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RICHARD D. RUBINO
MARY J. SISK
D. CARY MITCHELL
SALVATORE TAILLEFERARTHUR BLOOSTON
1914 - 1999

AFFILIATED SOUTH AMERICAN OFFICES

ESTUDIO JAUREGUI & ASSOCIATES
BUENOS AIRES, ARGENTINAROBERT M. JACKSON
OF COUNSELPERRY W. WOOFER
LEGISLATIVE CONSULTANTEUGENE MALISZEWSKYJ
ENGINEERING CONSULTANT

ACCEPTED/FILED

OCT 18 2013

Federal Communications Commission
Office of the Secretary

WRITER'S CONTACT INFORMATION

gid@bloostonlaw.com
202-828-5528**REDACTED - FOR PUBLIC INSPECTION***VIA HAND DELIVERY AND ECFS*Marlene H. Dortch, Secretary
Federal Communications Commission
Office of the Secretary
445 12th 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 Rules¹ and the Commission's *Public Notice*² and *Protective Order*³ in this proceeding, Clarksville 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.

¹ 47 CFR §§54.313 and 54.422.

² *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.

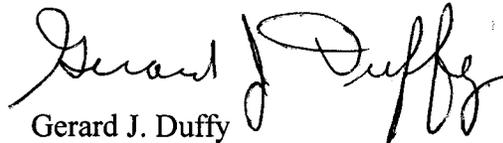
³ *In the Matter of Connect America Fund, et al.*, PROTECTIVE ORDER, WC Docket No. 10-90, et al., DA 12-1857, released November 16, 2013.

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.⁴ If you have any questions regarding this matter, please contact undersigned counsel.

Respectfully submitted,


Gerard J. Duffy

Filed: **OCT 18 2013**

⁴ *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 3080-0018 OMB 3080-0019 Avg. Burden Estimate per Respondent: 20 Hours |
|---|---|

| | | |
|--------------------|--|--------------------------------------|
| <010> | Study Area Code | 340990 |
| <015> | Study Area Name | Clarksville Mutual Telephone Company |
| <020> | Program Year | 2014 |
| <030> | Contact Name: Person USAC should contact with questions about this data | Mike Petrouske |
| <035> | Contact Telephone Number: Number of the person identified in data line <030> | 815-621-5212 |
| <039> | Contact Email: Email of the person identified in data line <030> | mpetrouske@hometel.com |

| ANNUAL REPORTING FOR ALL CARRIERS | | | 54,313 Completion Required | 54,422 Completion Required |
|-----------------------------------|---|---|----------------------------------|----------------------------------|
| | | | (check box when complete) | |
| <100> | Service Quality Improvement Reporting | (complete attached worksheet) | x | |
| <200> | Outage Reporting (voice) | (complete attached worksheet) | x | x |
| <210> | <input checked="" type="checkbox"/> <-- check box if no outages to report | | | |
| <300> | Unfulfilled Service Requests (voice) | 0 | x | |
| <310> | Detail on Attempts (voice) | (attach descriptive document) | | |
| <320> | Unfulfilled Service Requests (broadband) | | | |
| <330> | Detail on Attempts (broadband) | (attach descriptive document) | | |
| <400> | Number of Complaints per 1,000 customers (voice) | | x | x |
| <410> | Fixed | 0 | | |
| <420> | Mobile | | | |
| | Number of Complaints per 1,000 customers (broadband) | | | |
| <440> | Fixed | | | |
| <450> | Mobile | | | |
| <500> | Service Quality Standards & Consumer Protection Rules Compliance | (check to indicate certification) | x | x |
| <510> | 340990il510.pdf | (attached descriptive document) | x | x |
| <600> | Functionality in Emergency Situations | (check to indicate certification) | x | x |
| <610> | 340990il610.pdf | (attached descriptive document) | x | x |
| <700> | Company Price Offerings (voice) | (complete attached worksheet) | | |
| <710> | Company Price Offerings (broadband) | (complete attached worksheet) | | |
| <800> | Operating Companies and Affiliates | (complete attached worksheet) | x | x |
| <900> | Tribal Land Offerings (Y/N)? | (if yes, complete attached worksheet) | N | |
| <1000> | Voice Services Rate Comparability | (check to indicate certification) | | |
| <1010> | | (attach descriptive document) | | |
| <1100> | Terrestrial Backhaul (Y/N)? | (if not, check to indicate certification) | Y | |
| <1110> | | (complete attached worksheet) | | |
| <1200> | Terms and Condition for Lifeline Customers | (complete attached worksheet) | | x |

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

| | | | | |
|---------------------|--|-----------------------------------|--|--|
| <2000> | | (check to indicate certification) | | |
| <2005> | | (complete attached worksheet) | | |

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

| | | | | |
|---------------------|--|-----------------------------------|---|--|
| <3000> | | (check to indicate certification) | x | |
| <3005> | | (complete attached worksheet) | x | |

| | |
|---|---|
| (100) Service Quality Improvement Reporting Data Collection Form | FCC Form 481 OMB Control No. 3060-0986 OMB Control No. 3060-0819 July 2013 |
|---|---|

| | | |
|-------|---|--------------------------------------|
| <010> | Study Area Code | 340990 |
| <015> | Study Area Name | Clarksville 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 |
| <110> | Has your company received its ETC certification from the FCC? | (yes / no) No |
| <111> | If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC? | (yes / no) |

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which receives only frozen support, your progress report is only required to address voice telephony service

Name of Attached Document (.pdf)

Please check these boxes below to confirm that the attached PDF, on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

- <113> Maps detailing progress towards meeting plan targets
- <114> Report how much universal service (USF) support was received
- <115> How (USF) was used to improve service quality
- <116> How (USF) was used to improve service coverage
- <117> How (USF) was used to improve service capacity
- <118> Provide an explanation of network improvement targets not met in the prior calendar year.

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| (900) Tribal Lands Reporting Data Collection Form | FCC Form 481 OMB Control No. 3060-0986 OMB Control No. 3060-0819 July 2013 |
|--|---|

| | | |
|-------|---|--------------------------------------|
| <010> | Study Area Code | 340990 |
| <015> | Study Area Name | Clarksville 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 |

<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) |
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|--|---|
| (1110) No Terrestrial Backhaul Reporting Data Collection Form | FCC Form 481 OMB Control No. 3060-0986 OMB Control No. 3060-0819 July 2013 |
|--|---|

| | | |
|-------|---|--|
| <010> | Study Area Code | 340990 |
| <015> | Study Area Name | Clarksville 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 |

<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 | FCC Form 481 |
| | OMB Control No. 3060-0986 |
| Data Collection Form | OMB Control No. 3060-0819 |
| | July 2013 |

| | | |
|-------|---|--------------------------------------|
| <010> | Study Area Code | 340990 |
| <015> | Study Area Name | Clarksville 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 |

<1210> Terms & Conditions of Voice Telephony Lifeline Plans 340990i11210.pdf
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.

| | |
|---|---|
| (2005) Price Cap Carrier Additional Documentation Data Collection Form <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 |
|---|---|

| | |
|---|--------------------------------------|
| <010> Study Area Code | 340990 |
| <015> Study Area Name | Clarksville 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 |

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 _____ |

| | |
|---|---------------------------|
| (3005) Rate of Return Carrier Additional Documentation 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 | 340990 |
| <015> Study Area Name | Clarksville 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 |

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>(3010) Milestone Certification (47 CFR § 54.313(f)(1)(i))</p> <p>(3011) Please check this box to confirm that the attached PDF, on line 3012, contains the required information pursuant to § 54.313 (f)(1)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.</p> | <p>Name of Attached Document Listing Required Information</p> <p>_____</p> <p><input type="checkbox"/></p> |
| <p>(3012) Community Anchor Institutions (47 CFR § 54.313(f)(1)(iii))</p> <p>(3013) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))</p> <p>(3014) If yes, does your company file the RUS annual report</p> <p>Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:</p> | <p>Name of Attached Document Listing Required Information</p> <p>_____</p> <p><input checked="" type="checkbox"/> (Yes/No)</p> <p><input type="checkbox"/> (Yes/No)</p> |
| <p>(3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)</p> <p>(3016) PDF of Balance Sheet, Income Statement and Statement of Cash Flows</p> | <p>_____</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> |
| <p>(3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation</p> <p>(3018) If the response is no on line 3014, Is your company audited?</p> <p>If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:</p> | <p>Name of Attached Document Listing Required Information</p> <p>_____</p> <p><input type="checkbox"/> (Yes/No)</p> |
| <p>(3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications</p> <p>(3020) PDF of Balance Sheet, Income Statement and Statement of Cash Flows</p> | <p>_____</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> |
| <p>(3021) Management letter issued by the independent certified public accountant that performed the company's financial audit.</p> <p>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:</p> | <p>_____</p> <p><input type="checkbox"/></p> |
| <p>(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,</p> | <p>_____</p> <p><input checked="" type="checkbox"/></p> |
| <p>(3023) Underlying information subjected to a review by an independent certified public accountant</p> <p>(3024) Underlying information subjected to an officer certification.</p> | <p>_____</p> <p><input checked="" type="checkbox"/></p> <p><input checked="" type="checkbox"/></p> |
| <p>(3025) PDF of Balance Sheet, Income Statement and Statement of Cash Flows</p> | <p>_____</p> <p><input checked="" type="checkbox"/></p> |
| <p>(3026) Attach the worksheet listing required information</p> | <p>Name of Attached Document Listing Required Information</p> <p>_____ 340990i13026 . pdf</p> |

| | |
|---|---|
| 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 | 340990 |
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| <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:

| |
|---|
| |
| 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: 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. |



| | |
|---|--------------------------------------|
| <010> Study Area Code | 340990 |
| <015> Study Area Name | Clarksville Mutual Telephone Company |
| <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 |
| <040> Contact Email Address - Email Address of person identified in data line <030> | mpetruske@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 Petruske</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: | <u>Mike Petruske</u> | |
| Name of Reporting Carrier: | <u>Clarksville Mutual Telephone Company</u> | |
| Signature of Authorized Officer: | <u>Patricia Rhoads</u> | Date: <u>10-7-13</u> |
| Printed name of Authorized Officer: | <u>Patricia Rhoads</u> | |
| Title or position of Authorized Officer: | <u>Secretary/Treasurer</u> | |
| Telephone number of Authorized Officer: | <u>217-889-3822</u> | |
| Study Area Code of Reporting Carrier: | <u>340990</u> | Filing Due Date for this form: <u>10/15/2013</u> |
| 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. § 1003. | | |

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: | <u>Clarksville Mutual Telephone Company</u> | |
| Name of Authorized Agent or Employee of Agent: | <u>Mike Petruske</u> | |
| Signature of Authorized Agent or Employee of Agent: | <u>Mike Petruske</u> | Date: <u>10-9-13</u> |
| Printed name of Authorized Agent or Employee of Agent: | <u>Mike Petruske</u> | |
| Title or position of Authorized Agent or Employee of Agent: | <u>Consultant to Company</u> | |
| Telephone number of Authorized Agent or Employee of Agent: | <u>815-621-5212</u> | |
| Study Area Code of Reporting Carrier: | <u>340990</u> | Filing Due Date for this form: <u>10/15/2013</u> |
| 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. § 1003. | | |

340990il510.pdf

Clarksville Mutual Telephone Company (SAC 340990)
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.

340990il610.pdf

Clarksville Mutual Telephone Company (SAC 340990)
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 a period of 48 hours in the event of a power source outage. The central office is equipped with a gasoline powered generator with a fuel capacity of 6 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 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 (call boxes) for emergency personnel in the event of an isolation or emergency situation.

Clarksville Mutual Telephone Co. (SAC 340990)
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.

Clarksville Mutual Telephone Company
11767 E. Clarksville Road
Marshall, IL 62441

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

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

1. I am the Secretary/Treasurer of Clarksville Mutual Telephone Company (the "Carrier"; Study Area Code 340990), 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 an independent certified public accountant.



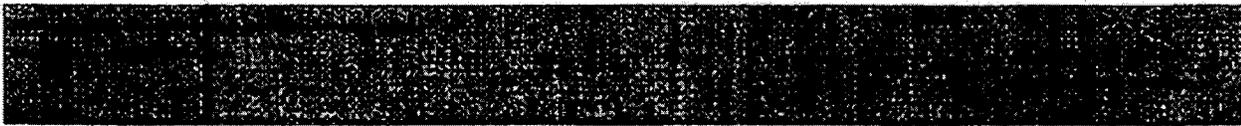
Signature

Patricia Rhoads

Printed Name

October 10, 2013

Date



*020: Study Area Code: 40236
 *265: Study Area Name: Carroll Mutual Telephone Company
 *028: Program Year: 2017
 *030: Contact Name - Person USAC should contact regarding this data: Mike Petrosky
 *029: Contact Telephone Number - Number of person identified in data line *030: 815-923-5212
 *079: Contact Email Address - Email Address of person identified in data line *030: mikepetrosky@carrolltel.com

Filled as reviewed single company
 Filled as reviewed consolidated company
 Filled as subsidiary of reviewed consolidated company

Filled as audited single company
 Filled as audited consolidated company
 Filled as subsidiary of audited consolidated company

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.

Patricia Rhoads 10/9/13
SIGNATURE DATE

| ASSETS | | BALANCE PRIOR YEAR | BALANCE END OF PERIOD | LIABILITIES AND STOCKHOLDERS' EQUITY | | BALANCE PRIOR YEAR | BALANCE END OF PERIOD |
|--|--|--------------------|-----------------------|---|--|--------------------|-----------------------|
| CURRENT ASSETS | | | | CURRENT LIABILITIES | | | |
| 1. Cash and Equivalents | | | | 1. Accounts Payable | | | |
| 2. Cash-BUS Construction Fund | | | | 16. Notes Payable | | | |
| 3. Accounts Receivable | | | | 27. Advance Billings and Payments | | | |
| a. Telecom Accounts Receivable | | | | 2A. Customer Deposits | | | |
| b. Other Accounts Receivable | | | | 18. Current Mat. L/T Debt | | | |
| c. Notes Receivable | | | | 19. Current Mat. L/T Obligat. Dev. | | | |
| 4. Non-Regulatory | | | | Current Mat. Capital Leases | | | |
| a. Telecom Accounts Receivable | | | | 22. Issuing Costs Accrued | | | |
| b. Other Accounts Receivable | | | | 31. Other Fees Accrued | | | |
| c. Notes Receivable | | | | 3A. Other Current Liabilities | | | |
| 5. Interest and Dividends Receivable | | | | 35. Total Current Liabilities (25 thru 36) | | | |
| 6. Material Regulated | | | | LONG-TERM DEBT | | | |
| 7. Material Nonregulated | | | | 6. Forward Debt-BUS Notes | | | |
| 8. Prepayments | | | | 7. Forward Debt-ATS Notes | | | |
| 9. Other Current Assets | | | | 8. Other Notes | | | |
| 0. Total Current Assets (3 thru 9) | | | | Debt | | | |
| | | | | Debtors' Loss | | | |
| | | | | Long L/T Debt | | | |
| NONCURRENT ASSETS | | | | CAPITAL STOCK | | | |
| 1. Investment in Affiliated Companies | | | | 1. Capital Stock | | | |
| a. Rural Development | | | | of Companies | | | |
| b. Nonrural Development | | | | Debt | | | |
| 2. Other Investments | | | | Debt (26 thru 45) | | | |
| a. Rural Development | | | | OTHER LIAB. & DEF. CREDITS | | | |
| b. Nonrural Development | | | | 47. Other Long-Term Liabilities | | | |
| 3. Nonregulated investments | | | | 48. Other Deferred Credits | | | |
| 4. Other Noncurrent Assets | | | | 49. Other Institutional Differences | | | |
| 5. Deferred Charges | | | | 50. Total Other Liabilities and Deferred Credits (47 thru 49) | | | |
| 6. Regulatory Deficiency | | | | EQUITY | | | |
| 7. Total Noncurrent Assets (1 thru 6) | | | | 21. Cap. Stock Contributing & Subscribed | | | |
| | | | | 22. Additional Paid-in Capital | | | |
| PLANT, PROPERTY, AND EQUIPMENT | | | | Treasury Stock | | | |
| 8. Telecom Plant-in-Service | | | | 24. Membership and Exp. Certificates | | | |
| 9. Property Held for Future Use | | | | 25. Other Capital | | | |
| 0. Plant Under Construction | | | | 26. Intangible Capital Credits | | | |
| 1. Plant Rd., Nonreg. Plant & Construct. | | | | 27. Retained Earnings or Reserves | | | |
| 2. Less Accumulated Depreciation | | | | Total Equity (21 thru 27) | | | |
| 3. Net Plant (28 thru 21 less 22) | | | | TOTAL LIABILITIES AND EQUITY (25 thru 28) | | | |
| 4. TOTAL ASSETS (10+17+23) | | | | | | | |

(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

<010> Study Area Code 340990
 <015> Study Area Name Clarksville 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

Filed as reviewed single company
 Filed as reviewed consolidated company
 Filed as subsidiary of reviewed consolidated company

Filed as audited single company
 Filed as audited consolidated company
 Filed as subsidiary of audited consolidated company

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.

Signature _____

Date _____

PART A. BALANCE SHEET

| ASSETS | BALANCE PRIOR | BALANCE END OF | LIABILITIES AND STOCKHOLDERS' EQUITY | BALANCE PRIOR | BALANCE END OF |
|---|---------------|----------------|---|---------------|----------------|
| | YEAR | PERIOD | | YEAR | PERIOD |
| CURRENT ASSETS | | | CURRENT LIABILITIES | | |
| 1. Cash and Equivalents | | | 5. 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 | | | LONG-TERM DEBT | | |
| 7. Material-Nonregulated | | | 36. Funded Debt-RUS Notes | | |
| 8. Prepayments | | | 37. Funded Debt-RTB Notes | | |
| 9. Other Current Assets | | | 38. Funded Debt-FFB Notes | | |
| 0. Total Current Assets (1 Thru 9) | | | 39. Funded Debt-Other | | |
| | | | 40. Funded Debt-Rural Develop. Loan | | |
| NONCURRENT ASSETS | | | 41. Premium (Discount) on L/T Debt | | |
| 1. Investment in Affiliated Companies | | | 42. Reacquired 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 | | | OTHER LIAB. & DEF. CREDITS | | |
| 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) | | | EQUITY | | |
| | | | 51. Cap. Stock Outstanding & Subscribed | | |
| PLANT, PROPERTY, AND EQUIPMENT | | | 52. Additional Paid-in-Capital | | |
| 8. Telecom, Plant-in-Service | | | 53. Treasury Stock | | |
| 9. Property Held for Future Use | | | 54. Membership and Cap. Certificates | | |
| 0. Plant Under Construction | | | 55. Other Capital | | |
| 1. Plant Adj., Nonop. Plant & Goodwill | | | 56. Patronage Capital Credits | | |
| 2. Less Accumulated Depreciation | | | 57. Retained Earnings or Margins | | |
| 3. Net Plant (18 thru 21 less 22) | | | 58. Total Equity (51 thru 57) | | |
| 4. TOTAL ASSETS (10+17+23) | | | 59. TOTAL LIABILITIES AND EQUITY (35+46+50+58) | | |

| | |
|---|---|
| (3000b) Operating Report for Privately-Held Rate of Return Carriers Income Statement - Data Collection Form Page 2 of 3 | FOC Form 481 OMB Control No. 3060-0986 OMB Control No. 3060-0619 July 2013 |
|---|---|

<010> Study Area Code 340990
 <015> Study Area Name Clarksville 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 | | |
| Network Access Services Revenues | | |
| Long Distance Network Services Revenues | | |
| Carrier Billing and Collection Revenues | | |
| Miscellaneous Revenues | | |
| Uncollectible Revenues | | |
| Net Operating Revenues (1 thru 5 less 6) | | |
| Plant Specific Operations Expense | | |
| Plant Nonspecific Operations Expense (Excluding Depreciation & Amortization) | | |
| Depreciation Expense | | |
| Amortization Expense | | |
| Customer Operations Expense | | |
| Corporate Operations Expense | | |
| Total Operating Expenses (8 thru 13) | | |
| Operating Income or Margins (7 less 14) | | |
| Other Operating Income and Expenses | | |
| State and Local Taxes | | |
| Federal Income Taxes | | |
| Other Taxes | | |
| Total Operating Taxes (17+18+19) | | |
| Net Operating Income or Margins (15+16-20) | | |
| 22. Interest on Funded Debt | | |
| 23. Interest Expense - Capital Leases | | |
| 24. Other Interest Expense | | |
| 25. Allowance for Funds Used During Construction | | |
| 26. Total Fixed Charges (22+23+24-25) | | |
| 27. Nonoperating Net Income | | |
| 28. Extraordinary Items | | |
| 29. Jurisdictional Differences | | |
| 30. Nonregulated Net Income | | |
| 31. Total Net Income or margins (21+27+28+29+30-26) | | |
| 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. Retained Earnings or Margins end-of-Period [(31+33+34)-(35+36+37+38)] | | |
| 40. Patronage Capital Beginning-of-Year | | |
| 41. Transfers to Patronage Capital | | |
| 42. Patronage Capital Credits Retired | | |
| 43. Patronage Capital End-of-Year (40+41-42) | | |
| 44. Annual Debt Service Payments | | |
| 45. Cash Ratio [(14+20-10-11)/7] | | |
| 46. Operating Accrual Ratio [(14+20+26)/7] | | |
| 47. TIER [(31+26)/26] | | |
| 48. DSCR [(31+26+10+11)/44] | | |

| | |
|--|---------------------------|
| (3005c) 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 | 340990 |
| <015> Study Area Name | Clarksville 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 | |
| <input type="checkbox"/> | Net Income |
| Adjustments to Reconcile Net Income to Net Cash Provided by Operating Activities | |
| <input type="checkbox"/> | Add: Depreciation |
| <input type="checkbox"/> | Add: Amortization |
| <input type="checkbox"/> | Other (Explain) |
| Changes in Operating Assets and Liabilities | |
| <input type="checkbox"/> | Decrease/(Increase) in Accounts Receivable |
| <input type="checkbox"/> | Decrease/(Increase) in Materials and Inventory |
| <input type="checkbox"/> | Decrease/(Increase) in Prepayments and Deferred Charges |
| <input type="checkbox"/> | Decrease/(Increase) in Other Current Assets |
| <input type="checkbox"/> | Increase/(Decrease) in Accounts Payable |
| <input type="checkbox"/> | Increase/(Decrease) in Advance Billings & Payments |
| <input type="checkbox"/> | Increase/(Decrease) in Other Current Liabilities |
| <input type="checkbox"/> | Net Cash Provided/(Used) by Operations |
| CASH FLOWS FROM FINANCING ACTIVITIES | |
| <input type="checkbox"/> | Decrease/(Increase) in Notes Receivable |
| <input type="checkbox"/> | Increase/(Decrease) in Notes Payable |
| <input type="checkbox"/> | Increase/(Decrease) in Customer Deposits |
| <input type="checkbox"/> | Net Increase/(Decrease) in Long Term Debt (Including Current Maturities) |
| <input type="checkbox"/> | Increase/(Decrease) in Other Liabilities & Deferred Credits |
| <input type="checkbox"/> | Increase/(Decrease) in Capital Stock, Paid-in Capital, Membership and Capital Certificates & Other Capital |
| <input type="checkbox"/> | Less: Payment of Dividends |
| <input type="checkbox"/> | Less: Patronage Capital Credits Retired |
| <input type="checkbox"/> | Other (Explain) |
| <input type="checkbox"/> | Net Cash Provided/(Used) by Financing Activities |
| CASH FLOWS FROM INVESTING ACTIVITIES | |
| <input type="checkbox"/> | Net Capital Expenditures (Property, Plant & Equipment) |
| <input type="checkbox"/> | Other Long-Term Investments |
| <input type="checkbox"/> | Other Noncurrent Assets & Jurisdictional Differences |
| <input type="checkbox"/> | Other (Explain) |
| <input type="checkbox"/> | Net Cash Provided/(Used) by Investing Activities |
| <input type="checkbox"/> | Net Increase/(Decrease) in Cash |
| 30. | Ending Cash |