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ACCEPTED/FILED

OCT 18 2013

Federal Communications Commission  
 Office of the Secretary

## WRITER'S CONTACT INFORMATION

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**REDACTED - FOR PUBLIC INSPECTION**

*VIA HAND DELIVERY AND ECFS*

Marlene H. Dortch, Secretary  
 Federal Communications Commission  
 Office of the Secretary  
 445 12<sup>th</sup> Street, S.W.  
 Washington, DC 20554

**RE: Form 481 - Carrier Annual Reporting Data Collection Form  
 WC Dockets No. 10-90 and 11-42**

Dear Ms. Dortch:

Pursuant to sections 54.313(i) and 54.422(c) of the Commission's Rules<sup>1</sup> and the Commission's *Public Notice*<sup>2</sup> and *Protective Order*<sup>3</sup> in this proceeding, Leonore Mutual Telephone Company ("the Company") hereby submits two copies of its "FCC Form 481 - Carrier Annual Reporting Data Collection Form," which was timely filed with the Universal Service Administrative Company and the appropriate state commission on or before October 15, 2013, and which includes a Redacted Confidential Document containing proprietary and confidential financial information that has been obscured.

<sup>1</sup> 47 CFR §§54.313 and 54.422.

<sup>2</sup> *Wireline Competition Bureau Announces Filing Deadline of October 15, 2013 for Eligible Telecommunications Carriers to File High-Cost and Low-Income Annual Reports*, PUBLIC NOTICE, WC Dockets No. 10-90 and 11-42, DA 13-1707, released August 6, 2013.

<sup>3</sup> *In the Matter of Connect America Fund, et al.*, PROTECTIVE ORDER, WC Docket No. 10-90, et al., DA 12-1857, released November 16, 2013.

**REDACTED – FOR PUBLIC INSPECTION**

The Company seeks confidential treatment under the *Protective Order* for the financial information included in its report pursuant to §54.313(f)(2). Confidential treatment of this information is appropriate on the grounds that it is commercially sensitive information that is not normally released to the public. The Company is also submitting a copy of its FCC Form 481 (including the Redacted Confidential Document) via the Electronic Comment Filing System, as directed by the Public Notice.

Due to temporary closure of the Commission's filing window, mail room, and electronic filing systems beginning October 1, 2013, this filing is being submitted on the business day following the day of return to normal operations in accordance with the Commission's Public Notice on filing procedures in the event of a lapse in funding.<sup>4</sup> If you have any questions regarding this matter, please contact undersigned counsel.

Respectfully submitted,

  
Gerard J. Duffy

Filed: **OCT 18 2013**

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<sup>4</sup> *Procedures for Filings in the Event of a Lapse in Funding*, PUBLIC NOTICE, released October 1, 2013.

**FCC Form 481 - Carrier Annual Reporting Data Collection Form** FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0813  
July 2013

<b>&lt;010&gt; Study Area Code</b>	341046
<b>&lt;015&gt; Study Area Name</b>	LEONORE MUTUAL TEL
<b>&lt;020&gt; Program Year</b>	2014
<b>&lt;030&gt; Contact Name: Person USAC should contact with questions about this data</b>	Mike Petrouske
<b>&lt;035&gt; Contact Telephone Number: Number of the person identified in data line &lt;030&gt;</b>	815-621-5212
<b>&lt;039&gt; Contact Email Address: Email of the person identified in data line &lt;030&gt;</b>	mpetrouske@hometel.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)	
<b>&lt;100&gt;</b>	Service Quality Improvement Reporting <span style="float: right;"><i>(complete attached worksheet)</i></span>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>&lt;200&gt;</b>	Outage Reporting (voice) <span style="float: right;"><i>(complete attached worksheet)</i></span>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>&lt;210&gt;</b>	<input checked="" type="checkbox"/> <-- check box if no outages to report			
<b>&lt;300&gt;</b>	Unfulfilled Service Requests (voice)	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>&lt;310&gt;</b>	Detail on Attempts (voice) <span style="float: right;"><i>(attach descriptive document)</i></span>		<input type="checkbox"/>	<input type="checkbox"/>
<b>&lt;320&gt;</b>	Unfulfilled Service Requests (broadband)		<input type="checkbox"/>	<input type="checkbox"/>
<b>&lt;330&gt;</b>	Detail on Attempts (broadband) <span style="float: right;"><i>(attach descriptive document)</i></span>		<input type="checkbox"/>	<input type="checkbox"/>
<b>&lt;400&gt;</b>	Number of Complaints per 1,000 customers (voice)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>&lt;410&gt;</b>	Fixed	0.0		
<b>&lt;420&gt;</b>	Mobile			
<b>&lt;430&gt;</b>	Number of Complaints per 1,000 customers (broadband)		<input type="checkbox"/>	<input type="checkbox"/>
<b>&lt;440&gt;</b>	Fixed			
<b>&lt;450&gt;</b>	Mobile			
<b>&lt;500&gt;</b>	Service Quality Standards & Consumer Protection Rules Compliance <span style="float: right;"><i>(check to indicate certification)</i></span>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>&lt;510&gt;</b>	<input type="text" value="34104611510"/> <span style="float: right;"><i>(attach descriptive document)</i></span>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>&lt;600&gt;</b>	Functionality in Emergency Situations <span style="float: right;"><i>(check to indicate certification)</i></span>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>&lt;610&gt;</b>	<input type="text" value="34104611610"/> <span style="float: right;"><i>(attach descriptive document)</i></span>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>&lt;700&gt;</b>	Company Price Offerings (voice) <span style="float: right;"><i>(complete attached worksheet)</i></span>		<input type="checkbox"/>	<input type="checkbox"/>
<b>&lt;710&gt;</b>	Company Price Offerings (broadband) <span style="float: right;"><i>(complete attached worksheet)</i></span>		<input type="checkbox"/>	<input type="checkbox"/>
<b>&lt;800&gt;</b>	Operating Companies and Affiliates <span style="float: right;"><i>(complete attached worksheet)</i></span>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>&lt;900&gt;</b>	Tribal Land Offerings (Y/N)? <input type="radio"/> <input checked="" type="radio"/> <span style="float: right;"><i>(if yes, complete attached worksheet)</i></span>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>&lt;1000&gt;</b>	Voice Services Rate Comparability <span style="float: right;"><i>(check to indicate certification)</i></span>		<input type="checkbox"/>	<input type="checkbox"/>
<b>&lt;1010&gt;</b>	<input type="text"/> <span style="float: right;"><i>(attach descriptive document)</i></span>		<input type="checkbox"/>	<input type="checkbox"/>
<b>&lt;1100&gt;</b>	Terrestrial Backhaul (Y/N)? <input checked="" type="radio"/> <input type="radio"/> <span style="float: right;"><i>(if not, check to indicate certification)</i></span>		<input type="checkbox"/>	<input type="checkbox"/>
<b>&lt;1110&gt;</b>	<input type="text"/> <span style="float: right;"><i>(complete attached worksheet)</i></span>		<input type="checkbox"/>	<input type="checkbox"/>
<b>&lt;1200&gt;</b>	Terms and Condition for Lifeline Customers <span style="float: right;"><i>(complete attached worksheet)</i></span>		<input 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*

<b>&lt;2000&gt;</b>	<i>(check to indicate certification)</i>		<input type="checkbox"/>	<input type="checkbox"/>
<b>&lt;2005&gt;</b>	<i>(complete attached worksheet)</i>		<input type="checkbox"/>	<input type="checkbox"/>

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

<b>&lt;3000&gt;</b>	<i>(check to indicate certification)</i>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>&lt;3005&gt;</b>	<i>(complete attached worksheet)</i>		<input checked="" type="checkbox"/>	<input 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	341046
<015>	Study Area Name	LEONORE MUTUAL TEL
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Mike Petrouske
<035>	Contact Telephone Number - Number of person identified in data line <030>	815-621-5212
<039>	Contact Email Address - Email Address of person identified in data line <030>	mpetrouske@hometel.com

<110>	Has your company received its ETC certification from the FCC?	(yes / no) <input type="radio"/> <input checked="" type="radio"/>
<111>	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes / no) <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	341046
<015>	Study Area Name	LEONORE MUTUAL TEL
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Mike Petrouske
<035>	Contact Telephone Number - Number of person identified in data line <030>	815-621-5212
<039>	Contact Email Address - Email Address of person identified in data line <030>	mpetrouske@hometel.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)

<b>(1100) No Terrestrial Backhaul Reporting Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<b>&lt;010&gt;</b>	Study Area Code	341046
<b>&lt;015&gt;</b>	Study Area Name	LEONORE MUTUAL TEL
<b>&lt;020&gt;</b>	Program Year	2014
<b>&lt;030&gt;</b>	Contact Name - Person USAC should contact regarding this data	Mike Petruske
<b>&lt;035&gt;</b>	Contact Telephone Number - Number of person identified in data line <030>	815-621-5212
<b>&lt;039&gt;</b>	Contact Email Address - Email Address of person identified in data line <030>	mpetruske@hometel.com

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

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	341046
<015>	Study Area Name	LEONORE MUTUAL TEL
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Mike Petrouske
<035>	Contact Telephone Number - Number of person identified in data line <030>	815-621-5212
<039>	Contact Email Address - Email Address of person identified in data line <030>	mpetrouske@hometel.com

<1210> Terms & Conditions of Voice Telephony Lifeline Plans 341046i11210

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	341046
<015>	Study Area Name	LEONORE MUTUAL TEL
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Mike Petruske
<035>	Contact Telephone Number - Number of person identified in data line <030>	815-621-5212
<039>	Contact Email Address - Email Address of person identified in data line <030>	mpetruske@hometel.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"/>
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**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 _____
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<b>(3000) Rate Of Return Carrier Additional Documentation</b>	FCC Form 481
<b>Data Collection Form</b>	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<b>&lt;010&gt;</b>	Study Area Code	341046
<b>&lt;015&gt;</b>	Study Area Name	LEONORE MUTUAL TEL
<b>&lt;020&gt;</b>	Program Year	2014
<b>&lt;030&gt;</b>	Contact Name - Person USAC should contact regarding this data	Mike Petrouske
<b>&lt;035&gt;</b>	Contact Telephone Number - Number of person identified in data line <030>	815-621-5212
<b>&lt;039&gt;</b>	Contact Email Address - Email Address of person identified in data line <030>	mpetrouske@hometel.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>	<input type="checkbox"/>
<p><b>(3011)</b> Community Anchor Institutions (47 CFR § 54.313(f)(1)(iii)) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2)) 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: <b>(3015)</b> Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers) <b>(3016)</b> PDF of Balance Sheet, Income Statement and Statement of Cash Flows <b>(3017)</b> If the response is yes on line 3014, attach your company's RUS annual report and all required documentation <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: <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 <b>(3020)</b> PDF of Balance Sheet, Income Statement and Statement of Cash Flows <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: <b>(3022)</b> 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, <b>(3023)</b> Underlying information subjected to a review by an independent certified public accountant <b>(3024)</b> Underlying information subjected to an officer certification. <b>(3025)</b> PDF of Balance Sheet, Income Statement and Statement of Cash Flows <b>(3026)</b> Attach the worksheet listing required information</p>	<p>Name of Attached Document Listing Required Information</p>	<input checked="" type="checkbox"/> (Yes/No) <input type="checkbox"/> (Yes/No)  <input type="checkbox"/> <input type="checkbox"/>  <input type="checkbox"/> (Yes/No)  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  <input checked="" type="checkbox"/>  <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>  <input type="checkbox"/>

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	341046
<015>	Study Area Name	LEONORE MUTUAL TEL
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Mike Petrouske
<035>	Contact Telephone Number - Number of person identified in data line <030>	815-621-5212
<039>	Contact Email Address - Email Address of person identified in data line <030>	mpetrouske@hometel.com

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

<b>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.	
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.	

<b>Certification - Agent / Carrier Data Collection Form</b>	FCC Form 481 OMB Control No. 3050-0086/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	341046
<015>	Study Area Name	LEONORE MUTUAL TEL
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Mike Petrouske
<035>	Contact Telephone Number - Number of person identified in data line <030>	815-621-5212
<039>	Contact Email Address - Email Address of person identified in data line <030>	mpetrouske@hometel.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>Mike Petrouske</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:	Mike Petrouske
Name of Reporting Carrier:	LEONORE MUTUAL TEL
Signature of Authorized Officer:	CERTIFIED ONLINE
	Date: 10/10/2013
Printed name of Authorized Officer:	Gary Naas
Title or position of Authorized Officer:	Vice President
Telephone number of Authorized Officer:	815 856-3164
Study Area Code of Reporting Carrier:	341046
	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.	

**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:	LEONORE MUTUAL TEL
Name of Authorized Agent or Employee of Agent:	Mike Petrouske
Signature of Authorized Agent or Employee of Agent:	CERTIFIED ONLINE
	Date: 10/10/2013
Printed name of Authorized Agent or Employee of Agent:	Mike Petrouske
Title or position of Authorized Agent or Employee of Agent:	Consultant
Telephone number of Authorized Agent or Employee of Agent:	815-621-5212
Study Area Code of Reporting Carrier:	341046
	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.	

## Attachments



341046il510.pdf

Leonore Mutual Telephone Company (SAC 341046)  
FCC Form 481 – Line 510  
Program Year – 2014

**Service Quality Standards and Consumer Protection Compliance Explanation Document:**

The company is in compliance with all Federal and State service quality standards and consumer protection rules.

The Illinois Commerce Commission has defined standards for service quality in its administrative rule parts 730 and 735 for incumbent local exchange carriers. The company is in compliance with these rules. The company has systems in place for customers with regard to service trouble reporting, billing issues questions and complaints, service offerings information, after hours service problem reporting and other customer issues resolution.

The company also complies with all applicable consumer protection rules including the implementation of customer data protection under the Federal Communications Commission's rules for Customer Proprietary Network Information.

341046il610.pdf

Leonore Mutual Telephone Company (SAC 341046)  
FCC Form 481 – Line 610  
Program Year – 2014

**Emergency Functionality Explanation Document:**

The company maintains emergency backup power for the local distribution plant and central office and transmission facilities that keep the company functional in an emergency which deprives the company equipment of commercial electrical power.

The central office facility is powered with commercial electric power and battery banks that continue power to the office and transmission equipment for hours in the event of a power source outage. The central office is equipped with a Natural Gas powered generator with a fuel capacity of unlimited hours of generation capacity to continue supplying power in the event of a power outage. The company can remain operational in the situation.

The company's customer distribution network transmission equipment, field cabinets & customer pedestal electronics have power backup that will unlimited hours of service in the event of a commercial power outage.

The company has additional route capacity to keep emergency service (911 service) available in the event of an emergency situation. The company also supplies emergency answering points Knox call boxes for emergency personnel in the event of an isolation or emergency situation.

Leonore Mutual Telephone Co. (SAC 341046)  
FCC Form 481 – Line 1210  
Program Year – 2014

#### Terms & Conditions of Voice Telephony Lifeline Program

The Lifeline Program is a federally funded program established to provide monthly assistance to low income households. Eligible subscribers may receive a discount of \$9.25 for the monthly Federal subscriber line charge and voice telephony service, or a bundled service that includes voice telephony service.

To qualify for the program, the Lifeline applicant must participate in any of the following assistance programs. The Illinois Department of Human Services may certify the applicant's participation in assistance programs listed below for purposes of determining eligibility.

- Medicaid
- Supplemental Nutrition Assistance Program
- Supplemental Security Income (SSI)
- Federal Housing Assistance (Section 8)
- Low Income Home Energy Assistance (LIHEAP)
- National School Lunch Program's free lunch program
- Temporary Assistance to Needy Families (TANF)
- Head Start
- Customer household income is at or below 135% of the National Poverty Guidelines, for a household of that size

The Telephone Company's verification of income eligibility will be through the Department of Human Services or, in lieu of electronic verification, applicants will sign a form certifying that the applicant qualifies under the program criteria, and provide program participation or income documentation to the Company for review and verification of eligibility.

The Lifeline program credit shall be limited to one credit per low income household or economic unit.

Lifeline service shall not be disconnected for non-payment of toll charges.

Qualifying low-income subscribers who voluntarily elect toll blocking, where available, will not be required to pay a service deposit in order to initiate Lifeline Service. This service will only be provided at the customer's request.

Qualifying Lifeline customers will not be charged a monthly number-portability charge.

Basic Residential Local Exchange service is available to all Lifeline qualified customers.

Basic Residential Local Exchange Service offers the customer unlimited local calling, emergency service calling (at no additional charge), access to directory assistance service (additional charge per call), equal access to interexchange toll carrier service (additional charges based on carrier toll plans) and access to operator services.

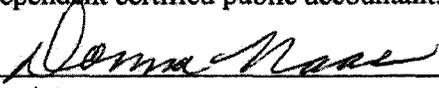


LEONORE MUTUAL  
TELEPHONE COMPANY  
P.O. Box 228  
Leonore, IL 61332  
815-856-3164  
LMTc@LMTc.NET

**SECTION 54.313(f)(2)(iii) OFFICER CERTIFICATION**

Pursuant to Section 54.313(f)(2)(iii) of the FCC Rules, I, Donna Naas, hereby certify the following under penalty of perjury:

1. I am the Assistant Secretary of Leonore Mutual Telephone Company (the "Carrier"; Study Area Code 341046), and am authorized to make this certification on its behalf.
2. The Carrier was not audited in the ordinary course of business for the preceding fiscal year.
3. The reported data in the accompanying financial statements of the Carrier are accurate.
4. The accompanying financial statements of the Carrier have been subject to review by Marlett & Associates, CPAs Ltd., an independent certified public accountant.

  
\_\_\_\_\_  
Signature

Donna Naas  
\_\_\_\_\_  
Printed Name

October 10, 2013  
\_\_\_\_\_  
Date

REDACTED - FOR PUBLIC INSPECTION

(3005a) Operating Report for Privately-Held Rate of Return Carriers Balance Sheet - Data Collection Form Page 1 of 3	FCC Form 481 OMB Control No. 3060-0986 OMB Control No. 3060-0819 July 2013
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<010> Study Area Code 341046

<015> Study Area Name Leonore Mutual Telephone Company

<020> Program Year 2014

<030> Contact Name - Person USAC should contact regarding this data Mike Potrouske

<035> Contact Telephone Number - Number of person identified in data line <030> 815-621-5212

<039> Contact Email Address - Email Address of person identified in data line <030> mpetrouske@honetel.com

Filed as reviewed single company <input type="checkbox"/> Filed as reviewed consolidated company <input checked="" type="checkbox"/> Filed as subsidiary of reviewed consolidated company <input type="checkbox"/>	Filed as audited single company <input type="checkbox"/> Filed as audited consolidated company <input type="checkbox"/> Filed as subsidiary of audited consolidated company <input type="checkbox"/>
--	--

**CERTIFICATION**

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.

10-2-13  
 Signature Date

PART A. BALANCE SHEET					
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			25. Accounts Payable		
2. Cash-RUS Construction Fund			26. Notes Payable		
3. Affiliates:			27. Advance Billings and Payments		
a. Telecom, Accounts Receivable			28. Customer Deposits		
b. Other Accounts Receivable			29. Current Mat. L/T Debt		
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			33. Other Taxes Accrued		
c. Notes Receivable			34. Other Current Liabilities		
5. Interest and Dividends Receivable			35. Total Current Liabilities (25 thru 34)		
6. Material-Regulated			<b>LONG-TERM DEBT</b>		
7. Material-Nonregulated			36. Funded Debt-RUS Notes		
8. Prepayments			37. Funded Debt-RTB Notes		
9. Other Current Assets-Temporary Investments			38. Funded Debt-FFB Notes		
0. Total Current Assets (1 thru 9)			39. Funded Debt-Other		
			40. Funded Debt-Rural Develop. Loan		
<b>NONCURRENT ASSETS</b>			41. Premium (Discount) on L/T Debt		
1. Investment in Affiliated Companies			42. Recquired Debt		
a. Rural Development			43. Obligations Under Capital Lease		
b. Nonrural Development			44. Adv. From Affiliated Companies		
2. Other Investments			45. Other Long-Term Debt		
a. Rural Development			46. Total Long-Term Debt (36 thru 45)		
b. Nonrural Development			<b>OTHER LIAB. &amp; DEF. CREDITS</b>		
3. Nonregulated Investments			47. Other Long-Term Liabilities		
4. Other Noncurrent Assets			48. Other Deferred Credits		
5. Deferred Charges			49. Other Jurisdictional Differences		
6. Jurisdictional Differences			50. Total Other Liabilities and Deferred Credits (47 thru 49)		
7. Total Noncurrent Assets (11 thru 16)			<b>EQUITY</b>		
<b>PLANT, PROPERTY, AND EQUIPMENT</b>			51. Cap. Stock Outstanding & Subscribed		
8. Telecom, Plant-in-Service			52. Additional Paid-in-Capital		
9. Property Held for Future Use			Treasury Stock		
0. Plant Under Construction			53. Membership and Cap. Certificates		
1. Plant Adj., Nonop. Plant & Goodwill			54. Other Capital		
2. Less Accumulated Depreciation			55. Patronage Capital Credits		
3. Net Plant (18 thru 21 less 22)			56. Retained Earnings or Margins		
			57. Total Equity (51 thru 57)		
4. TOTAL ASSETS (10+17+29)			<b>TOTAL LIABILITIES AND EQUITY (35+46+50+58)</b>		

(3005b) Operating Report for Privately-Held Rate of Return Carriers Income Statement - Data Collection Form Page 2 of 3	FCC Form 481
	OMB Control No. 3060-0986
	OMB Control No. 3060-0819
	July 2013

<010> Study Area Code 341046  
 <015> Study Area Name Leonore Mutual Telephone Company  
 <020> Program Year 2014  
 <030> Contact Name - Person USAC should contact regarding this data Mike Petrouske  
 <035> Contact Telephone Number - Number of person identified in data line <030> 815-621-5212  
 <039> Contact Email Address - Email Address of person identified in data line <030> mpetrouske@hometel.com

PART B. STATEMENTS OF INCOME AND RETAINED EARNINGS OR MARGINS		
ITEM	PRIOR YEAR	THIS YEAR
1. Local Network Services Revenues		
2. Network Access Services Revenues		
3. Long Distance Network Services Revenues		
4. Carrier Billing and Collection Revenues		
5. Miscellaneous Revenues		
6. Uncollectible Revenues		
7. <b>Net Operating Revenues (1 thru 5 less 6)</b>		
8. Plant Specific Operations Expense		
9. Plant Nonspecific Operations Expense (Excluding Depreciation & Amortization)		
10. Depreciation Expense		
11. Amortization Expense		
12. Customer Operations Expense		
13. Corporate Operations Expense		
14. <b>Total Operating Expenses (8 thru 13)</b>		
15. <b>Operating Income or Margins (7 less 14)</b>		
16. Other Operating Income and Expenses		
17. State and Local Taxes		
18. Federal Income Taxes		
19. Other Taxes		
20. <b>Total Operating Taxes (17+18+19)</b>		
21. <b>Net Operating Income or Margins (15+16-20)</b>		
22. Interest on Funded Debt		
23. Interest Expense - Capital Leases		
24. Other Interest Expense		
25. Allowance for Funds Used During Construction		
26. <b>Total Fixed Charges (22+23+24-25)</b>		
27. <b>Nonoperating Net Income</b>		
28. Extraordinary Items		
29. Jurisdictional Differences		
30. <b>Nonregulated Net Income</b>		
31. <b>Total Net Income or margins (21+27+28+29+30-26)</b>		
32. Total Taxes Based on Income		
33. Retained Earnings or Margins Beginning-of-Year		
34. Miscellaneous Credits Year-to-Date		
35. Dividends Declared (Common)		
36. Dividends Declared (Preferred)		
37. Other Debits Year-to-Date		
38. Transfers to Patronage Capital		
39. <b>Retained Earnings or Margins end-of-Period [(31+33+34)-(35+36+37+38)]</b>		
40. Patronage Capital Beginning-of-Year		
41. <b>Net Margins</b>		
42. Prior Period Adjustment		
43. <b>Patronage Capital End-of-Year (40+41-42)</b>		
44. Annual Debt Service Payments		
45. <b>Cash Ratio [(14+20-10-11)/7]</b>		
46. <b>Operating Accrual Ratio [(14+20+26)/7]</b>		
47. <b>TIER [(31+26)/26]</b>		
48. <b>DSCR [(31+26+10+11)/44]</b>		

(3005) Operating Report for Privately-Held Rate of Return Carriers Cash Flow - Data Collection Form Page 3 of 3	FCC Form 481
	OMB Control No. 3060-0986
	OMB Control No. 3060-0819
	July 2013

<010> Study Area Code	341046
<015> Study Area Name	Leonore Mutual Telephone Company
<020> Program Year	2014
<030> Contact Name - Person USAC should contact regarding this data	Mike Petrouske
<035> Contact Telephone Number - Number of person identified in data line <030>	815-621-5212
<039> Contact Email Address - Email Address of person identified in data line <030>	mpetrouske@hometel.com

PART C. STATEMENTS OF CASH FLOWS	
1.	Beginning Cash (Cash and Equivalents plus RUS Construction Fund)
CASH FLOWS FROM OPERATING ACTIVITIES	
2.	Net Income
Adjustments to Reconcile Net Income to Net Cash Provided by Operating Activities	
3.	Add: Depreciation
4.	Add: Amortization
5.	Other (Explain) - Equity Income in Partnerships
Changes in Operating Assets and Liabilities	
6.	Decrease/(Increase) in Accounts Receivable
7.	Decrease/(Increase) in Materials and Inventory
8.	Decrease/(Increase) in Prepayments and Deferred Charges
9.	Decrease/(Increase) in Other Current Assets
10.	Increase/(Decrease) in Accounts Payable
11.	Increase/(Decrease) in Advance Billings & Payments
12.	Increase/(Decrease) in Other Current Liabilities
13.	Net Cash Provided/(Used) by Operations
CASH FLOWS FROM FINANCING ACTIVITIES	
14.	Decrease/(Increase) in Notes Receivable
15.	Increase/(Decrease) in Notes Payable
16.	Increase/(Decrease) in Customer Deposits
17.	Net Increase/(Decrease) in Long Term Debt (including Current Maturities)
18.	Increase/(Decrease) in Other Liabilities & Deferred Credits
19.	Increase/(Decrease) in Capital Stock, Paid-in Capital, Membership and Capital Certificates & Other Capital
20.	Less: Payment of Dividends
21.	Less: Patronage Capital Credits Retired
22.	Other (Explain)
23.	Net Cash Provided/(Used) by Financing Activities
CASH FLOWS FROM INVESTING ACTIVITIES	
24.	Net Capital Expenditures (Property, Plant & Equipment)
25.	Other Long-Term Investments
26.	Other Noncurrent Assets & Jurisdictional Differences
27.	Other (Explain) - Change in Investments
28.	Net Cash Provided/(Used) by Investing Activities
29.	Net Increase/(Decrease) in Cash
30.	Ending Cash