

LAW OFFICES
BLOOSTON, MORDKOFKY, DICKENS, DUFFY & PRENDERGAST, LLP
2120 L STREET, NW
WASHINGTON, DC 20037

HAROLD MORDKOFKY
BENJAMIN H. DICKENS, JR.
JOHN A. PRENDERGAST
GERARD J. DUFFY
RICHARD D. RUBINO
MARY J. SISAK
D. CARY MITCHELL
SALVATORE TAILLEFER

(202) 659-0830
FACSIMILE: (202) 828-5568

AFFILIATED SOUTH AMERICAN OFFICES

ESTUDIO JAUREGUI & ASSOCIATES
BUENOS AIRES, ARGENTINA

ROBERT M. JACKSON
OF COUNSEL

PERRY W. WOOFER
LEGISLATIVE CONSULTANT

EUGENE MALISZEWSKYJ
ENGINEERING CONSULTANT

September 30, 2013

ARTHUR BLOOSTON
1914 – 1999

ACCEPTED/FILED

SEP 30 2013

Federal Communications Commission
Office of the Secretary

WRITER'S CONTACT INFORMATION
sta@bloostonlaw.com
202-828-5562

REDACTED – FOR PUBLIC INSPECTION

VIA HAND DELIVERY AND ECFS

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

RE: Form 481 – Carrier Annual Reporting Data Collection, 2013
WC Dockets No. 10-90 and 11-42

Dear Ms. Dortch:

Pursuant to sections 54.313(i) and 54.422(c) of the Commission's Rules¹ and the Commission's Public Notice in this proceeding,² Peñasco Valley Telephone Cooperative, Inc. (PVT) hereby submits a copy of its "FCC Form 481 – Carrier Annual Reporting Data Collection Form," as filed with the Universal Service Administrative Company. A copy is also being submitted to the appropriate state regulatory commission, as further required by sections 54.313(i) and 54.422(c).

Pursuant to the Protective Order adopted by the Commission in this proceeding,³ PVT

¹ 47 CFR §§54.313 and 54.422.

² *Wireline Competition Bureau Announces Filing Deadline of October 15, 2013 for Eligible Telecommunications Carriers to File High-Cost and Low-Income Annual Reports*, PUBLIC NOTICE, WC Dockets No. 10-90 and 11-42, DA 13-1707, released August 6, 2013.

³ *In the Matter of Connect America Fund, et al.*, PROTECTIVE ORDER, WC Docket No. 10-90, et al., DA 12-1857, released November 16, 2013.

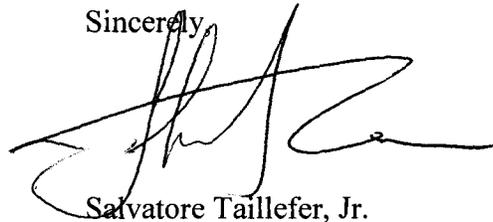
No. of Copies rec'd
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requests confidential treatment for the financial information included in its report, as required by §54.313(f)(2), on the grounds that it is commercially sensitive information that is not normally released to the public. In accordance with the Protective Order, two redacted copies and one non-redacted copy have been submitted on paper via hand delivery to the Commission. A redacted copy has also been filed via the Electronic Comment Filing System, as directed by the Public Notice.

If you have any questions, please do not hesitate to contact the undersigned.

Sincerely,

A handwritten signature in black ink, appearing to read 'Salvatore Taillefer, Jr.', written over a horizontal line.

Salvatore Taillefer, Jr.

Counsel to Peñasco Valley
Telephone Cooperative, Inc.

CC:

Mr. Jay Umphlett, Peñasco Valley Telephone Cooperative, Inc.



<010> Study Area Code	492270
<015> Study Area Name	PENASCO VALLEY TEL
<020> Program Year	2014
<030> Contact Name: Person USAC should contact with questions about this data	Jay Umphlett
<035> Contact Telephone Number: Number of the person identified in data line <030>	575-748-1241
<039> Contact Email Address: Email of the person identified in data line <030>	jumpblett@pvt.com



<100> Service Quality Improvement Reporting	(complete attached worksheet)	<input checked="" type="checkbox"/>	(check box when complete)
<200> Outage Reporting (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210> <input checked="" type="checkbox"/> <-- check box if no outages to report			
<300> Unfulfilled Service Requests (voice)	<input type="text" value="1"/>	<input checked="" type="checkbox"/>	
<310> Detail on Attempts (voice)	<input type="text" value="492270NM310"/>	<input checked="" type="checkbox"/>	(attach descriptive document)
<320> Unfulfilled Service Requests (broadband)	<input type="text"/>	<input type="checkbox"/>	
<330> Detail on Attempts (broadband)	<input type="text"/>	<input type="checkbox"/>	(attach descriptive document)
<400> Number of Complaints per 1,000 customers (voice)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<410> Fixed	<input type="text" value="0.0"/>		
<420> Mobile	<input type="text" value="0.0"/>		
<430> Number of Complaints per 1,000 customers (broadband)			
<440> Fixed	<input type="text"/>		
<450> Mobile	<input type="text"/>		
<500> Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510> <input type="text" value="492270NM510"/>	(attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600> Functionality in Emergency Situations	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610> <input type="text" value="492270NM610"/>	(attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700> Company Price Offerings (voice)	(complete attached worksheet)	<input type="checkbox"/>	
<710> Company Price Offerings (broadband)	(complete attached worksheet)	<input type="checkbox"/>	
<800> Operating Companies and Affiliates	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900> Tribal Land Offerings (Y/N)? <input checked="" type="radio"/> <input type="radio"/>	(if yes, complete attached worksheet)	<input checked="" type="checkbox"/>	
<1000> Voice Services Rate Comparability	(check to indicate certification)	<input type="checkbox"/>	
<1010> <input type="text"/>	(attach descriptive document)	<input type="checkbox"/>	
<1100> Terrestrial Backhaul (Y/N)? <input checked="" type="radio"/> <input type="radio"/>	(if not, check to indicate certification)	<input type="checkbox"/>	
<1110>	(complete attached worksheet)	<input type="checkbox"/>	
<1200> Terms and Condition for Lifeline Customers	(complete attached worksheet)	<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>	(check to indicate certification)	<input type="checkbox"/>	
<2005>	(complete attached worksheet)	<input type="checkbox"/>	

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

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

(100) Service Quality Improvement Reporting Data Collection Form	FCC Form 481 OMB Control No. 3060-0988 / OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	492270
<015>	Study Area Name	PENASCO VALLEY TEL
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Jay Umphlett
<035>	Contact Telephone Number - Number of person identified in data line <030>	575-748-1241
<039>	Contact Email Address - Email Address of person identified in data line <030>	jumphlett@pvt.com
<110>	Has your company received its ETC certification from the FCC?	(yes / no) <input type="radio"/> <input checked="" type="radio"/>
<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) <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.



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

<910> Tribal Land(s) on which ETC Serves Mescalero

<920> Tribal Government Engagement Obligation

492270NM920

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)
NA



<010> Study Area Code	492270
<015> Study Area Name	PENASCO VALLEY TEL
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<030> Contact Name - Person USAC should contact regarding this data	Jay Umphlett
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<039> Contact Email Address - Email Address of person identified in data line <030>	jumphlettepvt.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)



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

<1210> Terms & Conditions of Voice Telephony Lifeline Plans 492270NM1210
Name of attached document (.pdf)

<1220> Link to Public Website HTTP www.pvt.com

"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:

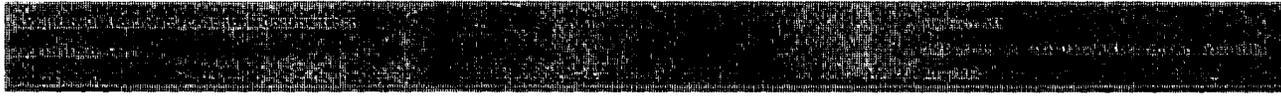
- <1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,
- <1222> Details on the number of minutes provided as part of the plan,
- <1223> Additional charges for toll calls, and rates for each such plan.



<010>	Study Area Code	492270
<015>	Study Area Name	PENASCO VALLEY TEL
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<039>	Contact Email Address - Email Address of person identified in data line <030>	jumphlett@pvt.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"/>
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	<input type="checkbox"/>
	Name of Attached Document Listing Required Information	_____



<010> Study Area Code 492270
 <015> Study Area Name PENASCO VALLEY TEL
 <020> Program Year 2014
 <030> Contact Name - Person USAC should contact regarding this data Jay Umphlett
 <035> Contact Telephone Number - Number of person identified in data line <030> 575-748-1241
 <039> Contact Email Address - Email Address of person identified in data line <030> jumphlett@pvt.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>_____</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>_____</p>	<p><input checked="" type="checkbox"/> (Yes/No) <input checked="" type="checkbox"/> (Yes/No)</p>
<p>(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</p>	<p>Name of Attached Document Listing Required Information</p> <p>_____</p>	<p><input checked="" type="checkbox"/> <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 (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>492270NM3017</p> <p>_____</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 (3020) PDF of Balance Sheet, Income Statement and Statement of Cash Flows</p>	<p>Name of Attached Document Listing Required Information</p> <p>_____</p>	<p><input type="checkbox"/> <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: 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>Name of Attached Document Listing Required Information</p> <p>_____</p>	<p><input type="checkbox"/> <input type="checkbox"/></p>
<p>(3022) Underlying information subjected to a review by an independent certified public accountant (3023) Underlying information subjected to an officer certification. (3024) PDF of Balance Sheet, Income Statement and Statement of Cash Flows</p>	<p>Name of Attached Document Listing Required Information</p> <p>_____</p>	<p><input type="checkbox"/> <input type="checkbox"/></p>
<p>(3025) PDF of Balance Sheet, Income Statement and Statement of Cash Flows (3026) Attach the worksheet listing required information</p>	<p>Name of Attached Document Listing Required Information</p> <p>_____</p>	<p><input type="checkbox"/> <input type="checkbox"/></p>

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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:	PENASCO VALLEY TEL
Signature of Authorized Officer:	CERTIFIED ONLINE Date 09/19/2013
Printed name of Authorized Officer:	Kevin Bartley
Title or position of Authorized Officer:	Chief Financial Officer
Telephone number of Authorized Officer:	575 748-1241
Study Area Code of Reporting Carrier:	492270 Filing Due Date for this form: 10/15/2013
<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>	



<010> Study Area Code 492270
 <015> Study Area Name PENASCO VALLEY TEL
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 <035> Contact Telephone Number - Number of person identified in data line <030> 575-748-1241
 <039> Contact Email Address - Email Address of person identified in data line <030> jumplet@pvt.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:	PENASCO VALLEY TEL
Signature of Authorized Officer:	CERTIFIED ONLINE Date: _____
Printed name of Authorized Officer: _____	
Title or position of Authorized Officer: _____	
Telephone number of Authorized Officer: _____	
Study Area Code of Reporting Carrier:	492270 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: PENASCO VALLEY TEL	
Name of Authorized Agent or Employee of Agent: _____	
Signature of Authorized Agent or Employee of Agent:	CERTIFIED ONLINE 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:	492270 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.	

REDACTED - FOR PUBLIC INSPECTION

Attachments

09/17/2013

REDACTED - FOR PUBLIC INSPECTION

REDACTED - FOR PUBLIC INSPECTION

2012 Unfulfilled Requests - Telephone

Name	Address	Exchange	Service Requested	New/Existing Service	Reason why they cannot get service	Resolution
Lincoln National Forest	6 Cherry Canyon Rd	Mayhill	additional phone lines	Extra Services	No construction allowed due to Archeological site	This would require a buried drop. The customer decided they did not want it due to environmental issues.

492270NM510

Service Quality Standards and Consumer Protection Rules

New Mexico statutes specifically exempt rural ILECs, such as Peñasco Valley Telephone Cooperative, Inc. (PVT), from Service Quality Standards and Consumer Protection regulations. Nevertheless, PVT does comply with the quality of service standards for large and mid-sized ILECs as specified in NM Title 17, Chapter 11, Parts 22 and 24 regarding reporting requirements, service standards, outages and provision of service during maintenance and emergencies, and with the consumer protection rules listed in NM Title 17, Chapter 11, Part 16 regarding disconnection of basic local exchange service and allocation of partial payments, customer complaint tracking, access to service and rate information, fair marketing practices, billing disputes, discontinuance of service, payment plans, restoration of service and customer deposits.

492270NM610

FCC Emergency Functioning

Peñasco Valley Telephone Cooperative, Inc., (PVT) has battery backup at all central offices, remote offices and electronic digital loop carrier sites. All of these sites are also either equipped with a standby generator or a connection for a portable generator. The portable generators are stored at various locations within PVT's service area so they can be deployed quickly as needed. All batteries are tested yearly and all standby generators are tested weekly.

PVT has planned for network issues by establishing alternate toll routes, and where possible, establishing fiber rings between our main host central office and our remote offices. The majority of PVT's toll traffic and interconnection trunks utilize a collapsed ring fiber segment from the Cottonwood host central office north to Century-Link in Roswell, NM. PVT also has a separate toll route going southeast to the Hobbs, NM AT&T point of presence, which also allows PVT to manage traffic spikes in emergency situations. PVT's SS7 signaling links are split between these two toll routes along with our long distance trunks so that a single fiber cut, even on our main fiber route cannot take us completely down and isolate our network. The interoffice fiber routes between PVT exchanges are all configured on collapsed rings. This provides equipment protection (dual interfaces) on the transport equipment, however, all of the signals travel in the same fiber jacket. A complete fiber cut on one of these routes in most cases will isolate that office so that calling inside the exchange is possible, but customers will not be able to place calls out of the local calling area.

492270NM920

Tribal Information

Peñasco Valley Telephone Cooperative, Inc.'s (PVT's) study area presently includes 450 acres of Tribal land. The land was originally owned by an individual and then was deeded to the Mescalero Tribe.

However, there is no need for coordination with Tribal government pursuant to §54.313(a)(9) because there are no buildings on this land that would require any type of telephone or broadband service and thus no service is provided to the Tribal land. Furthermore, PVT has agreed to relinquish this 450 acre area to Mescalero Apache Telecom, Inc. (MATI), which would cause it to become part of MATI's study area. There is a joint petition (case #13-00080-UT filed March 13, 2013) currently before the New Mexico Public Regulatory Commission seeking permission for this study area change. Once the New Mexico Public Regulatory Commission approves this change, PVT will make the appropriate filings with the FCC.

492270NM1210 Telephone Assistance Application Form For New Mexico

Name _____
 (First) (Middle) (Last)

Address _____
 (Street) (City) (State) (Zip)

Home Telephone Number: _____

PLEASE FILL OUT PART A - OR - PART B. DO NOT FILL OUT BOTH.

A: I, or a member of my household, currently participate in the following program(s): **Check all that apply**

- Medicaid
- Food Stamps
- Supplemental Security Income (SSI)
- Federal Public Housing Assistance, including Section
- Low-Income Home Energy Assistance Program (LIHEAP)
- Temporary Assistance for Needy Families program (TANF)
- National School Lunch program (NSL)

B: If you **DO NOT** participate in one of the programs listed above, you may qualify for telephone assistance based on the size and income level of your household. Please check the box below which applies to your household and attach one of the supporting documents described to the right:

Size of Household (Please check box)	Annual Household Income (150% of Federal Poverty Level)	Acceptable Types of Income Documentation (Please attach a copy of one of these documents)
1	\$16,755	- Last year's federal or state income tax return
2	\$22,695	- Pay check stubs for 3 consecutive months
3	\$28,635	- Social Security Statement of Benefits
4	\$34,575	- Retirement or Pension Statement of Benefits
5	\$40,515	- Veteran's Administration Statement of Benefits
6	\$46,455	- Unemployment/Workers' Compensation Statement of Benefits
7	\$52,395	- Divorce Decree showing Alimony or Child Support
No. _____	Add \$5,940 for each additional person	

If you have telephone service with more than one company, you must select which company you would like to receive the Lifeline assistance from. You may not receive Lifeline from more than one company.

I agree to notify my phone company when I or a member of my household no longer participates in any of the above qualifying public assistance programs or when there has been a change in my family size or income level.

I certify under penalty of perjury the above information is true and that I am not receiving Lifeline credits on any other telephone account. I have read the information on this application and understand I must meet the above qualifications to receive Telephone Assistance (Lifeline).

 Signature

 Date

12_11_132b

NEW MEXICO TELEPHONE ASSISTANCE PROGRAM



Low Income Telephone Assistance Program

Every person in America should have access to quality, affordable telecommunications service. This principle of **Universal Service** has been the goal of the telecommunications industry for decades. In 1934, the federal government codified the goal and reaffirmed it in 1996 by establishing policies for the preservation and advancement of **Universal Service**.

To achieve the Universal Service goal, carriers have access to a fund that is generated by contributions from the telecommunications providers in the United States. Telecommunications companies draw from the fund to provide for programs that support telecommunications services nationwide. The **Lifeline Assistance Program** (Lifeline) is part of the Fund's Low-Income Program as described in this brochure. **Toll Denial Service** is another program available to low income subscribers to help them control what they spend on telephone service.

Lifeline and Toll Limitations Service Support provide discounts to eligible low-income consumers to help them maintain telephone service.

Basic monthly service is \$15.28 per month which includes:

- Unlimited Local Calling
- 911 Service
- Directory & Operator Services

• **Lifeline assistance** lowers the cost of basic monthly local telephone service. Thanks to Federal and State support, eligible consumers can receive \$12.75 per month in discounts.

• **Toll Denial Service (TDN)** allows eligible consumers who wish to avoid incurring long distance fees to choose toll blocking at no cost if qualified for LITAP.

If you have additional questions about the information contained in this brochure, please contact our customer service representatives at **575.748.1241, 1.800.505.4844** or the Consumer Relations Division of the New Mexico Public Regulation Commission (NMPRC) at **1-888-427-5772**.

PVT follows FCC supported guidelines and is subject to state regulations. Individuals are eligible if participating in one of the following programs:

- Medicaid
- Low-Income Home Energy Assistance Program
- Food Stamps
- Supplemental Security Income (SSI)
- Federal Public Housing Assistance
- Temporary Assistance for Needy Families (TANF)
- National School Lunch
- Household income is at or below 150% of the federal poverty guidelines.

In addition, you may qualify for telephone assistance based on the size and income level of your household. See reverse side for guidelines.



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Long Distance Plans

Great Rate Plan

Out-of State Calls 6.5 cents per minute
In-State Calls 12 cents per minute

Available to Residential and Business customers
Must be a PVT Long Distance customer

24 hours a day/ 7 days a week - 6 second billing increments
excludes Alaska, Hawaii and the Virgin Islands

Southeast New Mexico Calling Plans

Three Options to Choose From:

UNLIMITED	Monthly Minutes	\$19.95
75	Monthly Minutes	\$6.50
120	Monthly Minutes	\$9.00

Unlimited calling anytime of the day to anyone in the 5-County Area:
Chaves, Eddy, Lincoln, Lea and Otero

Available to Residential customers only
Must be a PVT Long Distance customer

24 hours a day/ 7 days a week - 6 second billing increments
excludes Alaska, Hawaii or the Virgin Islands

America Unlimited

UNLIMITED for \$29.99 plus tax
Any Time - Any Day of the Week

Available to Residential customers only
Must be a PVT Long Distance customer

24 hours a day/ 7 days a week - 6 second billing increments
excludes Alaska, Hawaii and the Virgin Islands

REASONABLE VOICE USE ONLY. *Unlimited calling only to the contiguous 48 US states. All toll calls outside of the contiguous 48 states will be charged standard PVT long distance rates. Subscriber acknowledges use of service for data, modem, VPN, or other non-voice services, other than standard facsimile are strictly prohibited. Available to residential customers only. Other terms may apply.

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REDACTED:

Line 3017

Penasco Valley Telephone Cooperative, Inc.

Financial Data 2011

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REDACTED:

Line 3017

Penasco Valley Telephone Cooperative, Inc.

Financial Data 2012

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