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**CONFIRMATION**

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**Congratulations. Your filing has been successfully certified.**

Filing 1 was successfully certified on 2013-09-10 11:51:51.0 by lmason@smtel.com .

SAC : 482254

SPIN : 143002542

Carrier Name : SOUTHERN MONTANA TEL

Program Year : 2014

[Return to 481 Search](#)

<b>FCC Form 481 - Carrier Annual Reporting Data Collection Form</b>	FCC Form 481 OMB Control No. 3050-0986/OMB Control No. 3050-0819 July 2013
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<010> Study Area Code	482254
<015> Study Area Name	SOUTHERN MONTANA TEL
<020> Program Year	2014
<030> Contact Name: Person USAC should contact	Larry Mason
<035> Contact Telephone Number: Number of the person identified in data line <030>	4066893333
<039> Contact Email Address:	lmason@smtel.com

<b>ANNUAL REPORTING FOR ALL CARRIERS</b>	<b>54.313 Completion Required</b>	<b>54.422 Completion Required</b>
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			(check box when complete)	
<100>	Service Quality Improvement Reporting	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	
<200>	Outage Reporting (voice)	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210>	<input checked="" type="checkbox"/> <-- check box if no outages to report			
<300>	Unfulfilled Service Requests (voice)	0	<input checked="" type="checkbox"/>	
<310>	Detail on Attempts (voice)	<i>(attach descriptive document)</i>		
<320>	Unfulfilled Service Requests (broadband)			
<330>	Detail on Attempts (broadband)	<i>(attach descriptive document)</i>		
<400>	Number of Complaints per 1,000 customers (voice)			
<410>	Fixed	0.09		
<420>	Mobile			
<430>	Number of Complaints per 1,000 customers (broadband)			
<440>	Fixed			
<450>	Mobile			
<500>	Service Quality Standards & Consumer Protection Rules Compliance	<i>(check to indicate certification)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510>	482254MTF510	<i>(attached descriptive document)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600>	Functionality in Emergency Situations	<i>(check to indicate certification)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610>	482254MT610	<i>(attached descriptive document)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700>	Company Price Offerings (voice)	<i>(complete attached worksheet)</i>		
<710>	Company Price Offerings (broadband)	<i>(complete attached worksheet)</i>		
<800>	Operating Companies and Affiliates	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900>	Tribal Land Offerings (Y/N)? <input type="radio"/> <input checked="" type="radio"/>	<i>(if yes, complete attached worksheet)</i>	<input checked="" type="checkbox"/>	
<1000>	Voice Services Rate Comparability	<i>(check to indicate certification)</i>		
<1010>		<i>(attach descriptive document)</i>		
<1100>	Terrestrial Backhaul (Y/N)? <input checked="" type="radio"/> <input type="radio"/>	<i>(if not, check to indicate certification)</i>		
<1110>		<i>(complete attached worksheet)</i>		
<1200>	Terms and Condition for Lifeline Customers	<i>(complete attached worksheet)</i>		<input checked="" type="checkbox"/>

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

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

**Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet**

<3000>		<i>(check to indicate certification)</i>		
<3005>		<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	

<b>(100) Service Quality Improvement Reporting Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	482254
<015>	Study Area Name	SOUTHERN MONTANA TEL
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Larry Mason
<035>	Contact Telephone Number - Number of person identified in data line <030>	4066893333
<039>	Contact Email Address - Email Address of person identified in data line <030>	lmason@smtel.com
<110>	Has your company received its ETC certification from the FCC? If your answer to Line <110> is yes, do you have an existing §54.202(a) "5	(yes / no) <input type="radio"/> <input checked="" type="radio"/>
<111>	year plan" filed with the FCC?	(yes / no) <input type="radio"/> <input type="radio"/>

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.










<b>(900) Tribal Lands Reporting Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	482254
<015>	Study Area Name	SOUTHERN MONTANA TEL
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Larry Mason
<035>	Contact Telephone Number - Number of person identified in data line <030>	4066893333
<039>	Contact Email Address - Email Address of person identified in data line <030>	lmason@mtel.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:

- <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.

Select (Yes, No, NA)

**(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	482254
<015> Study Area Name	SOUTHERN MONTANA TEL
<020> Program Year	2014
<030> Contact Name - Person USAC should contact regarding this data	Larry Mason
<035> Contact Telephone Number - Number of person identified in data line <030>	4066893333
<039> Contact Email Address - Email Address of person identified in data line <030>	lmason@mtel.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)

<b>(1200) Terms and Condition for Lifeline Customers</b> Lifeline Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	482254
<015>	Study Area Name	SOUTHERN MONTANA TEL
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Larry Mason
<035>	Contact Telephone Number - Number of person identified in data line <030>	4066893333
<039>	Contact Email Address - Email Address of person identified in data line <030>	lmason@smtel.com

<1210> Terms & Conditions of Voice Telephony Lifeline Plans 482254MT1210

Name of attached document (.pdf)

<1220> Link to Public Website HTTP \_\_\_\_\_

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

- <1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,
- <1222> Details on the number of minutes provided as part of the plan,
- <1223> Additional charges for toll calls, and rates for each such plan.

<b>(2000) Price Cap Carrier Additional Documentation</b> <b>Data Collection Form</b> <i>Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers</i>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	482254
<015>	Study Area Name	SOUTHERN MONTANA TEL
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Larry Mason
<035>	Contact Telephone Number - Number of person identified in data line <030>	4066893333
<039>	Contact Email Address - Email Address of person identified in data line <030>	lmason@smtel.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.**

<b>Incremental Connect America Phase I reporting</b>		
<2010>	2nd Year Certification {47 CFR § 54.313(b)(1)}	<input type="checkbox"/>
<2011>	3rd Year Certification {47 CFR § 54.313(b)(2)}	<input type="checkbox"/>
<b>Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}</b>		
<2012>	2013 Frozen Support Certification	<input type="checkbox"/>
<2013>	2014 Frozen Support Certification	<input type="checkbox"/>
<2014>	2015 Frozen Support Certification	<input type="checkbox"/>
<2015>	2016 and future Frozen Support Certification	<input type="checkbox"/>
<b>Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}</b>		
<2016>	Certification Support Used to Build Broadband	<input type="checkbox"/>
<b>Connect America Phase II Reporting {47 CFR § 54.313(e)}</b>		
<2017>	3rd year Broadband Service Certification	<input type="checkbox"/>
<2018>	5th year Broadband Service Certification	<input type="checkbox"/>
<2019>	Interim Progress Certification	<input type="checkbox"/>
<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.	<input type="checkbox"/>
<2021>	Interim Progress Community Anchor Institutions	Name of Attached Document Listing Required Information _____

<b>(3000) Rate Of Return Carrier Additional Documentation</b>	FCC Form 481
<b>Data Collection Form</b>	OMB Control No. 3050-0986/OMB Control No. 3060-0819
	July 2013

<b>&lt;010&gt;</b>	Study Area Code	482254
<b>&lt;015&gt;</b>	Study Area Name	SOUTHERN MONTANA TEL
<b>&lt;020&gt;</b>	Program Year	2014
<b>&lt;030&gt;</b>	Contact Name - Person USAC should contact regarding this data	LARRY MASON
<b>&lt;035&gt;</b>	Contact Telephone Number - Number of person identified in data line <030>	4066893333
<b>&lt;039&gt;</b>	Contact Email Address - Email Address of person identified in data line <030>	lmason@mtel.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**

<p><b>(3010)</b> Milestone Certification (47 CFR § 54.313(f)(1)(i)) 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.</p>	<p>Name of Attached Document Listing Required Information</p> <p>_____</p>	<p><input type="checkbox"/></p>
<p><b>(3012)</b> Community Anchor institutions (47 CFR § 54.313(f)(1)(ii)) <b>(3013)</b> is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2)) <b>(3014)</b> if yes, does your company file the RUS annual report 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:</p>	<p>Name of Attached Document Listing Required Information</p> <p>_____</p>	<p><input checked="" type="checkbox"/> (Yes/No) <input checked="" type="checkbox"/> (Yes/No)</p>
<p><b>(3015)</b> Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)</p>		<p><input checked="" type="checkbox"/></p>
<p><b>(3016)</b> PDF of Balance Sheet, Income Statement and Statement of Cash Flows</p>		<p><input checked="" type="checkbox"/></p>
<p><b>(3017)</b> If the response is yes on line 3014, attach your company's RUS annual report and all required documentation</p>	<p>Name of Attached Document Listing Required Information</p> <p>482254MT3 017</p> <p>_____</p>	
<p><b>(3018)</b> If the response is no on line 3014, is your company audited? 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:</p>	<p>Name of Attached Document Listing Required Information</p> <p>_____</p>	<p><input type="checkbox"/> (Yes/No)</p>
<p><b>(3019)</b> Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications</p>		<p><input type="checkbox"/></p>
<p><b>(3020)</b> PDF of Balance Sheet, Income Statement and Statement of Cash Flows</p>		<p><input type="checkbox"/></p>
<p><b>(3021)</b> 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: 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,</p>		<p><input type="checkbox"/></p>
<p><b>(3022)</b> Underlying information subjected to a review by an independent certified public accountant</p>		<p><input type="checkbox"/></p>
<p><b>(3023)</b> Underlying information subjected to an officer certification.</p>		<p><input type="checkbox"/></p>
<p><b>(3024)</b> Underlying information subjected to an officer certification.</p>		<p><input type="checkbox"/></p>
<p><b>(3025)</b> PDF of Balance Sheet, Income Statement and Statement of Cash Flows</p>		<p><input type="checkbox"/></p>
<p><b>(3026)</b> Attach the worksheet listing required information</p>	<p>Name of Attached Document Listing Required Information</p> <p>_____</p>	

**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	482254
<015>	Study Area Name	SOUTHERN MONTANA TEL
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<039>	Contact Email Address - Email Address of person identified in data line <030>	lmason@smtel.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	
<b>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.</b>	
Name of Reporting Carrier:	SOUTHERN MONTANA TEL
Signature of Authorized Officer:	CERTIFIED ONLINE <span style="float: right;">Date 10/01/2013</span>
Printed name of Authorized Officer:	Larry Mason
Title or position of Authorized Officer:	General Manager
Telephone number of Authorized Officer:	4066893333
Study Area Code of Reporting Carrier:	482254 <span style="float: right;">Filing Due Date for this form: 10/15/2013</span>
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.	

<b>Certification - Agent / Carrier Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
---	--

<010>	Study Area Code	482254
<015>	Study Area Name	SOUTHERN MONTANA TEL
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Larry Mason
<035>	Contact Telephone Number - Number of person identified in data line <030>	4066893333
<039>	Contact Email Address - Email Address of person identified in data line <030>	lmason@smt.e1.com

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

<b>Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier</b>	
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:**

<b>Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier</b>	
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**



482254 MTS10

Consumer Protection

**Southern Montana Telephone Company** complies with the requirements of 47 CFR Part 64 Subpart U, Customer Proprietary Network Information and the Federal Trade Commission Red Flag rules to prevent identity theft. A manual for each of those programs is in place and is part of the employees' handbook. Employee training is conducted annually and new hires are instructed on the programs as required by their job functions.

Service Quality Standards

**Southern Montana Telephone Company** complies with the service standards of the State of Montana as promulgated in the Montana Administrative Rule 38.5 subchapter 33, Telecommunications Service Standards.

Back-up Power

**Southern Montana Telephone Company** has the following back-up power capabilities:

Switches – stand alone and/or host

Southern Montana Telephone Company's Host Switch has a 30 KW propane powered generator with a 500 gallon fuel supply tank. Approximate run time is 48 hours with no maintenance.

Central Office batteries are rated at 1,120 AH capable of 55 amp draw for approximately 8 hours.

**Remote Central Offices**

Most remote central offices are equipped with 12.5 KW propane powered generators with a 500 gallon fuel supply tank. Approximate run time is 48 hours with no maintenance.

Southern Montana Telephone Company has two 15 KW trailer mounted mobile gasoline powered generators for remote central offices without stationary backup power, each with fuel capacity to run approximately 8 hours. These are stored at the host central office site.

Remote central office batteries are rated at 456 AH capable of 20 amp draw for approximately 8 hours.

**Subscriber carrier (DLC, AFC, OPM, etc.)**

Carrier huts are equipped with external connections for use with mobile generators. Hut batteries are rated at 96 AH capable of 23.4 amp draw for approximately 8 hours.

Southern Montana Telephone Company uses both Purcell and Calix brand DLC batteries. Purcell brand DLC cabinet batteries are rated at 180 AH capable of 22 amp draw for 8 hours. Calix brand DLC cabinet batteries are rated at 38 AH capable of 4.5 amp draw for approximately 8 hours.

**Network Interface Devices (NIDs)**

**Southern Montana Telephone Company** has 452 customers with metallic (copper) connections to the Central Office and their NIDs are powered from the Central Office.

**Southern Montana Telephone Company** has 456 customers with non-metallic (fiber optic) connections to the Central Office. These customers' NIDs are battery powered in case of emergency. The batteries are rated to last 10 hours with no use and 6 hours with constant use.

Ability to reroute traffic around damaged facilities

**Southern Montana Telephone Company** has in place a redundant SONET ring to reroute traffic in the event of a transport fiber cut or equipment failure.

48 225M.T610

Capability to manage traffic spikes resulting from emergency situations

**Southern Montana Telephone Company** has 908 customers, switching capacity of 10,000 simultaneous calls, and transport capacity for 64 simultaneous calls. **Southern Montana Telephone Co.** takes no responsibility for the capabilities of interconnected networks to manage traffic spikes resulting from emergency situations.

482254MT1210

# LIFELINE ASSISTANCE FORM



Initial Lifeline Enrollment

Re-Certification of Lifeline Enrollment

Lifeline subscribers receive the same residential service as a regular subscriber, but at a reduced monthly recurring rate. All SMTC subscribers, including Lifeline subscribers, have unlimited local calling privileges at no additional charge. A Lifeline subscriber, as with any SMTC subscriber, is free to choose their own long distance through carriers that serve SMTC locations.

The information you provide on this form is strictly confidential and will only be used to assess your eligibility for Lifeline Assistance. Any documentation received will not be kept, shared or stored by Southern Montana Telephone Company.

## PERSONAL INFORMATION

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Last 4 Digits of Social Security Number: \_\_\_\_\_

Residential Address:

Physical Address (no PO Boxes, must be your 9-1-1 address): \_\_\_\_\_

Billing Address (PO Box allowed): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

This address is:

Permanent     Temporary     Multi-household

Do you share this address with any other person over the age of 18?  Yes  No (If yes, please complete the Household Worksheet on Page 3)

## ELIGIBILITY

ARE YOU CURRENTLY PARTICIPATING IN ANY OF THE FOLLOWING PROGRAMS? (Check all that apply)

- Food Stamps (SNAP)
- Federal Housing Assistance (Section 8)
- Temporary Assistance for Needy Families
- Supplemental Security Income (SSI)
- National School Lunch (Free Program Only)
- Medicaid
- Low Income Home Energy Assistance Program

IS YOUR INCOME AT OR BELOW 135% OF THE FEDERAL POVERTY GUIDELINES  Yes  No

If yes, how many people are in your household? \_\_\_\_\_

Qualifying income per person:

(1) \$15,080    (2) \$20,426    (3) \$25,772    (4) \$31,118    (5) \$36,464    (Add \$5,346 for each additional person.)

IS ANYONE ELSE IN YOUR HOUSEHOLD CURRENTLY RECEIVING ANY LOW-INCOME ASSISTANCE FROM ANY OTHER WIRELINE OR WIRELESS TELEPHONE PROVIDER?  Yes  No

482254MT/210

CERTIFICATIONS

- I understand that Lifeline is a federal benefit and that willfully making false statement to obtain the benefit can result in fines, imprisonment, de-enrollment or being barred from the program.
- I understand only one Lifeline service is available per household and understand that a household is not permitted to receive Lifeline benefits from multiple providers.
- I understand that 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.
- I understand that violation of the one-per-household limitation constitutes a violation of the Federal Communication Commission's rules and will result in my de-enrollment from the program.
- I certify that no other individual in my household is currently receiving Lifeline-supported service and understand that violation of this requirement will result in de-enrollment from the program and could result in criminal prosecution.
- I understand that Lifeline is a non-transferable benefit and I may not transfer my benefit to any other person.
- I agree to notify my telecommunications provider within 30 days if I no longer meet the income-based or program based criteria for receiving Lifeline support or if I find that I am receiving more than one Lifeline benefit or another member of my household is receiving a Lifeline benefit. I may be subject to penalties if I fail to do so.
- I agree to notify my telecommunications provider within 30 days if I move to a new address.
- I agree to provide documentation of my eligibility when required to do so and understand that failure to do so may result in de-enrollment.
- I understand that I may be required to re-certify my eligibility for Lifeline at any time and failure to re-certify my continued eligibility will result in de-enrollment and termination of Lifeline benefits.
- By participating in this government program, I agree to allow my personal information to be added to the national database. I understand that failure to comply will deny me the Lifeline benefit.
- I have read the information on this certification form and understand that I must meet the qualifications listed on this form to receive assistance from the program.
- I certify under penalty of perjury that I meet the eligibility criteria and the information that I populated in the Eligibility section of this form is correct.
- I understand completion of this certification form does not constitute immediate acceptance into the Lifeline program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Submit your completed form using one of the following methods. Lifeline subscribers will receive a re-certification form annually and must return that form within 30 days to ensure the continuation of Lifeline assistance benefits.**

*In-person or U.S. Postal Service:*  
Southern Montana Telephone Company  
P.O. box 205  
Wisdom, MT 59761

Fax: 406-689-3959

Email: [SMTC@smtel.com](mailto:SMTC@smtel.com)

**SOUTHERN MONTANA TELEPHONE COMPANY USE ONLY**

Date Form and Document Received: \_\_\_\_\_ Customer Acct No.: \_\_\_\_\_

Specific Documentation Provided by Customer Supporting Eligibility: \_\_\_\_\_

**HOUSEHOLD WORKSHEET**

If you share an address with another person who may have, or be eligible for Lifeline services, you must complete this Worksheet. This other person may not be a part of your household. Please answer the questions below to determine whether there is more than one household residing at your address.

1. Does your spouse or domestic partner (that is, someone you are married to or in a relationship with) already receive a Lifeline-discounted phone? (check no if you do not have a spouse or partner)  YES  NO
  - If you checked YES, you may not sign up for Lifeline because someone in your household already receives Lifeline. Only ONE Lifeline discount is allowed per household.
  - If you checked NO, please answer question #2.
2. Other than a spouse or partner, do other adults (people over the age of 18 or emancipated minors) live with you at your address?
  - A. A parent  YES  NO
  - B. An adult son or daughter  YES  NO
  - C. Another adult relative (such as a sibling, aunt, cousin, grandparent, grandchild, etc.)  YES  NO
  - D. An adult roommate  YES  NO
  - E. Other \_\_\_\_\_ Other \_\_\_\_\_
  - If you checked NO for each statement above, you do not need to answer the remaining questions. Please initial line B, below, and sign and date the worksheet.
  - If you checked YES for any statement above, please answer question #3.
3. Do you share living expenses (bills, food, etc.) and share income (either your income, the other person's income or both incomes together) with at least one of the adults listed above in question #2?  YES  NO
  - If you checked NO, then your address includes **more than one household**. Please initial lines A and B below, and sign and date the worksheet.
  - If you checked YES, then your address includes only **one household**. You may not sign up for Lifeline if someone in your household already receives Lifeline.

A.  I certify that I live at an address occupied by multiple households.  
 B.  I understand that violation of the one-per-household requirement is against the Federal Communication Commission's rules and may result in me losing my Lifeline benefits, and potentially, prosecution by the United States government.

**SIGNATURE**

By signing below I certify that all information contained on this worksheet is true and correct. I understand that if I knowingly provide false information in order to obtain Lifeline benefits I will be guilty of perjury which is punishable by fines or imprisonment up to five years.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0572-0031. The time required to complete this information collection is estimated to average 4 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

<b>USDA-RUS</b>  <b>OPERATING REPORT FOR TELECOMMUNICATIONS BORROWERS</b>		<i>This data will be used by RUS to review your financial situation. Your response is required by 7 U.S.C. 901 et seq. and, subject to federal laws and regulations regarding confidential information, will be treated as confidential.</i>			
		<b>BORROWER NAME</b> Southern Montana Telephone Company (Prepared with Audited Data)			
<b>INSTRUCTIONS-Submit report to RUS within 30 days after close of the period.</b> <i>For detailed instructions, see RUS Bulletin 1744-2. Report in whole dollars only.</i>		<b>PERIOD ENDING</b> December, 2012		<b>BORROWER DESIGNATION</b> MT0526	
<b>CERTIFICATION</b> <i>We hereby certify that the entries in this report are in accordance with the accounts and other records of the system and reflect the status of the system to the best of our knowledge and belief.</i> <b>ALL INSURANCE REQUIRED BY 7 CFR PART 1788, CHAPTER XVII, RUS, WAS IN FORCE DURING THE REPORTING PERIOD AND RENEWALS HAVE BEEN OBTAINED FOR ALL POLICIES.</b>  <b>DURING THE PERIOD COVERED BY THIS REPORT PURSUANT TO PART 1788 OF 7CFR CHAPTER XVII</b> <i>(Check one of the following)</i>					
<input type="checkbox"/> All of the obligations under the RUS loan documents have been fulfilled in all material respects.		<input type="checkbox"/> There has been a default in the fulfillment of the obligations under the RUS loan documents. Said default(s) is/are specifically described in the Telecom Operating Report			
DATE _____					
<b>PART A. BALANCE SHEET</b>					
ASSETS	BALANCE PRIOR YEAR	BALANCE END OF PERIOD	LIABILITIES AND STOCKHOLDERS' EQUITY	BALANCE PRIOR YEAR	BALANCE END OF PERIOD
<b>CURRENT ASSETS</b>			<b>CURRENT LIABILITIES</b>		
1. Cash and Equivalents	1,053,733	1,078,292	25. Accounts Payable	344,925	84,656
2. Cash-RUS Construction Fund	496	496	26. Notes Payable		
3. Affiliates:			27. Advance Billings and Payments	18,789	20,454
a. Telecom, Accounts Receivable	69,595	78,560	28. Customer Deposits	1,655	1,070
b. Other Accounts Receivable			29. Current Mat. L/T Debt	688,790	804,960
c. Notes Receivable			30. Current Mat. L/T Debt-Rur. Dev.		
4. Non-Affiliates:			31. Current Mat.-Capital Leases		
a. Telecom, Accounts Receivable			32. Income Taxes Accrued		
b. Other Accounts Receivable	327,911	533,240	33. Other Taxes Accrued	69,887	89,820
c. Notes Receivable			34. Other Current Liabilities	98,111	235,654
5. Interest and Dividends Receivable			35. Total Current Liabilities (25 thru 34)	1,222,157	1,236,614
6. Material-Regulated	123,949	88,519	<b>LONG-TERM DEBT</b>		
7. Material-Nonregulated			36. Funded Debt-RUS Notes	11,150,379	9,965,322
8. Prepayments	41,315	24,783	37. Funded Debt-RTB Notes		
9. Other Current Assets			38. Funded Debt-FFB Notes		
10. Total Current Assets (1 thru 9)	1,616,999	1,803,890	39. Funded Debt-Other		
<b>NONCURRENT ASSETS</b>			40. Funded Debt-Rural Develop. Loan		
11. Investment in Affiliated Companies			41. Premium (Discount) on L/T Debt		
a. Rural Development			42. Reacquired Debt		
b. Nonrural Development			43. Obligations Under Capital Lease		
12. Other Investments			44. Adv. From Affiliated Companies		
a. Rural Development			45. Other Long-Term Debt		
b. Nonrural Development	314,637	321,075	46. Total Long-Term Debt (36 thru 45)	11,150,379	9,965,322
13. Nonregulated Investments	197,004	180,489	<b>OTHER LIAB. &amp; DEF. CREDITS</b>		
14. Other Noncurrent Assets			47. Other Long-Term Liabilities		
15. Deferred Charges			48. Other Deferred Credits		
16. Jurisdictional Differences			49. Other Jurisdictional Differences		
17. Total Noncurrent Assets (11 thru 16)	511,641	501,564	50. Total Other Liabilities and Deferred Credits (47 thru 49)	0	0
<b>PLANT, PROPERTY, AND EQUIPMENT</b>			<b>EQUITY</b>		
18. Telecom, Plant-in-Service	23,034,898	23,795,394	51. Cap. Stock Outstand. & Subscribed	6,100	6,100
19. Property Held for Future Use			52. Additional Paid-in-Capital	3,290	3,290
20. Plant Under Construction	52,191	11,602	53. Treasury Stock		
21. Plant Adj., Nonop. Plant & Goodwill			54. Membership and Cap. Certificates		
22. Less Accumulated Depreciation	8,410,896	9,548,515	55. Other Capital		
23. Net Plant (18 thru 21 less 22)	14,676,193	14,258,481	56. Patronage Capital Credits		
24. TOTAL ASSETS (10+17+23)			57. Retained Earnings or Margins	4,422,907	5,352,609
	16,804,833	16,563,935	58. Total Equity (51 thru 57)	4,432,297	5,361,999
			59. TOTAL LIABILITIES AND EQUITY (35+46+50+58)	16,804,833	16,563,935

Total Equity = 32.37% % of Total Assets

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USDA-RUS		BORROWER DESIGNATION	
OPERATING REPORT FOR TELECOMMUNICATIONS BORROWERS		MT0526	
		PERIOD ENDING December, 2012	
INSTRUCTIONS- See RUS Bulletin 1744-2			
PART B. STATEMENTS OF INCOME AND RETAINED EARNINGS OR MARGINS			
ITEM	PRIOR YEAR	THIS YEAR	
1. Local Network Services Revenues	194,585	209,109	
2. Network Access Services Revenues	3,567,225	4,774,646	
3. Long Distance Network Services Revenues	127,402	117,179	
4. Carrier Billing and Collection Revenues	453	378	
5. Miscellaneous Revenues	2,768	3,694	
6. Uncollectible Revenues	789	(412)	
<b>7. Net Operating Revenues (1 thru 5 less 6)</b>	<b>3,891,644</b>	<b>5,105,418</b>	
8. Plant Specific Operations Expense	492,620	533,455	
9. Plant Nonspecific Operations Expense (Excluding Depreciation & Amortization)	337,256	504,248	
10. Depreciation Expense	1,197,701	1,351,742	
11. Amortization Expense	8,750	8,750	
12. Customer Operations Expense	156,411	185,358	
13. Corporate Operations Expense	649,124	662,795	
<b>14. Total Operating Expenses (8 thru 13)</b>	<b>2,841,862</b>	<b>3,246,348</b>	
15. Operating Income or Margins (7 less 14)	1,049,782	1,859,070	
16. Other Operating Income and Expenses			
17. State and Local Taxes			
18. Federal Income Taxes			
19. Other Taxes	126,129	165,907	
<b>20. Total Operating Taxes (17+18+19)</b>	<b>126,129</b>	<b>165,907</b>	
21. Net Operating Income or Margins (15+16-20)	923,653	1,693,163	
22. Interest on Funded Debt	385,331	405,940	
23. Interest Expense - Capital Leases			
24. Other Interest Expense			
25. Allowance for Funds Used During Construction	18,771	2,253	
<b>26. Total Fixed Charges (22+23+24-25)</b>	<b>366,560</b>	<b>403,687</b>	
27. Nonoperating Net Income	3,468	23,935	
28. Extraordinary Items			
29. Jurisdictional Differences			
30. Nonregulated Net Income	(54,832)	(130,844)	
<b>31. Total Net Income or Margins (21+27+28+29+30-26)</b>	<b>505,729</b>	<b>1,182,567</b>	
32. Total Taxes Based on Income			
33. Retained Earnings or Margins Beginning-of-Year	4,115,638	4,422,907	
34. Miscellaneous Credits Year-to-Date			
35. Dividends Declared (Common)	198,460	252,865	
36. Dividends Declared (Preferred)			
37. Other Debits Year-to-Date			
38. Transfers to Patronage Capital			
<b>39. Retained Earnings or Margins End-of-Period [(31+33+34) - (35+36+37+38)]</b>	<b>4,422,907</b>	<b>5,352,609</b>	
40. Patronage Capital Beginning-of-Year			
41. Transfers to Patronage Capital			
42. Patronage Capital Credits Retired			
<b>43. Patronage Capital End-of-Year (40+41-42)</b>	<b>0</b>	<b>0</b>	
44. Annual Debt Service Payments	997,607	1,163,105	
45. Cash Ratio [(14+20-10-11) / 7]	0.4526	0.4019	
46. Operating Accrual Ratio [(14+20+26) / 7]	0.8568	0.7474	
47. TIER [(31+26) / 26]	2.3797	3.9294	
48. DSCR [(31+26+10+11) / 44]	2.0837	2.5335	

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USDA-RUS		BORROWER DESIGNATION
OPERATING REPORT FOR TELECOMMUNICATIONS BORROWERS		MT0526
INSTRUCTIONS – See help in the online application.		PERIOD ENDED December, 2012
<b>PART I – STATEMENT OF CASH FLOWS</b>		
<b>1. Beginning Cash (Cash and Equivalents plus RUS Construction Fund)</b>		1,054,229
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>		
<b>2. Net Income</b>		1,182,567
<i>Adjustments to Reconcile Net Income to Net Cash Provided by Operating Activities</i>		
3. Add: Depreciation		1,351,742
4. Add: Amortization		8,750
5. Other (Explain) IPTV Depreciation		29,307
<i>Changes in Operating Assets and Liabilities</i>		
6. Decrease/(Increase) in Accounts Receivable		(214,294)
7. Decrease/(Increase) in Materials and Inventory		35,430
8. Decrease/(Increase) in Prepayments and Deferred Charges		16,532
9. Decrease/(Increase) in Other Current Assets		0
10. Increase/(Decrease) in Accounts Payable		(260,269)
11. Increase/(Decrease) in Advance Billings & Payments		1,665
12. Increase/(Decrease) in Other Current Liabilities		137,543
<b>13. Net Cash Provided/(Used) by Operations</b>		<b>2,288,973</b>
<b>CASH FLOWS FROM FINANCING ACTIVITIES</b>		
14. Decrease/(Increase) in Notes Receivable		0
15. Increase/(Decrease) in Notes Payable		0
16. Increase/(Decrease) in Customer Deposits		(585)
17. Net Increase/(Decrease) in Long Term Debt (Including Current Maturities)		(1,068,887)
18. Increase/(Decrease) in Other Liabilities & Deferred Credits		0
19. Increase/(Decrease) in Capital Stock, Paid-in Capital, Membership and Capital Certificates & Other Capital		0
20. Less: Payment of Dividends		(252,865)
21. Less: Patronage Capital Credits Retired		0
22. Other (Explain)		
<b>23. Net Cash Provided/(Used) by Financing Activities</b>		<b>(1,322,337)</b>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>		
24. Net Capital Expenditures (Property, Plant & Equipment)		(719,907)
25. Other Long-Term Investments		10,077
26. Other Noncurrent Assets & Jurisdictional Differences		0
27. Other (Explain) to balance this to General Ledger		(232,247)
<b>28. Net Cash Provided/(Used) by Investing Activities</b>		<b>(942,077)</b>
<b>29. Net Increase/(Decrease) in Cash</b>		<b>24,559</b>
<b>30. Ending Cash</b>		<b>1,078,788</b>

Revision Date 2010

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CPAS AND BUSINESS CONSULTANTS

INDEPENDENT AUDITORS' MANAGEMENT LETTER

To the Board of Directors
Southern Montana Telephone Company
Wisdom, Montana

We have audited the financial statements of Southern Montana Telephone Company (the Company) for the year ended December 31, 2012, and have issued our report thereon dated March 1, 2013. We conducted our audit in accordance with auditing standards generally accepted in the United States of America, the standards applicable to financial audit contained in Government Auditing Standards issued by the Comptroller General of the United States of America, and 7 CFR 1773, Policy on Audits of Rural Utilities Service (RUS) Borrowers. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

In planning and performing our audit of the financial statements of Southern Montana Telephone Company for the year ended December 31, 2012, we considered its internal control over financial reporting in order to determine our auditing procedures for the purpose of expressing an opinion on the financial statements and not to provide assurance on the internal control over financial reporting. Accordingly, we do not express such assurance on the Company's internal control.

A description of the responsibility of management for establishing and maintaining the internal control over financial reporting, and the objectives of and inherent limitations in such control, is set forth in our independent auditors' report on compliance and on internal control over financial reporting dated March 1, 2013, and should be read in conjunction with this report.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct misstatements on a timely basis. A material weakness is a deficiency or combination of deficiencies in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected on a timely basis.

Our consideration of internal control was for the limited purpose described in the first paragraph and was not designed to identify all deficiencies in internal control that might be significant deficiencies or material weaknesses and, therefore, there can be no assurance that all such deficiencies have been identified. We did not identify any deficiencies in internal control that we consider to be material weaknesses, as defined above.

7 CFR 1773.33 requires comments on specific aspects of the internal control over financial reporting, compliance with specific RUS loan and security instrument provisions, and other additional matters. We have grouped our comments accordingly. In addition to obtaining reasonable assurance about whether the financial statements are free from material misstatements, at your request, we performed tests of specific aspects of the internal control over financial reporting, of compliance with specific RUS loan and security instrument provisions, and of additional matters. The specific aspects of the internal control over financial reporting, compliance with specific RUS loan and security instrument provisions, and additional matters tested include, among other things, the accounting procedures and records, materials control, compliance with specific RUS loan and security instrument provisions set forth in 7 CFR 1773.33(e)(2), related party transaction, and investments. In addition, our audit of the financial statements also included the procedures specified in 7 CFR 1773.338-45. Our objective was not to provide an opinion on these specific aspects of the internal control over financial reporting, compliance with specific RUS loan and security instrument provisions, or additional matters, and accordingly, we express no opinion thereon.

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PORTLAND, OR | SALEM, OR | CARLSBAD, CA | ESCONDIDO, CA | SAN DIEGO, CA | ANCHORAGE, AK
AKT LLP

No reports, other than our independent auditors' report, and our independent auditors' report on compliance and on internal control over financial reporting, both dated March 1, 2013, or summary of recommendations related to our audit, have been furnished to management.

Our comments on specific aspects of the internal control over financial reporting, compliance with specific RUS loan and security instrument provisions, and other additional matters, as required by 7 CFR 1773.33, are presented below.

Comments on Certain Specific Aspects of the Internal Control Over Financial Reporting

We noted no matters regarding the Company's internal control over financial reporting and its operation that we consider to be a material weakness, as previously defined, with respect to the:

- Accounting procedures and records.
- Process for accumulating and recording labor, material and overhead costs, and the distribution of these costs to construction, retirement and maintenance, or other expense accounts.
- Materials control.

Comments on Compliance with Specific RUS Loan and Security Instrument Provisions

At your request, we have performed the procedures enumerated below with respect to compliance with certain provisions of laws, regulations, contracts, and grants. The procedures we performed are summarized as follows:

- In performing the procedure with respect to the requirement for a borrower to obtain written approval of the mortgagee to enter into any contract, agreement, or lease between the borrower and an affiliate of the Company for the year ended December 31, 2012, we:
  1. Obtained and read a borrower-prepared schedule of new written contracts entered into during the year between the borrower and an affiliate as defined in 7 CFR 1773.33(e)(2)(i).
  2. Reviewed Board of Directors minutes to ascertain whether Board-approved written contracts are included in the borrower-prepared schedule.
  3. Noted the existence of written RUS and other mortgagee approval of each contract listed by the borrower.
- In performing the procedure with respect to the requirement to submit the Operating Report for Telecommunications Borrowers to the RUS:
  1. Agreed amounts reported in Operating Report for Telecommunications Borrowers to the Company's records.

The results of our tests indicate that, with respect to the items tested, the Company complied, in all material respects, with the specific RUS loan and security instrument provisions referred to below. The specific provisions tested, as well as any exceptions noted, include the requirements that:

- The borrower has obtained written approval of the RUS and other mortgagees to enter into any contract, agreement, or lease with an affiliate as defined in 7 CFR 1773.33(e)(2)(i).
- The borrower has submitted its Operating Report for Telecommunications Borrowers, as of December 31, 2012, and the Operating Report for Telecommunications Borrowers represented by the borrower as having been submitted to RUS, is in agreement with the Company's audited records in all material respects.

Comments on Other Additional Matters

In connection with our audit of the financial statements of the Company, nothing came to our attention that caused us to believe that the Company failed to comply with respect to the following:

- The reconciliation of continuing property records to the controlling general ledger plant accounts addressed at 7 CFR 1773.33(c)(1).

- The clearing of the construction accounts and the accrual of depreciation on completed construction addressed at 7 CFR 1773.33(c)(2).
- The retirement of plant addressed at 7 CFR 1773.33(c)(3) and (4).
- The approval of the sale, lease, or transfer of capital assets and disposition of proceeds for the sale or lease of plant, material, or scrap addressed at 7 CFR 1773.33(c)(5).
- The disclosure of material related party transactions, in accordance with FASB ASC 850-10-50-1, Related Party Transactions, for the year ended December 31, 2012, in the financial statements referenced in the first paragraph of this report, addressed at 7 CFR 1773.33(e).

Our audit was made for the purpose of forming an opinion on the basic financial statements taken as a whole. The detailed schedule of investments required by 7 CFR 1773.33(i), has not been presented as the Company does not have any investments qualifying for disclosure. This information has been subjected to the auditing procedures applied in our audit of the basic financial statements and, in our opinion, is fairly stated in all material respects in relation to the basic financial statements taken as a whole.

This report is intended solely for the information and use of the Board of Directors, management, Rural Utilities Service, and supplemental lenders and is not intended to be and should not be used by anyone other than these specified parties. However, this report is a matter of public record, and its distribution is not limited.

*AKT LLP*

Salem, Oregon  
March 1, 2013