Your business
is our business.

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

DOCKET FILE COPY ORIGINAL

REDACTED – FOR PUBLIC INSPECTION

October 9, 2013

ACCEPTED/FILED

OCT 18 2013

Federal Communications Commission
Office of the Secretary

By Hand Delivery

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

Re: WC Docket No. 10-90, WC Docket No. 11-42
2013 ETC Annual Report of Tri-County Telephone Membership Corp.
Study Area Code 230505

Dear Ms. Dortch:

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

Please direct any questions regarding the filing to the undersigned.

Sincerely,

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

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

No. of Copies rec'd 0+3
List ABCDE

[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

ACCEPTED/FILED
OCT 18 2013
Federal Communications Commission
Office of the Secretary

<010>	Study Area Code	230505
<015>	Study Area Name	TRI COUNTY TEL MEMBR
<020>	Program Year	2014
<030>	Contact Name: Person USAC should contact with questions about this data	Melinda Jackson
<035>	Contact Telephone Number: Number of the person identified in data line <030>	2529648000
<039>	Contact Email Address: Email of the person identified in data line <030>	melinda@gotricounty.biz

ANNUAL REPORTING FOR ALL CARRIERS			54.313 Completion Required	54.422 Completion Required
			(check box when complete)	
<100>	Service Quality Improvement Reporting	(complete attached worksheet)		
<200>	Outage Reporting (voice)	(complete attached worksheet)	✓	✓
<210>	✓ <-- check box if no outages to report			
<300>	Unfulfilled Service Requests (voice)	0	✓	
<310>	Detail on Attempts (voice)	(attach descriptive document)		
<320>	Unfulfilled Service Requests (broadband)			
<330>	Detail on Attempts (broadband)	(attach descriptive document)		
<400>	Number of Complaints per 1,000 customers (voice)		✓	✓
<410>	Fixed	0.0		
<420>	Mobile			
<430>	Number of Complaints per 1,000 customers (broadband)			
<440>	Fixed			
<450>	Mobile			
<500>	Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	✓	✓
<510>	230505nc510	(attached descriptive document)	✓	✓
<600>	Functionality in Emergency Situations	(check to indicate certification)	✓	✓
<610>	230505nc610	(attached descriptive document)	✓	✓
<700>	Company Price Offerings (voice)	(complete attached worksheet)		
<710>	Company Price Offerings (broadband)	(complete attached worksheet)		
<800>	Operating Companies and Affiliates	(complete attached worksheet)	✓	✓
<900>	Tribal Land Offerings (Y/N)? ○ ◉	(if yes, complete attached worksheet)	✓	
<1000>	Voice Services Rate Comparability	(check to indicate certification)		
<1010>		(attach descriptive document)		
<1100>	Terrestrial Backhaul (Y/N)? ◉ ○	(if not, check to indicate certification)		
<1110>		(complete attached worksheet)		
<1200>	Terms and Condition for Lifeline Customers	(complete attached worksheet)		✓

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet
Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

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

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

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

(100) Service Quality Improvement Reporting Data Collection Form

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

<010>	Study Area Code	230505
<015>	Study Area Name	TRI COUNTY TEL MEMBR
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Melinda Jackson
<035>	Contact Telephone Number - Number of person identified in data line <030>	2529648000
<039>	Contact Email Address - Email Address of person identified in data line <030>	melinda@gotricounty.biz

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

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

Name of Attached Document (.pdf)

Please check these boxes below to confirm that the attached PDF, on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

<113>	Maps detailing progress towards meeting plan targets	☐
<114>	Report how much universal service (USF) support was received	☐
<115>	How (USF) was used to improve service quality	☐
<116>	How (USF)was used to improve service coverage	☐
<117>	How (USF) was used to improve service capacity	☐
<118>	Provide an explanation of network improvement targets not met in the prior calendar year.	☐

(200) Service Outage Reporting (Voice)
Data Collection Form

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

<010>	Study Area Code	230505
<015>	Study Area Name	TRI COUNTY TEL MEMBR
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Melinda Jackson
<035>	Contact Telephone Number - Number of person identified in data line <030>	2529648000
<039>	Contact Email Address - Email Address of person identified in data line <030>	melinda@gotricounty.biz

<220>

<a> NORS Reference Number	<b1> Outage Start Date	<b2> Outage Start Time	<b3> Outage End Date	<b4> Outage End Time	<c1> Number of Customers Affected	<c2> Total Number of Customers	<d> 911 Facilities Affected (Yes / No)	<e> Service Outage Description (Check all that apply)	<f> Did This Outage Affect Multiple Study Areas (Yes / No)	<g> Service Outage Resolution	<h> Preventative Procedures

-- See attached worksheet --

(700) Price Offerings including Voice Rate Data
Data Collection Form

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

<010>	Study Area Code	230505
<015>	Study Area Name	TRI COUNTY TEL MEMBR
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Melinda Jackson
<035>	Contact Telephone Number - Number of person identified in data line <030>	2529648000
<039>	Contact Email Address - Email Address of person identified in data line <030>	melinda@gotricounty.biz

<701>	Residential Local Service Charge Effective Date	1/1/2013
<702>	Single State-wide Residential Local Service Charge	

<703>

<a1> State	<a2> Exchange (ILEC)	<a3> SAC (CETC)	<b1> Rate Type	<b2> Residential Local Service Rate	<b3> State Subscriber Line Charge	<b4> State Universal Service Fee	<b5> Mandatory Extended Area Service Charge	<c> Total per line Rates and Fees

-- See attached worksheet --

(710) Broadband Price Offerings Data Collection Form

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

<010>	Study Area Code	230505
<015>	Study Area Name	TRI COUNTY TEL MEMBR
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Melinda Jackson
<035>	Contact Telephone Number - Number of person identified in data line <030>	2529648000
<039>	Contact Email Address - Email Address of person identified in data line <030>	melinda@gotricounty.biz

<711>

<a1>	<a2>	<b1>	<b2>	<c>	<d1>	<d2>	<d3>	<d4>
State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rate and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached (*select*)

-- See attached worksheet --

(800) Operating Companies
Data Collection Form

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

<010>	Study Area Code	230505
<015>	Study Area Name	TRI COUNTY TEL MEMBR
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Melinda Jackson
<035>	Contact Telephone Number - Number of person identified in data line <030>	2529648000
<039>	Contact Email Address - Email Address of person identified in data line <030>	melinda@gotricounty.biz

<810>	Reporting Carrier	Tri-County Telephone Membership Corporation
<811>	Holding Company	
<812>	Operating Company	

<813>

<a1> Affiliates	<a2> SAC	<a3> Doing Business As Company or Brand Designation
	-- See attached worksheet --	

(900) Tribal Lands Reporting Data Collection Form

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

<010>	Study Area Code	230505
<015>	Study Area Name	TRI COUNTY TEL MEMBR
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Melinda Jackson
<035>	Contact Telephone Number - Number of person identified in data line <030>	2529648000
<039>	Contact Email Address - Email Address of person identified in data line <030>	melinda@gotricounty.biz

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

<920> Tribal Government Engagement Obligation

Name of Attached Document (.pdf)

If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

		Select (Yes,No, NA)
<921>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions;	
<922>	Feasibility and sustainability planning;	
<923>	Marketing services in a culturally sensitive manner;	
<924>	Compliance with Rights of way processes	
<925>	Compliance with Land Use permitting requirements	
<926>	Compliance with Facilities Siting rules	
<927>	Compliance with Environmental Review processes	
<928>	Compliance with Cultural Preservation review processes	
<929>	Compliance with Tribal Business and Licensing requirements.	

(1100) No Terrestrial Backhaul Reporting Data Collection Form

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

<010>	Study Area Code	230505
<015>	Study Area Name	TRI COUNTY TEL MEMBR
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Melinda Jackson
<035>	Contact Telephone Number - Number of person identified in data line <030>	2529648000
<039>	Contact Email Address - Email Address of person identified in data line <030>	melinda@gotricounty.biz

<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	230505
<015>	Study Area Name	TRI COUNTY TEL MEMBR
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Melinda Jackson
<035>	Contact Telephone Number - Number of person identified in data line <030>	2529648000
<039>	Contact Email Address - Email Address of person identified in data line <030>	melinda@gotricounty.biz

<1210> Terms & Conditions of Voice Telephony Lifeline Plans — 230505nc1210

Name of attached document (.pdf)

<1220> Link to Public Website — HTTP

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

<1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, ☑

<1222> Details on the number of minutes provided as part of the plan, ☑

<1223> Additional charges for toll calls, and rates for each such plan. ☑

(2000) Price Cap Carrier Additional Documentation
Data Collection Form
Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

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

<010>	Study Area Code	230505
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<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Melinda Jackson
<035>	Contact Telephone Number - Number of person identified in data line <030>	2529648000
<039>	Contact Email Address - Email Address of person identified in data line <030>	melinda@gotricounty.biz

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

<2010> 2nd Year Certification {47 CFR § 54.313(b)(1)}
<2011> 3rd Year Certification {47 CFR § 54.313(b)(2)}

Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}

<2012> 2013 Frozen Support Certification
<2013> 2014 Frozen Support Certification
<2014> 2015 Frozen Support Certification
<2015> 2016 and future Frozen Support Certification

Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}

<2016> Certification Support Used to Build Broadband

Connect America Phase II Reporting {47 CFR § 54.313(e)}

<2017> 3rd year Broadband Service Certification
<2018> 5th year Broadband Service Certification
<2019> Interim Progress Certification
<2020> Please check the box to confirm that the attached PDF , on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.
<2021> Interim Progress Community Anchor Institutions

Name of Attached Document Listing Required Information

(3000) Rate Of Return Carrier Additional Documentation
Data Collection Form

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

<010>	Study Area Code	230505
<015>	Study Area Name	TRI COUNTY TEL MEMBR
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Melinda Jackson
<035>	Contact Telephone Number - Number of person identified in data line <030>	2529648000
<039>	Contact Email Address - Email Address of person identified in data line <030>	melinda@gotricounty.biz

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	☐
(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	
(3013)	Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)}		☑ (Yes/No)
(3014)	If yes, does your company file the RUS annual report		☑ (Yes/No)
	Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:		
(3015)	Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)		☑
(3016)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		☑
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	Name of Attached Document Listing Required Information	230505nc3017
(3018)	If the response is no on line 3014, Is your company audited?		☐ (Yes/No)
	If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains :		
(3019)	Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications		☐
(3020)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		☐
(3021)	Management letter issued by the independent certified public accountant that performed the company's financial audit.		☐
	If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:		
(3022)	Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,		☐
(3023)	Underlying information subjected to a review by an independent certified public accountant		☐
(3024)	Underlying information subjected to an officer certification.		☐
(3025)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		☐
(3026)	Attach the worksheet listing required information	Name of Attached Document Listing Required Information	

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	230505
<015>	Study Area Name	TRI COUNTY TEL MEMBR
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Melinda Jackson
<035>	Contact Telephone Number - Number of person identified in data line <030>	2529648000
<039>	Contact Email Address - Email Address of person identified in data line <030>	melinda@gotricounty.biz

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	230505
<015>	Study Area Name	TRI COUNTY TEL MEMBR
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Melinda Jackson
<035>	Contact Telephone Number - Number of person identified in data line <030>	2529648000
<039>	Contact Email Address - Email Address of person identified in data line <030>	melinda@gotricounty.biz

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) John Staurulakis, Inc. **is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.**

Name of Authorized Agent: John Staurulakis, Inc.

Name of Reporting Carrier: TRI COUNTY TEL MEMBR

Signature of Authorized Officer: CERTIFIED ONLINE Date: 10/09/2013

Printed name of Authorized Officer: Gregory Coltrain

Title or position of Authorized Officer: CEO

Telephone number of Authorized Officer: 252-964-8243

Study Area Code of Reporting Carrier: 230505 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: TRI COUNTY TEL MEMBR

Name of Authorized Agent or Employee of Agent: John Staurulakis, Inc.

Signature of Authorized Agent or Employee of Agent: CERTIFIED ONLINE Date: 10/09/2013

Printed name of Authorized Agent or Employee of Agent: Cassandra Heyne

Title or position of Authorized Agent or Employee of Agent Senior Analyst

Telephone number of Authorized Agent or Employee of Agent: 3014597590

Study Area Code of Reporting Carrier: 230505 Filing Due Date for this form: 10/15/2013

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Attachments

(800) Operating Companies
Data Collection Form

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

<010>	Study Area Code	230505
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<039>	Contact Email Address - Email Address of person identified in data line <030>	melinda@gotricounty.biz
<810>	Reporting Carrier	Tri-County Telephone Membership Corporation
<811>	Holding Company	
<812>	Operating Company	

<813>

<a1> Affiliates	<a2> SAC	<a3> Doing Business As Company or Brand Designation
Tri-County Communications Inc.		

Tri-County Telephone Membership Corporation's Demonstration of Compliance with Applicable Service Quality Standards and Consumer Protection rules:

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

Tri-County Telephone Membership Corporation ("Company") hereby certifies that it is complying with applicable service quality standards and consumer protection rules. The Company is subject to consumer protection obligations under state law. These obligations include, but are not limited to, the following: jurisdiction of the North Carolina Rural Electrification Authority under N.C. Gen. Stat, Chap 117, for customer complaints.

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

Tri-County Telephone Membership Corporation's Demonstration of Ability to Function in Emergency Situations:

Tri-County Telephone Membership Corporation ("Company") hereby certifies that it is able to function in emergency situations as set forth in the Code of Federal Regulations, Title 47, Part 54, Subpart C, §54.202(a)(2)[1] and N.C. Gen. Stat. § 62A. The Company's network is designed to remain functional in emergency situations without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations as required by Section 54.202(a)(2). The Company can change call routing translations as needed to reroute traffic around damaged facilities. Changing call routing translations will also allow the Company to manage traffic spikes throughout its network, as emergency situations require.

Specifically, each central office building is supplied with standby generators and battery back-up that enable the central office to keep running until power is restored so long as fuel is available, or until system changes are made to reroute traffic. The Company has battery backup at all office locations and in its electronic equipment sites.

---

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

North Carolina Lifeline Application

Application for Lifeline

- Lifeline is a federal benefit and willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment or being barred from the program
- Only one Lifeline service is available per household
- A household is defined, for purposes of the Lifeline program, as any individual or group of individuals who live together at the same address and share income and expenses
- A household is not permitted to receive Lifeline benefits from multiple providers
- Violation of the one-per-household limitation constitutes a violation of the Federal Communications Commission's (or "FCC") rules and will result in the subscriber's de-enrollment from the program
- Lifeline is a non-transferable benefit and the subscriber may not transfer his or her benefit to any other person.

How to apply: four steps

1. Choose whether you will apply because you participate in a qualifying program or because your total household income falls within the guidelines.
2. Fill out the form on the back. You must indicate your service address as well as your billing address (if not the same as your service address), as well as the last four digits of your SSN, your date of birth.
3. You must provide photocopies of either the program or income documents.
4. You must sign the bottom of the application indicating that you are complying with the Lifeline benefit rules.

Qualifying Methods

You may qualify for Lifeline either because you participate in one of the following programs or because your income is within the following guidelines. **NOTE: You may receive Social Security and Medicare benefits, but to qualify for Lifeline, you must receive benefits from one of the following programs or your income must fall within the guidelines.**

You MUST send photocopies of any qualifying documentation. NOTE: SEND PHOTOCOPIES ONLY; WE WILL NOT RETURN ANY DOCUMENTATION.

Program Eligibility

- Supplemental Nutrition Assistance Program (SNAP)
- Federal Public Housing/Section 8
- Medicaid
- Supplemental Security Income (SSI)
- National School Lunch (NSL) free lunch program
- Low Income Home Energy Assistance Program (LIHEAP)
- Temporary Assistance for Needy Families (TANF) or *Work First*

Documentation includes a photocopy of a card or an award letter.

Income Eligibility

Annual Income 135% Thresholds Based on Household Size – effective January 24, 2013								
1	2	3	4	5	6	7	8	For each add'l person
$15,512	20,939	$26,366	$31,793	$37,220	$42,647	$48,074	$53,501	+ $5,427/person

Documentation needed to qualify for Lifeline through income is noted on next page.

North Carolina Lifeline Application

When completed, mail or fax form to:

TriCounty Telephone Membership Corp, P.O. Box 520, Belhaven, NC 27810

Fax to 252-964-2211

Customer Name:_____ Date of Birth _____

Customer Service Address: _____ Temporary**(required):** Yes:__No:__

City:_____ State:_____ Zip Code:_____

Customer Bill Address: _____

City:_____ State:_____ Zip Code:_____

Home Telephone:_____ Social Security Number (last 4 digits):_____

Eligible Person's Name if Different than Above:_____

Eligible Person's Social Security Number (last 4 required)_____

Eligible Person's Date of Birth:_____ New Application_____ Renewal_____

Please choose 1 OR 2.

1. I certify that I participate in at least one of the following programs (check all that apply) and I am providing a photocopy of a document that demonstrates my participation in one of these programs. NOTE: SEND PHOTOCOPIES ONLY; WE WILL NOT RETURN ANY DOCUMENTATION.

- ☐ Supplemental Nutrition Assistance Program (SNAP)
- ☐ National School Lunch – Free Lunch Program
- ☐ Medicaid
- ☐ Federal Public Housing/Section 8
- ☐ Low Income Home Energy Assistance Program (LIHEAP)
- ☐ Temporary Assistance for Needy Families (TANF)
- ☐ Supplemental Security Income (SSI)

2. I certify that my total household income falls within the guidelines listed on Page 1 and I also certify that this is how many people live in my household **(required):** Adults ____ Children _____. I am providing a photocopy of the following qualifying documents:

- ☐ Prior year's state or federal tax return
- ☐ Current income statement from an employer
- ☐ Paycheck stubs for most recent 3 months
- ☐ Social Security statement of benefits
- ☐ Child Support document
- ☐ Divorce decree
- ☐ Retirement / pension statement of benefits
- ☐ Unemployment/Workmen's Compensation statement of benefits
- ☐ Federal notice letter of participation in General Assistance
- ☐ Veterans Administration Statement of Benefits
- ☐ Other official document containing income information

I certify, under penalty of perjury, that: (Initial by Each Certification)

___ 1. I meet the income-based or program-based eligibility criteria for receiving Lifeline, shown above.

___ 2. I will notify the carrier within 30 days if for any reason I no longer satisfy the criteria for receiving Lifeline including, as relevant, if I no longer meet the income-based or program-based criteria for receiving Lifeline support, I am receiving more than one Lifeline benefit, or another member of my household is receiving a Lifeline benefit.

___ 3. If I move to a new address, I will provide that new address to TCTMC North Carolina within 30 days.

___ 4. My household will receive only one Lifeline service and, to the best of my knowledge, my household is not already receiving a Lifeline service.

___ 5. The information contained in this certification form is true and correct to the best of my knowledge.

___ 6. I acknowledge that providing false or fraudulent information to receive Lifeline benefits is punishable by law.

___ 7. I acknowledge that I may be required to re-certify my continued eligibility for Lifeline at any time, and my failure to re-certify my continued eligibility will result in de-enrollment and the termination of my Lifeline benefits.

I hereby authorize Tri-County Telephone Membership Corporation to release any of my information contained in this Lifeline Application required for the administration of the Lifeline program to the FCC or its designee, including the Universal Service Administrative Company, and to any state and federal agency, as required by law.

Applicant's Signature:_____ Date:_____

For agent use only:

Type of document for program eligibility:_____ How Provided:_____

Type of document for income eligibility:_____ How Provided:_____

By: _____ Date:_____

REDACTED - FOR PUBLIC INSPECTION

OUR TELEPHONE HISTORY

On May 17, 1955, vision, hard work, and determination paid off when telephone service finally became a reality to remote areas of Beaufort, Hyde, and Washington Counties. The efforts of many local residents actually began much earlier in 1950 with door-to-door canvassing to collect signatures and a "good faith" $5.00 fee, which led to incorporation in December 1952. Those instrumental in the birth of TriCounty included incorporators, President T. Ralph Tyer, Carmer H. Wallace, Robert Pearce, Elizabeth Hackett, and Hassell Ray Osborne. The first manager was William Bullock (1955-1969), who was also manager of Woodstock Electric Membership Corporation in Belhaven (now Tideland EMC). Other managers include Glenn Carowan (1969-1971), Alfred Kohler (1971-1972), veteran employee Cecil Smith (1954-1992), Dennis Wallace, Jr. (1992-2008), Lyman Horne (2009-2010) and Gregory S. Coltrain (2011-Present). Many other directors, employees and members, too numerous to mention, have played a vital role in TriCounty's history.

Beginning with 197 telephone lines in 1955, TriCounty now serves roughly 2,300 members in the Pinetown, Pike Road and Sidney exchanges with local telephone service. TriCounty Telephone's subsidiary company, Tri-County Communications, Inc. provides long distance service, high-speed Internet, web hosting and design and cable television.

What It Means To You

As a member of Tri-County Telephone Membership Corporation, a percentage of all earnings (income after expenses) is credited to you and held in your name in the form of Capital Credits. Refunds are given to estates of deceased members. All earnings have been refunded to members through 1986. The Board of Directors determines when general refunds will be distributed after taking into consideration the financial stability of the company.

Contact Us

2193 NC 99 Hwy South
PO Box 520
Belhaven, North Carolina 27810

Phone: 252-964-8000
252-927-8000
Fax: 252-964-2211
Email: Questions@goTriCounty.biz
www.goTriCounty.biz

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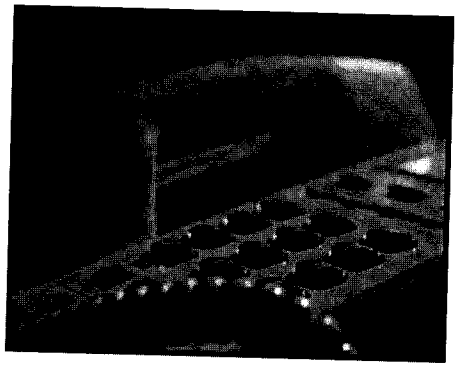
TRICOUNTY TELECOM TELEPHONE



Local Touch — Global Reach

Tel: (252) 964-8000

www.goTriCounty.biz

CHARGES FOR SERVICE

Prices are on a per month basis:

Residence Line - 927 ..... $19.85
Residence Line - 935 ..... $19.85
Residence Line - 964 ..... $18.80
(Seasonal Rates are available at a reduced rate.)

Business Line - 927 ..... $26.57
Business Line - 935 ..... $26.57
Business Line - 964 ..... $25.31

900 Call Blocking $0.00
International Call Blocking $0.00
Bill Number Screening - No Collect $0.00
Bill Number Screening - No 3rd No. ... $0.00
Toll Barred $3.00
Toll Barred with Pin $4.00

Additional Residential Listing $0.25
Additional Business Listing $0.75

Leased Residence Telephone (Rent) ... $1.25
Trendline Phone, Additional Charge ... $1.00
Caller ID Unit $3.00

Inside Wiring Maintenance $1.95
Non-Listed Number $0.50
Non-Published Number $1.00

Mainstreet Messenger $9.50
Off Premise Line > 1000'/Spec. Construction ... $6.50
Outside Line Same Premise < 1,000' $1.00

E911 Surcharge $0.70

Other Non-Recurring Charges:

Membership Fee $10.00
Premise Visit $15.00
Service Order Charge $10.00
Jack Charge $5.00
Wiring Charge $20.00
Late Fee $5.00
Returned Check Fee $25.00

40 Mile Calling Rates

	Mon. thru Fri.	Sat.	Sun.
8:00 am – 5:00 pm	15¢/Min.	10¢/Min.	10¢/Min.
5:00 pm – 11:00 pm	12¢/Min.	10¢/Min.	12¢/Min.
11:00 pm – 8:00 am	10¢/Min.	10¢/Min.	10¢/Min.

CALLING FEATURES

For a complete listing of calling features, see the TriCounty Telephone Directory.

A variety of calling features are available to our customers. Your telephone can be made more convenient and beneficial with one or more of these features.

Call Waiting - $3.00/mo.

A beep alerts you that a second call is waiting. You can answer the second call without ending the first call or alternate between calls.

Call Forwarding - $1.50/mo.

Automatically forwards calls to another number you program in your telephone.

Call Return - $3.00/mo.

Dial a code and have a call automatically returned to the last party who called or attempted to call you.

Call Trace - $1.50/mo.

Automatically requests a trace of an obscene, threatening or harassing call. After receiving such a call, simply dial a special code to have the caller's telephone number printed at the telephone business office.

Caller ID-$4.00/mo.

Caller ID Deluxe-$5.95/mo.

Displays the calling party's telephone number between the first and second ring. A Caller ID display device is required. Caller ID Deluxe displays the calling party's number and telephone listing (name).

Three-Way Calling - $3.00/mo.

A third party can be added to an existing conversation to permit a three-way conversation.

Speed Calling "8" - $1.50/mo.

You can program eight telephone numbers that can be called later with a single digit code from "2" through "9."

Do Not Disturb - $3.00/mo.

Allows you to prevent calls from ringing at your telephone. Only callers who have your Personal Identification Number (PIN) can override this feature and ring your telephone.

Repeat Dialing - $3.00/mo.

Dials the last busy number dialed. When the line is free, your call will automatically be made for you.

Call Screening - $3.00/mo.

Rejects any calls from numbers included on your screening list. Calls from telephone numbers on your list are sent to an announcement that informs the caller that you are not receiving calls at this time.

Voice Mail - $3.95/mo.

Automatically records your messages while you are on or away from your telephone.

Anonymous Call Rejection - $3.00/mo.

Rejects calls from numbers that are anonymous. The calling party will receive a recording that they must unblock access to their number **before** the call can go through.

Personal Ring - $4.00/mo.

Also called Teen Service, this allows you to determine for whom a call is intended by its ringing pattern. Works great for fax machines.

Please call the TriCounty Telecom business office at 252-964-8000 if additional information is needed on any calling feature. Several of these features are included in bundles at great savings.

goTriCounty.com

40 Mile Calling Savings

An EZ Talk bundle with 40 Mile Calling is available at reduced rates. Ask one of our Customer Care Consultants for details.

Other Services:

Advertising
Cable TV
Internet
Long Distance
Web Hosting & Design

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TRI-COUNTY TELEPHONE MEMBERSHIP CORPORATION (230505)

ATTACHMENT - LINE 3017

ATTACHMENT REDACTED IN ENTIRETY