



Your business
is our business.

REDACTED – FOR PUBLIC INSPECTION

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Greenbelt, Maryland 20770
phone: 301-459-7590, fax: 301-577-5575
internet: www.jsitel.com, e-mail: jsi@jsitel.com

October 15, 2013

By Hand Delivery

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

**Re: WC Docket No. 10-90, WC Docket No. 11-42
2013 ETC Annual Report of Mound Bayou Telephone & Communications, Inc.
Study Area Code 280462**

Dear Ms. Dortch:

On behalf of Mound Bayou Telephone and Communications, Inc. “Mound Bayou”, JSI files the attached confidential and redacted versions of the FCC Form 481 ETC annual reporting information pursuant to sections 54.313 and 54.422 of the Commission’s rules.¹ Mound Bayou seeks confidential treatment under Protective Order for section 54.313(f)(2) financial information.² The redacted version is also being filed this date via the FCC’s Electronic Comment Filing System.

Please direct any questions regarding the filing to the undersigned.

Sincerely,

John Kuykendall
JSI Vice President
301-459-7590
jkuykendall@jsitel.com

cc: Charles Tyler, Telecommunications Access Policy Division (two copies, confidential)

¹ 47 C.F.R. §§ 54.313, 54.422.

² *Connect America Fund et al.*, WC Docket No. 10-90 *et al.*, Protective Order, DA 12-1857 rel. Nov. 16, 2012 (Protective Order). 47 C.F.R. § 54.313(f)(2).

| | |
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| 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 | 280462 |
| <015> Study Area Name | MOUND BAYOU TEL & CO |
| <020> Program Year | 2014 |
| <030> Contact Name: Person USAC should contact with questions about this data | Rick Bennett |
| <035> Contact Telephone Number: Number of the person identified in data line <030> | 601-764-3463 |
| <039> Contact Email Address: Email of the person identified in data line <030> | rbennett@nexband.com |

| | | |
|------------------------------------------|-------------------------------------------|-------------------------------------------|
| ANNUAL REPORTING FOR ALL CARRIERS | 54.313 Completion Required | 54.422 Completion Required |
|------------------------------------------|-------------------------------------------|-------------------------------------------|

| | | |
|-------------------------------------------------------------------------------------------|--------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <i>(check box when complete)</i> | | |
| <100> Service Quality Improvement Reporting | <i>(complete attached worksheet)</i> | <input type="checkbox"/> <input style="background-color: #cccccc;" 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) | <input type="text" value="0"/> | <input checked="" type="checkbox"/> <input style="background-color: #cccccc;" type="checkbox"/> |
| <310> Detail on Attempts (voice) | <input type="text"/> | <input style="background-color: #cccccc;" type="checkbox"/> |
| <320> Unfulfilled Service Requests (broadband) | <input type="text"/> | <input style="background-color: #cccccc;" type="checkbox"/> |
| <330> Detail on Attempts (broadband) | <input type="text"/> | <input style="background-color: #cccccc;" type="checkbox"/> |
| <400> Number of Complaints per 1,000 customers (voice) | | <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> |
| <410> Fixed | <input type="text" value="0.0"/> | |
| <420> Mobile | <input type="text"/> | |
| <430> Number of Complaints per 1,000 customers (broadband) | | <input type="checkbox"/> <input style="background-color: #cccccc;" type="checkbox"/> |
| <440> Fixed | <input type="text"/> | |
| <450> Mobile | <input type="text"/> | |
| <500> Service Quality Standards & Consumer Protection Rules Compliance | <i>(check to indicate certification)</i> | <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> |
| <510> <input type="text" value="280462ms510"/> | <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> <input type="text" value="280462ms610"/> | <i>(attached descriptive document)</i> | <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> |
| <700> Company Price Offerings (voice) | <i>(complete attached worksheet)</i> | <input type="checkbox"/> <input style="background-color: #cccccc;" type="checkbox"/> |
| <710> Company Price Offerings (broadband) | <i>(complete attached worksheet)</i> | <input type="checkbox"/> <input style="background-color: #cccccc;" type="checkbox"/> |
| <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"/> <input style="background-color: #cccccc;" type="checkbox"/> |
| <1000> Voice Services Rate Comparability | <i>(check to indicate certification)</i> | <input type="checkbox"/> <input style="background-color: #cccccc;" type="checkbox"/> |
| <1010> <input type="text"/> | <i>(attach descriptive document)</i> | <input type="checkbox"/> <input style="background-color: #cccccc;" type="checkbox"/> |
| <1100> Terrestrial Backhaul (Y/N)? <input checked="" type="radio"/> <input type="radio"/> | <i>(if not, check to indicate certification)</i> | <input type="checkbox"/> <input style="background-color: #cccccc;" type="checkbox"/> |
| <1110> | <i>(complete attached worksheet)</i> | <input type="checkbox"/> <input style="background-color: #cccccc;" type="checkbox"/> |
| <1200> Terms and Condition for Lifeline Customers | <i>(complete attached worksheet)</i> | <input style="background-color: #cccccc;" type="checkbox"/> <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> | <input type="checkbox"/> <input style="background-color: #cccccc;" type="checkbox"/> |
| <2005> | <i>(complete attached worksheet)</i> | <input type="checkbox"/> <input style="background-color: #cccccc;" type="checkbox"/> |

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

| | | |
|--------|------------------------------------------|-------------------------------------------------------------------------------------------------|
| <3000> | <i>(check to indicate certification)</i> | <input checked="" type="checkbox"/> <input style="background-color: #cccccc;" type="checkbox"/> |
| <3005> | <i>(complete attached worksheet)</i> | <input checked="" type="checkbox"/> <input style="background-color: #cccccc;" type="checkbox"/> |

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|-----------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| (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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|-------------------------------------------------------------------------------------|----------------------|
| <010> Study Area Code | 280462 |
| <015> Study Area Name | MOUND BAYOU TEL & CO |
| <020> Program Year | 2014 |
| <030> Contact Name - Person USAC should contact regarding this data | Rick Bennett |
| <035> Contact Telephone Number - Number of person identified in data line <030> | 601-764-3463 |
| <039> Contact Email Address - Email Address of person identified in data line <030> | rbennett@nexband.com |

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|-----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <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
- <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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| (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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|-------|-------------------------------------------------------------------------------|----------------------|
| <010> | Study Area Code | 280462 |
| <015> | Study Area Name | MOUND BAYOU TEL & CO |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Rick Bennett |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 601-764-3463 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | rbennett@nexband.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.

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|----------------------------|
| Select (Yes, No, NA) |
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| (1100) 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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|-------|-------------------------------------------------------------------------------|----------------------|
| <010> | Study Area Code | 280462 |
| <015> | Study Area Name | MOUND BAYOU TEL & CO |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Rick Bennett |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 601-764-3463 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | rbennett@nexband.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 | FCC Form 481 |
| Lifeline | OMB Control No. 3060-0986/OMB Control No. 3060-0819 |
| Data Collection Form | July 2013 |

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|--------------------|-------------------------------------------------------------------------------|----------------------|
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| <015> | Study Area Name | MOUND BAYOU TEL & CO |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Rick Bennett |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 601-764-3463 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | rbennett@nexband.com |

<1210> Terms & Conditions of Voice Telephony Lifeline Plans 280462ms1210

Name of attached document (.pdf)

<1220> Link to Public Website HTTP <http://www.moundbayou.com/lowincomeassistance.htm>

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

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

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| (2000) Price Cap Carrier Additional Documentation | FCC Form 481 |
| Data Collection Form | OMB Control No. 3060-0986/OMB Control No. 3060-0819 |
| <i>Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers</i> | July 2013 |

| | | |
|--------------------|-------------------------------------------------------------------------------|----------------------|
| <010> | Study Area Code | 280462 |
| <015> | Study Area Name | MOUND BAYOU TEL & CO |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Rick Bennett |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 601-764-3463 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | rbennett@nexband.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)} | <input type="checkbox"/> |
| <2011> | 3rd Year Certification {47 CFR § 54.313(b)(2)} | <input type="checkbox"/> |

Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}

| | | |
|---------------------|----------------------------------------------|--------------------------|
| <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"/> |

Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}

| | | |
|---------------------|-----------------------------------------------|--------------------------|
| <2016> | Certification Support Used to Build Broadband | <input type="checkbox"/> |
|---------------------|-----------------------------------------------|--------------------------|

Connect America Phase II Reporting {47 CFR § 54.313(e)}

| | | |
|---------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| <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 | <input type="checkbox"/> |
|---------------------|------------------------------------------------|--------------------------------------------------------|--------------------------|

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

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|-------------------------------------------------------------------------------------|----------------------|
| <010> Study Area Code | 280462 |
| <015> Study Area Name | MOUND BAYOU TEL & CO |
| <020> Program Year | 2014 |
| <030> Contact Name - Person USAC should contact regarding this data | Rick Bennett |
| <035> Contact Telephone Number - Number of person identified in data line <030> | 601-764-3463 |
| <039> Contact Email Address - Email Address of person identified in data line <030> | rbennett@nexband.com |

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

Progress Report on 5 Year Plan

| | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|----------------------------------------------|
| (3010) Milestone Certification {47 CFR § 54.313(f)(1)(i)} Please check this box to confirm that the attached PDF , on line 3012, | Name of Attached Document Listing Required Information | <input type="checkbox"/> |
| (3011) contains the required information pursuant to § 54.313 (f)(1)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. | | |
| (3012) Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)} | Name of Attached Document Listing Required Information | <input type="checkbox"/> |
| (3013) Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)} | | <input checked="" type="checkbox"/> (Yes/No) |
| (3014) 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: | | <input checked="" type="checkbox"/> (Yes/No) |
| (3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers) | | <input checked="" type="checkbox"/> |
| (3016) PDF of Balance Sheet, Income Statement and Statement of Cash Flows | | <input checked="" type="checkbox"/> |
| (3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation | Name of Attached Document Listing Required Information | 280462ms3017 |
| (3018) 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 : | | <input type="checkbox"/> (Yes/No) |
| (3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications | | <input type="checkbox"/> |
| (3020) PDF of Balance Sheet, Income Statement and Statement of Cash Flows | | <input type="checkbox"/> |
| (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: | | <input type="checkbox"/> |
| (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, | | <input type="checkbox"/> |
| (3023) Underlying information subjected to a review by an independent certified public accountant | | <input type="checkbox"/> |
| (3024) Underlying information subjected to an officer certification. | | <input type="checkbox"/> |
| (3025) PDF of Balance Sheet, Income Statement and Statement of Cash Flows | | <input type="checkbox"/> |
| (3026) Attach the worksheet listing required information | Name of Attached Document Listing Required Information | <input type="checkbox"/> |

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|-------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 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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| <010> | Study Area Code | 280462 |
| <015> | Study Area Name | MOUND BAYOU TEL & CO |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Rick Bennett |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 601-764-3463 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | rbennett@nexband.com |

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

| | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|
| Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients | |
| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate. | |
| Name of Reporting Carrier: | |
| 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. | |

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| 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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| | | |
|--------------------|-------------------------------------------------------------------------------|----------------------|
| <010> | Study Area Code | 280462 |
| <015> | Study Area Name | MOUND BAYOU TEL & CO |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Rick Bennett |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 601-764-3463 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | rbennett@nexband.com |

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

| Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| I certify that (Name of Agent) <u>John Staurulakis, Inc.</u> 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: | John Staurulakis, Inc. |
| Name of Reporting Carrier: | MOUND BAYOU TEL & CO |
| Signature of Authorized Officer: | CERTIFIED ONLINE Date: 10/14/2013 |
| Printed name of Authorized Officer: | Stephanie Hand |
| Title or position of Authorized Officer: | Controller |
| Telephone number of Authorized Officer: | 601-764-3463 |
| Study Area Code of Reporting Carrier: | 280462 Filing Due Date for this form: 10/15/2013 |
| <small>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.</small> | |

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: | MOUND BAYOU TEL & CO |
| Name of Authorized Agent or Employee of Agent: | John Staurulakis, Inc. |
| Signature of Authorized Agent or Employee of Agent: | CERTIFIED ONLINE Date: 10/14/2013 |
| Printed name of Authorized Agent or Employee of Agent: | Lans Chase |
| Title or position of Authorized Agent or Employee of Agent: | Staff Director - Regulatory Affairs |
| Telephone number of Authorized Agent or Employee of Agent: | 770-569-2105 |
| Study Area Code of Reporting Carrier: | 280462 Filing Due Date for this form: 10/15/2013 |
| <small>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.</small> | |

Attachments

Demonstration of Complying with Applicable Service Quality Standards and Consumer Protection Rules

In establishing this certification in its *2005 ETC Order*,¹ the FCC found that an ETC must make “a specific commitment to objective measures to protect consumers.”² The FCC found that for wireless ETCs, compliance with CTIA’s Consumer Code for Wireless Service would satisfy this requirement” and that the sufficiency of other commitments would be considered on a case-by-case basis.³ In this context, the FCC stated, “to the extent a wireline or wireless ETC applicant is subject to consumer protection obligations under state law, compliance with such laws may meet our requirement.”⁴

Mound Bayou Telephone & Communications, Inc. (“Company”) hereby certifies that it is complying with applicable service quality standards and consumer protection rules. The Company is subject to consumer protection obligations under state law and pursuant to the orders in Mississippi Public Service Commission Docket No. 2005-AD-662. These obligations include, but are not limited to, the following: (1) filing a Local Exchange Tariff pursuant to the requirements of Mississippi Public Service Commission which disclose rates, terms and conditions of service to customers; (2) adherence to state consumer protection requirements governing telephone providers under Title 39 Utilities, Part III Rules and Regulations Governing Public Utility Service , Subpart 1, General Rules, and Subpart 3, Special Rules – Telephone Companies, including requirements

¹ *Federal-State Joint Board on Universal Service*, CC Docket No. 96-45, Report and Order, FCC 05-46 (rel. Mar. 17, 2005) (“*2005 ETC Order*”).

² *Id.* at para. 28.

³ *Id.* The FCC noted that under the CTIA Consumer Code, wireless carriers agree to: “(1) disclose rates and terms of service to customers; (2) make available maps showing where service is generally available; (3) provide contract terms to customers and confirm changes in service; (4) allow a trial period for new service; (5) provide specific disclosures in advertising; (6) separately identify carrier charges from taxes on billing statements; (7) provide customers the right to terminate service for changes to contract terms; (8) provide ready access to customer service; (9) promptly respond to consumer inquiries and complaints received from government agencies; and (10) abide by policies for protection of consumer privacy.” *Id.* at n. 71.

⁴ *Id.* at n. 72.

for customer service, billing, consumer complaints, rates and charges, and under Miss. Code Ann. Title 77, Chapter 3 statutes; and (3) truth-in-billing requirements; and (4) CPNI, Red Flag Rules and other applicable federal and state requirements governing the protection of customers' privacy.

Demonstration of Ability to Function in Emergency Situations

Mound Bayou Telephone & Communications, Inc. (“Company”) hereby certifies that it is able to function in emergency situations as set forth in §54.202(a)(2)¹ and pursuant to orders in Mississippi Public Service Commission Docket No. 2005-AD-662. The Company’s network is designed to remain functional in emergency situations without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations as required by Section 54.202(a)(2). The Company can reroute traffic around damaged facilities. Changing call routing translations will also allow the Company to manage traffic spikes throughout its network, as emergency situations require.

Specifically, each central office building is supplied with standby generators and battery back-up that enable the central office to keep running until power is restored so long as fuel is available, or until system changes are made to reroute traffic. The Company has battery backup at all office locations and in its electronic equipment sites. Length of run time is determined by the equipment serving the area and the number of customers working out of the equipment.

¹ Section 54.202(a)(2) requires ETCs that are designated by the Commission to “demonstrate its ability to remain functional in emergency situations, including a demonstration that it has a reasonable amount of back-up power to ensure functionality without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations.”

GENERAL EXCHANGE TARIFF

MOUND BAYOU TELEPHONE & COMMUNICATIONS, INC.
Certificated Area of Bolivar County

Section 2
Seventh Revision
Sheet 15 of 66

SERVICE CONNECTION CHARGES

LOW-INCOME ASSISTANCE PROGRAM

GENERAL

The Company, as part of its obligations as an Eligible Telecommunications Carrier, offers a low-income assistance program. This program, Lifeline Assistance, is offered under the terms and conditions provided below:

(T)
|
(T)

Lifeline Assistance

A. General

Lifeline Assistance is a retail service offering available to qualifying low-income subscribers as provided for below. Lifeline Assistance enables eligible subscribers to pay reduced charges for the following package services: voice-grade access to the public switched network; local usage; dual-tone multi-frequency signaling or its functional equivalent; single-party service; access to emergency services; access to operator services; access to interexchange service; access to directory assistance; and toll blocking. An eligible customer receives credit for the Low-Income Assistance Program pursuant to FCC Order 12-11 and MPSC Docket 2007-AD-487.

(T)

B. Regulations

1. A consumer household is eligible for Lifeline Assistance if the total household income is at or below 135% of the Federal Poverty Guidelines. Lifeline Assistance is also available to households containing at least one household member who participates in at least one of the following programs:

(T)
|
(T)

- a. Medicaid
b. Supplemental Nutrition Assistance Program (SNAP), formerly "Food Stamps"
c. Supplemental Security Income (SSI)
d. Temporary Assistance to Needy Families (TANF)
e. Low-Income Home Energy Assistance Program (LIHEAP)
f. Section 8 Federal Public Housing Assistance (FPHA)
g. National School Lunch Program's Free Lunch Initiative (NSLP)

(T)
(T)

2. Each subscriber to Lifeline Assistance must certify in writing to the Company, under penalty of perjury, that he/she receives benefits under a program outlined in subparagraph B.1., above, or meets the income-based criteria, and must, on the same document, agree to notify the Company if he/she ceases to participate in the qualifying program. The certification form shall conform to the requirements described herein, and shall be made available upon request to any subscriber. The Company shall retain all such subscriber certifications pursuant to FCC Order 12-11 in order to furnish proof of subscriber eligibility as may be required from time to time by Universal Service administrators.

(T)
|
(T)

FILED

APPROVED

12-UN-0192

MAY 25 2012

JUL 01 2012

ISSUED: May 23, 2012 MISS. PUBLIC SERVICE COMMISSION
BY: Charles F. Fail, President PUBLIC UTILITIES STAFF

EFFECTIVE: JUL 01, 2012 MISS. PUBLIC SERVICE COMMISSION
PUBLIC UTILITIES STAFF

GENERAL EXCHANGE TARIFF

MOUND BAYOU TELEPHONE & COMMUNICATIONS, INC.
Certificated Area of Bolivar County

Section 2
Second Revision
Sheet 15.1 of 66

SERVICE CONNECTION CHARGES

LOW-INCOME ASSISTANCE PROGRAM

Lifeline Assistance (continued)

B. Regulations (continued)

3. All applications for this service are subject to verifications with the state agency (D) (T) responsible for administration of the qualifying program. The Company may request any additional documentation deemed necessary prior to providing Lifeline benefits such as an administrating agency's official designation of eligibility in a particular means-based program found in sub-paragraph B.1.,above, and that the telephone subscriber is the financially responsible party for the qualifying member of his or her household, or that the eligible household member is the telephone subscriber's dependent pursuant to the rules and regulations of the Internal Revenue Service.

4. A subscriber may elect at the time of subscription to Lifeline Assistance to receive toll blocking as part of Lifeline Assistance. "Toll blocking" is a service that permits a subscriber to elect not to allow the completion of outgoing toll calls from the subscriber's residence.

5. Lifeline Assistance will not be disconnected for non-payment of toll charges, however, in the event toll charges are not paid within 10 days of the mailing of the Company bill, the Company will implement toll blocking immediately thereafter. In addition, the Company will not deny re-establishment of local service to customers who are eligible for Lifeline Assistance and have previously been disconnected for non-payment of toll charges. Lifeline Assistance will not be connected if an outstanding balance is owed by the customer for local service.

6. The Company may not collect a service deposit in order to initiate Lifeline Assistance if the qualifying low-income subscriber voluntarily elects toll blocking from the Company, where available.

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MAY 25 2012

MISS. PUBLIC SERVICE
COMMISSION
PUBLIC UTILITIES STAFF

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EFFECTIVE: July 1, 2012

BY: Charles F. Fail, President

GENERAL EXCHANGE TARIFF

MOUND BAYOU TELEPHONE & COMMUNICATIONS, INC.
Certificated Area of Bolivar County

Section 2
Second Revision
Sheet 15.2 of 66

SERVICE CONNECTION CHARGES

LOW-INCOME ASSISTANCE PROGRAM

Lifeline Assistance (continued)

B. Regulations (continued)

7. The Company will reconcile and confirm all subscribers' eligibility annually pursuant to FCC Order 12-11 by requiring each Lifeline subscriber to respond to and provide proof of continuing program eligibility under penalty or perjury via a FCC-compliant survey that their household continues to meet program eligibility requirements specified in B.1., above. Lifeline subscribers who are determined to be ineligible shall be notified of their ineligibility in writing by the Company and provided 30 days from the date of such notice to rectify or otherwise demonstrate their eligibility prior to the discontinuance of their Lifeline benefits. All unresolved disputes regarding Lifeline eligibility shall be brought to the attention of the MPSC for resolution. (N)

8. Only one Lifeline service is available per residential household pursuant to FCC Order 12-11. A household is any individual or group of individuals who are living together at the same address as one economic unit. A household may include related and unrelated persons. An "economic unit" consists of all adult individuals contributing to and sharing in the income and expenses of a household. An adult is any person eighteen years or older. When an adult having no or minimal income and living with someone who provides financial support to him or her, both people shall be considered part of the same household. Children under the age of eighteen living with their parents or guardians are considered to be part of the same household as their parents or guardians. A household is not permitted to receive Lifeline benefits from multiple providers. (N)

9. A Lifeline customer may subscribe to any local service offering available to other residential customers. (N)

10. The PIC charge will not be billed to Lifeline customers who subscribe to toll blocking and do not presubscribe to a long distance carrier. (N)

NOTE: Section "C. Credits " of this tariff has been moved to Sheet 15.3

FILED

APPROVED

MAY 25 2012

JUL 01 2012

MISS. PUBLIC SERVICE
COMMISSION
PUBLIC UTILITIES STAFF

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MISS. PUBLIC SERVICE
COMMISSION
PUBLIC UTILITIES STAFF

ISSUED: May 23, 2012

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BY: Charles F. Fail, President

GENERAL EXCHANGE TARIFF

MOUND BAYOU TELEPHONE & COMMUNICATIONS, INC.
Certificated Area of Bolivar County

Section 2
Third Revision
Sheet 15.3 of 66

SERVICE CONNECTION CHARGES

LOW-INCOME ASSISTANCE PROGRAM

Lifeline Assistance (continued)

C. Credits (N)

1. The following credits will apply for each customer eligible for Lifeline Assistance.

| | | |
|--------------------|----------------|-----|
| | Monthly Credit | |
| a. Lifeline Credit | \$9.25 | (C) |

b. (D)

2. (D)

3. Partial payments that are received from Lifeline customers shall first be applied to local service charges and then to any outstanding toll charges.

Link-Up (D)

The Link-Up Assistance Program for non-tribal lands has been discontinued pursuant to FCC Order 12-11.

NOTE: Section "C. Credits" of this tariff has been moved to this sheet from Sheet 15.2

FILED

MAY 25 2012

MISS. PUBLIC SERVICE
COMMISSION
PUBLIC UTILITIES STAFF

12-UN-0192

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JUL 01 2012

MISS. PUBLIC SERVICE
COMMISSION
PUBLIC UTILITIES STAFF

ISSUED: May 23, 2012

EFFECTIVE: July 1, 2012

BY: Charles F. Fail, President

GENERAL EXCHANGE TARIFF

MOUND BAYOU TELEPHONE & COMMUNICATIONS, INC.
Certificated Area of Bolivar County

Section 2
Second Revision
Sheet 15.4 of 66

SERVICE CONNECTION CHARGES

LOW-INCOME ASSISTANCE PROGRAMS

Link-Up

(D)

The Link-Up Assistance Program for non-tribal lands has been discontinued pursuant to FCC Order 12-11.

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MAY 25 2012

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COMMISSION
PUBLIC UTILITIES STAFF

12-UN-0192

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MISS. PUBLIC SERVICE
COMMISSION
PUBLIC UTILITIES STAFF

ISSUED: May 23, 2012

EFFECTIVE: July 1, 2012

BY: Charles F. Fall, President



Lifeline Assistance Program Application and Certification Form

First Name: MI: Last Name:

Last Four Digits of Social Security Number: Date of Birth:

Physical Address:

City: State: MS Zip:

My Physical Address is Permanent Temporary Multi-Household

Billing Address:

City: State: Zip:

Telephone Number for which Lifeline Credits are to apply:

= NOTICE =

Lifeline is a federal benefit; only one Lifeline service is allowed per household; a household cannot receive benefits from more than one telephone service provider; a household is defined as any individual or group of persons living together at the same address sharing income and expenses (an "economic unit"); and Lifeline is a non-transferable benefit. Households receiving Lifeline benefits from more than one telephone company will be de-enrolled. Prosecution by the federal government for this offence is possible.

Are you or any member of your household already receiving Lifeline benefits from a telephone company? YES NO If yes, please be aware that only one Lifeline benefit is allowed for each household.

= PROGRAM ELIGIBILITY CRITERIA =

(Please initial if applicable) I certify that either a member of my household or I participate in the below-marked assistance program. I understand I must provide satisfactory documentation of this participation to Mound Bayou Telephone Company (MBTC).

- Supplemental Nutrition Assistance Program (SNAP) Medicaid
Low Income Home Energy Assistance (LIHEAP) Supplemental Security Income (SSI)
National School Lunch Program's Free Lunch Initiative Federal Public Housing Assistance (Sect 8)
Temporary Assistance for Needy Families (TANF)

-----OR-----

(Please initial if applicable) I certify that my total household income is at or below 135% of the Federal Poverty Guidelines. I understand I must provide satisfactory documentation of this declaration to MBTC.



Lifeline Assistance Program Application and Certification Form

I certify under penalty of perjury the following (initial by each certification):

I currently meet Lifeline eligibility as indicated on Page One of this document.

I will notify MBTC within 30 days if I or my qualifying household member cease(s) to meet program eligibility as specified on Page One or, for any reason, no longer meet(s) all Lifeline eligibility criteria. I certify that I understand and agree to comply with this notification requirement under penalty of perjury and prosecution.

If I move to a new address I will notify MBTC within 30 days of my move.

If my address is temporary, I understand that I may be required to verify my address with MBTC every 90 days.

I certify my household is not receiving nor will it receive Lifeline benefits from another telephone company such as Safelink, Assurance, and Reachout Wireless while enrolled in the Lifeline program with MBTC.

I acknowledge that providing false or fraudulent information to receive Lifeline benefits is punishable by law and will result in program de-enrollment and possible program debarment, fines, or imprisonment.

I acknowledge that I will be required to provide proof of continuing program eligibility at least once each year when notified by MBTC, and any failure to do so, on my part, will result in de-enrollment from the Lifeline Assistance Program.

Signature of Applicant: _____ Date: _____

THIS SPACE RESERVED FOR OFFICE USE

Date of eligibility review: _____

Description of applicant's proof of eligibility: _____

(i.e.: SNAP card, SSI program letter, federal tax return, three consecutive months of paycheck stubs, etc.)

Proof of applicant's eligibility reviewed by: _____

(MBTC authorized signature required)

GENERAL EXCHANGE TARIFF

MOUND BAYOU TELEPHONE & COMMUNICATIONS, Inc.
Certificated Area of Bolivar County

Section 1
Sheet 1
3rd Revision

LOCAL EXCHANGE SERVICE TARIFF

GENERAL

This tariff is governed, except as otherwise specified herein, by the General Exchange Tariff, which is hereby made a part of this tariff. The charges quoted in this tariff are for a period of one month, payable monthly in advance, and entitle the subscriber to local exchange service at the rates shown below.

The rates for Local Exchange Service apply to all customers regardless of whether the communicating devices are rented from the Telephone Company or provided by the subscriber.

RATES AND THEIR APPLICATION

| INSIDE BASE RATE AREA: | LINE ACCESS | |
|-------------------------|-------------|-----|
| Business - One Party | \$ 22.59 | (1) |
| Residence - One Party | 14.65 | |
| PBX Trunk | 38.15 | |
| Rotary Line | 30.50 | (1) |
| | | |
| OUTSIDE BASE RATE AREA: | | |
| Business - One Party | \$ 24.89 | (1) |
| Residence - One Party | 16.15 | |
| PBX Trunk | 42.74 | |
| Rotary Line | 30.50 | (1) |

FILED

SEP - 7 2010

MISS. PUBLIC SERVICE
COMMISSION
PUBLIC UTILITIES STAFF

APPROVED

NOV - 1 2010

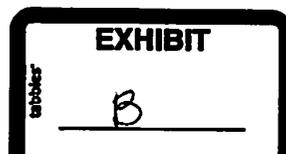
MISS. PUBLIC SERVICE
COMMISSION
PUBLIC UTILITIES STAFF

10-UN-0321

ISSUED: September 3, 2010

EFFECTIVE: November 1, 2010

BY: Charles F. Fail, President



REDACTED – FOR PUBLIC INSPECTION

MOUND BAYOU TELEPHONE & COMMUNICATIONS, INC. (SAC 280462)

ATTACHMENT - LINE 3017

ATTACHMENT REDACTED IN ENTIRETY