

FCC Form 481 - Carrier Annual Reporting 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	330861
<015> Study Area Name	CHIBARDUN TEL COOP
<020> Program Year	2014
<030> Contact Name: Person USAC should contact with questions about this data	N. Scott Behn
<035> Contact Telephone Number: Number of the person identified in data line <030>	(715) 458-5400
<039> Contact Email Address: Email of the person identified in data line <030>	sbehn@mosaictelecom.com

ANNUAL REPORTING FOR ALL CARRIERS	54.313 Completion Required	54.422 Completion Required
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<i>(check box when complete)</i>					
<100> Service Quality Improvement Reporting	<i>(complete attached worksheet)</i>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;"><input checked="" type="checkbox"/></td> <td style="width: 50%; background-color: #cccccc;"></td> </tr> </table>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>					
<200> Outage Reporting (voice)	<i>(complete attached worksheet)</i>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;"><input checked="" type="checkbox"/></td> <td style="width: 50%; text-align: center;"><input checked="" type="checkbox"/></td> </tr> </table>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<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)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">0</td></tr> </table>	0	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;"><input checked="" type="checkbox"/></td> <td style="width: 50%; background-color: #cccccc;"></td> </tr> </table>	<input checked="" type="checkbox"/>	
0					
<input checked="" type="checkbox"/>					
<310> Detail on Attempts (voice)	<i>(attach descriptive document)</i>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="background-color: #cccccc;"></td></tr> </table>			
<320> Unfulfilled Service Requests (broadband)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">0</td></tr> </table>	0	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;"><input checked="" type="checkbox"/></td> <td style="width: 50%; background-color: #cccccc;"></td> </tr> </table>	<input checked="" type="checkbox"/>	
0					
<input checked="" type="checkbox"/>					
<330> Detail on Attempts (broadband)	<i>(attach descriptive document)</i>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="background-color: #cccccc;"></td></tr> </table>			
<400> Number of Complaints per 1,000 customers (voice)		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;"><input checked="" type="checkbox"/></td> <td style="width: 50%; text-align: center;"><input checked="" type="checkbox"/></td> </tr> </table>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
<410> Fixed	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">0.0</td></tr> </table>	0.0			
0.0					
<420> Mobile	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">0.0</td></tr> </table>	0.0			
0.0					
<430> Number of Complaints per 1,000 customers (broadband)		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;"><input checked="" type="checkbox"/></td> <td style="width: 50%; background-color: #cccccc;"></td> </tr> </table>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>					
<440> Fixed	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">0.0</td></tr> </table>	0.0			
0.0					
<450> Mobile	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">0.0</td></tr> </table>	0.0			
0.0					
<500> Service Quality Standards & Consumer Protection Rules Compliance	<i>(check to indicate certification)</i>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;"><input checked="" type="checkbox"/></td> <td style="width: 50%; text-align: center;"><input checked="" type="checkbox"/></td> </tr> </table>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
<510> <input type="text" value="330861WI510"/>	<i>(attached descriptive document)</i>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;"><input checked="" type="checkbox"/></td> <td style="width: 50%; text-align: center;"><input checked="" type="checkbox"/></td> </tr> </table>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
<600> Functionality in Emergency Situations	<i>(check to indicate certification)</i>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;"><input checked="" type="checkbox"/></td> <td style="width: 50%; text-align: center;"><input checked="" type="checkbox"/></td> </tr> </table>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
<610> <input type="text" value="330861WI610"/>	<i>(attached descriptive document)</i>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;"><input checked="" type="checkbox"/></td> <td style="width: 50%; text-align: center;"><input checked="" type="checkbox"/></td> </tr> </table>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
<700> Company Price Offerings (voice)	<i>(complete attached worksheet)</i>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="background-color: #cccccc;"></td></tr> </table>			
<710> Company Price Offerings (broadband)	<i>(complete attached worksheet)</i>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="background-color: #cccccc;"></td></tr> </table>			
<800> Operating Companies and Affiliates	<i>(complete attached worksheet)</i>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;"><input checked="" type="checkbox"/></td> <td style="width: 50%; text-align: center;"><input checked="" type="checkbox"/></td> </tr> </table>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
<900> Tribal Land Offerings (Y/N)? <input type="radio"/> <input checked="" type="radio"/>	<i>(if yes, complete attached worksheet)</i>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;"><input checked="" type="checkbox"/></td> <td style="width: 50%; background-color: #cccccc;"></td> </tr> </table>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>					
<1000> Voice Services Rate Comparability	<i>(check to indicate certification)</i>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="background-color: #cccccc;"></td></tr> </table>			
<1010> <input type="text" value=""/>	<i>(attach descriptive document)</i>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="background-color: #cccccc;"></td></tr> </table>			
<1100> Terrestrial Backhaul (Y/N)? <input checked="" type="radio"/> <input type="radio"/>	<i>(if not, check to indicate certification)</i>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="background-color: #cccccc;"></td></tr> </table>			
<1110>	<i>(complete attached worksheet)</i>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="background-color: #cccccc;"></td></tr> </table>			
<1200> Terms and Condition for Lifeline Customers	<i>(complete attached worksheet)</i>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; background-color: #cccccc;"></td> <td style="width: 50%; text-align: center;"><input checked="" type="checkbox"/></td> </tr> </table>		<input checked="" type="checkbox"/>	
	<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>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="background-color: #cccccc;"></td></tr> </table>	
<2005>	<i>(complete attached worksheet)</i>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="background-color: #cccccc;"></td></tr> </table>	

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

<3000>	<i>(check to indicate certification)</i>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;"><input checked="" type="checkbox"/></td> <td style="width: 50%; background-color: #cccccc;"></td> </tr> </table>	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>				
<3005>	<i>(complete attached worksheet)</i>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;"><input checked="" type="checkbox"/></td> <td style="width: 50%; background-color: #cccccc;"></td> </tr> </table>	<input checked="" type="checkbox"/>	
<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
---	--

<010> Study Area Code	330861
<015> Study Area Name	CHIBARDUN TEL COOP
<020> Program Year	2014
<030> Contact Name - Person USAC should contact regarding this data	N. Scott Behn
<035> Contact Telephone Number - Number of person identified in data line <030>	(715) 458-5400
<039> Contact Email Address - Email Address of person identified in data line <030>	sbehn@mosaictelecom.com

<110> Has your company received its ETC certification from the FCC?	(yes / no)	<input type="radio"/>	<input checked="" type="radio"/>
If your answer to Line <110> is yes, do you have an existing §54.202(a) "5			
<111> year plan" filed with the FCC?	(yes / no)	<input type="radio"/>	<input checked="" 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.					

FCC Form 481 – Line 510
Chibardun Telephone Cooperative, Inc. dba Mosaic Telecom
SAC: 330861

Line 510: Service Quality Standards and Consumer Protection Rules Compliance

Chibardun Telephone Cooperative, Inc. dba Mosaic Telecom complies with the Public Service Commission of Wisconsin (“PSC”) applicable Orders and the PSC Wisconsin Administrative Code when providing telecommunications service. Chapter PSC 165 Standards for Telecommunications Service provide the service quality standards and consumer protection rules. Current Chapter PSC 165 rules include:

Chapter PSC 165
STANDARDS FOR TELECOMMUNICATIONS SERVICE

165.010	General.	165.066	Protection of utility facilities.
165.020	Definitions.	165.067	Interference with public service structures.
165.031	Retention of records.	165.070	Provision for testing.
165.032	Schedules to be filed with the commission.	165.071	Meter and recording equipment test facilities.
165.033	Exchange area boundaries.	165.072	Accuracy requirements.
165.034	Utility accidents and interruptions.	165.073	Initial test.
165.040	Meter reading records.	165.074	As-found tests.
165.041	Meter reading interval.	165.075	Routine tests.
165.042	Billing recording equipment.	165.076	Request tests.
165.043	Information available to customers.	165.077	Referee tests.
165.050	Customer billing.	165.078	Test records.
165.051	Deposits.	165.080	Adequacy of service.
165.052	Disconnection and refusal of service.	165.081	Basic Utility Obligations.
165.0525	Deferred payment agreement.	165.082	Traffic and operator rules.
165.053	Customer complaints.	165.083	Answering time objectives.
165.0535	Dispute procedures.	165.084	Dial service objectives.
165.054	Held applications.	165.085	Interoffice trunks.
165.055	Directories.	165.086	Transmission requirements.
165.060	Construction.	165.087	Minimum transmission objectives.
165.061	Maintenance of plant and equipment.	165.088	Public telephone service.
165.062	Line fills.	165.089	Interruptions of service.
165.063	Central office equipment.	165.090	Protective measures.
165.064	Interconnection service standards.	165.091	Safety program.
165.065	Emergency operations.		

Chibardun Telephone Cooperative, Inc. dba Mosaic Telecom complies with Federal Communications Commission (“FCC”) rules regarding:

- Verification of orders for telecommunications service as required of submitting carriers FCC 47 C.F.R § 64.1100.
- All of the requirements of 47 C.F.R § Part 64 Subpart U, Customer Proprietary Network information and Federal Trade Commission 16 C.F.R § 681, Identity Theft Red Flags.

FCC Form 481 – Line 610
Chibardun Telephone Cooperative, Inc. dba Mosaic Telecom
SAC: 330861

Line 610: Functionality in Emergency Situations

Chibardun Telephone Cooperative, Inc. dba Mosaic Telecom complies with the Public Service Commission of Wisconsin (“PSC”) applicable Orders and the PSC Wisconsin Administrative Code when providing telecommunications service. Chibardun complies with PSC 165.065 Emergency Operations for functionality in emergency situations as follows:

Chibardun Telephone Cooperative, Inc. dba Mosaic Telecom has established reasonable provisions to meet emergencies resulting from national security requirements, failures of lighting or power service, sudden and prolonged increases in traffic, illness of personnel, or from fire, storm, or similar emergencies as follows:

- Inform employees as to procedures to be followed in the event of an emergency in order to prevent or mitigate interruption or impairment of telecommunications service.
- Back up battery service in each central office to ensure functionality without an external power source.
- Mobile power units that can be delivered on short notice and can be readily connected in offices without installed emergency power facilities.
- Rerouting of traffic around damaged facilities.
- Capable of managing traffic spikes resulting from emergency situations.

(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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<010>	Study Area Code	330861
<015>	Study Area Name	CHIBARDUN TEL COOP
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	N. Scott Behn
<035>	Contact Telephone Number - Number of person identified in data line <030>	(715) 458-5400
<039>	Contact Email Address - Email Address of person identified in data line <030>	sbehn@mosaictelecom.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	330861
<015>	Study Area Name	CHIBARDUN TEL COOP
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	N. Scott Behn
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<039>	Contact Email Address - Email Address of person identified in data line <030>	sbehn@mosaictelecom.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
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<010>	Study Area Code	330861
<015>	Study Area Name	CHIBARDUN TEL COOP
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<1210> Terms & Conditions of Voice Telephony Lifeline Plans 330861WI1210

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. ✓

FCC Form 481 Certifications

FCC Form 481 Line 1210

Chibardun Telephone Cooperative, Inc. dba Mosaic Telecom
SAC 330861

Line 1210: Lifeline Terms and Conditions

Lifeline subscribers receive unlimited local calling at a discount of \$10.00 per month (\$9.25 federal and \$0.75 state).

**Lifeline Program
Information Release Authorization**

Chibardun Telephone and CTC Telcom dba Mosaic Telcom provides a \$10.00 per month credit under the Lifeline Program. This credit is applied to Mosaic Telecom regular rates which can be found at www.mosaictelecom.com. Customers whose eligibility has been verified may receive benefits from any of the following programs:

- Food Stamps
- Medicaid
- Low Income Home Energy Assistance Program (LIHEAP)
- Supplemental Security Income (SSI)
- Temporary Assistance for Needy Families (TANF)
- Wisconsin Works (W-2)
- BadgerCare Plus
- Wisconsin Homestead Tax Credit
- Additional eligibility criteria may apply to residents of federally recognized tribal lands

This signed authorization is required by the Wisconsin Department of Health Services to release information concerning eligibility to Chibardun Telephone/CTC Telcom dba Mosaic Telecom, or its authorized agent. This authorization is only for the purpose of verifying your participation in these programs and will not be used for any other purpose.

Please complete and sign the Information Release Authorization Form below and return to:

**Chibardun Telephone Cooperative/CTC Telcom dba Mosaic Telecom
P.O. Box 664 - 401 South 1st Street
Cameron, WI 54822**



INFORMATION RELEASE AUTHORIZATION FORM

Name: _____ Social Security Number: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Telephone Number: (____) _____ Telephone Number: (____) _____

Where you can be reached between 8 AM and 5 PM

I authorize the Wisconsin Department of Health Services to verify to Chibardun Telephone Cooperative/CTC Telcom dba Mosaic Telecom whether I participate in a low-income assistance program that would let me qualify for Lifeline. Chibardun Telephone Cooperative, /CTC Telcom dba Mosaic Telecom shall maintain the information in this form and any information received about me from the Department as confidential customer account information.

Signature of Benefit Recipient

Date

**PUBLIC SERVICE COMMISSION
TELEPHONE RATE FILE**

Chibardun Telephone Cooperative, Inc.
Name of Utility

Exchange ALL
Section No. I
Sheet No. 2a
Amendment No. 96

LIFELINE PROGRAM

A. Description

Lifeline is a program designed to provide telephone service at a monthly discounted rate to low income customers, as defined in s. PSC 160.02(8), Wis. Adm. Code. Lifeline rates are established according to s. PSC 160.062(1), (2) and (3), Wis. Adm. Code and are available to all qualified low-income customers.

B. Regulations

The Lifeline Program is available only to qualifying low-income residential customers with a single telephone line per household. (C)
(C)

Customers may not be disconnected from Lifeline service for non-payment of toll charges. (N)

If toll blocking is available and the customer has voluntarily elected toll blocking, a service deposit may not be collected to initiate Lifeline service. (N)

Participation in the specified programs must be verified by the telephone company through the Wisconsin Department of Workforce Development (DWD), or the Wisconsin Department of Revenue. (T)
(T)

Customers shall complete and remit any query authorization forms or Forfeit eligibility. Verification of eligibility will be deemed to be the Finding of the Social Security Number (SSN) and name of the listed customer In the active records of DWD for at least one of the specified income Assistance programs, or to be a recipient of the Wisconsin homestead tax credit in the past year. (T)

Issued _____

Applicable to bills rendered on and after May 1, 2000

PSCW Authorization by Order No. _____

Letter _____

PUBLIC SERVICE COMMISSION
TELEPHONE RATE FILE

Chibardun Telephone Cooperative, Inc.
Name of Utility

Exchange ALL
Section No. I
Sheet No. 2b
Amendment No. 96

LIFELINE PROGRAM (CONTINUED)

B. Regulations (Cont'd)

Credits will appear on an eligible customer's bill on the bill date next following the date of application for the Lifeline Program. In cases where a customer's eligibility date as found in DWD records or the records of the Wisconsin Department of Revenue precedes the last bill date prior to application, credit will also be given on one month's prior bill.

(M)
|
(T)
|
(M)

Except in cases where a customer's qualifying income assistance programs includes LIEAP or the Wisconsin homestead tax credit, eligibility for the Lifeline Program will continue until the bill date next following a failure to find the customer's SSN in the DWD records.

(T)

When LIEAP is one of the customer's qualifying income assistance programs, the Lifeline assistance will continue until the bill date in December next following the close of the heating season. At that time, lack of eligibility will be reverified by the Company before removing the Lifeline assistance from the customer's bill.

When the homestead tax credit is one of the customer's qualifying income assistance programs, the eligibility for Lifeline assistance continues until the bill date in the next June following the end of the tax year. At that time, lack of eligibility will be reverified by the Company before removing the Lifeline assistance from the customer's bill.

The Lifeline Program is not available to customers who are dependents for federal income tax purposes as defined in 26 U.S.C. Section 152 (1986) unless the customer is more than 60 years of age.

Issued _____

Applicable to bills rendered on and after May 1, 2000

PSCW Authorization by Order No. _____

Letter _____

(2000) Price Cap Carrier Additional Documentation

FCC Form 481

Data Collection Form

OMB Control No. 3060-0986/OMB Control No. 3060-0819

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

July 2013

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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)}

<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	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
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<035> Contact Telephone Number - Number of person identified in data line <030>	(715) 458-5400
<039> Contact Email Address - Email Address of person identified in data line <030>	sbehn@mosaictelecom.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,</p>	<p>Name of Attached Document Listing Required Information</p>	<p><input type="checkbox"/></p>
<p>(3011) contains the required information pursuant to § 54.313 (f)(1)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.</p>		
<p>(3012) Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}</p>	<p>Name of Attached Document Listing Required Information</p>	<p><input checked="" type="checkbox"/> (Yes/No)</p>
<p>(3013) Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)}</p>		<p><input checked="" type="checkbox"/> (Yes/No)</p>
<p>(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><input checked="" type="checkbox"/></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>Name of Attached Document Listing Required Information</p>	<p>330861WI3017</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><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 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><input type="checkbox"/></p>

**The following 8 pages from this section have been redacted for public inspection
in its entirety.**

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	330861
<015> Study Area Name	CHIBARDUN TEL COOP
<020> Program Year	2014
<030> Contact Name - Person USAC should contact regarding this data	N. Scott Behn
<035> Contact Telephone Number - Number of person identified in data line <030>	(715) 458-5400
<039> Contact Email Address - Email Address of person identified in data line <030>	sbehn@mosaictelecom.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:	CHIBARDUN TEL COOP
Signature of Authorized Officer:	CERTIFIED ONLINE Date 10/10/2013
Printed name of Authorized Officer:	NEAL BEHN
Title or position of Authorized Officer:	CEO
Telephone number of Authorized Officer:	7154585400
Study Area Code of Reporting Carrier:	330861 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
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<010>	Study Area Code	330861
<015>	Study Area Name	CHIBARDUN TEL COOP
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	N. Scott Behn
<035>	Contact Telephone Number - Number of person identified in data line <030>	(715) 458-5400
<039>	Contact Email Address - Email Address of person identified in data line <030>	sbehn@mosaictelcom.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	
<p>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.</p>	
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:
<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>	

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	
<p>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.</p>	
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:
<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>	

Attachments

