



GVNW CONSULTING, INC.  
3220 Pleasant Run  
Springfield, IL 62707  
(217) 698-2700 (Tel.)  
(217) 698-2715 (Fax)  
[www.gvnw.com](http://www.gvnw.com)

REDACTED FOR PUBLIC INSPECTION

Via ECFS

October 15, 2013

Marlene H. Dortch, Secretary  
Federal Communications Commission  
Office of the Secretary  
445 Twelfth Street S.W.  
Room 5-A225  
Washington, D.C. 20554

**Re: Confidential financial information subject to protective order in WC Docket Nos. 10-90, 07-0135, 05-337, 03-109, CC Docket Nos. 01-92, 96-45, GN Docket No. 09-51, WT Docket No. 10-208, before the Federal Communications Commission.**

Dear Ms. Dortch,

In accordance with the annual reporting requirements of 47 C.F.R. §54.313, LaHarpe Telephone Company (LaHarpe) is submitting FCC Form 481 via the FCC's Electronic Comment Filing System (ECFS). Section 3005 requires the filing of financial information per 47 C.F.R. §54.313(f)(2). In this ECFS filing, LaHarpe has redacted confidential financial information per Protective Order, DA 12-1857.

This information was filed on line with USAC and will be filed no later than October 15<sup>th</sup> with the Illinois Commerce Commission.

In addition, two copies of this cover letter and each page containing redacted confidential information marked "REDACTED FOR PUBLIC INSPECTION" are being filed via overnight delivery with the Secretary. Included in that delivery are a copy of the cover letter and confidential information stamped "Confidential financial information subject to protective order in WC Docket Nos. 10-90, 07-0135, 05-337, 03-109, CC Docket Nos. 01-92, 96-45, GN Docket No. 09-51, WT Docket No. 10-208, before the Federal Communications Commission."

In addition, two copies of the cover letter and confidential information stamped "Confidential financial information subject to protective order in WC Docket Nos. 10-90, 07-0135, 05-337, 03-109, CC Docket Nos. 01-92, 96-45, GN Docket No. 09-51, WT Docket No. 10-208, before the Federal Communications Commission." are being filed with Charles Tyler, Telecommunications Access Policy Division, Wireline Competition Bureau, Federal Communications Commission, 445 Twelfth Street S.W., Room 5-A452, Washington, D.C. 20554. This is in accordance with the Protective Order.

Please contact me with any questions you have on these filings.

Sincerely,

A handwritten signature in black ink, appearing to read "J Ewert", with a stylized flourish at the end.

John Ewert  
Consultant  
GVNW Consulting, Inc.  
(217) 698-2700  
[jewert@gvnw.com](mailto:jewert@gvnw.com)

<b>FCC Form 481 - Carrier Annual Reporting Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	341043
<015> Study Area Name	LA HARPE TEL CO
<020> Program Year	2014
<030> Contact Name: Person USAC should contact with questions about this data	John Ewert
<035> Contact Telephone Number: Number of the person identified in data line <030>	217-698-2700
<039> Contact Email Address: Email of the person identified in data line <030>	jewert@gvzw.com

<b>ANNUAL REPORTING FOR ALL CARRIERS</b>	<b>54.313 Completion Required</b>	<b>54.422 Completion Required</b>
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			(check box when complete)	
<100>	Service Quality Improvement Reporting <span style="float: right;"><i>(complete attached worksheet)</i></span>	<input checked="" type="checkbox"/>		
<200>	Outage Reporting (voice) <span style="float: right;"><i>(complete attached worksheet)</i></span>	<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) <span style="float: right;"><i>(attach descriptive document)</i></span>	<input checked="" type="checkbox"/>		
<310>	Detail on Attempts (voice)			
<320>	Unfulfilled Service Requests (broadband) <span style="float: right;"><i>(attach descriptive document)</i></span>			
<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 style="width: 100px;" type="text" value="0.0"/>			
<420>	Mobile <input style="width: 100px;" type="text" value="0.0"/>			
<430>	Number of Complaints per 1,000 customers (broadband)			
<440>	Fixed <input style="width: 100px;" type="text"/>			
<450>	Mobile <input style="width: 100px;" type="text"/>			
<500>	Service Quality Standards & Consumer Protection Rules Compliance <span style="float: right;"><i>(check to indicate certification)</i></span>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
<510>	<input style="width: 150px;" type="text" value="34104311510"/> <span style="float: right;"><i>(attached descriptive document)</i></span>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
<600>	Functionality in Emergency Situations <span style="float: right;"><i>(check to indicate certification)</i></span>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
<610>	<input style="width: 150px;" type="text" value="34104311610"/> <span style="float: right;"><i>(attached descriptive document)</i></span>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
<700>	Company Price Offerings (voice) <span style="float: right;"><i>(complete attached worksheet)</i></span>			
<710>	Company Price Offerings (broadband) <span style="float: right;"><i>(complete attached worksheet)</i></span>			
<800>	Operating Companies and Affiliates <span style="float: right;"><i>(complete attached worksheet)</i></span>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
<900>	Tribal Land Offerings (Y/N)? <input type="radio"/> <input checked="" type="radio"/> <span style="float: right;"><i>(if yes, complete attached worksheet)</i></span>	<input checked="" type="checkbox"/>		
<1000>	Voice Services Rate Comparability <span style="float: right;"><i>(check to indicate certification)</i></span>			
<1010>	<input style="width: 150px;" type="text"/> <span style="float: right;"><i>(attach descriptive document)</i></span>			
<1100>	Terrestrial Backhaul (Y/N)? <input checked="" type="radio"/> <input type="radio"/> <span style="float: right;"><i>(if not, check to indicate certification)</i></span>	<input checked="" type="checkbox"/>		
<1110>				
<1200>	Terms and Condition for Lifeline Customers <span style="float: right;"><i>(complete attached worksheet)</i></span>			<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"/>	

<b>(100) Service Quality Improvement Reporting Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	341043
<015>	Study Area Name	LA HARPE TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	John Ewert
<035>	Contact Telephone Number - Number of person identified in data line <030>	217-698-2700
<039>	Contact Email Address - Email Address of person identified in data line <030>	jewert@gvwnw.com

<110>	Has your company received its ETC certification from the FCC?	(yes / no) <input type="radio"/> <input type="radio"/>
	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) <input type="radio"/> <input type="radio"/>

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.










<b>(900) Tribal Lands Reporting Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986 / OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	341043
<015>	Study Area Name	LA HARPE TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	John Ewert
<035>	Contact Telephone Number - Number of person identified in data line <030>	217-698-2700
<039>	Contact Email Address - Email Address of person identified in data line <030>	jewert@gvaw.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:

- <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.

Select (Yes, No, NA)

**(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	341043
<015>	Study Area Name	LA HARPE TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	John Ewert
<035>	Contact Telephone Number - Number of person identified in data line <030>	217-698-2700
<039>	Contact Email Address - Email Address of person identified in data line <030>	jewert@gvnw.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)

<b>(1200) Terms and Condition for Lifeline Customers</b> <b>Lifeline</b> <b>Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	341043
<015>	Study Area Name	LA HARPE TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	John Ewert
<035>	Contact Telephone Number - Number of person identified in data line <030>	217-698-2700
<039>	Contact Email Address - Email Address of person identified in data line <030>	jewert@gvnm.com

<1210> Terms & Conditions of Voice Telephony Lifeline Plans 341043111210

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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.
✓

<b>(2000) Price Cap Carrier Additional Documentation</b> <b>Data Collection Form</b> <i>Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers</i>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	341043
<015>	Study Area Name	LA HARPE TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	John Ewert
<035>	Contact Telephone Number - Number of person identified in data line <030>	217-698-2700
<039>	Contact Email Address - Email Address of person identified in data line <030>	jewert@gvnw.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)}	<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 _____
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**(3000) 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 341043  
 <015> Study Area Name LA HARPE TEL CO  
 <020> Program Year 2014  
 <030> Contact Name - Person USAC should contact regarding this data John Ewert  
 <035> Contact Telephone Number - Number of person identified in data line <030> 217-698-2700  
 <039> Contact Email Address - Email Address of person identified in data line <030> jewert@gvzw.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)}                  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><input type="checkbox"/></p>
<p>(3012) Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}                  (3013) Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)}                  (3014) If yes, does your company file the RUS annual report                  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><input checked="" type="checkbox"/> (Yes/No)  <input type="checkbox"/> (Yes/No)</p>
<p>(3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)</p>		<p><input type="checkbox"/></p>
<p>(3016) PDF of Balance Sheet, Income Statement and Statement of Cash Flows</p>		<p><input 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>Name of Attached Document Listing Required Information</p>	
<p>(3018) If the response is no on line 3014, is your company audited?                   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><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.                   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 checked="" type="checkbox"/></p>
<p>(3024) Underlying information subjected to an officer certification.</p>		<p><input checked="" type="checkbox"/></p>
<p>(3025) PDF of Balance Sheet, Income Statement and Statement of Cash Flows</p>		<p><input checked="" type="checkbox"/></p>
<p>(3026) Attach the worksheet listing required information</p>	<p>Name of Attached Document Listing Required Information</p>	<p>341043113026</p>

Certification - Reporting Carrier Data Collection Form	FCG Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<b>&lt;010&gt;</b>	Study Area Code	341043
<b>&lt;015&gt;</b>	Study Area Name	LA HARPE TEL CO
<b>&lt;020&gt;</b>	Program Year	2014
<b>&lt;030&gt;</b>	Contact Name - Person USAC should contact regarding this data	John Ewert
<b>&lt;035&gt;</b>	Contact Telephone Number - Number of person identified in data line <030>	217-698-2700
<b>&lt;039&gt;</b>	Contact Email Address - Email Address of person identified in data line <030>	jewart@gvnrw.com

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

<b>Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients</b>	
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 484 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	341043
<015> Study Area Name	LA HARPE TEL CO
<020> Program Year	2014
<030> Contact Name - Person USAC should contact regarding this data	John Ewert
<035> Contact Telephone Number - Number of person identified in data line <030>	217-698-2700
<039> Contact Email Address - Email Address of person identified in data line <030>	jewart@gvnt.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>John Ewert</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:	John Ewert
Name of Reporting Carrier:	LA HARPE TEL CO
Signature of Authorized Officer:	CERTIFIED ONLINE Date: 10/08/2013
Printed name of Authorized Officer:	Todd Irish
Title or position of Authorized Officer:	President
Telephone number of Authorized Officer:	217-659-7721
Study Area Code of Reporting Carrier:	341043 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:	LA HARPE TEL CO
Name of Authorized Agent or Employee of Agent:	John Ewert
Signature of Authorized Agent or Employee of Agent:	CERTIFIED ONLINE Date: 10/08/2013
Printed name of Authorized Agent or Employee of Agent:	John Ewert
Title or position of Authorized Agent or Employee of Agent:	Consultant
Telephone number of Authorized Agent or Employee of Agent:	(217) 698-2700
Study Area Code of Reporting Carrier:	341043 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



### Service Quality Standards Compliance

Per Subpart A, Section 730.100 of Title 83, Chapter 1, Subchapter f of the Illinois Administrative Code, LaHarpe Telephone Company is required to meet the service quality standards contained in Section 730. Subpart E of this section addresses "Standards of Quality of Service". Subpart A, Section 730.115 requires the quarterly reporting of various installation, repair and answer time data for Illinois Commerce Commission and public review.

### Consumer Protection Rules Compliance

LaHarpe Telephone Company complies with the requirements of 47 CFR Part 64 Subpart U, Customer Proprietary Network Information and Subpart Y, Truth in Billing Requirements for Common Carrier, and Federal Trade Commission Red Flag rules to prevent identity theft. A Company Manual for CPNI and Red Flags is in place and employee training is conducted annually. New hires are instructed on the programs as required by their job functions.

LaHarpe Telephone Company (LaHarpe) hereby certifies that it is able to function in emergency situations as set forth in the Code of Federal Regulations, Title 47, Part 54, Subpart C, §54.202(a)(2)1 and Subpart A, Section 730.325 of Title 83, Chapter 1, Subchapter f of the Illinois Administrative Code.

#### Description of Functionality in Emergency Situations

- 1) LaHarpe has a emergency plan in place per Subpart A, Section 730.325(a) of Title 83, Chapter 1, Subchapter f of the Illinois Administrative Code.
- 2) LaHarpe 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.
- 3) Specifically, LaHarpe has two wire centers. The LaHarpe central office has a diesel powered generator backing up a 48 volt battery system which is capable of powering the equipment for 8 hours with no outside power source. The Fountain Green Central office has a LP gas powered generator backing up its' 48 volt battery system. All remote cabinets have batteries capable of lasting 8 to 10 hours with no outside power source and are equipped with connections for a portable generator. Voice service is powered off either the serving central office or the closest remote cabinet.

#### Description of Lifeline Terms and Conditions

Section 15.3 of LaHarpe Telephone Company's ILL. C. C. No. 10 local service tariff outlines the eligibility requirements and the type and amount of support for their implementation of the Lifeline program.

Section 4.1 of that tariff describes the residential local exchange service to which the Lifeline support is applicable. This service includes unlimited local calling minutes.

LaHarpe offers equal access toll calling for all Lifeline customers through available interexchange carriers (IXCs). The rates, terms and conditions of the toll offerings are made by the IXCs.

LaHarpe's application for Lifeline support is attached.



LaHarpe Telephone Company

LINK UP/LIFELINE PROGRAMS CERTIFICATION FORM

NAME \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_ APARTMENT \_\_\_\_\_

CITY \_\_\_\_\_, ILLINOIS ZIP-CODE \_\_\_\_\_

COUNTY \_\_\_\_\_ AGE \_\_\_\_\_

SOCIAL SECURITY NO. \_\_\_\_\_

As of today, which programs listed below are you currently participating in?

- Temporary Assistance for Needy Families (TANF)
- Food Stamps
- Medicaid
- Supplemental Security Income (SSI)
- Federal Housing Assistance Program
- Low-Income Home Emergency Assistance Program (LIHEAP)
- National School Lunch Program
  - Name of School \_\_\_\_\_
  - Name of Enrollee \_\_\_\_\_

Under penalty of perjury, I confirm that I participate in the above stated program(s). I will notify La Harpe Telephone Company, Inc. in the event I cease to participate in the program(s). By my signature below, I give the Social Security Administration permission to inform La Harpe Telephone Company, Inc. whether or not I am entitled to Supplemental Security Income benefits as of the date of this application.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_ ORDER # \_\_\_\_\_

PUBLIC AID CASE NUMBER \_\_\_\_\_

LaHarpe Telephone Company, Inc.

PO Box 482 | 104 N Center St | LaHarpe, IL 61450 | Phone 217-659-7721 | Fax 217-659-7727

Balance Sheet - Data Collection Form Page 1 of 3	FCC Form 481 OMB Control No. 3060-0088 OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	341043
<015> Study Area Name	Llallardo Telephone Company
<020> Program Year	2014
<030> Contact Name - Person USAC should contact regarding this data	John Ewert
<035> Contact Telephone Number - Number of person identified in data line <030>	217-882-1934
<039> Contact Email Address - Email Address of person identified in data line <030>	lowst@gmw.com

Filed as reviewed single company	<input checked="" type="checkbox"/>	Filed as audited single company	<input type="checkbox"/>
Filed as reviewed consolidated company	<input type="checkbox"/>	Filed as audited consolidated company	<input type="checkbox"/>
Filed as subsidiary of reviewed consolidated company	<input type="checkbox"/>	Filed as subsidiary of audited consolidated company	<input type="checkbox"/>

**CERTIFICATION**

We hereby certify that the entries in this report are in accordance with the accounts and other records of the system and reflect the status of the system to the best of our knowledge and belief.

10/1/2013  
 Signature Date

PART A. BALANCE SHEET					
ASSETS	BALANCE PRIOR YEAR	BALANCE END OF PERIOD	LIABILITIES AND STOCKHOLDERS' EQUITY	BALANCE PRIOR YEAR	BALANCE END OF PERIOD
<b>CURRENT ASSETS</b>			<b>CURRENT LIABILITIES</b>		
1. Cash and Equivalents			25. Accounts Payable		
2. Cash-RUS Construction Fund			26. Notes Payable		
3. Affiliates:			27. Advance Billings and Payments		
a. Telecom, Accounts Receivable			28. Customer Deposits		
b. Other Accounts Receivable			29. Current Mat. L/T Debt		
c. Notes Receivable			30. Current Mat. L/T Debt-Rur. Dev.		
4. Non-Affiliates:			31. Current Mat.-Capital Leases		
a. Telecom, Accounts Receivable			32. Income Taxes Accrued		
b. Other Accounts Receivable			33. Other Taxes Accrued		
c. Notes Receivable			34. Other Current Liabilities		
5. Interest and Dividends Receivable			35. Total Current Liabilities (25 thru 34)		
6. Material-Regulated			<b>LONG-TERM DEBT</b>		
7. Material-Nonregulated			36. Funded Debt-RUS Notes		
8. Prepayments			37. Funded Debt-RTB Notes		
9. Other Current Assets			38. Funded Debt-FFB Notes		
0. Total Current Assets (1 Thru 9)			39. Funded Debt-Other		
			40. Funded Debt-Rural Develop. Loan		
<b>NONCURRENT ASSETS</b>			41. Premium (Discount) on L/T Debt		
1. Investment in Affiliated Companies			42. Recoupled Debt		
a. Rural Development			43. Obligations Under Capital Lease		
b. Nonrural Development			44. Adv. From Affiliated Companies		
2. Other Investments			45. Other Long-Term Debt - Bank Loan		
a. Rural Development			46. Total Long-Term Debt (36 thru 45)		
b. Nonrural Development - RTFC Sub. Cap. Cert. & Patr. Cap.			<b>OTHER LIAB. &amp; DEF. CREDITS</b>		
3. Nonregulated Investments			47. Other Long-Term Liabilities - Due to Affiliates		
4. Other Noncurrent Assets - Due from Affiliate			48. Other Deferred Credits - Deferred Income Taxes		
5. Deferred Charges			49. Other Jurisdictional Differences		
6. Jurisdictional Differences			50. Total Other Liabilities and Deferred Credits (47 thru 49)		
7. Total Noncurrent Assets (11 thru 16)			<b>EQUITY</b>		
			51. Cap. Stock Outstanding & Subscribed		
<b>PLANT, PROPERTY, AND EQUIPMENT</b>			52. Additional Paid-in-Capital		
8. Telecom, Plant-in-Service			53. Treasury Stock		
9. Property Held for Future Use			54. Membership and Cap. Certificates		
0. Plant Under Construction			55. Other Capital		
1. Plant Adj., Nonop. Plant & Goodwill			56. Patronage Capital Credits		
2. Less Accumulated Depreciation			57. Retained Earnings or Margins		
3. Net Plant (18 thru 21 less 22)			58. Total Equity (51 thru 57)		
4. TOTAL ASSETS (10+17+23)			59. TOTAL LIABILITIES AND EQUITY (35+46+50+58)		

Income Statement - Data Collection Form	Page 2 of 8	FCO Form 481 OMB Control No. 3060-0936 OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	341043
<015> Study Area Name	LaHarpe Telephone Company
<020> Program Year	2014
<030> Contact Name - Person USAC should contact regarding this data	John Ewert
<035> Contact Telephone Number - Number of person identified in data line <030>	217-862-1934
<039> Contact Email Address - Email Address of person identified in data line <030>	jewert@gvnw.com

PART B. STATEMENTS OF INCOME AND RETAINED EARNINGS OR MARGINS		
ITEM	PRIOR YEAR	THIS YEAR
1. Local Network Services Revenues		
2. Network Access Services Revenues		
3. Long Distance Network Services Revenues		
4. Carrier Billing and Collection Revenues		
5. Miscellaneous Revenues		
6. Uncollectible Revenues		
7. Net Operating Revenues (1 thru 5 less 6)		
8. Plant Specific Operations Expense		
9. Plant Nonspecific Operations Expense (Excluding Depreciation & Amortization)		
10. Depreciation Expense		
11. Amortization Expense		
12. Customer Operations Expense		
13. Corporate Operations Expense		
14. Total Operating Expenses (8 thru 13)		
15. Operating Income or Margins (7 less 14)		
16. Other Operating Income and Expenses		
17. State and Local Taxes		
18. Federal Income Taxes		
19. Other Taxes		
20. Total Operating Taxes (17+18+19)		
21. Net Operating Income or Margins (15+16-20)		
22. Interest on Funded Debt		
23. Interest Expense - Capital Leases		
24. Other Interest Expense		
25. Allowance for Funds Used During Construction		
26. Total Fixed Charges (22+23+24-25)		
27. Nonoperating Net Income		
28. Extraordinary Items		
29. Jurisdictional Differences		
30. Nonregulated Net Income		
31. Total Net Income or Margins (21+27+28+29+30-26)		
32. Total Taxes Based on Income		
33. Retained Earnings or Margins Beginning-of-Year		
34. Miscellaneous Credits Year-to-Date		
35. Dividends Declared (Common)		
36. Dividends Declared (Preferred)		
37. Other Debits Year-to-Date		
38. Transfers to Patronage Capital		
39. Retained Earnings or Margins end-of-Period ((31+33+34)-(35+36+37+38))		
40. Patronage Capital Beginning-of-Year		
41. Transfers to Patronage Capital		
42. Patronage Capital Credits Retired		
43. Patronage Capital End-of-Year (40+41-42)		
44. Annual Debt Service Payments		
45. Cash Ratio ((14+20-10-11)/7)		
46. Operating Accrual Ratio ((14+20+26)/7)		
47. TIER ((31+26)/26)		
48. DSCR ((31+26+10+11)/44)		

<b>Cash Flow - Data Collection Form</b>	FCC Form 481
	OMB Control No. 3060-0986
	OMB Control No. 3060-0819
Page 3 of 3	July 2013

<010> Study Area Code	341043
<015> Study Area Name	LaHarpe Telephone Company
<020> Program Year	2014
<030> Contact Name - Person USAC should contact regarding this data	John Ewert
<035> Contact Telephone Number - Number of person identified in data line <030>	217-862-1934
<039> Contact Email Address - Email Address of person identified in data line <030>	jewert@gvnw.com

PART C. STATEMENTS OF CASH FLOWS	
1.	<b>Beginning Cash (Cash and Equivalents plus RUS Construction Fund)</b>
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>	
2.	<b>Net Income</b>
	Adjustments to Reconcile Net Income to Net Cash Provided by Operating Activities
3.	Add: Depreciation
4.	Add: Amortization
5.	Other (Explain)
	Changes in Operating Assets and Liabilities
6.	Decrease/(Increase) in Accounts Receivable
7.	Decrease/(Increase) in Materials and Inventory
8.	Decrease/(Increase) in Prepayments and Deferred Charges
9.	Decrease/(Increase) in Other Current Assets
10.	Increase/(Decrease) in Accounts Payable
11.	Increase/(Decrease) in Advance Billings & Payments
12.	Increase/(Decrease) in Other Current Liabilities
13.	<b>Net Cash Provided/(Used) by Operations</b>
<b>CASH FLOWS FROM FINANCING ACTIVITIES</b>	
14.	Decrease/(Increase) in Notes Receivable
15.	Increase/(Decrease) in Notes Payable
16.	Increase/(Decrease) in Customer Deposits
17.	Net Increase/(Decrease) in Long Term Debt (Including Current Maturities)
18.	Increase/(Decrease) in Other Liabilities & Deferred Credits
19.	Increase/(Decrease) in Capital Stock, Paid-in Capital, Membership and Capital Certificates & Other Capital
20.	Less: Payment of Dividends
21.	Less: Patronage Capital Credits Retired
22.	Other (Explain)
23.	<b>Net Cash Provided/(Used) by Financing Activities</b>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>	
24.	Net Capital Expenditures (Property, Plant & Equipment)
25.	Other Long-Term Investments
26.	Other Noncurrent Assets & Jurisdictional Differences
27.	Other (Explain) - Net Payments for Affiliates
28.	<b>Net Cash Provided/(Used) by Investing Activities</b>
29.	<b>Net Increase/(Decrease) in Cash</b>
30.	<b>Ending Cash</b>