four steps

1. Choose whether you will apply because you participate in a qualifying program or because your total household income falls within the guidelines.
2. Fill out the attached form. You must indicate your service address as well as your billing address (if not the same as your service address), as well as the last four digits of your SSN, your date of birth.
3. You must provide photocopies of either the program or income documents. These documents will be examined by TruVista to determine if they provide sufficient proof of eligibility. The documents will not be returned to you and will be destroyed once that examination is completed.
4. You must sign the bottom of the application indicating that you are complying with the Lifeline benefit rules.

## Qualifying Methods

You may qualify for Lifeline either because you participate in one of the following programs or because your income is within the following guidelines. **NOTE**: **You may receive Social Security and Medicare benefits, but to qualify for Lifeline, you must receive benefits from one of the following programs or your income must fall within the guidelines.**

You MUST provide photocopies of any qualifying documentation. NOTE: PROVIDE PHOTOCOPIES ONLY; WE WILL NOT RETURN ANY DOCUMENTATION.

**Program Eligibility**

- Supplemental Nutrition Assistance Program (SNAP)
- Federal Public Housing Assistance (Section 8)
- Medicaid
- Supplemental Security Income (SSI)
- National School Lunch (NSL) free lunch program
- Low Income Home Energy Assistance Program (HEAP)
- Temporary Assistance for Needy Families (TANF)

Documentation includes a photocopy of a card or an award letter.

**Income Eligibility**

You may qualify to receive Lifeline if your household income does not exceed **135% of the Federal Poverty Guidelines.** The 2013 Federal Poverty Guidelines are shown on the following page.

## 2013 FEDERAL POVERTY GUIDELINES-(48 Contiguous States and D.C.)

| Household Size | Base 100% ** | 135% of Household Income |
|---|---|---|
| 1 | $11,490 | **$15,512** |
| 2 | $15,510 | **$20,939** |
| 3 | $19,530 | **$26,366** |
| 4 | $23,550 | **$31,793** |
| 5 | $27,570 | **$37,220** |
| 6 | $31,590 | **$42,647** |
| 7 | $35,610 | **$48,074** |
| 8 | $39,630 | **$53,501** |
| Each Add'l Person ADD: | $4,020 | **$5,427** |

**Source: Federal Register, Vol. 78, No. 16, January 24, 2013, pp 5182-5183:Additional Info at:
https://www.federalregister.gov/articles/2013/01/24/2013-01422/annual-update-of-the-hhs-poverty-guidelines

# TruVista Lifeline Application

When completed, please bring this form with you to a TruVista retail location, or mail or fax form to:

**TruVista, PO Box 160, Chester , SC 29706**
**Fax to 803-581-2223**

Customer Name: _____

Customer Service Address: _____

City: _____ State: _____ Zip Code: _____

Customer Billing Address: _____

City: _____ State: _____ Zip Code: _____

Customer's Home Telephone Number: (  ) _____

Customer's Social Security Number (last four digits): _____

Customer's Date of Birth xx/xx/xxxx: _____
Month Day Year

Please choose 1 OR 2.

1. I certify that I participate in at least one of the following programs (check all that apply) and I am providing a photocopy of a document that demonstrates my participation in one of these programs. NOTE: SEND PHOTOCPIES ONLY; WE WILL NOT RETURN ANY DOCUMENTATION.

| | |
|---|---|
| ☐ Supplemental Nutrition Assistance Program (SNAP) | ☐ Low Income Home Energy Assistance Program (LIHEAP) |
| ☐ National School Lunch – Free Lunch Program | ☐ Temporary Assistance for Needy Families (TANF) |
| ☐ Medicaid | ☐ Supplemental Security Income (SSI) |
| ☐ Federal Public Housing Assistance (Section 8) | |

2. I certify that my total household income falls within the guidelines listed on Page 1 and I also certify that this is how many people live in my household **(required):** Adults ____ Children _____. I am providing a photocopy of the following qualifying documents:

| | |
|---|---|
| ☐ Prior year's state or federal tax return | ☐ Retirement / pension statement of benefits |
| ☐ Current income statement from an employer | ☐ Unemployment/Workmen's Compensation statement of benefits |
| ☐ Paycheck stubs for most recent 3 months | ☐ Federal notice letter of participation in General Assistance |
| ☐ Social Security statement of benefits | ☐ Veterans Administration Statement of Benefits |
| ☐ Child Support document | ☐ Other official document containing income information |
| ☐ Divorce decree | |

**I certify, under penalty of perjury, that:**

1. I meet the income-based or program-based eligibility criteria for receiving Lifeline, shown above.
2. I will notify TruVista within 30 days if for any reason I no longer satisfy the criteria for receiving Lifeline including, as relevant, if I no longer meet the income-based or program-based criteria for receiving Lifeline support, I am receiving more than one Lifeline benefit, or another member of my household is receiving a Lifeline benefit.
3. If I move to a new address, I will provide that new address to TruVista within 30 days.
4. My household will receive only one Lifeline service and, to the best of my knowledge, my household is not already receiving a Lifeline service.
5. The information contained in this certification form is true and correct to the best of my knowledge.
6. I acknowledge that providing false or fraudulent information to receive Lifeline benefits is punishable by law.
7. I acknowledge that I may be required to re-certify my continued eligibility for Lifeline at any time, and my failure to re-certify my continued eligibility will result in de-enrollment and the termination of my Lifeline benefits.
8. I hereby authorize TruVista to release any of my information contained in this Lifeline Application required for the administration of the Lifeline program to the FCC or its designee, including the Universal Service Administrative Company, and to any state and federal agency, as required by law.

Applicant's Signature:_____Date_____

_____

For agent use only:

Type of document for program eligibility: _____

Type of document for income eligibility: _____

TRUVISTA®

# VOICE: LOCAL

## TRUVISTA, LOCAL TELEPHONE PROVIDER FOR OVER 115 YEARS.

### BASIC

TruVista provides basic residential local telephone service. If you make many telephone calls within the state beyond your basic calling area you may want to consider an Extended Calling Plan which will save you money over long distance calling.

### LIFELINE

Lifeline offers a discount on monthly telephone service and associated charges. You may be eligible for Lifeline if you qualify for one of the following:

- Supplemental Nutrition Assistance Program (SNAP)
- Federal Public Housing Assistance (Section 8)
- Low Income Home Energy Assistance Program (HEAP)
- Medicaid
- Supplemental Security Income (SSI)
- National School Lunch (NSL) free lunch program
- Temporary Assistance for Needy Families (TANF)

Please contact your local TruVista business office for more information.

TruVista's regulated services are sold subject to terms and conditions contained in applicable tariffs and contracts. Any inconsistencies between terms, conditions and pricing information presented on this website and such tariffs and contracts will be resolved in favor of the tariffs and contracts. Local service rates do not include standard applicable taxes and fees that apply to all regulated telephone lines. (Such as Federal End User Access Charge, LNP End User Basic Charge, 911, Dual Party Relay Service Charge, Federal Universal Service Charge and State Universal Service Charge). All published rates subject to change.

### BUNDLES

Explore our Savings Bundles where getting multiple services on one bill adds up to substantial savings - Up to $100's of dollars per year.

## OTHER VOICE FEATURES

### VOICE MAIL

The most reliable, user friendly and cost effective call answering system available today for your home or your business.

TruVista's Voice Mail service answers your incoming calls and records any messages, even if you are on the telephone! There are no machines to buy or repair, no tapes that wear out, and no scratchy voice recordings. You can even set up multiple mailboxes, all password protected. Your messages are secure and easily accessible from any touch-tone phone – anytime, anywhere.

### INSIDE WIRE MAINTENANCE

Affordable protection for your telephone service for when problems arise that could be costly — especially since most repairs pertaining to telephone service are unexpected.

Whether you have a new home with new technology or an older home with older wiring, TruVista's affordable monthly telephone line maintenance plan will protect you from unexpected repair bills. A monthly maintenance plan for your cable wiring is also available from TruVista Communications. (Inside Wire Maintenance only applies to existing wires and jacks that have been properly installed.)

- Telephone Line Maintenance Plan
- Cable Wiring Maintenance Plan

# A3. BASIC LOCAL EXCHANGE SERVICE

## A3.3 MONTHLY EXCHANGE RATES

a. Monthly exchange rates, as authorized by the Public Service Commission, are shown below.
b. The rates specified herein, entitle subscribers to an unlimited number of messages to all stations bearing the designation of central offices within the serving exchange and additional exchanges as shown in Section A3.4 Local Calling Areas of this tariff.

| EXCHANGE | RESIDENCE 1 PARTY | BUSINESS 1 PARTY | PBX TRUNK |
|---|---|---|---|
| CHESTER | $ 15.50 (I) | $ 27.90 | $ 27.90 |
| GREAT FALLS | $ 15.50 (I) | $ 27.90 | $ 27.90 |
| LEWISVILLE | $ 15.50 (I) | $ 27.90 | $ 27.90 |

### A3.3.1 Public Telephone Access Service For Customer Provided Equipment (CPE)

#### 3.3.1.1 Rates and Charges

A. Public Telephone Access Service for CPE is provided on a Flat Rate basis where facilities permit.

1. Flat Rate $27.90 per line

a. The above monthly rate is applicable to Public Telephone Access Service for CPE.

## A3.4 LOCAL CALLING AREAS

The rates specified in Section A3.3 entitle subscribers to access all stations bearing the central office designations of additional exchanges as shown below. The local calling area of the exchange in the left hand column also includes the exchanges listed in the right hand column.

| EXCHANGE | ADDITIONAL EXCHANGES |
|---|---|
| Chester | Great Falls - Lewisville |
| Great Falls | Chester - Lewisville |
| Lewisville | Chester - Great Falls |

**REDACTED – FOR PUBLIC INSPECTION**

**CHESTER TELEPHONE COMPANY, INC. (SAC 240516)**

**ATTACHMENT - LINE 3017**

**ATTACHMENT REDACTED IN ENTIRETY**