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REDACTED – FOR PUBLIC INSPECTION

October 22, 2013

Via Hand Delivery and ECFS

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

**Re: WC Docket No. 10-90; WC Docket No. 11-42
2013 ETC Annual Report of Accipiter Communications Inc.
Study Area Code: 452191**

Dear Ms. Dortch:

On behalf of Accipiter Communications Inc. (“Accipiter”) and pursuant to Sections 54.313 and 54.422 of the Commission’s rules,¹ we are filing the confidential and redacted versions of Accipiter’s FCC Form 481 - Carrier Annual Reporting Data Collection Form. Accipiter seeks confidential treatment under Protective Order for section 54.313(f)(2) financial information.² The redacted version is also being filed on this date via the FCC’s Electronic Comment Filing System.

If you have any questions regarding this filing, please contact the undersigned.

Respectfully submitted,

/s/ Kenneth C. Johnson

By: _____

Kenneth C. Johnson
Bennet & Bennet, PLLC
6124 MacArthur Boulevard
Bethesda, MD 20816
Direct No.: (202) 551-0015

Attachment

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

¹ 47 C.F.R. §§ 54.313, 54.422

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

FCC Form 481 - Carrier Annual Reporting Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	452191
<015> Study Area Name	ACCIPITER COMM.
<020> Program Year	2014
<030> Contact Name: Person USAC should contact with questions about this data	Jenifer Vellucci
<035> Contact Telephone Number: Number of the person identified in data line <030>	623-455-4500
<039> Contact Email Address: Email of the person identified in data line <030>	jvellucci@teamzona.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>	<input checked="" type="checkbox"/> <input type="checkbox"/>	
<200> Outage Reporting (voice)	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	
<210> <input type="checkbox"/> <-- check box if no outages to report			
<300> Unfulfilled Service Requests (voice)	<table border="1" style="width:100%;"><tr><td style="text-align: center;">1</td></tr></table>	1	<input checked="" type="checkbox"/> <input type="checkbox"/>
1			
<310> Detail on Attempts (voice)	<table border="1" style="width:100%;"><tr><td style="text-align: center;">452191AZ310</td></tr></table> <i>(attach descriptive document)</i>	452191AZ310	<input checked="" type="checkbox"/> <input type="checkbox"/>
452191AZ310			
<320> Unfulfilled Service Requests (broadband)	<table border="1" style="width:100%;"><tr><td style="text-align: center;">0</td></tr></table>	0	<input checked="" type="checkbox"/> <input type="checkbox"/>
0			
<330> Detail on Attempts (broadband)	<i>(attach descriptive document)</i>	<input checked="" type="checkbox"/> <input type="checkbox"/>	
<400> Number of Complaints per 1,000 customers (voice)		<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	
<410> Fixed	<table border="1" style="width:100%;"><tr><td style="text-align: center;">0.0</td></tr></table>	0.0	
0.0			
<420> Mobile	<table border="1" style="width:100%;"><tr><td style="text-align: center;">0.0</td></tr></table>	0.0	
0.0			
<430> Number of Complaints per 1,000 customers (broadband)		<input checked="" type="checkbox"/> <input type="checkbox"/>	
<440> Fixed	<table border="1" style="width:100%;"><tr><td style="text-align: center;">0.0</td></tr></table>	0.0	
0.0			
<450> Mobile	<table border="1" style="width:100%;"><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>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	
<510> <input type="text" value="452191AZ510"/>	<i>(attached descriptive document)</i>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	
<600> Functionality in Emergency Situations	<i>(check to indicate certification)</i>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	
<610> <input type="text" value="452191AZ610"/>	<i>(attached descriptive document)</i>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	
<700> Company Price Offerings (voice)	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/> <input type="checkbox"/>	
<710> Company Price Offerings (broadband)	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/> <input type="checkbox"/>	
<800> Operating Companies and Affiliates	<i>(complete attached worksheet)</i>	<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>	<input checked="" type="checkbox"/> <input type="checkbox"/>	
<1000> Voice Services Rate Comparability	<i>(check to indicate certification)</i>	<input type="checkbox"/> <input type="checkbox"/>	
<1010> <input type="text"/>	<i>(attach descriptive document)</i>	<input type="checkbox"/> <input type="checkbox"/>	
<1100> Terrestrial Backhaul (Y/N)? <input checked="" type="radio"/> <input type="radio"/>	<i>(if not, check to indicate certification)</i>	<input checked="" type="checkbox"/> <input type="checkbox"/>	
<1110>	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/> <input type="checkbox"/>	
<1200> Terms and Condition for Lifeline Customers	<i>(complete attached worksheet)</i>	<input 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>	<input checked="" type="checkbox"/> <input type="checkbox"/>
<2005>	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/> <input type="checkbox"/>

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

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

(100) Service Quality Improvement Reporting Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	452191
<015> Study Area Name	ACCIPITER COMM.
<020> Program Year	2014
<030> Contact Name - Person USAC should contact regarding this data	Jenifer Vellucci
<035> Contact Telephone Number - Number of person identified in data line <030>	623-455-4500
<039> Contact Email Address - Email Address of person identified in data line <030>	jvellucci@teamzona.com

<110> Has your company received its ETC certification from the FCC? 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 checked="" type="radio"/>	
<111>	(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.

(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	452191
<015>	Study Area Name	ACCIPITER COMM.
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Jenifer Vellucci
<035>	Contact Telephone Number - Number of person identified in data line <030>	623-455-4500
<039>	Contact Email Address - Email Address of person identified in data line <030>	jvellucci@teamzona.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	452191
<015>	Study Area Name	ACCIPITER COMM.
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Jenifer Vellucci
<035>	Contact Telephone Number - Number of person identified in data line <030>	623-455-4500
<039>	Contact Email Address - Email Address of person identified in data line <030>	jvellucci@teamzona.com

<1120> Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G)

<1130> Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G)

(1200) Terms and Condition for Lifeline Customers Lifeline Data Collection Form	FCC Form 481
	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	452191
<015>	Study Area Name	ACCIPITER COMM.
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Jenifer Vellucci
<035>	Contact Telephone Number - Number of person identified in data line <030>	623-455-4500
<039>	Contact Email Address - Email Address of person identified in data line <030>	jvellucci@teamzona.com

<1210> Terms & Conditions of Voice Telephony Lifeline Plans 452191AZ1210

Name of attached document (.pdf)

<1220> Link to Public Website HTTP <http://www.zonacommunications.com/zona-public-service-announcement>

“Please check these boxes below to confirm that the attached PDF, on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

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

(2000) Price Cap Carrier Additional Documentation	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
<i>Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers</i>	July 2013

<010>	Study Area Code	452191
<015>	Study Area Name	ACCIPITER COMM.
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Jenifer Vellucci
<035>	Contact Telephone Number - Number of person identified in data line <030>	623-455-4500
<039>	Contact Email Address - Email Address of person identified in data line <030>	jvellucci@teamzona.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	<input type="checkbox"/>
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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	452191
<015>	Study Area Name	ACCIPITER COMM.
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Jenifer Vellucci
<035>	Contact Telephone Number - Number of person identified in data line <030>	623-455-4500
<039>	Contact Email Address - Email Address of person identified in data line <030>	jvellucci@teamzona.com

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

Progress Report on 5 Year Plan

(3010) Milestone Certification {47 CFR § 54.313(f)(1)(i)} Please check this box to confirm that the attached PDF , on line 3012,	Name of Attached Document Listing Required Information	<input type="checkbox"/>
(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.		
(3012) Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}	Name of Attached Document Listing Required Information	<input type="checkbox"/>
(3013) Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)}		<input checked="" type="checkbox"/> (Yes/No)
(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:		<input checked="" type="checkbox"/> (Yes/No)
(3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)		<input checked="" type="checkbox"/>
(3016) PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input checked="" type="checkbox"/>
(3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	Name of Attached Document Listing Required Information	452191AZ3017
(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 :		<input type="checkbox"/> (Yes/No)
(3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications		<input type="checkbox"/>
(3020) PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(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:		<input type="checkbox"/>
(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,		<input type="checkbox"/>
(3023) Underlying information subjected to a review by an independent certified public accountant		<input type="checkbox"/>
(3024) Underlying information subjected to an officer certification.		<input type="checkbox"/>
(3025) PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3026) Attach the worksheet listing required information	Name of Attached Document Listing Required Information	<input type="checkbox"/>

Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
---	--

<010>	Study Area Code	452191
<015>	Study Area Name	ACCIPITER COMM.
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Jenifer Vellucci
<035>	Contact Telephone Number - Number of person identified in data line <030>	623-455-4500
<039>	Contact Email Address - Email Address of person identified in data line <030>	jvellucci@teamzona.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:	
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 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
---	--

<010>	Study Area Code	452191
<015>	Study Area Name	ACCIPITER COMM.
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Jenifer Vellucci
<035>	Contact Telephone Number - Number of person identified in data line <030>	623-455-4500
<039>	Contact Email Address - Email Address of person identified in data line <030>	jvellucci@teamzona.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>Patrick Sherrill</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:	Patrick Sherrill
Name of Reporting Carrier:	ACCIPITER COMM.
Signature of Authorized Officer:	CERTIFIED ONLINE Date: 09/26/2013
Printed name of Authorized Officer:	Patrick Sherrill
Title or position of Authorized Officer:	President/CEO
Telephone number of Authorized Officer:	623-455-4500
Study Area Code of Reporting Carrier:	452191 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>	

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:	ACCIPITER COMM.
Name of Authorized Agent or Employee of Agent:	NA
Signature of Authorized Agent or Employee of Agent:	CERTIFIED ONLINE Date: 09/26/2013
Printed name of Authorized Agent or Employee of Agent:	NA
Title or position of Authorized Agent or Employee of Agent:	NA
Telephone number of Authorized Agent or Employee of Agent:	NA
Study Area Code of Reporting Carrier:	452191 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>	

Attachments

Redacted – For Public Inspection

Accipiter Communications Inc.

(200) Service Outage Reporting (Voice)

Accipiter Communications Inc
SAC 452191

Line 310 Unfulfilled Service Requests (voice) – details on Attempts

[REDACTED]

[REDACTED]

Accipiter Communications Inc
SAC 452191

Line 510 – Description of Compliance with Service Quality Standards and Consumer Protection

[REDACTED]

Accipiter Communications Inc
SAC 452191

Line 610 Description of Functionality in Emergency Situations

[REDACTED]

14.0. SPECIAL HELP PROGRAMS

14.1. Senior Telephone Discount Program (SDTP)

- 14.1.1. SDTP provides a discount on the basic telephone rates for individual who are age 65 years or older. The discount is applied to local telephone monthly rates as well as to inside wire maintenance and installation charges.
- 14.1.2. To be eligible for the SDTP Program, applicants must be 65 years of age or older, head of the household and fall within or below program guidelines (100% of the Federal Poverty Guidelines).
- 14.1.3. Applications can be obtained at public libraries or using the SDTP website link found on the website <https://www.azdes.gov>, Division of Aging and Adults Services or contact the program at 1-800-582-5706.

(T)

14.2. SDTP Regulations

- 14.2.1. The Low-Income Telephone Assistance credit will begin with the date the Company receives a valid application from the customer or when new service is established for a qualifying customer. The credit will be prorated on the basis of a 30-day month from the effective date of the customer's application.
- 14.2.2. The regular service and equipment charges and regulations applicable to these service offerings specified in this tariff will apply. The service and equipment charges to charge to or from this program due to eligibility status will be waived.

(T)

(M)
(M)

(M) Previously shown on Original Sheet 26.

REDACTED - FOR PUBLIC INSPECTION

ACCIPITER COMMUNICATIONS, INC.
GENERAL EXCHANGE TARIFF
ARIZONA

FIRST REVISED SHEET 26
REPLACING ORIGINAL SHEET 26

14.0. SPECIAL HELP PROGRAMS (Cont'd)

(N)

14.2. SDTP Regulations (Cont'd)

(N)

(M)

(M)

14.2.3. Customers of this service will receive a seventeen percent (17%) reduction on the service and equipment charge once during a calendar year. The credit is applicable only to the customer's principal residence line.

14.3. Reserved for Future Use

(T)

(D)

(D)

(M) Material now shown on First Revised Sheet 25.

REDACTED - FOR PUBLIC INSPECTION

ACCIPITER COMMUNICATIONS, INC.
GENERAL EXCHANGE TARIFF
ARIZONA

FIRST REVISED SHEET 27
REPLACING ORIGINAL SHEET 27

-
- 14.4. Federal Lifeline Assistance Program (T)
 - 14.4.1. Federal Lifeline Assistance reduces an eligible customer's monthly rates for local service. An eligible customer receives credit for the Federal Subscriber line Charge as well as a credit towards residential access line rate. (T)
 - 14.4.2. Federal Lifeline Assistance is available to all residential customers who meet the eligibility requirements set forth on the Universal Service Administrative Company website <http://www.usac.org/li/getting-service/eligibility.aspx> or call (888) 641-8722. (T)
 - (D)
 - (D)
 - 14.4.3. As a participant in the Federal Lifeline Assistance Program, customers are eligible to receive Toll Restriction Service at no charge. This service will only be provided at the customer's request. (T)
 - 14.4.4. Local service deposit requirements will be waived for customers who voluntarily receive Toll Restriction Service.

REDACTED - FOR PUBLIC INSPECTION

ACCIPITER COMMUNICATIONS, INC.
GENERAL EXCHANGE TARIFF
ARIZONA

FIRST REVISED SHEET 28
REPLACING ORIGINAL SHEET 28

- 14.4. Federal Lifeline Assistance Program (Cont'd) (N)
- 14.4.5. Participants in the Federal Lifeline Assistance Program shall not be disconnected from Local Service for non-payment of toll charges. In addition, the Company will not deny re-establishment of Local Service to customers who are eligible for this assistance and have previously been disconnected for non-payment of toll charges. This assistance will not be connected if an outstanding balance is owed by the customer for local service. (T)
- 14.4.6. Partial payments that are received from Lifeline customers will first be applied to local service charges and then to any outstanding toll charges. (T)
- 14.4.7. The following federal "recurring monthly" credits, totaling \$9.25 will apply for each customer eligible for Lifeline Assistance: (C)
- 14.4.7.1. Federal Subscriber Line Charge Credit:
Monthly Credit: \$6.50 (C)
- 14.4.7.2. Federal Credit to Residential Access Line
Monthly Credit: \$2.75 (C)
- 14.4.7.3. Credit amount will not exceed the total Subscriber Line Charge and the Residential Local Exchange rate.

Redacted – For Public Inspection
Accipiter Communications Inc.

Operating Report for
Telecommunications Borrowers

Redacted – For Public Inspection
Accipiter Communications Inc.

April 1, 2013

Audit Letter