

**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	411761
<015> Study Area Name	CUNNINGHAM TEL CO
<020> Program Year	2014
<030> Contact Name: Person USAC should contact with questions about this data	Chris Clasbey
<035> Contact Telephone Number: Number of the person identified in data line <030>	719-266-4334
<039> Contact Email Address: Email of the person identified in data line <030>	cclasbey@tcatel.com

ANNUAL REPORTING FOR ALL CARRIERS	54.313 Completion Required	54.422 Completion Required
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			<i>(check box when complete)</i>	
<100> Service Quality Improvement Reporting	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<200> Outage Reporting (voice)	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<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)	<input type="text" value="0"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<310> Detail on Attempts (voice)	<i>(attach descriptive document)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<320> Unfulfilled Service Requests (broadband)	<input type="text" value="0"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<330> Detail on Attempts (broadband)	<i>(attach descriptive document)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<400> Number of Complaints per 1,000 customers (voice)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<410> Fixed	<input type="text" value="0.0"/>			
<420> Mobile	<input type="text" value="0.0"/>			
<430> Number of Complaints per 1,000 customers (broadband)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<440> Fixed	<input type="text" value="0.0"/>			
<450> Mobile	<input type="text" value="0.0"/>			
<500> Service Quality Standards & Consumer Protection Rules Compliance	<i>(check to indicate certification)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510> <input type="text" value="411761ks510"/>	<i>(attached descriptive document)</i>	<input checked="" type="checkbox"/>	<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"/>	<input checked="" type="checkbox"/>
<610> <input type="text" value="411761ks610"/>	<i>(attached descriptive document)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700> Company Price Offerings (voice)	<i>(complete attached worksheet)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<710> Company Price Offerings (broadband)	<i>(complete attached worksheet)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<800> Operating Companies and Affiliates	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
<1000> Voice Services Rate Comparability	<i>(check to indicate certification)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<1010> <input type="text"/>	<i>(attach descriptive document)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<1100> Terrestrial Backhaul (Y/N)? <input checked="" type="radio"/> <input type="radio"/>	<i>(if not, check to indicate certification)</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<1110>	<i>(complete attached worksheet)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<1200> Terms and Condition for Lifeline Customers	<i>(complete attached worksheet)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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>	<input type="checkbox"/>	<input type="checkbox"/>
<2005>	<i>(complete attached worksheet)</i>	<input type="checkbox"/>	<input type="checkbox"/>

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

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

FCC Form 481 Certifications

FCC Form 481 Lines 510 and 610
Cunningham Telephone Company
SAC 411761

Line 510: Service Quality Standards & Consumer Protection Rules Compliance

Service Quality Standards

The company complies with the service quality standards as adopted in the Kansas Corporation Commission (KCC) Docket Nos. 191,206-U and 95-GIMT-047-GIT.

Consumer Protection Rules

The company complies with the following consumer protection rules:

- FCC rules regarding verification of orders for telecommunications service as required of submitting carriers {47 CFR §64.1100}
- The FCC's Truth-in-Billing Requirements {47 CFR §64.2400}
- Billing practice standards as set out in KCC Docket No. 06-GIMT-187-GIT and subsequent billing practice standards approved by the KCC.
- All of the requirements of 47 C.F.R. § Part 64 Subpart U, Customer Proprietary Network Information and Federal Trade Commission 16 C.F.R. §681, Identity Theft Red Flags

Line 610: Functionality in Emergency Situations

- The company maintains 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. {47 CFR §54.202(a)}
- The company has made reasonable provisions to meet emergencies resulting from power failures; sudden and prolonged increases in traffic; staff shortages; and fire, storm, and acts of god.

(100) Service Quality Improvement Reporting Data Collection Form	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	Chris Clasbey
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<039> Contact Email Address - Email Address of person identified in data line <030>	cclasbey@tccatel.com

<110> Has your company received its ETC certification from the FCC?	(yes / no) <input type="radio"/> <input checked="" type="radio"/>
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) <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			<input type="checkbox"/>
<114> Report how much universal service (USF) support was received			<input type="checkbox"/>
<115> How (USF) was used to improve service quality			<input type="checkbox"/>
<116> How (USF) was used to improve service coverage			<input type="checkbox"/>
<117> How (USF) was used to improve service capacity			<input type="checkbox"/>
<118> Provide an explanation of network improvement targets not met in the prior calendar year.			<input type="checkbox"/>

(900) Tribal Lands Reporting Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<039>	Contact Email Address - Email Address of person identified in data line <030>	ccclasbey@tcatel.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
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<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
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<039>	Contact Email Address - Email Address of person identified in data line <030>	ccclasbey@tcatel.com

<1210> Terms & Conditions of Voice Telephony Lifeline Plans 411761ks1210

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.

3. LOCAL SERVICES

3.1 Local Exchange Telephone Service - Basic Service Rates

These rates apply to all customers of the Company. The rate covers the provision of network access to a local customer location, and entitles the customer to local calls (without long distance toll charges) to all local stations connected to a central office of the exchange, or to all local extended local service areas where comprised of more than one exchange. Tone dialing service is also included in the rate.

	<u>Monthly Rate</u>
Business Access Line	\$19.25
Residence Access Line	\$16.25
Payphone Access Line	\$19.25

3.11 Kansas Universal Service Fund

The Company assesses a fee for funding of the Kansas Universal Service Fund (KUSF), including Kansas Lifeline Service Program (KLSP), and the Kansas Telecommunications Access Program (TAP). These funds were enacted by the Kansas Legislature in 1996, and authorized by the Kansas Corporation Commission on December 27, 1996 in Docket No. 190,492-U. The amount of the fee may vary as determined by the Fund Administrator.

(T) 3.12 Lifeline Service Program

The Lifeline Service (Lifeline) program, sponsored by the Federal Communications Commission, is a program designed to maintain and preserve universal service by providing a reduction in the price of basic residential local exchange service to qualifying low-income customers.

(D)

(D)

A. General

- (T) (C) (R)
1. Lifeline is a federally funded reduction of local service charges. Eligible applicants will receive a reduction of \$9.25 on their local telephone bill.
 - (a) Lifeline customers will also receive additional Lifeline service reductions in intrastate local service of \$7.77.
 - (b) The maximum Lifeline benefit should not exceed mandatory customer charges attributable to the provision of local service.

Issued: June 29, 2012

Effective:

Brent Cunningham, General Manager
Cunningham Telephone Company, Inc.
220 West Main, P.O. Box 108
Glen Elder, Kansas 67446

B. Program Eligibility Requirements

- (T) 1. Lifeline will be provided for one (1) telephone line per household at the customer's principal place of residence where there is only one active local exchange access line to his/her residential premises or dwelling place.¹ A room or portion of a residence occupied exclusively by an individual not sharing equally as a member of the domestic establishment may be considered a separate dwelling unit (premises). Verification of this requirement will be through self-certification.
- (T) 2. To be eligible for Lifeline assistance, a customer may qualify under either of the following criteria:
- (T) (a) The customer must show they are currently a recipient of benefits from one of the following public assistance programs:
- (T) 1. Bureau of Indian Affairs General Assistance
- (T) 2. Food Distribution Program
- (N) 3. Food Distribution Program on Indian Reservations
4. Free School Lunch Program
5. General Assistance
6. Low Income Energy Assistance Program (LIEAP)
7. Medicaid
8. Section 8 Federal Public Housing Program
9. Supplemental Nutrition Assistance Program
10. Supplemental Security Income (SSI)
11. Temporary Assistance for Needy Families
12. Tribally Administered Free School Lunch Program
13. Tribally Administered Head Start (only those meeting its income qualifying standard)
- (T) 14. Tribally Administered Temporary Assistance for Needy Families

The customer must obtain and provide to the Company a copy of a valid identification card or the appropriate documents that are issued to them by the agency administering the program.

¹ A residential premises or dwelling place is that location where a customer resides, even if such residential premises or dwelling place is only a single room. Lifeline will not be provided if the customer has access to other local exchange telephone service within the residential premises or dwelling place, provided/owned by himself/herself or owned/provided by others. If, however, it can be determined by the Company that access to other existing local exchange telephone service owned/provided by others is virtually denied, or is inaccessible to the customer, then Lifeline service will be provided.

(D)

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(D)

(b) A customer shall be eligible for the Lifeline Service program if that customer's household income level is at or below 150% of the federal poverty level. Such customers may obtain a form from the Company suitable for self-certification of income level, and provide the completed form to the Company to begin service under the program. Proof of income is required. Acceptable documentation may include the prior year's federal, state, or tribal tax return, or other forms of income certification. Customers should contact the Company for specific details.

(D)

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(D)

C. Certification

1. The customer will certify eligibility for Lifeline Service. Re-certification is required annually or at anytime the qualifying criteria for the customer changes.
2. Recipients of Lifeline Service must notify the Company when they no longer qualify for Lifeline Service. Upon receipt of the notification, the Company will discontinue Lifeline Service.
3. If the Company discovers that conditions exist that disqualify the recipient of Lifeline Service, local service will be billed at the full rate. The customer will be billed retroactively either to the date Lifeline Service commenced or the date the recipient no longer qualified for the service, not to exceed 12 months.

D. Rules and Regulations

1. Local service for Lifeline customers may be disconnected for non-payment of toll charges.
2. Toll Restriction Service will be provided to Lifeline customers at no charge.
3. Lifeline customers may be required to accept Toll Restriction Service as a condition to avoid disconnection of local service for non-payment of toll.
4. Lifeline customers are not required to pay a deposit in order to obtain local service if the customer voluntarily elects installation of Toll Restriction Service.
5. Partial payments from Lifeline customers will be applied first to local service charges and then to toll charges.

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6. Lifeline customers will not be denied re-establishment of service on the basis that the customer was previously disconnected for non-payment of toll charges.

7. Lifeline will not be furnished on a Foreign Exchange service arrangement.

E. Credit and Collections

(T) 1. If a Lifeline applicant is known to have a poor credit history, a deposit may be required.

(T) 2. Once service has been established for a Lifeline customer, he/she will be subject to bill payment policies contained in this Tariff applicable to all customers.

(D)

|

(D)

3.2 Public Telephone Service

3.21 General

A. A public telephone is an exchange station installed at the Company's option, equipped with a coin collecting device, at various locations within the exchange chosen or accepted by the Company as suitable and necessary for furnishing service to the general public. The location of all public telephones shall be at the sole discretion of the Company.

B. Persons with whom arrangements are made by the Company for the installation of public telephones are considered as agents of the Company in serving the public.

C. Public telephones are installed when the agent signs established application forms, without specific term, terminable by either the agent or the Company upon written notice.

D. No listings in the directory or extension stations are allowed in connection with public telephone service.

E. The Company may furnish public telephones without coin collecting equipment in selected locations for the purpose of satisfying demand for optional billing services on an originating basis only. In the normal mode, coinless public telephone service affords transients the option of selecting a preferred billing arrangement for outgoing messages: charging to a third number or to a telephone company credit card account, or placing calls collect. In certain locations, however, calls will be billed on a collect basis only.

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FCC Form 481 Certifications

FCC Form 481 Line 1210

Cunningham Telephone Company

SAC 411761

Line 1210: Lifeline Terms and Conditions

Lifeline subscribers receive unlimited local calling at a discount of \$9.25.

(2000) Price Cap Carrier Additional Documentation

FCC Form 481

Data Collection Form

OMB Control No. 3060-0986/OMB Control No. 3060-0819

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

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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 _____

The following (3 pages) pages from this section have been redacted for public inspection in its entirety.

Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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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:	CUNNINGHAM TEL CO
Signature of Authorized Officer:	CERTIFIED ONLINE Date 10/09/2013
Printed name of Authorized Officer:	Brent Cunningham
Title or position of Authorized Officer:	Vice President/General Manager
Telephone number of Authorized Officer:	785-545-3215
Study Area Code of Reporting Carrier:	411761 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
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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

