REDACTED - FOR PUBLIC INSPECTION

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	421874
<015>	Study Area Name	ELLINGTON TEL CO
<020>	Program Year	2014
<030>	Contact Name: Person USAC should contact with questions about this data	Dee McCormack
<035>	Contact Telephone Number: Number of the person identified in data line <030>	573-663-2000
<039>	Contact Email Address: Email of the person identified in data line <030>	dmccormack@mcmo.net

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>	421874mo510	(attached descriptive document)	✔	✔
<600>	Functionality in Emergency Situations	(check to indicate certification)	✔	✔
<610>	421874mo610	(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	421874
<015>	Study Area Name	ELLINGTON TEL CO
<020>	Program Year	2014
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<035>	Contact Telephone Number - Number of person identified in data line <030>	573-663-2000
<039>	Contact Email Address - Email Address of person identified in data line <030>	dmccormack@mcmo.net

<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.	☐

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

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

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<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Dee McCormack
<035>	Contact Telephone Number - Number of person identified in data line <030>	573-663-2000
<039>	Contact Email Address - Email Address of person identified in data line <030>	dmccormack@mcmo.net

<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 --

REDACTED - FOR PUBLIC INSPECTION

(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	421874
<015>	Study Area Name	ELLINGTON TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Dee McCormack
<035>	Contact Telephone Number - Number of person identified in data line <030>	573-663-2000
<039>	Contact Email Address - Email Address of person identified in data line <030>	dmccormack@mcmo.net

<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**
				-- See attached worksheet				
				--				

(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	421874
<015>	Study Area Name	ELLINGTON TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Dee McCormack
<035>	Contact Telephone Number - Number of person identified in data line <030>	573-663-2000
<039>	Contact Email Address - Email Address of person identified in data line <030>	dmccormack@mcmo.net

<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*}**
		-- See attached worksheet --						

REDACTED - FOR PUBLIC INSPECTION

(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	421874
<015>	Study Area Name	ELLINGTON TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Dee McCormack
<035>	Contact Telephone Number - Number of person identified in data line <030>	573-663-2000
<039>	Contact Email Address - Email Address of person identified in data line <030>	dmccormack@mcmo.net

<810>	Reporting Carrier	Ellington Telephone Company
<811>	Holding Company	Ellington Telephone Company
<812>	Operating Company	Ellington Telephone 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	421874
<015>	Study Area Name	ELLINGTON TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Dee McCormack
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<039>	Contact Email Address - Email Address of person identified in data line <030>	dmccormack@mcmo.net

<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	421874
<015>	Study Area Name	ELLINGTON TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Dee McCormack
<035>	Contact Telephone Number - Number of person identified in data line <030>	573-663-2000
<039>	Contact Email Address - Email Address of person identified in data line <030>	dmccormack@mcmo.net

<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	421874
<015>	Study Area Name	ELLINGTON TEL CO
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<030>	Contact Name - Person USAC should contact regarding this data	Dee McCormack
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<039>	Contact Email Address - Email Address of person identified in data line <030>	dmccormack@mcmo.net

<1210> Terms & Conditions of Voice Telephony Lifeline Plans — 421874mo1210

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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<039>	Contact Email Address - Email Address of person identified in data line <030>	dmccormack@mcmo.net

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 _____

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(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

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<030>	Contact Name - Person USAC should contact regarding this data	Dee McCormack
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<039>	Contact Email Address - Email Address of person identified in data line <030>	dmccormack@mcmo.net

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	421874mo3026

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

<010>	Study Area Code	421874
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<039>	Contact Email Address - Email Address of person identified in data line <030>	dmccormack@mcmo.net

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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<035>	Contact Telephone Number - Number of person identified in data line <030>	573-663-2000
<039>	Contact Email Address - Email Address of person identified in data line <030>	dmccormack@mcmo.net

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) KIESLING ASSOCIATES LLP **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: KIESLING ASSOCIATES LLP

Name of Reporting Carrier: ELLINGTON TEL CO

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

Printed name of Authorized Officer: DEE MCCORMACK

Title or position of Authorized Officer: PRESIDENT

Telephone number of Authorized Officer: 573 663-2000

Study Area Code of Reporting Carrier: 421874 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: ELLINGTON TEL CO

Name of Authorized Agent or Employee of Agent: Kiesling Associates LLP

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

Printed name of Authorized Agent or Employee of Agent: Kiesling Associates LLP

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

Telephone number of Authorized Agent or Employee of Agent: 515-223-0159

Study Area Code of Reporting Carrier: 421874 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

(800) Operating Companies
Data Collection Form

FCC Form 481
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<035>	Contact Telephone Number - Number of person identified in data line <030>	573-663-2000
<039>	Contact Email Address - Email Address of person identified in data line <030>	dmccormack@mcmo.net

<810>	Reporting Carrier	Ellington Telephone Company
<811>	Holding Company	Ellington Telephone Company
<812>	Operating Company	Ellington Telephone Company

<813>

<a1>	<a2>	<a3>
Affiliates	**SAC**	**Doing Business As Company or Brand Designation**
McCormack-Missouri Wireless Inc		
700 MHZ LLC		

FCC Form 481, Line 510: Certification of Compliance with Applicable Service Quality Standards and Consumer Protection Rules

Missouri Code of State Regulations 4 CSR 240-32.070 requires an ETC to comply with the standards stipulated in this section. The rules include guidance on installation or repair of basic telecommunications service; provisions for handling of customer trouble reports and establishment of procedures to receive and address bona fide emergency trouble reports. Ellington Telephone Co. certifies that it has complied with these requirements and will continue to comply with these requirements.

FCC Form 481, Line 610: Certification Regarding Ability to Function in Emergency Situations

Missouri Code of State Regulations 4 CSR 240-32.060(5) requires an ETC to make reasonable provisions to meet emergencies resulting from lightning or power service failures, unusual and prolonged increases in traffic absence of personnel, fire, storm or other natural disaster and shall inform its employees of procedures to be followed in the event of emergency in order to prevent or minimize interruption or impairment of telecommunications service. Each central office shall maintain as a minimum three (3) hours of battery reserve. In each office without installed emergency power facilities, there shall be a mobile power unit available which can be delivered and connected on short notice. Ellington Telephone Co. certifies that it has complied with these requirements and will continue to comply with these requirements.

LOCAL EXCHANGE SERVICE

Lifeline Service

A. General Regulations

1. Lifeline service is available to qualifying low-income subscribers for single-party residence service.

2. The monthly discount will be the maximum amount allowed by the Missouri Public Service Commission and the Federal Communications Commission; however, this discount will not exceed the sum of the federal subscriber line charge and the recurring charges for voice telephony service. The monthly discount will be the same for Lifeline customers solely subscribing to voice telephony service and for Lifeline customers subscribing to a bundle of services. (T) (T) (D)

3. Lifeline will not be furnished on a Foreign Exchange service.

4. Lifeline service shall not be disconnected for non-payment of toll charges.

5. Toll blocking provides a means of restricting access to the Long Distance Message Telecommunications Network. Toll blocking for the purposes of lifeline service will restrict 1+, 0+ and 0- (operator handled) calls.

   a. If the customer chooses "toll blocking" the company will not charge a service deposit. (D)

   b. Toll blocking is offered to Lifeline subscribers at no charge. (D)

*Indicates new rate or text
+Indicates change

Dee McCormack
Ellington Telephone Company
200 College Avenue
Ellington, MO 63638

Filed
Missouri Public
Service Commission
JI-2012-0462

LOCAL EXCHANGE SERVICE

Lifeline Service (Cont'd)

B. Eligibility Requirements

1. An applicant must meet all of the following criteria in order to qualify for Lifeline Service.

   a. To qualify for Lifeline the consumer must participate in one of the following programs:

      1) Mo HealthNet (f/k/a Medicaid) (T)
      2) Food stamps
      3) Supplemental Security Income (SSI)
      4) Federal Public Housing Assistance or Section 8
      5) Low Income Home Energy Assistance Program
      6) National School Free Lunch Program (T)
      7) Temporary Assistance for Needy Families, or (T)
      8) The customer's income, as defined in 47 CFR §54.400(f), is at or below 135% of the Federal Poverty Guideline (effective June 1, 2012). (N) (N)

2. The customer must sign, under penalty of perjury a document certifying:

   1) He/she is receiving benefits from one of the programs in 1.a. above.
   2) Name of the program(s) from which they are receiving benefits.
   3) That he/she will notify the company if he/she no longer participates in the program(s) named in a. preceding.

3. The premises at which the residence service is requested must be the applicant's principal place of residence.

4. There is only one telephone line serving the residence premises. The residence premises household (dwelling unit) shall consist of that portion of an individual house or building or one flat or apartment occupied by a single family or individuals functioning as one domestic establishment.

Dee McCormack
Ellington Telephone Company
200 College Avenue
Ellington, MO 63638

Filed
Missouri Public
Service Commission
JI-2012-0462

LOCAL EXCHANGE SERVICE TARIFFS

RECEIVED
NOV 19 1997
MO. PUBLIC SERVICE COMM

Toll Access Restriction

A. Toll Access Restriction provides a means of restricting access to the Long Distance Message Telecommunications Network. Three options are available to the customer:

1. Restriction of 1+ calls only.
2. Restriction of 1+ calls and 0+ and 0- (operator handled) calls, except 8XX IN-WATS.
3. Restriction of 1+, 0+, 0- and 8XX IN-WATS where facilities allow.

B. Restriction of 0+ and 0- operator handled calls prevents the customer from dialing a long distance telephone number or telephone operator for any purpose including for emergency or telephone assistance purposes. The Company shall not be liable to the customer or any third party for any and all claims, losses or damages caused by the restriction to any toll service.

C. Customers must apply in writing for the establishment of Toll Access Restriction.

D. The appropriate non-recurring charges will apply to establish service.

E. Rates

The rate for this service will be charged on a monthly basis.

Toll Access Restriction (any option)	$ 3.00

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* Indicates new rate or text
\+ Indicates change

LOCAL EXCHANGE SERVICE

Missouri Universal Service Fund Low-Income Assistance

1. General-A low-income customer is any customer who requests or received residential essential local telecommunications service and who has been certified by the Department of Social Services (DSS) as economically disadvantaged. Qualified individuals will receive discounted services under either the low-income assistance or the disabled assistance program.

2. Regulations-Low income assistance is available to all residential customers who demonstrate, by self certifying with the company under penalty of perjury, that they are eligible for support by participation in:

   a) Mo HealthNet (f/k/a Medicaid) (T)
   b) Food Stamps
   c) Supplemental Security Income (SSI)
   d) Federal Public Housing Assistance or Section 8
   e) Low Income Home Energy Assistance Program
   f) National School Free Lunch Program (T)
   g) Temporary Assistance for Needy Families, or (T)
   h) The customer's income, as defined in 47 CFR §54.400(f), is at or below 135% of the Federal Poverty Guideline (eff. June 1, 2012). (N) (N)

3. Eligible Services – Essential local telecommunications service is defined as two (2) way switched voice residential service within a local calling scope as determined by the commission, comprised of the following services and their recurring charges: (T)

   a) Single line residential service, including touch-tone dialing and any applicable mileage or zone charges
   b) Access to local emergency service, including, but not limited to, 911 service established by local authorities
   c) Access to basic local operator services
   d) Access to basic local directory assistance
   e) Standard intercept service
   f) Equal access to Inter-Exchange Carriers consistent with rules and regulations of the FCC
   g) One (1) standard white pages directory listing
   h) Toll blocking or toll control for qualifying low-income customers

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Local Exchange Service

Lifeline Services (cont'd)

4. **Support Amount** – Customers eligible under the established criteria can receive a discount from their bill for essential local telecommunications service equal to the amounts approved by the Missouri Public Service Commission and the Federal Communications Commission. The amount of combined federal and state lifeline support for any customer will not exceed the sum of the federal Subscriber Line Charge (SLC) and the recurring charges for essential local telecommunications services (including the basic service rate, Touch-Tone calling charge, extended area service additive, and mileage additives, if any).

B. **Missouri Universal Service Fund Disabled Assistance**

1. **General** – A disabled customer, or a dependent of a disabled customer, is a customer who requests or receives essential local telecommunications service, as defined in section 4.1(C) of this tariff, and meets the eligibility requirements set forth in this tariff.

2. **Regulations** – Disabled assistance is available to all residential customer who demonstrate, by self certifying with the company under penalty of perjury, that they, or a dependent, are totally and permanently disabled or blind and receiving any of the following:

   a) Federal Supplemental Security income benefits
   b) Veterans Administration benefits
   c) State blind pension pursuant to Section 209.010 to 209.160, RSMo
   d) State aid to blind persons pursuant to Section 209.240 RSMo.
   e) State supplemental payments pursuant to Section 208.030, RSMo Section 660.100.2 RSMo 2000.

3. **Support Amount** – Customers eligible under the established criteria can receive a discount equal to the amount approved by the Missouri Public Service Commission from their bill for essential local telecommunications service. The amount of state lifeline support for any customer will not exceed the recurring charges for essential local telecommunications services (including the basic service rate, Touch-Tone calling charge, extended area service additive, and mileage additives, if any).

Dee McCormack
Ellington Telephone Company
200 College Avenue
Ellington, MO 63638

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LOCAL EXCHANGE SERVICE

"Missouri Universal Service Fund"

1. Company will place on each retail end-user customer's bill, a surcharge equal to the Missouri Universal Service Fund percentage assessment ordered by the commission.

2. The surcharge will appear as a separate line item detailed as "Missouri Universal Service Fund."

3. The surcharge percentage will be applied to the total of each customer's charges for intrastate regulated telecommunications services that meet the definition of net jurisdictional revenues at 4 CSR 240-31.010(12).

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Number of local minutes provided: Unlimited local calling

Long distance calls are billed at carriers' standard rates.

For additional Regulations, Terms and Conditions for Lifeline Customers, refer to Missouri Code of State Regulations Title 4 – Division 240 – Chapter 31 (4 CSR 240-31).

REDACTED – FOR PUBLIC INSPECTION

ATTACHMENT – LINE 3026

ATTACHEMENT REDACTED IN ENTIRETY