chariton VALLEY
phone ◆ internet ◆ cable tv ◆ wireless

DOCKET FILE COPY ORIGINAL

Received & Inspected
OCT 21 2013
FCC Mail Room

October 15, 2013

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

Dear Ms. Dortch:

Pursuant to the Missouri Public Service Commission order under Case No. TO-2006-0172 and the FCC WC Docket No. 10-90, enclosed please find FCC Form 481 for Missouri RSA 5 Partnership d/b/a Chariton Valley Wireless Services.

If you have questions regarding this filing, please contact me.

Sincerely,

MISSOURI RSA 5 PARTNERSHIP d/b/a CHARITON VALLEY WIRELESS SERVICES

James A. Simon
General Manager

Enclosure

No. of Copies rec'd 0
List ABCDE

1213 E Briggs Drive ♦ P.O. Box 67 ♦ Macon, MO 63552 ♦ Phone (660) 395-9600 ♦ www.cvalley.net

FCC Form 481 - Carrier Annual Reporting Data Collection Form

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

<010>	Study Area Code	429790
<015>	Study Area Name	MISSOURI RSA NO. 5 PARTNERSHIP
<020>	Program Year	2014
<030>	Contact Name: Person USAC should contact with questions about this data	Tina Jordan
<035>	Contact Telephone Number: Number of the person identified in data line <030>	660-395-9682
<039>	Contact Email Address: Email of the person identified in data line <030>	tjordan@charitonvalley.com

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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	0.0		
<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>	429790mo510	(attached descriptive document)	✓	✓
<600>	Functionality in Emergency Situations	(check to indicate certification)	✓	✓
<610>	429790mo610	(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	429790
<015>	Study Area Name	MISSOURI RSA NO. 5 PARTNERSHIP
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Tina Jordan
<035>	Contact Telephone Number - Number of person identified in data line <030>	660-395-9682
<039>	Contact Email Address - Email Address of person identified in data line <030>	tjordan@charitonvalley.com

<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	429790
<015>	Study Area Name	MISSOURI RSA NO. 5 PARTNERSHIP
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Tina Jordan
<035>	Contact Telephone Number - Number of person identified in data line <030>	660-395-9682
<039>	Contact Email Address - Email Address of person identified in data line <030>	tjordan@charitonvalley.com

<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	429790
<015>	Study Area Name	MISSOURI RSA NO. 5 PARTNERSHIP
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Tina Jordan
<035>	Contact Telephone Number - Number of person identified in data line <030>	660-395-9682
<039>	Contact Email Address - Email Address of person identified in data line <030>	tjordan@charitonvalley.com

<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	429790
<015>	Study Area Name	MISSOURI RSA NO. 5 PARTNERSHIP
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Tina Jordan
<035>	Contact Telephone Number - Number of person identified in data line <030>	660-395-9682
<039>	Contact Email Address - Email Address of person identified in data line <030>	tjordan@charitonvalley.com

<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	429790
<015>	Study Area Name	MISSOURI RSA NO. 5 PARTNERSHIP
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Tina Jordan
<035>	Contact Telephone Number - Number of person identified in data line <030>	660-395-9682
<039>	Contact Email Address - Email Address of person identified in data line <030>	tjordan@charitonvalley.com

<810>	Reporting Carrier	Missouri RSA NO. 5 Partnership
<811>	Holding Company	Missouri RSA No. 5 Partnership
<812>	Operating Company	Missouri RSA No. 5 Partnership

<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	429790
<015>	Study Area Name	MISSOURI RSA NO. 5 PARTNERSHIP
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Tina Jordan
<035>	Contact Telephone Number - Number of person identified in data line <030>	660-395-9682
<039>	Contact Email Address - Email Address of person identified in data line <030>	tjordan@charitonvalley.com

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

<920> Tribal Government Engagement Obligation

Name of Attached Document (.pdf)

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

		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	429790
<015>	Study Area Name	MISSOURI RSA NO. 5 PARTNERSHIP
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Tina Jordan
<035>	Contact Telephone Number - Number of person identified in data line <030>	660-395-9682
<039>	Contact Email Address - Email Address of person identified in data line <030>	tjordan@charitonvalley.com

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

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

(1200) Terms and Condition for Lifeline Customers
Lifeline
Data Collection Form

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

<010>	Study Area Code	429790
<015>	Study Area Name	MISSOURI RSA NO. 5 PARTNERSHIP
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Tina Jordan
<035>	Contact Telephone Number - Number of person identified in data line <030>	660-395-9682
<039>	Contact Email Address - Email Address of person identified in data line <030>	tjordan@charitonvalley.com

<1210> Terms & Conditions of Voice Telephony Lifeline Plans — 429790mo1210

Name of attached document (.pdf)

<1220> Link to Public Website — HTTP www.cvalley.net

"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	429790
<015>	Study Area Name	MISSOURI RSA NO. 5 PARTNERSHIP
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<035>	Contact Telephone Number - Number of person identified in data line <030>	660-395-9682
<039>	Contact Email Address - Email Address of person identified in data line <030>	tjordan@charitonvalley.com

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

Incremental Connect America Phase I reporting

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

<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	429790
<015>	Study Area Name	MISSOURI RSA NO. 5 PARTNERSHIP
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Tina Jordan
<035>	Contact Telephone Number - Number of person identified in data line <030>	660-395-9682
<039>	Contact Email Address - Email Address of person identified in data line <030>	tjordan@charitonvalley.com

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

Progress Report on 5 Year Plan

(3010)	Milestone Certification {47 CFR § 54.313(f)(1)(i)} Please check this box to confirm that the attached PDF , on line 3012,	Name of Attached Document Listing Required Information	☐
(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	
(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	

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Certification - Reporting Carrier Data Collection Form

FCC Form 48
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	429790
<015>	Study Area Name	MISSOURI RSA NO. 5 PARTNERSHIP
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Tina Jordan
<035>	Contact Telephone Number - Number of person identified in data line <030>	660-395-9682
<039>	Contact Email Address - Email Address of person identified in data line <030>	tjordan@charitonvalley.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.

Name of Reporting Carrier: MISSOURI RSA NO. 5 PARTNERSHIP

Signature of Authorized Officer: CERTIFIED ONLINE Date 10/14/2013

Printed name of Authorized Officer: Tina Jordan

Title or position of Authorized Officer: Director of Finance

Telephone number of Authorized Officer: 660-395-9682

Study Area Code of Reporting Carrier: 429790 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.

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	429790
<015>	Study Area Name	MISSOURI RSA NO. 5 PARTNERSHIP
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Tina Jordan
<035>	Contact Telephone Number - Number of person identified in data line <030>	660-395-9682
<039>	Contact Email Address - Email Address of person identified in data line <030>	tjordan@charitonvalley.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier

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

Name of Authorized Agent:

Name of Reporting Carrier:

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.

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:

Name of Authorized Agent or Employee of Agent:

Signature of Authorized Agent or Employee of Agent: Date:

Printed name of Authorized Agent or Employee of Agent:

Title or position of Authorized Agent or Employee of Agent

Telephone number of Authorized Agent or Employee of Agent:

Study Area Code of Reporting Carrier: 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.

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	429790
<015>	Study Area Name	MISSOURI RSA NO. 5 PARTNERSHIP
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<039>	Contact Email Address - Email Address of person identified in data line <030>	tjordan@charitonvalley.com

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<810>	Reporting Carrier	Missouri RSA NO. 5 Partnership
<811>	Holding Company	Missouri RSA No. 5 Partnership
<812>	Operating Company	Missouri RSA No. 5 Partnership

<813>

<a1> Affiliates	<a2> SAC	<a3> Doing Business As Company or Brand Designation
Chariton Valley Telephone Corporation	421864	
Chariton Valley Communication Corporation		
Chariton Valley Cellular RSA No. 2 Corporation		
Chariton Valley Telecom Corporation		
Chariton Valley Services Corporation		
Chariton Valley L.D. Corporation		

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Certification of Officer as to Compliance with Applicable Service Quality Standards and Consumer Protection Rules

(010) Study Area Code	**429790**
(015) Study Area Name	**Missouri RSA 5 Partnership**
(020) Program Year	**2014**
(030) Contact Name	**Tina Jordan**
(035) Contact Telephone No	**660-395-9682**
(039) Contact Email Address	**tjordan@charitonvalley.com**

CERTIFICATION

Missouri RSA 5 Partnership d/b/a Chariton Valley Wireless Services complies with Red Flag Rules, CPNI, and the Fair Credit Reporting Act, the Cellular Telecommunications and Internet Association's Consumer Code for Wireless Service, and seeks to protect our customer's privacy while providing them with high quality, state-of-the-art telecommunications products and services. I certify that I am an officer of the reporting carrier; my responsibilities include ensuring compliance with the applicable service quality standards as well as the consumer protection rules; and, to the best of my knowledge, the carrier is in compliance with applicable service quality standards and consumer protection rules pursuant to 47 C.F. R. 54.313 and 54.422.

Signature of Authorized Officer James Simon **Date** 10/10/13
Printed Name of Authorized Officer James Simon
Title or position of Authorized Officer General Manager

(Persons making willful 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.)

429790m0610

Certification of Officer as to Compliance with Functionality in Emergency situations

(010) Study Area Code	**429790**
(015) Study Area Name	**MISSOURI RSA NO. 5 PARTNERSHIP**
(020) Program Year	**2014**
(030) Contact Name	**Tina Jordan**
(035) Contact Telephone No	**660-395-9682**
(039) Contact Email Address	**tjordan@charitonvalley.com**

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OCT 21 2013
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CERTIFICATION

Missouri RSA 5 Partnership d/b/a Chariton Valley Wireless Services (CVWS) 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. I certify that I am an officer of the reporting carrier; my responsibilities include ensuring functionality in emergency situations; and, to the best of my knowledge, the carrier is in compliance with able to function in emergency situations pursuant to 47 C.F. R. 54.313 and 54.422.

Signature of Authorized Officer James Simon **Date** 10/10/13
Printed Name of Authorized Officer James Simon
Title or position of Authorized Officer General Manager

(Persons making willful 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.)

429790mo1210
1 of 5

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LIFELINE OR DISABLED CUSTOMER PROGRAMS

chariton VALLEY

Service Initiation Procedures for Qualifying Individuals

Chariton Valley Wireless Services Corporation
1213 E. Briggs Drive • P O Box 67
Macon, MO 63552
Phone 660-395-9000 • Fax 660-395-4403

Table of Contents

1. Objective

2. Provisions

3. Sample Documentation

1. Objective

Initiation of a customer's Lifeline service following qualification of eligibility by verifying participation in the one or more of the lifeline or disabled programs

Chariton Valley Wireless Services has established these procedures to initiate Lifeline service for low income customers in compliance with federal regulation Title 47 CFR Subpart E – Universal Service Support for Low-Income Consumers.

2. Provisions

A. A customer makes an inquiry with a Customer Service or Sales Representative as to the availability of Lifeline service.

B. The customer completes a Board Approved Lifeline Self-Certification Application

C. The customer presents documentation to certify participation in a qualifying low income program.

D. The Customer Service or Sales Representative notes the type of qualifying documentation on the application.

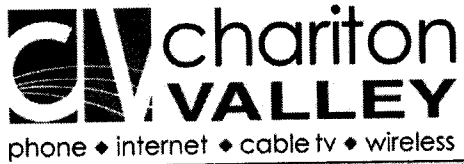
E. The qualifying document is returned to the applicant or destroyed once recorded.

F. The Customer Service or Sales Representative attests the supporting program documentation was presented and verified.

G. The Application is scanned into the electronic customer record and then destroyed.

3. Sample Documentation

- Board Approved Self-Certification Application Form (Exhibit A)



Chariton Valley Wireless Services
Missouri Application for the Lifeline Program

Consumers meeting certain eligibility criteria are able to participate in the Lifeline program and receive discounted wireless voice service. Lifeline service offers $8.25. To apply complete this form and also submit **proof of eligibility**.

Eligibility Criteria for the Lifeline Program
___ MO HealthNet (f/k/a Medicaid)
___ Supplemental Nutrition Assistance (Food Stamps)
___ Supplemental Security Income
___ Low-Income Home Energy Assistance (LIHEAP)
___ Federal Public Housing Assistance (Section 8)
___ National School Free Lunch Program
___ Temporary Assistance for Needy Families (TANF)
___ 135% of the Federal Poverty Level *(See next page for income threshold requirements)*

Applicant's Full Name :	**Birth Date:**	**Social Security #** *(last 4 digits)*:	**DCN:***
Name on Voice Service Account *(If different from Applicant)*:		**Customer Contact Telephone Number:**	
Customer's Full Residential Service Address ***(no P.O. Boxes)***: Street: City, Town, Zip:		**Is this address a temporary address?** Yes / No *(circle the appropriate response)* (If "yes" then must verify address every 90 days.)	
Is this address also my billing address? ___ Yes ___ No *(If "no" please provide billing address)*:			

**This number is assigned to program participants of MO HealthNet, LIHEAP, Food Stamps and TANF.*

I understand the following obligations and provisions about the Lifeline program:

- The Lifeline program is a government benefit program and that 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 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.
- I will be de-enrolled from the Lifeline program and my service deactivated if my service fails to be used for a 60-day time period. Using the service includes completion of an outbound call, purchase of additional usage, or answering an incoming call from a party not affiliated with this company.

I CERTIFY UNDER PENALTY OF PERJURY EACH OF THE FOLLOWING:

- I meet the eligibility criteria for the Lifeline program.
- I will provide notification to my voice service provider within 30 days if for any reasons 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 receive more than one Lifeline benefit, or another member of my household is receiving a Lifeline benefit.
- If I move to a new address I will provide that new address to my voice service provider within 30 days.
- If I have a temporary residential address then I will be required to verify my address with my voice service provider every 90 days.
- My household will receive only one Lifeline service and, to the best of my knowledge, my household is not already receiving a Lifeline service.
- I acknowledge the obligation to re-certify my continued eligibility for Lifeline benefits at any time and failure to re-certify my continued eligibility will result in de-enrollment and the termination of Lifeline benefits.
- I consent to providing my name, telephone number and address to the Universal Service Administrative Company for the purpose of verifying I do not receive more than one Lifeline benefit. I also consent to sharing my account information with the Federal Communications Commission and Missouri Public Service Commission who oversee and administer the Lifeline program.

_____ I certify I have _____individuals in my household.
(Initial and complete only if qualifying under income threshold.)

The information supplied on this form is true and correct.

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

_____ _____
Signature of Customer **Date**

Submit a completed signed form <u>and proof of eligibility</u>.

Annual Income Thresholds for Meeting 135% of Federal Poverty Level (Based on Household Size)								
1	2	3	4	5	6	7	8	Each add'l person
$15,512	$20,939	$26,366	$31,793	$37,220	$42,647	$48,074	$53,501	+ $5,427/person

Acceptable documentation for meeting the criteria of 135% of the federal poverty level includes: a copy of prior year's state or federal tax return; paycheck stub (three consecutive months); a statement of benefits for Social Security, Veterans Administration, retirement/pension or Unemployment/Workmen's Compensation; or other legal documents showing current income (e.g. divorce decree, child support award). Any documentation must cover a fully year or three consecutive months within the previous twelve months.

<u>Company Use Only</u>:

I hereby attest the applicant presented acceptable proof of eligibility:

_____ _____ _____
Print name of company official **Signature** **Date**