

REDACTED - FOR PUBLIC INSPECTION

FCC Form 481 - Carrier Annual Reporting Data Collection Form	FCC Form 481 OMB 3060-0986 OMB 3060-0819 <small>Avg. Burden Estimate per Respondent: 20 Hours</small>
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<010> Study Area Code	421206
<015> Study Area Name	IAMO Telephone Company
<020> Program Year	2014
<030> Contact Name: Person USAC should contact with questions about this data	Jack Jones Jr.
<035> Contact Telephone Number: Number of the person identified in data line <030>	712-583-3232
<039> Contact Email: Email of the person identified in data line <030>	jjones@iamotelephone.com

ANNUAL REPORTING FOR ALL CARRIERS			54.313 Completion Required	54.422 Completion Required
<i>(check box when complete)</i>				
<100> Service Quality Improvement Reporting	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>		
<200> Outage Reporting (voice)	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<210> <input checked="" type="checkbox"/> <-- check box if no outages to report				
<300> Unfulfilled Service Requests (voice)	<input type="text" value="0"/>	<input checked="" type="checkbox"/>		
<310> Detail on Attempts (voice)		<input checked="" type="checkbox"/>		
<320> Unfulfilled Service Requests (broadband)		N/A		
<330> Detail on Attempts (broadband)				
<400> Number of Complaints per 1,000 customers (voice)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<410> Fixed	<input type="text" value="0"/>			
<420> Mobile				
Number of Complaints per 1,000 customers (broadband)		N/A		
<440> Fixed				
<450> Mobile				
<500> Service Quality Standards & Consumer Protection Rules Compliance	<i>(check to indicate certification)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<510> 421206mo0510	<i>(attached descriptive document)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<600> Functionality in Emergency Situations	<i>(check to indicate certification)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<610> 421206mo0610	<i>(attached descriptive document)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<700> Company Price Offerings (voice)	<i>(complete attached worksheet)</i>	N/A		
<710> Company Price Offerings (broadband)	<i>(complete attached worksheet)</i>	N/A		
<800> Operating Companies and Affiliates	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<900> Tribal Land Offerings (Y/N)? NO	<i>(if yes, complete attached worksheet)</i>			
<1000> Voice Services Rate Comparability	<i>(check to indicate certification)</i>	N/A		
<1010>	<i>(attach descriptive document)</i>			
<1100> Terrestrial Backhaul (Y/N)? YES	<i>(if not, check to indicate certification)</i>			
<1110>	<i>(complete attached worksheet)</i>			
<1200> Terms and Condition for Lifeline Customers	<i>(complete attached worksheet)</i>		<input checked="" type="checkbox"/>	

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet
Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>	<i>(check to indicate certification)</i>			
<2005>	<i>(complete attached worksheet)</i>			

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

<3000>	<i>(check to indicate certification)</i>	<input checked="" type="checkbox"/>		
<3005>	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>		

(100) Service Quality Improvement Reporting Data Collection Form	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>	jjones@iamotelephone.com

<110> Has your company received its ETC certification from the FCC?	(yes / no)	NO
If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?		
<111>	(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 receives only frozen support, your progress report is only required to address voice telephony service

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.

Name of Attached Document (.pdf)

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

(900) Tribal Lands Reporting Data Collection Form	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>	jjones@iamotelephone.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;	<input type="checkbox"/>
<922> Feasibility and sustainability planning;	<input checked="" type="checkbox"/>
<923> Marketing services in a culturally sensitive manner;	<input type="checkbox"/>
<924> Compliance with Rights of way processes	<input type="checkbox"/>
<925> Compliance with Land Use permitting requirements	<input type="checkbox"/>
<926> Compliance with Facilities Siting rules	<input type="checkbox"/>
<927> Compliance with Environmental Review processes	<input type="checkbox"/>
<928> Compliance with Cultural Preservation review processes	<input type="checkbox"/>
<929> Compliance with Tribal Business and Licensing requirements.	<input type="checkbox"/>

**(1110) No Terrestrial Backhaul Reporting
Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986
OMB Control No. 3060-0819
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<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

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<1210> Terms & Conditions of Voice Telephony Lifeline Plans 421206mo1210
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.

(2005) Price Cap Carrier Additional Documentation	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986
<i>Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers</i>	OMB Control No. 3060-0819
	July 2013

<010> Study Area Code	421206
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CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

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

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

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

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

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

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

<2021>	Interim Progress Community Anchor Institutions	Name of Attached Document Listing Required Information	<input type="text"/>
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(3005) Rate Of Return Carrier Additional Documentation	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986
	OMB Control No. 3060-0819
	July 2013

<010> Study Area Code	421206
<015> Study Area Name	IAMO Telephone Company
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<030> Contact Name - Person USAC should contact regarding this data	Jack Jones Jr
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<039> Contact Email Address - Email Address of person identified in data line <030>	jjones@iamotelephone.com

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

Progress Report on 5 Year Plan

<p>(3010) Milestone Certification (47 CFR § 54.313(f)(1)(i))</p> <p>(3011) Please check this box to confirm that the attached PDF , on line 3012, contains the required information pursuant to § 54.313 (f)(1)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.</p>	<p>Name of Attached Document Listing Required Information</p> <p>_____</p>	<p><input type="checkbox"/></p>
<p>(3012) Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))</p> <p>(3013) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))</p> <p>(3014) If yes, does your company file the RUS annual report</p> <p>Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:</p>	<p>Name of Attached Document Listing Required Information</p> <p>_____</p>	<p><input checked="" type="checkbox"/> (Yes/No)</p> <p><input checked="" type="checkbox"/> (Yes/No)</p>
<p>(3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)</p>		<p><input checked="" type="checkbox"/></p>
<p>(3016) PDF of Balance Sheet, Income Statement and Statement of Cash Flows</p>		<p><input checked="" type="checkbox"/></p>
<p>(3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation</p> <p>(3018) If the response is no on line 3014, Is your company audited?</p> <p>If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains :</p>	<p>Name of Attached Document Listing Required Information</p> <p>_____ 421206mo3017</p>	<p><input type="checkbox"/> (Yes/No)</p>
<p>(3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications</p>		<p><input type="checkbox"/></p>
<p>(3020) PDF of Balance Sheet, Income Statement and Statement of Cash Flows</p>		<p><input type="checkbox"/></p>
<p>(3021) Management letter issued by the independent certified public accountant that performed the company's financial audit.</p> <p>If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:</p>		<p><input type="checkbox"/></p>
<p>(3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,</p>		<p><input type="checkbox"/></p>
<p>(3023) Underlying information subjected to a review by an independent certified public accountant</p>		<p><input type="checkbox"/></p>
<p>(3024) Underlying information subjected to an officer certification.</p>		<p><input type="checkbox"/></p>
<p>(3025) PDF of Balance Sheet, Income Statement and Statement of Cash Flows</p>		<p><input type="checkbox"/></p>
<p>(3026) Attach the worksheet listing required information</p>	<p>Name of Attached Document Listing Required Information</p> <p>_____</p>	

Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986 OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	421206
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TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

<p>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.</p>		
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:	10/15/2013
<p><small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small></p>		

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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<039> Contact Email Address - Email Address of person identified in data line <030>	jjones@iamotelephone.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier		
I certify that (Name of Agent) <u>Kiesling Associates LLP</u> is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.		
Name of Authorized Agent: Kiesling Associates LLP		
Name of Reporting Carrier: IAMO Telephone Company		
Signature of Authorized Officer: /s/Jack Jones Jr.		Date: 10/7/2013
Printed name of Authorized Officer: Jack Jones Jr.		
Title or position of Authorized Officer: General Manager		
Telephone number of Authorized Officer: 712-583-3232		
Study Area Code of Reporting Carrier:	421206	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: IAMO Telephone Company		
Name of Authorized Agent or Employee of Agent: Kiesling Associates LLP		
Signature of Authorized Agent or Employee of Agent: /s/Kiesling Associates LLP		Date: 10/7/2013
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:	421206	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

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. IAMO Telephone Company 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. IAMO Telephone Company certifies that it has complied with these requirements and will continue to comply with these requirements.

PART V

GENERAL EXCHANGE SERVICES

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.
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.
 - b. Toll blocking is offered to Lifeline subscribers at no charge.

(T)
|
(T)
(D)

*Indicates new rate or text
+Indicates change

(D)
(D)

Issued: March 28, 2012

Effective: April 27, 2012

Issued by: Jack Jones, Manager
Iamo Telephone Company
104 Crook Street
Coin, Iowa 51636

FILED
Missouri Public
Service Commission
JI-2012-0525

PART V

GENERAL EXCHANGE SERVICE

LIFELINE SERVICE (Continued)

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 (eff. June 1, 2012). (N)
2. The customer must sign, under penalty of perjury a document certifying:
 - a. He/she is receiving benefits from one of the programs in 1.a. above.
 - b. Name of the program(s) from which they are receiving benefits.
 - c. 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.

LOCAL EXCHANGE SERVICE

Lifeline Services

A. 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 (T)
 - f) National School Free Lunch Program (T)
 - g) Temporary Assistance for Needy Families, or (N)
 - 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)
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:
 - 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

Iamo Telephone Company
of Coin, Iowa

P.S.C. MO. NO. 2 Consolidated
Original Sheet No. 27.2

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 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).

Issued: March 22, 2005

Effective: April 21, 2005

Jack Jones, Manager
Iamo Telephone Company of Coin, IA
104 Crook St.
Coin, IA 51636

Filed
Missouri Public
Service Commission

Iamo Telephone Company
of Coin, Iowa

P.S.C. MO. NO. 2 Consolidated
Original Sheet No. 27.3

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).

Issued: March 22, 2005

Effective: April 21, 2005

Jack Jones, Manager
Iamo Telephone Company of Coin, IA
104 Crook St.
Coin, IA 51636

Filed
Missouri Public
Service Commission

REDACTED - FOR PUBLIC INSPECTION

REDACTED – FOR PUBLIC INSPECTION

ATTACHMENT – LINE 3017

ATTACHEMENT REDACTED IN ENTIRETY