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 4, 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 Peoples Rural Telephone Coop. Corp., Inc.
Study Area Code 260415

Dear Ms. Dortch:

On behalf of Peoples Rural Telephone Coop. Corp., Inc. "Peoples", 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] Peoples 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).

REDACTED - FOR PUBLIC INSPECTION

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	260415
<015>	Study Area Name	PEOPLES RURAL COOP
<020>	Program Year	2014
<030>	Contact Name: Person USAC should contact with questions about this data	Michael Stidham
<035>	Contact Telephone Number: Number of the person identified in data line <030>	606-287-5461
<039>	Contact Email Address: Email of the person identified in data line <030>	michael.stidham@prtc.org

ANNUAL REPORTING FOR ALL CARRIERS

(check box when complete)

			54.313 Completion Required	54.422 Completion Required
<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>	260415ky510	(attached descriptive document)	✓	✓
<600>	Functionality in Emergency Situations	(check to indicate certification)	✓	✓
<610>	260415ky610	(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	260415
<015>	Study Area Name	PEOPLES RURAL COOP
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Michael Stidham
<035>	Contact Telephone Number - Number of person identified in data line <030>	606-287-5461
<039>	Contact Email Address - Email Address of person identified in data line <030>	michael.stidham@prtc.org

<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	260415
<015>	Study Area Name	PEOPLES RURAL COOP
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Michael Stidham
<035>	Contact Telephone Number - Number of person identified in data line <030>	606-287-5461
<039>	Contact Email Address - Email Address of person identified in data line <030>	michael.stidham@prtc.org

<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	260415
<015>	Study Area Name	PEOPLES RURAL COOP
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Michael Stidham
<035>	Contact Telephone Number - Number of person identified in data line <030>	606-287-5461
<039>	Contact Email Address - Email Address of person identified in data line <030>	michael.stidham@prtc.org

<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	260415
<015>	Study Area Name	PEOPLES RURAL COOP
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Michael Stidham
<035>	Contact Telephone Number - Number of person identified in data line <030>	606-287-5461
<039>	Contact Email Address - Email Address of person identified in data line <030>	michael.stidham@prtc.org

<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	260415
<015>	Study Area Name	PEOPLES RURAL COOP
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Michael Stidham
<035>	Contact Telephone Number - Number of person identified in data line <030>	606-287-5461
<039>	Contact Email Address - Email Address of person identified in data line <030>	michael.stidham@prtc.org

<810>	Reporting Carrier	Peoples Rural Telephone Cooperative Corporation, Inc.
<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	260415
<015>	Study Area Name	PEOPLES RURAL COOP
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Michael Stidham
<035>	Contact Telephone Number - Number of person identified in data line <030>	606-287-5461
<039>	Contact Email Address - Email Address of person identified in data line <030>	michael.stidham@prtc.org

<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	260415
<015>	Study Area Name	PEOPLES RURAL COOP
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Michael Stidham
<035>	Contact Telephone Number - Number of person identified in data line <030>	606-287-5461
<039>	Contact Email Address - Email Address of person identified in data line <030>	michael.stidham@prtc.org

<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	260415
<015>	Study Area Name	PEOPLES RURAL COOP
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Michael Stidham
<035>	Contact Telephone Number - Number of person identified in data line <030>	606-287-5461
<039>	Contact Email Address - Email Address of person identified in data line <030>	michael.stidham@prtc.org

<1210> Terms & Conditions of Voice Telephony Lifeline Plans — 260415ky1210

Name of attached document (.pdf)

<1220> Link to Public Website — HTTP http://prtcnet.org/Telephone%20Services%20&%20Information.html

"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	260415
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<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Michael Stidham
<035>	Contact Telephone Number - Number of person identified in data line <030>	606-287-5461
<039>	Contact Email Address - Email Address of person identified in data line <030>	michael.stidham@prtc.org

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	260415
<015>	Study Area Name	PEOPLES RURAL COOP
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Michael Stidham
<035>	Contact Telephone Number - Number of person identified in data line <030>	606-287-5461
<039>	Contact Email Address - Email Address of person identified in data line <030>	michael.stidham@prtc.org

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	260415ky3017
(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	260415
<015>	Study Area Name	PEOPLES RURAL COOP
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Michael Stidham
<035>	Contact Telephone Number - Number of person identified in data line <030>	606-287-5461
<039>	Contact Email Address - Email Address of person identified in data line <030>	michael.stidham@prtc.org

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	260415
<015>	Study Area Name	PEOPLES RURAL COOP
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Michael Stidham
<035>	Contact Telephone Number - Number of person identified in data line <030>	606-287-5461
<039>	Contact Email Address - Email Address of person identified in data line <030>	michael.stidham@prtc.org

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: PEOPLES RURAL COOP

Signature of Authorized Officer: CERTIFIED ONLINE Date: 10/04/2013

Printed name of Authorized Officer: Ellisa McWhorter

Title or position of Authorized Officer: Accounting Manager

Telephone number of Authorized Officer: 606-287-5404

Study Area Code of Reporting Carrier: 260415 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: PEOPLES RURAL COOP

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

Signature of Authorized Agent or Employee of Agent: CERTIFIED ONLINE Date: 10/04/2013

Printed name of Authorized Agent or Employee of Agent: Amanda Molina

Title or position of Authorized Agent or Employee of Agent Consultant Revenue Requirements

Telephone number of Authorized Agent or Employee of Agent: 770-569-2105

Study Area Code of Reporting Carrier: 260415 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

Peoples Rural Telephone Cooperative Corporation, Inc.'s demonstration of complying 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]

Peoples Rural Telephone Cooperative Corporation, Inc. ("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 the Kentucky Revised Statutes (KRS) and Kentucky Administrative Regulations (KAR). These obligations include, but are not limited to, the following: (1) filing a Local Exchange Tariff pursuant to the requirements of KRS Chapter 278.541 to 278.544 and 807 KAR 5:011, which disclose rates, terms and conditions of service to customers; (2) adherence to Kentucky state consumer protection requirements governing telephone

---

[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.

providers which include Consumer protections as identified in KRS Chapter 278.546, Pricing Procedures as illustrated in KRS Chapter278.542(1), and Compliance with Anti-Slamming Procedures as adopted in KRS Chapter 278.535; (3) truth-in-billing requirements as required in 807 KAR 5:061, Section 13; and (4) CPNI, Red Flag Rules and other applicable federal and state requirements governing the protection of customers' privacy. Additionally, incumbent local exchange carriers are required by 807 KAR 5:061, Section 4(4) to maintain records of and report monthly various service objectives related to the Provision of Service, 807 KAR 5:061, Section 10(1); Dial Service Requirements, 807 KAR 5:061, Section 15(1) and (2); Answering Time, 807 KAR 5:061, Section 22(1) and (2) and Service Interruption, 807 KAR 5:061, Section 25(3) and (4).

Peoples Rural Telephone Cooperative Corporation, Inc.'s demonstration of ability to function in emergency situations:

Peoples Rural Telephone Cooperative Corporation, Inc. ("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 the Kentucky Administrative Regulations (KAR), 807 5:061, Section 24. 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, Peoples Rural Telephone Cooperative Corporation, Inc., in accordance with 807 KAR 5:061. Telephone, Section 24, has a written plan in place to meet service emergencies resulting from failures of power service, sudden and prolonged increase in traffic, fire, storm, or acts of God, and has trained employees on emergency procedure. Each central office building is supplied with standby generators and battery back-up that enable the central office to keep running for at least the minimum of four (4) hours, or until system changes are made to reroute traffic. The Company has battery

[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."

backup at all office locations and in its electronic equipment sites in accordance with the specifications identified in Section 24 of the 807 KAR, 5:061, Emergency Operations.

(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	260415
<015>	Study Area Name	PEOPLES RURAL COOP
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Michael Stidham
<035>	Contact Telephone Number - Number of person identified in data line <030>	606-287-5461
<039>	Contact Email Address - Email Address of person identified in data line <030>	michael.stidham@prtc.org

<810>	Reporting Carrier	Peoples Rural Telephone Cooperative Corporation, Inc.
<811>	Holding Company	
<812>	Operating Company	

<813>

<a1> Affiliates	<a2> SAC	<a3> Doing Business As Company or Brand Designation
East Kentucky Network, LLC	269007	Appalachian Wireless

LOCAL EXCHANGE SERVICE

IV. LIFELINE PROGRAM (CONT'D)

B. Rules and Regulations

1. General

a. **(D)**

b. One low- income credit is available per Household **(T)** and is applicable to the primary residential connection only.

c. Lifeline customer may subscribe to any local service offering available to other residence customers.

d. CCR options with Full Toll blocking, if elected, will be provided at no charge to the Lifeline subscriber.

e. The deposit requirement is not applicable to a Lifeline customer who subscribes to full toll blocking. If a Lifeline customer removes full toll blocking prior to establishing an acceptable credit history, a deposit may be required. When applicable, advance payments will not exceed the connection and local service charges for one month.

f. The federal primary inter-exchange carrier charge (PICC) will not be billed to Lifeline customers who subscribe to full toll blocking and do not pre-subscribe to a long distance carrier(s).

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LOCAL EXCHANGE SERVICE

IV. LIFELINE PROGRAM (CONT'D)

B. Rules and Regulations (Cont'd)

1. General (Cont'd)

g. A Lifeline subscriber's local service will not be disconnected for nonpayment of regulated toll charges. Local service may be denied for non-payment of local and miscellaneous service in accordance with Section 2 of this Tariff. Access to toll service may be denied for nonpayment of regulated tolls. A Lifeline subscriber's request for reconnection of local service will not be denied if the service was previously denied for non-payment of toll charges.

h. Lifeline is not available for resale.

2. Eligibility

(C)

To be eligible for a Lifeline credit, a customer must be a current recipient of any one of the following low-income assistance programs or have income at or below 135 percent of the Federal Poverty Guidelines [Note 1].

(C)

1. Supplemental Security Income (SSI)
2. Supplemental Nutrition Assistance Program (T)
3. Medicaid
4. Federal public housing / Section 8
5. Low Income Home Energy Assistance Program (LIHEAP)
6. Temporary Assistance to Needy Families program (TANF)
7. National School Lunch's free program (NSL)

All applications for service are subject to verification with the state agency responsible for administration of the qualifying program.

[Note 1] This provision is effective June 1, 2012. (N)

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(T)

LOCAL EXCHANGE SERVICE

IV. LIFELINE PROGRAM (CONT'D)

B. Rules and Regulations (continued)

3. Certification

a. Proof of eligibility in any of the qualifying low-income programs should be provided to the company at the time of application for service. The Lifeline credit will not be established until the Company has received proof of eligibility. If the customer requests installation prior to the company's receipt of proof of eligibility, the requested service will be provided without the Lifeline credit. When eligibility documentation is provided subsequent to installation, the Lifeline credit will be provided on a going forward basis.

b. It is the customer's responsibility to notify the company when the customer is no longer participating in any of the qualifying programs.

c. The company reserves the right to periodically audit its records, working in conjunction with the appropriate state agencies, for the purpose of determining continuing eligibility. Information obtained during such audit will be treated as confidential information to the extent required under State and Federal law. The use or disclosure of information concerning enrollees will be limited to purposes directly connected with the administration of the Lifeline plan.

d. When a customer is determined to be ineligible as a result of an audit, the company will contact the customer. If the customer cannot provide eligibility documentation, the Lifeline credit will be discontinued.

(T)

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OF KENTUCKY
EFFECTIVE
11/14/2004
PURSUANT TO 807 KAR 5:011
SECTION 9 (1)

By
Executive Director

LOCAL EXCHANGE SERVICE

IV. LIFELINE PROGRAM (CONT'D)

C. Rates and Charges

1. General

a. Lifeline is provided as a monthly credit on the eligible residential subscriber's access line bill for local service. Service charges may be applicable for installing or changing Lifeline service.

b.

c. Service charges do not apply for converting existing service to Lifeline.

2. The Lifeline credit passed through to the customer consists of:
Credit, one per Lifeline per Household, limited to the total amount of charges.

The State and Federal Credit, one per Lifeline.

	Federal	State
Lifeline Credit	$9.25 **(R)**	$3.50

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PEOPLES RURAL TELEPHONE COOPERATIVE (PRTC) LIFELINE INITIAL ENROLLMENT FORM

Lifeline is a federal benefit that makes monthly telephone service more affordable for eligible households. Your household may receive Lifeline on **one wireless** OR **one home telephone, but not both**. Your household may not receive the Lifeline benefit from more than one telephone company. For the purpose of Lifeline, a household is an individual or any group of individuals who live together at the same address and share income or expenses. You may not transfer your Lifeline discount to another person, even if he or she is eligible. You may lose your Lifeline benefit and may be prosecuted by the United States government if you violate the one-per-household rule or otherwise make false statements to receive Lifeline.

Please complete the form below. You must give proof of eligibility with your application. **Send the completed the form and proof of eligibility to: PRTC, P. O. Box 159, McKee, KY 40447.**

Applicant Name _____ Phone Number _____

Email Address _____ Social Security No. _____ Date of Birth _____

Residential Address (No PO Box) _____

Street Apt. City State Zip Code

Is your home address permanent? ☐ YES ☐ NO

Billing Address *(If different)* _____

Street Apt. City State Zip Code

Person Eligible for Lifeline if Different than Applicant _____ Relationship to Applicant _____

Social Security Number if Different than Applicant _____ Date of Birth if Different _____

Initial here I give PRTC permission to release to the Universal Service Administrative Company (USAC) or its agent any records required to confirm that my household only receives one Lifeline benefit. If USAC finds that my household receives more than one Lifeline benefit, USAC will notify the telephone companies, & I will have to select one service and I will be de-enrolled from the other.

Check the appropriate statement

☐ **I certify that I, my dependent, or someone else in my household receives assistance from at least one of the programs listed below and that I have provided proof of eligibility with my application.** (*Please check all that apply*)

☐ Federal Public Housing Assistance/Section 8 ☐ Low Income Home Energy Assistance (LIHEAP) ☐Medicaid

☐ National School Lunch free lunch program ☐ Supplemental Security Income (SSI) ☐Supplemental Nutrition Assistance Program (Food Stamps) ☐ Temporary Assistance for Needy Families (TANF)

OR

☐ **I certify that my household income is at or below 135% of the Federal Poverty Guidelines**

Number of people in your household ☐

Household Size	Total Income	Household Size	Total Income
1	$15,512	3	$26,366
2	$20,939	4	$31,793
Add $5,427 for each additional person			

Initial each box **I certify, under penalty of perjury, that:**

My household receives only one Lifeline-supported service, and to the best of my knowledge, no one in my household receives Lifeline from another telephone company.

I understand that I must notify PRTC within 30 days: (1) if I move to a new address; (2) if I, or the eligible person in my household, stops participating in the qualifying program checked above, or if my household income exceeds 135% of the federal poverty guidelines; (3) if my household receives more than one Lifeline discounted telephone; or 4) if my household, for any reason, no longer meets the criteria to receive Lifeline support. I understand that I may be penalized for failing to make the above notifications.

I understand that I must recertify my Lifeline eligibility every year and that I will lose my Lifeline benefit if I do not recertify each year.

By signing below, I certify under penalty of perjury, that the above information is true to the best of my knowledge. I understand that Lifeline is a government program and I may be punished if I knowingly provide false or untrue information to receive Lifeline. Punishment may include being fined, imprisoned, or barred from the Lifeline program.

Signature _____ **Date** _____

For Office Use Only: Type of documentation reviewed ☐ Income_____ ☐ Program_____

Date Reviewed_____ Reviewed by:_____ Lifeline Household Worksheet? ☐Yes ☐No

This form was created in accordance with the FCC's Lifeline rules by John Staurulakis, Inc.® Revised 2013

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PEOPLES RURAL TELEPHONE COOPERATIVE CORP., INC. (SAC 260415)

ATTACHMENT - LINE 3017

ATTACHMENT REDACTED IN ENTIRETY