ITCI Interstate Telcom Consulting, Inc.
Independent Telecommunications Consultants

October 21, 2013

Ms. Marlene H. Dortch
Office of the Secretary
Federal Communications Commission
9300 East Hampton Drive
Capitol Heights, MD 20743

Re: WC Docket No. 10-90: Form 481 - Annual Reporting Requirements for High-Cost and Low Income Recipients

Pursuant to Section 54.313 and 54.422 of the Federal Communications Commission's rules, enclosed is a redacted version of Form 481 Annual Reporting Requirements and Certifications for Lakefield Telephone Company, Study Area Code 330896. Lakefield Telephone Company is a state-designated ETC, and as such, is submitting to the Commission information from FCC Form 481. A confidential "Trade Secret" filing of this information was also made.

Should you have any questions, please contact me via e-mail at roxih@interstatetelcom.com or by phone at 320/848-6641.

Sincerely,

Roxi Hacker
Regulatory Consultant

Enclosures:

Cc: Phil Nass

130 Birch Avenue West • P.O. Box 668 • Hector, Minnesota • 55342-0668
Telephone (320) 848-6641 • Fax (320) 848-2466 • Email: itci@interstatetelcom.com

**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 | 330896 |
| <015> | Study Area Name | LAKEFIELD TEL CO |
| <020> | Program Year | 2014 |
| <030> | Contact Name: Person USAC should contact with questions about this data | Roxanne Hacker |
| <035> | Contact Telephone Number: Number of the person identified in data line <030> | 320-848-6641 |
| <039> | Contact Email Address: Email of the person identified in data line <030> | roxih@interstatetelcom.com |

| 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 | 0.0 | | |
| <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> | 330896WI510Lakefield | *(attached descriptive document)* | ✔ | ✔ |
| <600> | Functionality in Emergency Situations | *(check to indicate certification)* | ✔ | ✔ |
| <610> | 330896WI610Lakefield | *(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 <u>Price Cap Additional Documentation Worksheet</u>**

*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 <u>ROR Additional Documentation Worksheet</u>**

| | | | | |
|---|---|---|---|---|
| <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 | 330896 |
| <015> | Study Area Name | LAKEFIELD TEL CO |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Roxanne Hacker |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 320-848-6641 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | roxih@interstatetelcom.com |

| | | | |
|---|---|---|---|
| <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 | 330896 |
| <015> | Study Area Name | LAKEFIELD TEL CO |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Roxanne Hacker |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 320-848-6641 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | roxih@interstatetelcom.com |

<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 |
|---|---|---|---|---|---|---|---|---|---|---|---|
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-- 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 | 330896 |
| <015> | Study Area Name | LAKEFIELD TEL CO |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Roxanne Hacker |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 320-848-6641 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | roxih@interstatetelcom.com |

| | | |
|---|---|---|
| <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 | 330896 |
| <015> | Study Area Name | LAKEFIELD TEL CO |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Roxanne Hacker |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 320-848-6641 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | roxih@interstatetelcom.com |

<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 | 330896 |
| <015> | Study Area Name | LAKEFIELD TEL CO |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Roxanne Hacker |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 320-848-6641 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | roxih@interstatetelcom.com |

| | | |
|---|---|---|
| <810> | Reporting Carrier | Lakefield Telephone Company |
| <811> | Holding Company | Lakefield Telecom, Inc, |
| <812> | Operating Company | Lakefield Telephon Company |

**<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 | 330896 |
| <015> | Study Area Name | LAKEFIELD TEL CO |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Roxanne Hacker |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 320-848-6641 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | roxih@interstatetelcom.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:

| | | 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 | 330896 |
| <015> | Study Area Name | LAKEFIELD TEL CO |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Roxanne Hacker |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 320-848-6641 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | roxih@interstatetelcom.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) ☐

**(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 | 330896 |
| <015> | Study Area Name | LAKEFIELD TEL CO |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Roxanne Hacker |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 320-848-6641 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | roxih@interstatetelcom.com |

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

330896WI1210Lakefield

Name of attached document (.pdf)

<1220> Link to Public Website

HTTP _____

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

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

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

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

**(2000) Price Cap Carrier Additional Documentation**
**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

| | | |
|---|---|---|
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| <030> | Contact Name - Person USAC should contact regarding this data | Roxanne Hacker |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 320-848-6641 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | roxih@interstatetelcom.com |

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

**Incremental Connect America Phase I reporting**

<2010> 2nd Year Certification {47 CFR § 54.313(b)(1)} ☐
<2011> 3rd Year Certification {47 CFR § 54.313(b)(2)} ☐

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

<2012> 2013 Frozen Support Certification ☐
<2013> 2014 Frozen Support Certification ☐
<2014> 2015 Frozen Support Certification ☐
<2015> 2016 and future Frozen Support Certification ☐

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

<2016> Certification Support Used to Build Broadband ☐

**Connect America Phase II Reporting {47 CFR § 54.313(e)}**

<2017> 3rd year Broadband Service Certification ☐
<2018> 5th year Broadband Service Certification ☐
<2019> Interim Progress Certification ☐
<2020> Please check the box to confirm that the attached PDF , on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. ☐
<2021> Interim Progress Community Anchor Institutions — Name of Attached Document Listing Required Information _____

**(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 | 330896 |
| <015> | Study Area Name | LAKEFIELD TEL CO |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Roxanne Hacker |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 320-848-6641 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | roxih@interstatetelcom.com |

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

**Progress Report on 5 Year Plan**

| | | | |
|---|---|---|---|
| (3010) | Milestone Certification {47 CFR § 54.313(f)(1)(i)} Please check this box to confirm that the attached PDF , on line 3012, | 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 | 330896WI3000Lakefield |

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

| | | |
|---|---|---|
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| <035> | Contact Telephone Number - Number of person identified in data line <030> | 320-848-6641 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | roxih@interstatetelcom.com |

**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

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|---|---|---|
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| <039> | Contact Email Address - Email Address of person identified in data line <030> | roxih@interstatetelcom.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)** Roxanne Hacker **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: Roxanne Hacker

Name of Reporting Carrier: LAKEFIELD TEL CO

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

Printed name of Authorized Officer: Philip Nass

Title or position of Authorized Officer: Sec - Treas

Telephone number of Authorized Officer: (920) 758-2211 x8035

Study Area Code of Reporting Carrier: 330896 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: LAKEFIELD TEL CO

Name of Authorized Agent or Employee of Agent: ITCI

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

Printed name of Authorized Agent or Employee of Agent: Roxanne Hacker

Title or position of Authorized Agent or Employee of Agent Regulatory Consultant

Telephone number of Authorized Agent or Employee of Agent: 320-848-6641

Study Area Code of Reporting Carrier: 330896 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

SAC: 330896
State: Wisconsin
Lakefield Telephone Company
Form 481 Line No.: 510 Compliance with Service Quality Standards and Consumer Protection

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As required by the Wisconsin Public Service Commission (PSC) Chapter 165 Rules, the local services provided by Lakefield Telephone Company are provided under internal company operating procedures and publically available tariffs which are in compliance with applicable Wisconsin PSC orders and rules including:

**WI Chapter PSC 165**
**STANDARDS FOR TELECOMMUNICATIONS SERVICE**

165.010 General.
165.020 Definitions.
165.031 Retention of records.
165.032 Schedules to be filed with the commission.
165.033 Exchange area boundaries.
165.034 Utility accidents and interruptions.
165.040 Meter reading records.
165.041 Meter reading interval.
165.042 Billing recording equipment.
165.043 Information available to customers.
165.050 Customer billing.
165.051 Deposits.
165.052 Disconnection and refusal of service.
165.0525 Deferred payment agreement.
165.053 Customer complaints.
165.0535 Dispute procedures.
165.054 Held applications.
165.055 Directories.
165.060 Construction.
165.061 Maintenance of plant and equipment.
165.062 Line fills.
165.063 Central office equipment.
165.064 Interconnection service standards.
165.065 Emergency operation.
165.066 Protection of utility facilities.
165.067 Interference with public service structures.
165.070 Provision for testing.
165.071 Meter and recording equipment test facilities.
165.072 Accuracy requirements.
165.073 Initial test.
165.074 As-found tests.
165.075 Routine tests.
165.076 Request tests.
165.077 Referee tests.
165.078 Test records.
165.082 Traffic and operator rules.
165.083 Answering time objectives.
165.084 Dial service objectives.
165.085 Interoffice trunks.
165.086 Transmission requirements.
165.087 Minimum transmission objectives.
165.088 Public telephone service.
165.089 Interruptions of service.
165.090 Protective measures.
165.091 Safety program.

SAC: 330896
State: Wisconsin
Lakefield Telephone Company
Form 481 Line No: 610 Description of Functionality in Emergency Situations

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Lakefield Telephone Company pursuant to Wisconsin Public Service Commission rule "165.065 Emergency Operation" has:

- Established reasonable provisions to meet emergencies resulting from national security requirements, failures of lighting or power service, sudden and prolonged increases in traffic, illness or personnel, or from fire, storm, or similar emergencies. These provisions meet or exceed the rule requirement to provide:
    - Back up battery service in each central office.
    - Mobile power units that can be delivered on short notice and can be readily connected in offices without installed emergency power facilities.
- Informed employees as to procedures to be followed in the event of an emergency in order to prevent or mitigate interruption or impairment of telecommunications service, including rerouting of traffic around damaged facilities and the deployment of emergency power.

**(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 | 330896 |
| <015> | Study Area Name | LAKEFIELD TEL CO |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Roxanne Hacker |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 320-848-6641 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | roxih@interstatetelcom.com |

| | | |
|---|---|---|
| <810> | Reporting Carrier | Lakefield Telephone Company |
| <811> | Holding Company | Lakefield Telecom, Inc, |
| <812> | Operating Company | Lakefield Telephon Company |

<813>

| <a1> | <a2> | <a3> |
|---|---|---|
| **Affiliates** | **SAC** | **Doing Business As Company or Brand Designation** |
| Lakefield Communications | 339022 | Lakefield Communications |

SAC: 330896
State: Wisconsin
Lakefield Telephone Company
Form 481 Line No.: 1210 Terms and Conditions of Voice Telephony Lifeline

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- Lakefield Telephone Company offers Lifeline Service credit according to basic service requirements listed in Wisconsin Administrative Code 160.03 and 160.04:

**PSC 160.03 Essential telecommunications services.**

**1)** Each local exchange service provider shall make available to all its customers at affordable prices all essential telecommunications services.
**2)** "Essential telecommunications services" means all the following:
**(a)** Single-party voice-grade service with:
**1.** Line quality capable of facsimile transmission.
**2.** Line quality capable of data transmission as specified in s.PSC 160.031.
**3.** Dual-tone multi-frequency touch tone and rotary pulse dialing operability.
**4.** Access to emergency services numbers and 9-1-1 operability where requested by local authorities.
**5.** Equal access to interlata interexchange carriers subject to federal communications commission orders and rules.
**6.** Equal access to intralata interexchange carriers pursuant to schedules, terms and conditions imposed by commission orders and rules.
**7.** Single party revertive calling, if 2 or more pieces of customer premises equipment can be simultaneously active on the line or channel being used by the customer.
**8.** A reasonably adequate number of calls within a reasonably adequate local calling area as defined by the commission.
**9.** Connectivity with all public toll, local, wireline and wireless networks, and with various internet service providers.
**10.** Telecommunications relay service to facilitate communication between teletypewriter users and non-teletypewriter users.
**11.** Access to operator service.
**12.** Access to directory assistance.
**13.** Toll blocking, 900 and 976 number blocking and extended community calling blocking options as specified in s.PSC 160.04.
**14.** Intercept and announcements for vacant, changed, suspended and disconnected numbers in oral and TTY-readable formats.
**15.** A directory listing with the option for non-listed and non-published service.
**(b)** Annual distribution of a local telephone directory in accordance with s.PSC 165,955.
**(c)** Timely repair.

**PSC 160.04 Toll blocking.**

**(1)** BLOCKING OBLIGATIONS. Every local exchange service provider in the state shall offer the capability to block all long distance calls and, separately, the capability to block 900 and 976 number calls and the capability to block extended community calling unless a timely waiver has been granted to the local exchange service provider by the commission.

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State: Wisconsin
Lakefield Telephone Company
Form 481 Line No.: 1210 Terms and Conditions of Voice Telephony Lifeline

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**(2)** CHARGES. Blocking shall be without monthly or nonrecurring charge to low-income customers and at no charge other than for second and subsequent service activation orders for other residential and standard business line customers.

**(3)** EMERGENCY SERVICE. Blocking shall not prevent the customer from reaching the emergency service numbers appropriate for the customer's location.

- Lakefield Telephone Company's Lifeline service offerings are listed in their Local Service Tariff Section 1, Sheet 10-13.1 (attached).
- The Local Service Tariff is on file with the Wisconsin Public Service Commission.
- All Lifeline subscribers must meet the terms and conditions of Federal Lifeline Eligibility Rules.

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Lakefield Telephone Company does adhere to all Federal Lifeline eligibility rules and regulations as well as Wisconsin Administrative Code "Chapter PSC 160" which states:

**PSC 160.02 Definitions.**

**8)** "Low-income" means a household that receives benefits from one or more of the following programs:
- **(a)** Wisconsin Works
- **(b)** Medical Assistance
- **(c)** Supplemental security income
- **(d)** Food stamps
- **(e)** The low income household energy assistance program
- **(f)** The Wisconsin homestead tax credit
- **(g)** Badger care
- **(h)** As approved by the commission, other state or federally administered programs for households with income levels equal to or less than 200% of the poverty line.

**PSC 160.06 Eligibility for low-income programs.**
**(1)** LOW-INCOME ASSISTANE ELIGIBILITY. Local exchange service providers shall verify an applicant's eligibility for low-income assistance programs by making timely queries of the applicable databases of the Wisconsin department of workforce development, the Wisconsin department of revenue, or other state agencies. Applicant eligibility shall be verified by finding the applicant to be any of the following:
- **(a)** An active client of at least one of the programs listed in s.PSC 160.02(8).
- **(b)** A member of the active client's household whose low income qualifies the client for benefits under at least one of the programs listed in s. PSC 160.02(8).
- **(c)** A recipient of the Wisconsin homestead tax credit for the most recently completed tax year. If the applicant's tax filing for the most recently completed tax year has not been posted to the records of the Wisconsin department of revenue and if application for low-income assistance is made on or before June 30th, then the tax year prior to the most recently completed tax year may be used to determine eligibility.

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**(2)** ELIGIBILITY RECONFIRMATION. Eligibility shall be reconfirmed on at least an annual basis for all customers receiving lifeline assistance.

**(3)** ELIGIBILITY INQUIRY. Local exchange service providers shall inquire of the customer regarding eligibility of that customer for low-income programs on each order for initial or moved residential service and, orally or in writing, in the first contact with a customer during a year concerning disconnection or payment arrangements.

**(4)** QUERY AUTHORIZATION. Local exchange service providers shall comply with client authorization requirements of the Wisconsin department of workforce development, the Wisconsin department of revenue, or other state agencies for database queries necessary for eligibility verification. Customers shall complete and remit any reasonably required query authorization forms or forfeit eligibility.

**(5)** EXCEPTIONS. Lifeline and Link-Up programs are not available to customers who are dependents for federal income tax purposes as defined in 26 USC 152 (1986), unless the customer is more than 60 years of age.

**PSC 160.062 Lifeline program.**

**(1)** All local exchange service providers shall offer a lifeline monthly rate to all qualified low-income customers.

**(2)**

**(a)** The lifeline monthly rate includes single-party residential service, touch-tone service, any 9-1-1 charges billed on the telephone bill, the federal subscriber line charge and 120 local calls, excluding extended community calling calls.

**(b)** The lifeline monthly rate shall be the total of the residential monthly rates for the items in par. (a) minus $7 or, if the total of the monthly residential rates for the items in par. (a) is greater than $22, the lifeline monthly rate shall be $15.

**(c)** Notwithstanding par. (b), in no case shall the lifeline monthly rate be less than $3 or more than $15.

**(3)** The lifeline monthly rate may appear as a credit against the full standard tariffed rate on a customer's bill or as a special rate designation. Whenever possible, the lifeline rate shall begin to appear on an eligible customer's bill on the next bill date following the date of application for lifeline assistance. If the rate does not begin to appear on the next bill date, when it does appear back credit will be given. In cases where a customer's eligibility date as found in the records of the Wisconsin department of workforce development, the Wisconsin department of revenue, or other state agencies precedes the last bill date prior to application, credit shall also be given for one month's prior bill.

**(4)**

**(a)** Eligibility for lifeline assistance continues until the next bill date following a failure to meet eligibility requirements.

**(b)** When the low income household energy assistance program is one of the customer's qualifying income assistance programs, the eligibility for lifeline assistance shall continue until the bill date in the next December following the close of the heating season. At that time, lack of eligibility shall be re-verified by the local exchange service provider before removing the lifeline assistance from the customer's bill.

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State: Wisconsin
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**(c)** When the homestead tax credit is one of the customer's qualifying income assistance programs, the eligibility for lifeline assistance continues until the bill date in the next June following the end of the tax year. At that time, lack of eligibility shall be re-verified by the local exchange service provider before removing the lifeline assistance from the customer's bill.

**(5)** Local exchange service providers may receive reimbursement from the universal service fund for 100% of that portion of the standard authorized rate for service which is in excess of the amount of the lifeline monthly rate which is eligible for reimbursement from federal lifeline program funds.

**(6)** Customers eligible for lifeline or link-up America assistance may not be charged a deposit for service if they voluntarily accept toll blocking, may not be requested to pay in advance for more than one month's local service bill, and may not be disconnected from local service for nonpayment of toll charges billed by the local exchange service provider. Customers that otherwise would be subject to disconnection may be counseled to accept toll blocking.

**(7)** A local exchange service provider acting under the limited conditions specified in its commission approved telecommunications customer assistance program under s. PSC 160.08 may impose toll blocking or restriction on lifeline customers.

**PSC 160.063 Outreach for low-income assistance programs.**

**(1)** Funding shall be available to fund collaborative partnerships between community-based organizations and telecommunications providers to increase participation of the eligible populations in the universal service fund low-income support programs.

**(2)** Funding from the universal service fund for these collaborative efforts shall not exceed $250,000 in one year.

**(3)** The commission shall annually review and grant funding based on complete responses to a request for proposals. Funding shall be limited to not more than 6 projects with at least one project focused statewide and one project focused on the Milwaukee area, if feasible.

**(4)** The commission shall contract for an evaluation of the effectiveness of this program in promoting enrollment in low-income programs and subscribership to telephone service to be completed within 2 years of May 1, 2000. The cost of this evaluation shall not exceed $25,000. This $25,000 shall be included as part of the $250,000 maximum total funding available under this section during the year in which the evaluation occurs.

**PSC 160.08 Telecommunications customer assistance program.**

The commission may authorize individual telecommunications providers to establish telecommunications customer assistance programs that meet authorized goals and objectives for increasing or stabilizing subscription levels for non-optional, essential telephone service within its service territory or to address avoidance of disconnection or limitation of service to low-income households with payment problems. Such programs may allow a provider to not make available certain essential services, as defined in s. PSC 160.03(2), in order to preserve at least minimal telephone service to certain low-income households with payment problems. The commission shall determine on a case-by-case basis whether or not a telecommunications customer assistance program may receive universal service fund monies.

# GENERAL EXCHANGE TARIFF

## LIFELINE SERVICE

### A. DESCRIPTION

1. Lifeline Service is a residence service offering that provides a discounted monthly rate to customers who qualify for low income assistance programs as defined in s. PSC 160.02(8), Wis Adm. Code.

2. Lifeline Service provides a monthly discount to eligible residence customers that have a network access line (including Extended Area Service), touch-tone service, 911 Service (billed on the customer's telephone bill), and the End User Common Line Charge (EUCL). If the customer has measured service, 120 local calls are provided. Extended Community Calling (ECC) Service is not included in Lifeline Service. (C) (C)

3. Lifeline Service monthly rates for residence customers are established according to s. PSC 160.062(1), (2) and (3), Wis Adm. Code.

### B. REGULATIONS

1. Lifeline Service is only available for residence customers with a single line network access line in their principle place of residence. (T)

2. Lifeline Service is not available to customers who are dependents for federal income tax purposes as defined in 26 USC 152 (1986), unless the customer is more than 60 years old.

3. Lifeline Service customers must complete and remit any required query authorization forms requested by the Company or forfeit eligibility for Lifeline Service.

PUBLIC SERVICE COMMISSION OF WISCONSIN
TELEPHONE RATE FILE

LAKEFIELD TELEPHONE COMPANY
Name of Utility

| | |
|---|---|
| Exchange | All |
| Section No. | 1 |
| Sheet No. | 11 |
| Amendment No. | 7 |

## GENERAL EXCHANGE TARIFF

LIFELINE SERVICE (Cont'd)

B. REGULATIONS (Cont'd)

4. Eligibility for Lifeline Service must be verified by the Company by finding the Social Security Number and name of the listed customer in active records of the Department of Workforce Development or the Wisconsin Department of Revenue. (C)

5. Reconfirmation of Eligibility for Lifeline Service

   a. Reconfirmation of eligibility for Lifeline Service will be done at least once each year.

   b. If a customer cannot reconfirm eligibility for Lifeline Service, eligibility will continue until the next bill date following failure to meet the eligibility requirements.

   c. When the Low Income Household Energy Assistance Program is one of the customer's qualifying low income assistance programs, the eligibility for Lifeline Service shall continue until the bill date in the next December following the close of the heating season. At that time, if eligibility cannot be re-verified by the Company Lifeline Service will be removed from the customers bill.

   d. When the Wisconsin Homestead Tax Credit is one of the customer's qualifying low income assistance programs, the eligibility for Lifeline Service shall continue until the bill date in the next June following the end of the tax year. At that time, if eligibility cannot be re-verified by the Company Lifeline Service will be removed from the customers bill.

## GENERAL EXCHANGE TARIFF

LIFELINE SERVICE (Cont'd)

B. REGULATIONS (Cont'd)

5. Reconfirmation of Eligibility for Lifeline Service (Cont'd)

   e. Eligibility confirmation through receipt of the Wisconsin Homestead Tax Credit will not become effective until the date set by the Commission upon its acknowledgment that an acceptable data base query process is in place.

6. Lifeline Service will appear as a credit or rate reduction on the customer's bill on the next bill date following the date the customer applied for Lifeline Service. When the customer's eligibility precedes the previous bill, credit will also be given on one month's prior bill.

(D)

(D)

PUBLIC SERVICE COMMISSION OF WISCONSIN
TELEPHONE RATE FILE

LAKEFIELD TELEPHONE COMPANY
Name of Utility

| | |
|---|---|
| Exchange | All |
| Section No. | 1 |
| Sheet No. | 13 |
| Amendment No. | 77 |

## GENERAL EXCHANGE TARIFF

LIFELINE SERVICE (Cont'd)

B. REGULATIONS (Cont'd)

7. A Lifeline Service customer cannot be disconnected for the non-payment of toll charges. (T)

8. If Call Blocking Service is available and the customer has elected Call Blocking Service, a Service Deposit cannot be collected to establish Lifeline Service. If Call Blocking Service is not available, the Company may require a Service Deposit to establish Lifeline Service. (T)

LIFELINE SERVICE (Cont'd)

C. RATES AND CHARGES

The applicable monthly rate for Lifeline Service is determined by the sum of the rates for the services specified in 1. following and applying a credit based on the sum of the credits as specified in 2. following.

1. Lifeline Service

Residence Network Access Line (including EAS) at the rate specified elsewhere in this tariff.

Touch Calling Service (if applicable) at the rate specified elsewhere in this tariff.

911 Service (if billed on the Customer's telephone number) at the rate specified elsewhere in this tariff.

End User Common Line (EUCL) Charge.

2. Lifeline Service Credits

End User Common Line (EUCL) Charge as specified in the NECA Tariff.

Federal Lifeline support credit as specified by the Federal Communications Commission (FCC) for Universal Service Support for Low-Income Consumers.

State Lifeline support credit as specified by the Public Service Commission of Wisconsin in Wis. Admin. Code PSC 160.062.

3. Lifeline Service monthly credit. (T)

The Lifeline Service monthly credit is $10.00. (T)

REDACTED:

Lakefield Telephone Company

Financial Data 2011 / 2012