Your business is our business.

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

REDACTED – FOR PUBLIC INSPECTION

October 11, 2013

By Hand Delivery

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

Re: WC Docket No. 10-90, WC Docket No. 11-42
2013 ETC Annual Report of Hargray Telephone Company, Inc.
Study Area Code 240523

Dear Ms. Dortch:

On behalf of Hargray Telephone Company, Inc. "Hargray", JSI files the attached confidential and redacted versions of the FCC Form 481 ETC annual reporting information pursuant to sections 54.313 and 54.422 of the Commission's rules.[1] Hargray seeks confidential treatment under Protective Order for section 54.313(f)(2) financial information.[2] The redacted version is also being filed this date via the FCC's Electronic Comment Filing System.

Please direct any questions regarding the filing to the undersigned.

Sincerely,

John Kuykendall
JSI Vice President
301-459-7590
jkuykendall@jsitel.com

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

[1] 47 C.F.R. §§ 54.313, 54.422.
[2] *Connect America Fund et al.*, WC Docket No. 10-90 *et al.*, Protective Order, DA 12-1857 rel. Nov. 16, 2012 (Protective Order). 47 C.F.R. § 54.313(f)(2).

FCC Form 481 - Carrier Annual Reporting Data Collection Form

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

<010>	Study Area Code	240523
<015>	Study Area Name	HARGRAY TEL CO
<020>	Program Year	2014
<030>	Contact Name: Person USAC should contact with questions about this data	Cissy Zareva
<035>	Contact Telephone Number: Number of the person identified in data line <030>	843-686-1256
<039>	Contact Email Address: Email of the person identified in data line <030>	cissy.zareva@htc.hargray.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	1.0		
<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>	240523SC510	(attached descriptive document)	✔	✔
<600>	Functionality in Emergency Situations	(check to indicate certification)	✔	✔
<610>	240523SC610	(attached descriptive document)	✔	✔
<700>	Company Price Offerings (voice)	(complete attached worksheet)		
<710>	Company Price Offerings (broadband)	(complete attached worksheet)		
<800>	Operating Companies and Affiliates	(complete attached worksheet)	✔	✔
<900>	Tribal Land Offerings (Y/N)? ○ ●	(if yes, complete attached worksheet)	✔	
<1000>	Voice Services Rate Comparability	(check to indicate certification)		
<1010>		(attach descriptive document)		
<1100>	Terrestrial Backhaul (Y/N)? ● ○	(if not, check to indicate certification)		
<1110>		(complete attached worksheet)		
<1200>	Terms and Condition for Lifeline Customers	(complete attached worksheet)		✔

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

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

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

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

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

(100) Service Quality Improvement Reporting
Data Collection Form

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

<010>	Study Area Code	240523
<015>	Study Area Name	HARGRAY TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Cissy Zareva
<035>	Contact Telephone Number - Number of person identified in data line <030>	843-686-1256
<039>	Contact Email Address - Email Address of person identified in data line <030>	cissy.zareva@htc.hargray.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	240523
<015>	Study Area Name	HARGRAY TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Cissy Zareva
<035>	Contact Telephone Number - Number of person identified in data line <030>	843-686-1256
<039>	Contact Email Address - Email Address of person identified in data line <030>	cissy.zareva@htc.hargray.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

-- 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	240523
<015>	Study Area Name	HARGRAY TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Cissy Zareva
<035>	Contact Telephone Number - Number of person identified in data line <030>	843-686-1256
<039>	Contact Email Address - Email Address of person identified in data line <030>	cissy.zareva@htc.hargray.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**
				-- 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	240523
<015>	Study Area Name	HARGRAY TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Cissy Zareva
<035>	Contact Telephone Number - Number of person identified in data line <030>	843-686-1256
<039>	Contact Email Address - Email Address of person identified in data line <030>	cissy.zareva@htc.hargray.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*}**
		-- See attached worksheet --						

(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	240523
<015>	Study Area Name	HARGRAY TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Cissy Zareva
<035>	Contact Telephone Number - Number of person identified in data line <030>	843-686-1256
<039>	Contact Email Address - Email Address of person identified in data line <030>	cissy.zareva@htc.hargray.com

<810>	Reporting Carrier	Hargray Telephone Company, Inc.
<811>	Holding Company	Hargray Communications Group, Inc.
<812>	Operating Company	N/A

<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	240523
<015>	Study Area Name	HARGRAY TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Cissy Zareva
<035>	Contact Telephone Number - Number of person identified in data line <030>	843-686-1256
<039>	Contact Email Address - Email Address of person identified in data line <030>	cissy.zareva@htc.hargray.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	240523
<015>	Study Area Name	HARGRAY TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Cissy Zareva
<035>	Contact Telephone Number - Number of person identified in data line <030>	843-686-1256
<039>	Contact Email Address - Email Address of person identified in data line <030>	cissy.zareva@htc.hargray.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	240523
<015>	Study Area Name	HARGRAY TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Cissy Zareva
<035>	Contact Telephone Number - Number of person identified in data line <030>	843-686-1256
<039>	Contact Email Address - Email Address of person identified in data line <030>	cissy.zareva@htc.hargray.com

<1210> Terms & Conditions of Voice Telephony Lifeline Plans — 240523SC1210

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

<010>	Study Area Code	240523
<015>	Study Area Name	HARGRAY TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Cissy Zareva
<035>	Contact Telephone Number - Number of person identified in data line <030>	843-686-1256
<039>	Contact Email Address - Email Address of person identified in data line <030>	cissy.zareva@htc.hargray.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	240523
<015>	Study Area Name	HARGRAY TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Cissy Zareva
<035>	Contact Telephone Number - Number of person identified in data line <030>	843-686-1256
<039>	Contact Email Address - Email Address of person identified in data line <030>	cissy.zareva@htc.hargray.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)}	Name of Attached Document Listing Required Information	
(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.		☐
(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	240523SC3026

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	240523
<015>	Study Area Name	HARGRAY TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Cissy Zareva
<035>	Contact Telephone Number - Number of person identified in data line <030>	843-686-1256
<039>	Contact Email Address - Email Address of person identified in data line <030>	cissy.zareva@htc.hargray.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: HARGRAY TEL CO

Signature of Authorized Officer: CERTIFIED ONLINE Date 10/11/2013

Printed name of Authorized Officer: David Armistead

Title or position of Authorized Officer: GC & Sec

Telephone number of Authorized Officer: 843-686-1275

Study Area Code of Reporting Carrier: 240523 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.

Certification - Agent / Carrier
Data Collection Form

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

<010>	Study Area Code	240523
<015>	Study Area Name	HARGRAY TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Cissy Zareva
<035>	Contact Telephone Number - Number of person identified in data line <030>	843-686-1256
<039>	Contact Email Address - Email Address of person identified in data line <030>	cissy.zareva@htc.hargray.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)_____ 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:

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.

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:

Name of Authorized Agent or Employee of Agent:

Signature of Authorized Agent or Employee of Agent: Date:

Printed name of Authorized Agent or Employee of Agent:

Title or position of Authorized Agent or Employee of Agent

Telephone number of Authorized Agent or Employee of Agent:

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.

Attachments

In establishing this certification in its *2005 ETC Order*,[1] the FCC found that an ETC must make "a specific commitment to objective measures to protect consumers."[2] The FCC found that for wireless ETCs, compliance with CTIA's Consumer Code for Wireless Service would satisfy this requirement and that the sufficiency of other commitments would be considered on a case-by-case basis.[3] In this context, the FCC stated, "to the extent a wireline or wireless ETC applicant is subject to consumer protection obligations under state law, compliance with such laws may meet our requirement."[4]

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

---

[1] *Federal-State Joint Board on Universal Service*, CC Docket No. 96-45, Report and Order, FCC 05-46 (rel. Mar. 17, 2005) ("*2005 ETC Order*").
[2] *Id.* at para. 28.
[3] *Id.* The FCC noted that under the CTIA Consumer Code, wireless carriers agree to: "(1) disclose rates and terms of service to customers; (2) make available maps showing where service is generally available; (3) provide contract terms to customers and confirm changes in service; (4) allow a trial period for new service; (5) provide specific disclosures in advertising; (6) separately identify carrier charges from taxes on billing statements; (7) provide customers the right to terminate service for changes to contract terms; (8) provide ready access to customer service; (9) promptly respond to consumer inquiries and complaints received from government agencies; and (10) abide by policies for protection of consumer privacy." *Id.* at n. 71.
[4] *Id.* at n. 72.

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

Hargray Telephone Company, Inc. ("Hargray") hereby certifies that it is able to function in emergency situations as set forth in 47 C.F.R. § 54.202(a)(2)[1] and Section 103-646 of the South Carolina Code of Regulations. Hargray's network is designed to remain functional in emergency situations without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations as required by Section 54.202(a)(2) and Section 103-646 of the South Carolina Code of Regulations. Hargray can change call routing translations as needed to reroute traffic around damaged facilities. Changing call routing translations will also allow Hargray to manage traffic spikes throughout its network, as emergency situations require.

Specifically, each central office building is supplied with standby generators and battery back-up that enable the central office to keep running until power is restored so long as fuel is available, or until system changes are made to reroute traffic. Hargray has battery backup at all office locations and in its electronic equipment sites. Length of run time is determined by the equipment serving the area and the number of customers working out of the equipment. Generators are installed at all Central Office locations. They will continue to run as long as Hargray has access to fuel.

[1] Section 54.202(a)(2) requires ETCs that are designated by the Commission to "demonstrate its ability to remain functional in emergency situations, including a demonstration that it has a reasonable amount of back-up power to ensure functionality without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations."

(800) Operating Companies
Data Collection Form

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

<010>	Study Area Code	240523
<015>	Study Area Name	HARGRAY TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Cissy Zareva
<035>	Contact Telephone Number - Number of person identified in data line <030>	843-686-1256
<039>	Contact Email Address - Email Address of person identified in data line <030>	cissy.zareva@htc.hargray.com

<810>	Reporting Carrier	Hargray Telephone Company, Inc.
<811>	Holding Company	Hargray Communications Group, Inc.
<812>	Operating Company	N/A

<813>

<a1>	<a2>	<a3>
Affiliates	**SAC**	**Doing Business As Company or Brand Designation**
Bluffton Telephone Company, Inc.	240512	Hargray

South Carolina Lifeline

Under the Lifeline program, telephone customers who participate in Medicaid (Healthy Connections), Food Stamps (SNAP), Temporary Assistance for Needy Families (TANF), School Free Lunch, Section 8, Supplemental Security Income (SSI), or Low Income Home Energy Assistance Program (LIHEAP) are entitled to receive a discount up to $12.75 per month on their telephone service. If you are a telephone customer that does not participate in any of these programs but your total household income is at or below 135% of Federal Poverty Guidelines, you may be eligible to receive the Lifeline benefit. Hargray is eligible to provide the Lifeline benefit to qualifying residential telephone customers in Hilton Head, Hardeeville and Bluffton.

Lifeline is a government supported service. Applicants will be required to provide documentation necessary to verify eligibility. Applicants who willfully make false statements in order to obtain Lifeline benefits can be punished by fine or barred from the program. Only ONE Lifeline benefit per household. A household is not permitted to receive Lifeline benefits from multiple providers.

BASIC LOCAL EXCHANGE SERVICE

3.10 Lifeline Program

3.10.1 General

A. The Lifeline program is designed to increase the availability of telecommunications services to low income subscribers by providing a credit to monthly recurring local service for qualifying residential subscribers.

B. Lifeline is provided under the federal universal service support mechanism as a federal benefit.

C. Lifeline is mandated by the Federal Communications Commission (FCC).

3.10.2 Regulations and Rates

Regulations and Rates shall be concurrent with those mandated by the FCC and The Public Service Commission of South Carolina.

3.10.3 Eligibility and Certification

Eligibility and Certification shall be concurrent with the requirements of the FCC and The Public Service Commission of South Carolina.

S3. LOCAL EXCHANGE SERVICE (C)

S3.1 General

3.1.1 Local exchange service rates in this tariff are as identified with the Hargray Telephone Co., Inc. of Hilton Head Island, South Carolina.

3.1.2 Extended Area Service (EAS)

a. Implemented pursuant to South Carolina Public Service Commission Order No. 2007-346 (T)

b. Expands local calling to include the following exchange areas: (T)

Beaufort, SC	Bluffton, SC
Hardeeville, SC	Ridgeland, SC
Hilton Head Island, SC	Savannah, GA
Laurel Bay, SC	St. Helena, SC
Pooler, GA	Tybee Island, GA

c. Monthly recurring charge per line of:

(N)

$2.25/Residential $4.50/Business

3.1.3 Local Exchange Service Offerings (N)

a. **Limited Local Service** allows voice calls to the areas identified in 3.1.2(b) preceding.

Voice calls made outside of 3.1.2(b) preceding, are subject to additional charges. (N)

b. **Basic Local Service** allows calls to any location within the United States and its Territories including but not limited to Alaska, Hawaii, U.S. Virgin Islands, Puerto Rico, Northern Antilles and Guam. (M)

Applies to residential lines only and not offered in conjunction with business lines (T)

Intended for normal voice usage equal to, or less than 3,600 usage minutes per month excluding usage minutes for calls placed to any area listed in 3.1.2(b) preceding. (N)

In the event monthly usage exceeds 3,600 minutes per month, excess usage charges apply at $0.01 per minute for each minute in excess of 3,600 minutes (N)

(T)

3.1.4 Rates for service and equipment not specifically shown in this section are presented in other sections of this tariff.

HARGRAY TELEPHONE COMPANY, INC. SECTION 3
HILTON HEAD ISLAND, S.C. 16th Revised Page 1.1
EFFECTIVE: July 2, 2013 Cancels15th Revised Page 1.1

S3. LOCAL EXCHANGE SERVICE

S3.2 Monthly Exchange Rates

3.2.1 Monthly exchange rates are authorized by the Public Service Commission of South Carolina as shown below. (M)

3.2.2 Limited Local Service as identified in 3.1.3(a) preceding (C)

		Monthly Rate	(N)
a.	Residential		
	Each Single	$ 14.65	
	EAS	$ 2.25	
	Base Charge	$ 16.90	
b.	Business		
	Each Single Line, Key Trunk, PBX Trunk or Paystation	$ 29.29	
	EAS	$ 4.50	
	Base Charge	$ 33.79	

3.2.3 Basic Local Service as defined in Section 3.1.3(b) preceding

a.	Residential Single Line	$ 21.74	
	EAS	$ 2.25	
	Base Charge	$ 23.99	(C) (M)

South Carolina Lifeline Assistance Application

Step 1: Applicant Information *(fill in each block entirely)*

Your Hargray Phone #	First Name	MI	Last Name
Address Where **Service Is Located** (No PO Boxes)			City & State
Is this your permanent address? (circle one) YES NO			Zip Code
Billing Address, City, State & Zip Code (If different from Service Address) (PO Boxes Allowed)			
Last 4 Digits of Social Security Number		Date of Birth	

Step 2: Determine whether you qualify for lifeline based on participation in the eligible programs of section A, or because you meet the income eligibility requirements of section B.

Section A

PROGRAM ELIGIBILITY: *check the following program(s) in which you, **or** a member of your household, currently participate. Please attach a copy of eligibility documentation. If the program participant is not you, but a member of your household, please print the name of the program participant here:*

	Federal Public Housing Assistance (FPHA) or Section 8		Supplemental Security Income (SSI)
	National School Lunch Program – Free Lunch Program		Medicaid
	Low Income Home Energy Assistance Program (LIHEAP)		Temporary Assistance for Needy Families (TANF)
	Supplemental Nutrition Assistance Program (SNAP) *formerly known as food stamps*		

Section B

INCOME ELIGIBILITYGUIDELINES: If you do not participate in any of the programs above, you may still be eligible for Lifeline Assistance if your annual household income is at or below the amounts shown below (135% of 2013 FPG) depending on the size of your household. PLACE A CHECK next to the total number of people in your household. Please indicate the number of household members if more than 8.

Persons in family/household	2013 Poverty Guideline – 135%
1 _____	$15,512
2 _____	$20,939
3 _____	$26,366
4 _____	$31,793
5 _____	$37,220
6 _____	$42,647
7 _____	$48,074
8 _____	$53,501
For families/households with more than 8 persons, add $5,427 for each additional person:	

PLEASE COMPLETE NEXT PAGE. BOTH PAGES OF THIS APPLICATION ARE REQUIRED IN ORDER TO PROCESS YOUR APPLICATION

REDACTED – FOR PUBLIC INSPECTION

HARGRAY TELEPHONE COMPANY, INC. (SAC 240523)

ATTACHMENT - LINE 3017

ATTACHMENT REDACTED IN ENTIRETY