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October 15, 2013

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

RE: WC Docket Nos. 10-90 and 11-42
Annual Report Pursuant to 47 C.F.R. §§ 54.313 and 54.422

Dear Ms. Dortch:

Bush-Tell, Inc., by its authorized representative, files its FCC Form 481 -Carrier Annual Reporting Data Collection Form in compliance with 47 C.F.R. §§ 54.313 and Section 54.422. The FCC Form 481 has been completed, certified, and submitted to the Universal Service Administrative Company.

Pursuant to the Protective Order released November 16, 2012 (FCC Record DA 12-1857), and in accordance with the Commission's confidentiality rules, paper copies of the non-redacted and redacted financial information are also being submitted to the Commission with a request for confidentiality, under separate cover. This information is competitively sensitive and is not normally released to the public.

A copy of the FCC Form 481 is also being submitted to the state regulatory commission pursuant to §§ 54.313(i) and 54.422(c). Please contact me if you have any questions.

Respectfully submitted this 15th day of October, 2013.

Sincerely,

Michael C. Burke

Michael C. Burke, President
Burke Watson, Inc.
Consultant for Bush-Tell, Inc.

Attachment: FCC Form 481 Carrier Annual Reporting Data Collection Form
cc: Harry F. Colliver, Jr., President Bush-Tell, Inc.

FCC Form 481
OMB 3060-0986
OMB 3060-0819
Avg. Burden Estimate per Respondent: 20 Hours

FCC Form 481 - Carrier Annual Reporting Data Collection Form

<010>	Study Area Code	613004
<015>	Study Area Name	Bush-Tell, Inc.
<020>	Program Year	2014
<030>	Contact Name: Person USAC should contact with questions about this data	Sonya Hill
<035>	Contact Telephone Number: Number of the person identified in data line <030>	907-675-4311
<039>	Contact Email: Email of the person identified in data line <030>	Sonyahill@bush-tell.com

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)	2014		2014	
<330>	Detail on Attempts (broadband)	2014	(attach descriptive document)	2014	
<400>	Number of Complaints per 1,000 customers (voice)			√	
<410>	Fixed	0			
<420>	Mobile	N/A			
	Number of Complaints per 1,000 customers (broadband)			2014	
<440>	Fixed	2014			
<450>	Mobile	2014			
<500>	Service Quality Standards & Consumer Protection Rules Compliance		(check to indicate certification)	√	
<510>			(attached descriptive document)	√	
<600>	Functionality in Emergency Situations		(check to indicate certification)	√	
<610>			(attached descriptive document)	√	
<700>	Company Price Offerings (voice)		(complete attached worksheet)	2014	
<710>	Company Price Offerings (broadband)		(complete attached worksheet)	2014	
<800>	Operating Companies and Affiliates		(complete attached worksheet)	√	√
<900>	Tribal Land Offerings (Y/N)?		(if yes, complete attached worksheet)	Y	
<1000>	Voice Services Rate Comparability		(check to indicate certification)	2014	
<1010>			(attach descriptive document)	2014	
<1100>	Terrestrial Backhaul (Y/N)?		(if not, check to indicate certification)	N	
<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)	N/A	
<2005>	(complete attached worksheet)	N/A	

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	613004
<015>	Study Area Name	Bush-Tell, Inc.
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Sonya Hill
<035>	Contact Telephone Number - Number of person identified in data line <030>	907-675-4311
<039>	Contact Email Address - Email Address of person identified in data line <030>	sonyahill@bush-tell.com

<110>	Has your company received its ETC certification from the FCC?	(yes / no)	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)	N/A

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 receives only 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.	

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(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	613004
<015>	Study Area Name	Bush-Tell, Inc.
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Sonya Hill
<035>	Contact Telephone Number - Number of person identified in data line <030>	907-675-4311
<039>	Contact Email Address - Email Address of person identified in data line <030>	sonyahill@bush-tell.cor

<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
					No Outages to Report						

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(800) Operating Companies and Affiliates

Data Collection Form

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

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<015>	Study Area Name	Bush-Tell, Inc.
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Sonya Hill
<035>	Contact Telephone Number - Number of person identified in data line <030>	907-675-4311
<039>	Contact Email Address - Email Address of person identified in data line <030>	sonyahill@bush-tell.com

<810>	Reporting Carrier	Bush-Tell, Inc.
<811>	Holding Company	None
<812>	Operating Company	Bush-Tell, Inc.

<813>	<a1>	<a2>	<a3>
	Affiliates	**SAC**	**Doing Business As Company or Brand Designation**
	None		

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(900) Tribal Lands Reporting
Data Collection Form

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

<010>	Study Area Code	613004
<015>	Study Area Name	Bush-Tell, Inc.
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Sonya Hill
<035>	Contact Telephone Number - Number of person identified in data line <030>	907-675-4311
<039>	Contact Email Address - Email Address of person identified in data line <030>	sonyahill@bush-tell.com
<910>	Tribal Land(s) on which ETC Serves	See Attached Document
<920>	Tribal Government Engagement Obligation	613004AK920

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;	Yes
<922>	Feasibility and sustainability planning;	Yes
<923>	Marketing services in a culturally sensitive manner;	Yes
<924>	Compliance with Rights of way processes	Yes
<925>	Compliance with Land Use permitting requirements	Yes
<926>	Compliance with Facilities Siting rules	Yes
<927>	Compliance with Environmental Review processes	Yes
<928>	Compliance with Cultural Preservation review processes	Yes
<929>	Compliance with Tribal Business and Licensing requirements.	Yes

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(1110) No Terrestrial Backhaul Reporting
Data Collection Form

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

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<015>	Study Area Name	Bush-Tell, Inc.
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Sonya Hill
<035>	Contact Telephone Number - Number of person identified in data line <030>	907-675-4311
<039>	Contact Email Address - Email Address of person identified in data line <030>	sonyahill@bush-tell.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) [ ]

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(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

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<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Sonya Hill
<035>	Contact Telephone Number - Number of person identified in data line <030>	907-675-4311
<039>	Contact Email Address - Email Address of person identified in data line <030>	sonyahill@bush-tell.com

<1210> Terms & Conditions of Voice Telephony Lifeline Plans — 613004AK1210
Name of attached document (.pdf)

<1220> Link to Public Website — HTTP www.bush-tell.com/home

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. [√]

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(2005) 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

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<030>	Contact Name - Person USAC should contact regarding this data	Sonya Hill
<035>	Contact Telephone Number - Number of person identified in data line <030>	907-675-4311
<039>	Contact Email Address - Email Address of person identified in data line <030>	sonyahill@bushtell.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 _____

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(3005) Rate Of Return Carrier Additional Documentation

Data Collection Form

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

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<035>	Contact Telephone Number - Number of person identified in data line <030>	907-675-4311
<039>	Contact Email Address - Email Address of person identified in data line <030>	sonyahill@bush-tell.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)}	Name of Attached Document Listing Required Information	
(3011)	Please check this box to confirm that the attached PDF , on line 3012, 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 (Yes/No)
(3014)	If yes, does your company file the RUS annual report		Yes (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)	report and all required documentation	Name of Attached Document Listing Required Information	613004AK3017
(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	613004AK3026

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