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 11, 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 Wilkes Telephone Membership Corporation
Study Area Code 230510

Dear Ms. Dortch:

On behalf of Wilkes Telephone Membership Corporation "Wilkes", 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] Wilkes 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	230510	
<015> Study Area Name	WILKES MEMBERSHIP	
<020> Program Year	2014	
<030> Contact Name: Person USAC should contact with questions about this data	Eric S. Cramer	
<035> Contact Telephone Number: Number of the person identified in data line <030>	336-973-3103	
<039> Contact Email Address: Email of the person identified in data line <030>	ericcramer@wilkestmc.net	

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)	✓ <-- check box if no outages to report	(complete attached worksheet)	✓	✓
<210>				
<300> Unfulfilled Service Requests (voice)	0	(attach descriptive document)	✓	
<310> Detail on Attempts (voice)				
<320> Unfulfilled Service Requests (broadband)		(attach descriptive document)		
<330> Detail on Attempts (broadband)				
<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> 230510nc510		(attached descriptive document)	✓	✓
<600> Functionality in Emergency Situations		(check to indicate certification)	✓	✓
<610> 230510nc610		(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	230510
<015>	Study Area Name	WILKES MEMBERSHIP
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Eric S. Cramer
<035>	Contact Telephone Number - Number of person identified in data line <030>	336-973-3103
<039>	Contact Email Address - Email Address of person identified in data line <030>	ericcramer@wilkestmc.net
<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	230510
<015>	Study Area Name	WILKES MEMBERSHIP
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Eric S. Cramer
<035>	Contact Telephone Number - Number of person identified in data line <030>	336-973-3103
<039>	Contact Email Address - Email Address of person identified in data line <030>	ericcramer@wilkestmc.net

<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	230510
<015>	Study Area Name	WILKES MEMBERSHIP
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Eric S. Cramer
<035>	Contact Telephone Number - Number of person identified in data line <030>	336-973-3103
<039>	Contact Email Address - Email Address of person identified in data line <030>	ericcramer@wilkestmc.net

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

<703>

<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<b4>	<b5>	<c>
State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	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	230510
<015>	Study Area Name	WILKES MEMBERSHIP
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Eric S. Cramer
<035>	Contact Telephone Number - Number of person identified in data line <030>	336-973-3103
<039>	Contact Email Address - Email Address of person identified in data line <030>	ericcramer@wilkestmc.net

<711>

<a1> State	<a2> Exchange (ILEC)	<b1> Residential Rate	<b2> State Regulated Fees	<c> Total Rate and Fees	<d1> Broadband Service - Download Speed (Mbps)	<d2> Broadband Service - Upload Speed (Mbps)	<d3> Usage Allowance (GB)	<d4> 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	230510
<015>	Study Area Name	WILKES MEMBERSHIP
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Eric S. Cramer
<035>	Contact Telephone Number - Number of person identified in data line <030>	336-973-3103
<039>	Contact Email Address - Email Address of person identified in data line <030>	ericcramer@wilkestmc.net

<810>	Reporting Carrier	Wilkes Telephone Membership Corporation
<811>	Holding Company	Wilkes Telephone Membership Corporation
<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	230510
<015>	Study Area Name	WILKES MEMBERSHIP
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Eric S. Cramer
<035>	Contact Telephone Number - Number of person identified in data line <030>	336-973-3103
<039>	Contact Email Address - Email Address of person identified in data line <030>	ericcramer@wilkestmc.net

<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	230510
<015>	Study Area Name	WILKES MEMBERSHIP
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Eric S. Cramer
<035>	Contact Telephone Number - Number of person identified in data line <030>	336-973-3103
<039>	Contact Email Address - Email Address of person identified in data line <030>	ericcramer@wilkestmc.net

<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	230510
<015>	Study Area Name	WILKES MEMBERSHIP
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Eric S. Cramer
<035>	Contact Telephone Number - Number of person identified in data line <030>	336-973-3103
<039>	Contact Email Address - Email Address of person identified in data line <030>	ericcramer@wilkestmc.net

<1210> Terms & Conditions of Voice Telephony Lifeline Plans — 230510nc1210

Name of attached document (.pdf)

<1220> Link to Public Website — HTTP http://www.wilkes.net/phone/index.htm

"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	230510
<015>	Study Area Name	WILKES MEMBERSHIP
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Eric S. Cramer
<035>	Contact Telephone Number - Number of person identified in data line <030>	336-973-3103
<039>	Contact Email Address - Email Address of person identified in data line <030>	ericcramer@wilkestmc.net

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	230510
<015>	Study Area Name	WILKES MEMBERSHIP
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Eric S. Cramer
<035>	Contact Telephone Number - Number of person identified in data line <030>	336-973-3103
<039>	Contact Email Address - Email Address of person identified in data line <030>	ericcramer@wilkestmc.net

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	230510nc3017
(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	230510
<015>	Study Area Name	WILKES MEMBERSHIP
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Eric S. Cramer
<035>	Contact Telephone Number - Number of person identified in data line <030>	336-973-3103
<039>	Contact Email Address - Email Address of person identified in data line <030>	ericcramer@wilkestmc.net

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	230510
<015>	Study Area Name	WILKES MEMBERSHIP
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Eric S. Cramer
<035>	Contact Telephone Number - Number of person identified in data line <030>	336-973-3103
<039>	Contact Email Address - Email Address of person identified in data line <030>	ericcramer@wilkestmc.net

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) Ann Hammond **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: Ann Hammond
Name of Reporting Carrier: WILKES MEMBERSHIP
Signature of Authorized Officer: CERTIFIED ONLINE Date: 10/03/2013
Printed name of Authorized Officer: Ann Hammond
Title or position of Authorized Officer: Billing Administrator
Telephone number of Authorized Officer: 336-973-3103
Study Area Code of Reporting Carrier: 230510 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: WILKES MEMBERSHIP
Name of Authorized Agent or Employee of Agent: John Staurulakis, Inc.
Signature of Authorized Agent or Employee of Agent: CERTIFIED ONLINE Date: 10/03/2013
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: 230510 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

Wilkes Telephone Membership Corporation'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]

Wilkes 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.

---

[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.

Wilkes Telephone Membership Corporation's Demonstration of Ability to Function in Emergency Situations:

Wilkes 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."

(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	230510
<015>	Study Area Name	WILKES MEMBERSHIP
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Eric S. Cramer
<035>	Contact Telephone Number - Number of person identified in data line <030>	336-973-3103
<039>	Contact Email Address - Email Address of person identified in data line <030>	ericcramer@wilkestmc.net

<810>	Reporting Carrier	Wilkes Telephone Membership Corporation
<811>	Holding Company	Wilkes Telephone Membership Corporation
<812>	Operating Company	

<813>

<a1> Affiliates	<a2> SAC	<a3> Doing Business As Company or Brand Designation
Wilkes Communications, Inc.		Wilkes Communications, Inc.
Carolina West Wireless, Inc.	239004	Carolina West Wireless, Inc.

LOCAL EXCHANGE SERVICE

6.2 LIFELINE PROGRAM

6.2.1 General

A. The Lifeline Program is a telephone assistance program designed to make telephone service available at reduced rates to eligible residential customers.

B. Eligible customers will receive a credit not to exceed the maximum allowable Federal Lifeline discount amount. The credit will be applied first to Basic Local Exchange Service with any remaining amounts applied to the basic local service rate in accordance with C.F.R. Title 47, §54.403(b).

C. The Lifeline Program reduction to Basic Local Exchange Service shall apply only to residential one-party service.

D. Nothing in this Section shall prohibit a customer who is otherwise eligible for the Lifeline Program from obtaining and using telecommunications equipment and services designed to aid such customer in utilizing qualifying telecommunications services.

E. The Lifeline Program rate reduction does not apply to Service Connection Charges.

F. The Lifeline Program rate will not be available on a retroactive basis.

LOCAL EXCHANGE SERVICE

6.2 LIFELINE PROGRAM (Cont'd)

6.2.2 Eligibility Requirements

A. The discounted service will be provided for one (1) telephone line per household, at the subscriber's principal place of residence. Individuals who meet the following three criteria are eligible for Lifeline Assistance.

1. The applicant cannot be a dependent as defined by the Federal Income Tax Code, under the age of sixty (60);

2. The applicant is head of household; and

3. The applicant must have only one (1) local exchange access line to his/her residential premises or dwelling place; and

B. Verification of the first two (2) requirements will be accomplished through self-certification.

C. A service order to establish the applicant's telephone service will not be issued until proof of the applicant's income level has been obtained and verified. As proof of income eligibility, an applicant can: 1) show that he/she is currently a recipient of benefits under one (1) of several specified public assistance programs; or 2) demonstrate poverty level income.

The process to be followed under each of these alternatives is outlined as follows:

1. Participation in Public Assistance Programs:

a. The specified programs are as follows:

- Medicaid;
- Food & Nutrition Services (Food Stamps);
- Supplemental Security Income (SSI);
- Federal Public Housing Assistance (Section 8);
- Low-Income Home Energy Assistance Program (LIHEAP);
- Temporary Assistance to Needy Families (TANF);
- National School Lunch Program's Free Lunch Program

b. Individuals choosing this option are required to deliver or mail to the Company a photocopy of a valid identification card or of the appropriate documents that are issued to them by the agency administering the program.

LOCAL EXCHANGE SERVICE

6.2 LIFELINE PROGRAM (Cont'd)

6.2.2 Eligibility Requirements

C. (Cont'd)

2. Applicants who demonstrate poverty level income either:

a. As determined by the individual's Federal income tax return. Individuals choosing this option are required to obtain and deliver or mail to the Company a photocopy of their most recent U.S. Individual Tax Return (Form 1040, 1040A, or 1040EZ) that was submitted to the Internal Revenue Service. The Company will look at the number of exemptions reported to determine the size of the family unit and the dollar amount reported on the adjusted gross income line. These figures will then be compared to current federal poverty income level guideline tables, as published in the Federal Register, to determine if the applicant meets the income criteria.

b. Fixed income, retired or other subscribers not required to file an individual tax return (Form 1040, Form 1040A or 1040EZ) should write a letter to the Company with a written statement to the effect they qualify for the Lifeline Program. The Company may choose to verify this information with a State or Federal agency before determining the applicant's eligibility.

6.2.3 Restrictions

A. The Lifeline Program rate will only be provided for service to the applicant's principal residence or dwelling.

6.2.4 Recertification

A. Customers must recertify on an annual basis that they continue to qualify for the discounted service.

LOCAL EXCHANGE SERVICE

6.2 LIFELINE PROGRAM (Cont'd)

6.2.5 Credit and Collection

A. Credit References

The credit verification procedures used for all applicants who apply for service with the Company will also be used for applicants who apply for service under the Lifeline Program.

B. Deposits

Credit verification is the determining factor for deposit requirements, acceptable credit results will result in a waived deposit.

6.2.6 Service Connection Charges

A. Service charges are applicable to Lifeline customers with existing residential access line service when they convert to the Lifeline Program.

B. Service Connection Charges will apply when:

1. Existing eligible residential Local Exchange Service customers also convert to a different grade of eligible residential service and/or Optional Calling Services at the time the Lifeline Program billing is initiated.

2. A customer receiving Lifeline Program billing voluntarily elects to convert to telephone service arrangements which preclude Lifeline Program eligibility.

3. New residential applicants (those without existing Local Exchange Service) eligible for the Lifeline Program will be subject to applicable Service Connection Charges.

C. Any subsequent moves or changes after the initial connection to the Lifeline Program will be subject to the applicable Service Charges as outlined in Section 18 of this Tariff.

WILKES TELEPHONE MEMBERSHIP CORPORATION
1400 RIVER STREET,WILKESBORO, NC 28697 (336) 973-3103

North Carolina Lifeline Certification Letter

Billing Name_____ Telephone Number (336) _____-_____

Social Security Number ___ _____-_____-_____ Date of Birth _____/_____/_____

Service Address _____ _____

Permanent address? ☐ Yes ☐ No

City/State/Zip _____NC _____

Billing Address **(if different from above)** _____

City/State/Zip _____ NC _____

Case Worker's Name _____ Case Number_____

I hereby certify that I, my dependent, or someone in my household participates in the following public assistance program(s) and that I provided proof of my eligibility with my application. (*Check all that apply)*

( ) Medicaid
( ) Federal Public Housing or Section 8 Assistance (FPHA)
( ) Food & Nutrition Services (Food Stamps)
( ) National School Lunch free lunch program
( ) Low Income Home Energy Assistance Program (LIHEAP)
( ) Supplemental Security Income (SSI)
( ) Temporary Aid to Needy Families or Work First

Name of eligible person _____ Relationship_____

( ) Or, I hereby certify that my total household income is at or below 135% of the federal poverty guidelines. How many in household? _____

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. Long distance call blocking is available to Lifeline recipients at no charge upon request.

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 and I understand that I must notify Wilkes Telephone Membership Corporation **within 30 days**:
If I move to a new address; 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; If my household receives more than one Lifeline discounted telephone; or 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 authorize Wilkes Telephone Membership Corporation or its duly appointed representative(s) to access any records required to verify these statements to confirm my continued participation in the above program(s). I authorize representatives of the above program(s) to discuss with/or provide copies Wilkes Telephone Membership Corporation, if requested by the company to verify my participation in the above program(s) and my eligibility for Lifeline.

I understand that I must submit a new certification annually and that I will lose my Lifeline benefit if I do not.

I give Wilkes Telephone Membership Corporation permission to give my name, telephone number, and address to the Universal Service Administrative Company (USAC) or its agent 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, and I will have to select one service and I will be de-enrolled from the other.

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.

_____ _____
Applicant's signature Date

Proof of eligibility: Medicaid Card_____ FNS Card_____ SSI _____ Other: Specify_____

Verified by: **Date:**

REDACTED – FOR PUBLIC INSPECTION

WILKES TELEPHONE MEMBERSHIP CORPORATION (SAC 230510)

ATTACHMENT - LINE 3017

ATTACHMENT REDACTED IN ENTIRETY