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October 15, 2013

Via USPS Express Mail

Marlene H. Dortch, Secretary
Federal Communications Commission
445 12th Street, S.W.
Washington D.C. 20554

Re: *Connect America Fund*, WC Docket No. 10-90; **2013 FCC Form 481**

Dear Ms. Dortch:

In compliance with the Commission's rules at 47 CFR §§ 54.313(h)(2)(i) and 54.422(c), Sherwood Mutual Telephone Association, Inc. ("Sherwood Mutual") herewith submits a copy of its 2013 Form 481.

Sherwood Mutual requests that the financial results required in the section entitled "Rate of Return Carrier Additional Information"¹ be accorded confidential treatment. Attached please find a statement of the reasons for withholding the redacted materials from public inspection pursuant to 47 CFR § 0.459.

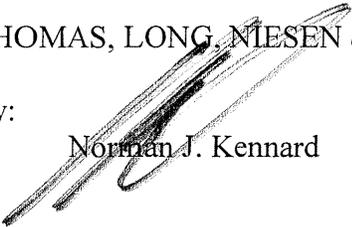
Sherwood Mutual has e-filed, through ECFS, the redacted version and sent via USPS Express Mail the confidential version (original and one copy) of its 2013 FCC Form 481.

Thank you for your attention to this matter.

Sincerely,

THOMAS, LONG, NIESEN & KENNARD

By:


Norman J. Kennard

NJK:tlt

¹ The financial reports section of FCC Form 481 is identified at the Universal Service Administrative Company ("USAC") website as "Section 3005" in the downloadable version and as "Section 3000" in the online filing version at the same USAC website. <http://www.usac.org/hc/tools/forms.aspx>. The same identical financial information is required in both. The request for confidentiality applies regardless of whether the form submitted employs the 3005 or 3000 designation.

**STATEMENT OF CONFIDENTIALITY REQUEST AND
JUSTIFICATION OF SHERWOOD MUTUAL TELEPHONE ASSOCIATION, INC.**

Sherwood Mutual Telephone Association, Inc. (“Sherwood Mutual” or “Company”) is a small, privately held rural local exchange company based in Ohio. Sherwood Mutual requests confidential treatment of certain information being provided to the Commission in its 2013 FCC Form 481, because the information is competitively sensitive and its disclosure would have negative competitive consequences upon Sherwood Mutual were it made publicly available. Such information would not ordinarily be made available to the public and should be afforded confidential treatment under 47 CFR § 0.459.

Specifically, Sherwood Mutual requests that the documentation required in the section entitled “Rate of Return Carrier Additional Information,”¹ which consists of the Company’s financial reports, income statement, balance sheet and cash flow statement, be accorded confidential treatment (“Confidential Information”).

Degree to Which the Information in Question is Commercial or Financial, or Contains a Trade Secret or is Privileged

The Confidential Information is financial information, specifically the Company’s income statement, balance sheet and cash flow statement. Financial Information is clearly deserving of confidential treatment.

The Confidential Information is also a trade secret under 5 U.S.C. § 552(b)(4). While there is no clear federal definition, the *Uniform Trade Secrets Act* defines trade secret as information that derives independent economic value, actual or potential, from not being generally known to or readily ascertainable through appropriate means by other persons who might obtain economic value from its disclosure or use and is the subject of efforts that are reasonable under the circumstances to maintain its secrecy. <http://www.uniformlaws.org/Default.aspx>. The information for which confidential treatment is sought meets that definition.

Degree to Which the Information Concerns a Service that is Subject to Competition

Ohio has successfully opened its telecommunications markets to full competition. The services offered by the Company, including voice and broadband services, are subject to vigorous competition from complete local exchange carriers, cable operators, wireless carriers

¹ The financial reports section of FCC Form 481 is identified at the Universal Service Administrative Company (“USAC”) website as “Section 3005” in the downloadable version and as “Section 3000” in the online filing version at the same USAC website. <http://www.usac.org/hc/tools/forms.aspx>. The same identical financial information is required in both. The request for confidentiality applies regardless of whether the form submitted employs the 3005 or 3000 designation.

and VoIP providers. Many of the Company's competitors are large, well-financed and national, even international, in scope.

Manner in Which Disclosure of the Information Could Result in Substantial Competitive Harm

The Confidential Information could be employed by both existing and potential competitors in a variety of ways, including: to determine the size of the market; the profitability of the market; and the financial resources of the Company. Clearly, were the Confidential Information made public, competitors could and would use this information to their competitive advantage. Moreover, disclosure would adversely affect Sherwood Mutual's ability to conduct business with other carriers.

Measures Taken to Prevent Unauthorized Disclosure

The Company has taken precautions to guard the secrecy of its financial results, including the Confidential Information, by limiting its dissemination. The Confidential Information is not known outside of Sherwood Mutual and is known within the Company only to senior managers and a limited number of employees with a particular need to know. Sherwood Mutual has expended a significant amount of time and money in developing the Confidential Information. The Confidential Information cannot be replicated by any other means.

Availability of the Information to the Public and Extent of Any Previous Disclosure of the Information to Third Parties

The Confidential Information is not available to the general public and has never been disclosed to any outside third parties, except as may be associated with financing, in which case confidentiality is required.

Justification of the Period During Which the Material Should Not be Available for Public Disclosure

Sherwood Mutual requests that the Confidential Information be maintained on a confidential basis indefinitely. Disclosure of the information at any time would be harmful.

Any Other Information That the Party Seeking Confidential Treatment Believes May Be Useful In Assessing Whether Its Request For Confidentiality Should Be Granted.

Exemption 4 of the Freedom of Information Act protects "trade secrets and commercial or financial information obtained from a person [that is] privileged or confidential." 5 U.S.C. § 552(b)(4). The exemption affords protection to those submitters who are required to furnish

commercial or financial information to the government by safeguarding them from the competitive disadvantages that could result from disclosure. If the financial information relates to business or trade, courts have considered it “commercial or financial.” *See, e.g., Dow Jones Co. v. FERC*, 219 F.R.D. 167, 176 (C.D. Cal. 2002) (information relating “to business decisions and practices regarding the sale of power, and the operation and maintenance” of generators (quoting agency declaration)); *Merit Energy Co. v. United States Dep’t of the Interior*, 180 F. Supp. 2d 1184, 1188 (D. Colo. 2001) (“information regarding oil and gas leases, prices, quantities and reserves”), *appeal dismissed*, No. 01-1347 (10th Cir. Sept. 4, 2001). The Confidential Information satisfies this test as well.

Form 481 - Carrier Annual Reporting
 Data Collection Form

<010> Study Area Code	300656
<015> Study Area Name	SHERWOOD MUTUAL TEL
<020> Program Year	2014
<030> Contact Name: Person USAC should contact with questions about this data	Christopher Ulmer
<035> Contact Telephone Number: Number of the person identified in data line <030>	610-928-3903
<039> Contact Email Address: Email of the person identified in data line <030>	culmer@icorellc.com

ANNUAL REPORTING FOR ALL CARRIERS

		2013 Completion (Y/N)	2014 Completion (Y/N)
<100> Service Quality Improvement Reporting	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<200> Outage Reporting (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210>	<input checked="" type="checkbox"/> <-- check box if no outages to report		
<300> Unfulfilled Service Requests (voice)	0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<310> Detail on Attempts (voice)	3006560E310 (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)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<410> Fixed	0.0		
<420> Mobile			
<430> Number of Complaints per 1,000 customers (broadband)			
<440> Fixed			
<450> Mobile			
<500> Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510>	3006560H510 (attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600> Functionality in Emergency Situations	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610>	3006560H610 (attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700> Company Price Offerings (voice)	(complete attached worksheet)		
<710> Company Price Offerings (broadband)	(complete attached worksheet)		
<800> Operating Companies and Affiliates	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900> Tribal Land Offerings (Y/N)?	(if yes, complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1000> Voice Services Rate Comparability	(check to indicate certification)		
<1010>	(attach descriptive document)		
<1100> Terrestrial Backhaul (Y/N)?	(if not, check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1110>	(complete attached worksheet)		
<1200> Terms and Condition for Lifeline Customers	(complete attached worksheet)		<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>	(check to indicate certification)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<2005>	(complete attached worksheet)		

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

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

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

<010> Study Area Code 300656
 <015> Study Area Name SHERWOOD MUTUAL TEL
 <020> Program Year 2014
 <030> Contact Name - Person USAC should contact regarding this data Christopher Ulmer
 <035> Contact Telephone Number - Number of person identified in data line <030> 610-928-3903
 <039> Contact Email Address - Email Address of person identified in data line <030> culmer@icorellc.com

<110> Has your company received its ETC certification from the FCC? (yes / no)
 If your answer to Line <110> is yes, do you have an existing §54.202(a) "5
 <111> 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 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.

900 Tribal Land Reporting
 Data collected from: [Redacted]

<010>	Study Area Code	300656
<015>	Study Area Name	SHERWOOD MUTUAL TBL
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Christopher Ulmer
<035>	Contact Telephone Number - Number of person identified in data line <030>	610-928-3903
<039>	Contact Email Address - Email Address of person identified in data line <030>	culmer@icorellc.com
<910>	Tribal Land(s) on which ETC Serves	NONE

<920> Tribal Government Engagement Obligation

Name of Attached Document (.pdf)

If your company serves Tribal lands, please select (Yes, No, NA) for each of 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)
<input type="checkbox"/>
<input checked="" type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>



<010>	Study Area Code	300656
<015>	Study Area Name	SHERWOOD MUTUAL TEL
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Christopher Ulmer
<035>	Contact Telephone Number - Number of person identified in data line <030>	610-928-3903
<039>	Contact Email Address - Email Address of person identified in data line <030>	culmer@icorellc.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)



<010>	Study Area Code	300656
<015>	Study Area Name	SHERWOOD MUTUAL TEL
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Christopher Ulmer
<035>	Contact Telephone Number - Number of person identified in data line <030>	610-928-3903
<039>	Contact Email Address - Email Address of person identified in data line <030>	culmer@icorellc.com

<1210> Terms & Conditions of Voice Telephony Lifeline Plans 300656OH1210
Name of attached document (.pdf)

<1220> Link to Public Website HTTP <http://www.smta.cc/>

"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 telephone 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.



<010>	Study Area Code	300656
<015>	Study Area Name	SHERWOOD MUTUAL TEL
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Christopher Ulmer
<035>	Contact Telephone Number - Number of person identified in data line <030>	610-928-3903
<039>	Contact Email Address - Email Address of person identified in data line <030>	culmer@icorellc.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)}
- <2011> 3rd Year Certification {47 CFR § 54.313(b)(2)}
- Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}**
- <2012> 2013 Frozen Support Certification
- <2013> 2014 Frozen Support Certification
- <2014> 2015 Frozen Support Certification
- <2015> 2016 and future Frozen Support Certification
- Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}**
- <2016> Certification Support Used to Build Broadband
- Connect America Phase II Reporting {47 CFR § 54.313(e)}**
- <2017> 3rd year Broadband Service Certification
- <2018> 5th year Broadband Service Certification
- <2019> Interim Progress Certification
- <2020> Please check the box to confirm that the attached PDF , on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.
- <2021> Interim Progress Community Anchor Institutions Name of Attached Document Listing Required Information _____

Certification - Reporting Carrier
 Data Collection Form
 Form 481
 OMB Control No. 0520-0041
 July 2009

<010> Study Area Code 300656
 <015> Study Area Name SHERWOOD MUTUAL TEL
 <020> Program Year 2014
 <030> Contact Name - Person USAC should contact regarding this data Christopher Ulmer
 <035> Contact Telephone Number - Number of person identified in data line <030> 610-928-3903
 <039> Contact Email Address - Email Address of person identified in data line <030> culmer@icorellc.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.	

Certification - Agent / Carrier		OMB Control No. 3045-0182
Data Collection Form		10/2013
<010> Study Area Code	300656	
<015> Study Area Name	SHERWOOD MUTUAL TEL	
<020> Program Year	2014	
<030> Contact Name - Person USAC should contact regarding this data	Christopher Ulmer	
<035> Contact Telephone Number - Number of person identified in data line <030>	610-928-3903	
<039> Contact Email Address - Email Address of person identified in data line <030>	culmer@icorellc.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>ICORE</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:	ICORE
Name of Reporting Carrier:	SHERWOOD MUTUAL TEL
Signature of Authorized Officer:	CERTIFIED ONLINE Date: 10/11/2013
Printed name of Authorized Officer:	Lynn Bergman
Title or position of Authorized Officer:	General Manager
Telephone number of Authorized Officer:	419-899-2121
Study Area Code of Reporting Carrier:	300656 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:	SHERWOOD MUTUAL TEL
Name of Authorized Agent or Employee of Agent:	Christopher Ulmer
Signature of Authorized Agent or Employee of Agent:	CERTIFIED ONLINE Date: 10/11/2013
Printed name of Authorized Agent or Employee of Agent:	Christopher Ulmer
Title or position of Authorized Agent or Employee of Agent:	Manager
Telephone number of Authorized Agent or Employee of Agent:	610-928-3903
Study Area Code of Reporting Carrier:	300656 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

LINE 310

Company	Sherwood Mutual Telephone Company
Study Area Code	300656
Supplemental Data For:	Line 310 – Unfulfilled Voice Telephony Service Requests Resolution

Because there were no unfulfilled initial requests for service in the prior calendar year, this line is not applicable. No action plan was needed since all requests for service were fulfilled.

LINE 510

Company	Sherwood Mutual Telephone Company
Study Area Code	300656
Supplemental Data For:	Line 510 – Service Quality Standards and Consumer Protection Rules Compliance

RATES AND RATE STABILITY

New customers are provided rate information at the time they order service. The rate information is prepared based on tariffs which are on file with the state public utility commission and available for inspection at our office. In addition rates are available on the company website. Notices of rate changes proposed by the Company are communicated to the customers through a bill notice or other comparable means. The Company complies with all state and federal rules applicable to rate changes.

PROVIDE SPECIFIC DISCLOSURES IN ADVERTISING

In advertising of prices for service plans the Company will disclose material charges and conditions related to the advertised prices and services. This notice will provide the potential customer with , including if applicable and to the extent the advertising medium reasonably allows: (1) whether nonrecurring installation charges would apply; (2) the monthly fee associated with the service; (3) whether any additional taxes, fees or surcharges apply; (3) the terms and conditions related to receiving a product or service for "free;" and (4) whether prices or benefits apply only for a limited time or promotional period and, if so, whether any different fees or charges will apply for the remainder of the contract term.

TRUTH-IN-BILLING

The Company has long maintained compliance with the FCC's Truth-in-Billing rules as set forth in 47 CFR 64.2401. In part, this requires the Company's telephone bill must: (1) be accompanied by a brief, clear, non-misleading plain language description of the service or services rendered; (2) identify the service provider associated with each charge; (3) clearly and conspicuously identify any change in

Company	Sherwood Mutual Telephone Company
Study Area Code	300656
Supplemental Data For:	Line 510 – Service Quality Standards and Consumer Protection Rules Compliance

service provider; (4) contain full and non-misleading descriptions of charges; (5) identify those charges for which failure to pay will not result in disconnection of the customer's basic local service; and (6) provide a toll free number for customers to call in order to lodge a complaint or obtain information.

Customers' bills will distinguish (1) monthly charges for service and features, and other charges collected and retained by the carrier, from (2) taxes, fees and other charges collected by the carrier and remitted to federal state or local governments. The Company will not label cost recovery fees or charges as taxes.

PROVIDE READY ACCESS TO CUSTOMER SERVICE

Customers and potential customers may access customer service by visiting the Company's office or by using a toll-free telephone number during normal business hours. Customer service contact information is available at our business office with regular hours posted on the storefront. In addition, this information is available online and on the monthly invoice rendered by the company.

ABIDE BY POLICIES FOR PROTECTION OF CUSTOMER PRIVACY

The Company complies with all state and federal rules regarding the privacy of customer information. Certification of this compliance is provided annually to the FCC.

RESPONSE TO CONSUMER INQUIRIES AND COMPLAINTS RECEIVED FROM GOVERNMENT AGENCIES

The Company will respond in writing to state or federal administrative agencies within 30 days of receiving written consumer complaints from any such agency. Should the agency require a shorter interval for response, the Company will use its best efforts to expedite the review of the complaint to provide a response which meets the agency-provided target date.

Company	Sherwood Mutual Telephone Company
Study Area Code	300656
Supplemental Data For:	Line 510 – Service Quality Standards and Consumer Protection Rules Compliance

TERMINATION OF SERVICE

The Company follows the state public utility commission's rules for termination of service.

Service cannot be terminated without advance notice to the customer. If service is being terminated for non-payment, the customer will have the option to establish a payment plan. So long as the customer adheres to the payment plan, service will not be disconnected.

Customers may terminate service at any time and for any reason. The Company does not assess any termination penalty and the customer is simply required to pay for the services which were used while the service was provided.

LINE 610

Sherwood Mutual Telephone Association, Inc.
(Sherwood Telephone Company)
Emergency Action Plan

Purpose

OSHA's Emergency Action Plan standard, found at 29 CFR 1910.38 for plant safety and 29 CFR 1926.35 for construction, requires a written emergency action plan (EAP) if Sherwood Telephone Company falls under a particular OSHA standard that requires an emergency action plan.

OSHA 1910.120 Hazardous Waste Operations and Emergency Response (HAZWOPER) require Sherwood Telephone Company to have a written emergency action plan. This EAP addresses emergencies that our company expects may reasonably occur on our system.

The EAP communicates to employee's policies and procedures to follow in emergencies. This written plan is available, upon request, to employees, their designated representatives, and any OSHA officials who ask to see it.

Under this plan, our employees will be informed of the plan's purpose, emergency escape procedures and route assignments, procedures to be followed by employees who remain to control critical office operations before they evacuate, procedures to account for all employees after emergency evacuation has been completed, rescue and medical duties for those employees who perform them, preferred means of reporting fires and other emergencies, types of evacuations to be used in various emergency situations, and the alarm system.

Mark Baden is the program coordinator. Lynn Bergman, General Manager, has overall responsibility for the plan. Lynn Bergman will review and update the plan as necessary. Copies of this plan may be obtained from either Mark Baden or Lynn Bergman.

If after reading this program, you find that improvements can be made, please contact the program coordinator, Mark Baden, or General Manager, Lynn Bergman. We encourage all suggestions because we are committed to the success of our emergency action plan. We strive for clear understanding, safe behavior, and involvement in the program from every level of the company.

Emergency Escape Procedures and Assignments

Our emergency escape procedures and assignments are designed to respond to many potential emergencies including:

- Fire emergencies (process area fires, non-pressurized tank fires, pressurized tank fires, fires at loading facilities, warehouse fires, office building fires, and electrical fires)
- Toxic gas releases
- Flammable gas releases

- Hazardous liquid spills
- Oil spills
- Release of radiation
- Tornadoes
- Winter Storms
- Flooding
- Lightning
- Bomb threat/Civil disturbance
- First-aid emergencies

Employees need to know what to do when they are the first persons to discover an emergency and when they are alerted to a specific emergency. Our program coordinator, Mark Baden, has developed alternate procedures for responding to an emergency, depending on what the emergency is. The following guidelines apply to all EAPs:

- All employees are trained in safe evacuation procedures, and refresher training is conducted whenever the employee's responsibilities or designated actions under the plan change, and whenever the plan itself changed. In addition, the employer must review with each employee, upon initial assignment, the parts of the plan, which the employee must know to protect himself/herself in the event of an emergency.
- No employee is permitted to re-enter the building until advised by management (after determination has been made that such re-entry is safe).
- The refuge/safe zone is a meeting area designated in a location deemed safe for each group of employees within Sherwood Telephone Company.
 - Fire- Sherwood Fire House , east of telephone office
 - Tornadoes- Vault

Each department reports to their respective representative as follows:

- Each employee shall report to the General Manager for the office.

The Coordinator/Manager has trained evacuation personnel who conduct head counts once evacuation has been completed. There is at least one trained evacuation person for each eight employees in the workplace to provide adequate guidance and instruction at the time of an emergency. The employees selected are trained in the complete workplace layout and the various alternative escape routes from the workplace. All trained personnel are made aware of employees with disabilities who may need extra assistance, such as using the buddy system, and of hazardous areas to be avoided during emergencies. Before leaving, these employees check rooms and other enclosed spaces in the workplace for employees who may be trapped or otherwise unable to evacuate the area.

Once each evacuated group of employees have reached their evacuation destinations, each trained evacuation employee:

- Takes roll of his or her group.
- Makes sure all persons are accounted for.
- Reports in to a central checkpoint managed by the company coordinator or General Manager.
- Assumes role of department contact to answer questions.

Rescue and Medical Duty Assignments

Rescue and medical aid may be necessary during emergency situations. Circumstances calling for rescue and/or medical aid include:

- Electrical shock
- Falls

Mark Baden & Joe Woodring are designated first aid responders who should provide medical assistance within their capabilities to employees requiring it during an emergency situation.

Professional emergency services responding in an emergency will help with and direct all rescue and medical duty assignments upon their arrival on site.

Emergency Reporting Procedures

In the Event of a Fire

When a fire is detected, use the intercom to notify all employees. Then notify the city fire department and General Manager.

The General Manager will perform assigned duties and will meet the fire department to assist them in putting out the fire. Head counts should be given to the village fire department, Fire Chief or fire fighter. No employees are to return to the building until the "all clear" is given by the General Manager or the fire department Fire Chief.

The safe zone or meeting area is:

- Sherwood Fire House

In the Event of a Tornado

The Sherwood office has access to the National Weather Service, so when a tornado watch has been issued by the National Weather Service, the weather page will sound, followed by a weather bulletin with further information.

In the event of a tornado, it is the Sherwood Telephone Co. policy to provide emergency warning and shelter. At the time the tornado warning is given, all employees are responsible for evacuating to their assigned shelters in a tornado emergency. The shelter assignments for tornadoes are:

- Tornado - Vault

Outside Plant personnel should immediately seek safe shelter. If caught outside or in a vehicle, lie flat in a nearby ditch or depression and cover your head with your hands. Do not try to outrun a tornado in your car. Be aware of flying debris.

In the Event of Lightning

Most lightning fatalities and injuries occur when people are caught outdoors in the summer months during the afternoon and evening. Outside Plant personnel are exposed to the risks of lightning. If lightning is occurring and sturdy shelter is not available, get inside a hard top automobile and keep the windows up. Avoid touching any metal. If caught outdoors and no shelter is available find a low spot away from trees, fences, and poles. If you feel your skin tingle or your hair stand on end, squat low to the ground on the balls of your feet. Place your hands over your ears and your head between your knees. Make yourself the smallest target possible and minimize your contact with the ground. Do not lie down.

Trained Evacuation Personnel

Evacuation Personnel

All employees have been trained by Sherwood Telephone Co. to assist in safe and orderly emergency evacuation for all types of emergency situations. These employees are to help direct all employees during emergency evacuation, serve as a resource of information about emergency procedures, and conduct head counts once evacuation has been completed.

Safety Responsibilities

Here at Sherwood Telephone Co. all employees/managers have safety responsibilities. They must:

- Assist in developing a written emergency action plan for regular and after-hours work conditions.
- Immediately notify the fire or police departments in the event of an emergency affecting their office.
- Distribute procedures for reporting a fire, the location of fire exits, and evacuation routes to each employee in their area.

- Distribute procedures for reporting a fire, bomb threat, or other emergency, the location of fire exits, and evacuation routes to each employee.
- Conduct drills to acquaint the employees with fire procedures and to judge their effectiveness.
- Satisfy all local fire codes and regulations as specified.
- See that designated employees are trained in the use of fire extinguishers and the application of medical first-aid techniques.
- Keep key management personnel home telephone numbers in a safe place in the office for immediate use in the event of a fire. Distribute a copy of the list to key persons to be retained in their homes for use in communicating a fire occurring during non-work hours.
- Decide to remain in or evacuate the workplace in the event of a fire.
- If evacuation is deemed necessary, the General Manager ensures that:
 - All employees are notified and a head count is taken to confirm total evacuation of all employees.
 - When practical, equipment is placed and locked in storage rooms or desks for protection.
 - All records and property are arranged as necessary.

Training

At the time of an emergency, employees should know what type of evacuation is necessary and what their role is in carrying out the plan. In cases where the emergency is very grave, total and immediate evacuation of all employees is necessary. In other emergencies, a partial evacuation of nonessential employees with a delayed evacuation of others may be necessary for continued operation. We must be sure that employees know what is expected of them during an emergency to assure their safety.

This document is not one for which casual reading is intended or will suffice in getting the message across. If passed out as a statement to be read to oneself, some employees will choose not to read it, or will not understand the plan's importance. In addition, OSHA requires training on the plan's content.

A better method of communicating the emergency action plan is to give all employees a thorough briefing and demonstration. Sherwood Telephone Co. has presented the plan in small meetings.

Types of Emergency Evacuations

At this company the following types of emergency evacuation exists as detailed earlier in this plan:

- Fire
- Tornado

Emergency Operations - Loss of Service

Most service disruptions are recoverable using standard troubleshooting methods and material replacement actions to determine the root-cause and resolve the source of the problem. In some rare cases, however, the service-affecting event is so catastrophic that extraordinary means are required in order to restore service. These catastrophic situations are deemed disasters, and include such events as:

- Fire
- Tornado
- Earthquakes
- Sabotage
- Flood

In these cases, typically more than the switching system is lost. Buildings, power, inside/outside plant facilities and transportation infrastructure may also be impacted.

Disaster Manager – Mark Baden

The potential for a disaster to simultaneously impact many facets of operation poses a coordination challenge for the operating company. It is extremely important that the Disaster Manager take in account the full spectrum of the operating company's support requirements. This would include an understanding of the capabilities and responsibilities of equipment vendors, local authorities, governmental agencies, etc. which may potentially be involved. The Disaster Manager will be responsible for testing and implementing the operating company's Disaster Plan, and has the authority to make significant decisions involving the purchase of material and support labor, and possibly the replacement of capital equipment.

Disaster Procedures

In the event of a disaster employees should:

- notify their Disaster Manager in the event of a current or potential disaster
- contact GENBAND Customer Services Hot-Line (see below) in the event of a current or potential disaster.
- notify the Public Utilities Commission of Ohio Outage Coordinator, Mr. James E. Sullivan, per Minimum Telephone Service Standards.

GENBAND Disaster Recovery Support

1. General Disaster Recovery Process for GENBAND Equipment

GENBAND Technical Support Services organization provides Emergency/Disaster Recovery procedures to assist those customers that have experienced an emergency condition due to disaster. Upon notification of disaster conditions, a Recovery Team Lead is assigned to work with the customer around the clock to manage the crisis while simultaneously deploying equipment and personnel to the site as necessary so that functionality is expeditiously restored.

To resolve a critical service situation, GENBAND Technical Support offers emergency service 24 hours a day, 7 days a week. Technical Support will respond to the emergency condition and work with the customer until the system is restored to operation based on the latest backup data.

The preferred method of restoring the system is to provide replacement product from a GENBAND manufacturing facility to replace the original product at the customer site. The alternative method is to ship product from another GENBAND location to the customer site. GENBAND will take whatever actions are necessary to get the customer system back up and running as soon as possible.

Timeframes provided in this document are targets only. GENBAND will work 24 hours a day to restore service to a customer site as soon as possible.

- A. If a disaster occurs, the customer should immediately call the GENBAND Technical Assistance Center (TAC) hotline at 866-436-2263 and provide the information listed below. The GENBAND Technical Assistance Center is available 24 hours a day.
 1. The nature of the disaster (flood, fire, tornado, hurricane, etc.)
 2. Contact names and numbers
 - a. Times at which individuals can be contacted
 - b. Methods of contact
 - c. Multiple numbers to facilitate communications
 - d. Personnel authorized to make decisions during the crisis
 - e. Escalation point
 3. An update of the steps the customer has taken in response to the disaster situation
 4. A list of immediate requirements
- B. A GENBAND Technical Support Engineer (TSE) will immediately begin the escalation process within GENBAND to notify management.

1. The TSE will maintain contact with the customer and begin recovery efforts until a GENBAND Recovery Team Lead takes over.
- C. Management will form a recovery team and assign a Recovery Team Lead
- D. The Recovery Team Lead will :
 1. Establish contact with the customer point of contact.
 2. Work with the customer to assess physical damage.
 3. Work with customer to establish emergency recovery, both short and long term.
 4. Work together with the customer to determine the responsibilities each will assume in restoring service in the most expedient method
 5. Direct GENBAND manufacturing to build a replacement system as necessary.
 6. Dispatch installation personnel to the customer site.
- E. Manufacturing will ship the new system via the fastest method available.

Customer Service will arrange for installation personnel to remove damaged equipment, install the new equipment when it arrives, and restore the data to the latest backup data.

2. Roles and Responsibilities

Table 1. GENBAND's Roles and Responsibilities

Role	Responsibility
Technical Services	Receive request for emergency service from the customer Evaluate the situation and immediately communicate to management Recommend recovery actions Determine the configuration of the Product to be replaced.
Recovery Team Lead	Lead recovery team in coordination of all recovery efforts of GENBAND equipment.
Installation Project Management	Coordinate activities to install replacement product and incorporate into the customer's network
Engineering	Provide design expertise as needed to ensure the customer can be returned to state prior to the customer disaster.
Manufacturing	Manufacture the replacement product and ship to the appropriate address.
Management	Decide on source of replacement products and services (Lab or Manufacturing)

Table 2: Customer's Roles and Responsibilities

Role	Responsibility
Site Point of Contact	Provide configuration information and backup medium for Reinstallation. Coordinate all local recovery efforts.
Overall Disaster Point or Contact	Ensure necessary resources are available to recover system functionality.
Authorization	Authorization of purchase of product , material and deployment support labor in response to disaster situation.

Assumptions

- In disaster situations where the customer's building and/or facilities are destroyed, GENBAND replacement hardware and software will be provided up to and including the cable necessary to connect to the GENBAND system. The line of demarcation is assumed to be the customer's end of the GENBAND cables.
- Air travel and a safe customer site must be available to meet minimum delivery commitments.
- Customer regularly archives the database in secure off-site locations likely to survive most disaster situations.

Battery/Generator Back-Up

Switching offices are normally equipped with generators and batteries to keep them running should they lose commercial power. Portable generators are also an option. Small remote switching nodes have portable generator back-up. The Sherwood Telephone Company office is equipped with battery back-up and emergency generator back-up.

Disaster Relief Plan - Waive of House to House Connection Charges

Once Sherwood Telephone Company has activated its Disaster Relief Plan for customers whose homes or businesses were destroyed by fire, tornado, etc., connection charges will be waived for customers who move their phone service to a temporary or permanent location while their home or business is being repaired or rebuilt.

Sherwood Telephone Company Emergency Contact List

<u>Name</u>	<u>Title</u>	<u>Phone Numbers</u>
Lynn Bergman	General Manager	Work Phone: (419) 899-2121 Home Phone: (419) 899-2808 Cell Phone: (859) 628-5081 email: lynnbergman@smta.cc
Mark Baden	Technician	Work Phone: (419) 899-2121 Home Phone: (419) 899-2892 Cell Phone: (419) 769-0030 email: trapperjohn@smta.cc
Joe Woodring	Technician	Work Phone: (419) 899-2121 Home Phone: (419) 899-1177 Cell Phone: (419) 769-5940 email: cableguy@saa.net
Eric Anders	Technician	Work Phone: (419) 899-2121 Home Phone: (419) 784-0358 Cell Phone: (419) 789-6361 email: eanders1@smta.cc
Erica Hall	CSR	Work Phone: (419) 899-2121 Cell Phone: (419) 956-2760 email: ehall@smta.cc
Agnes Timbrook	CSR	Work Phone: (419) 899-2121 Home Phone: (419) 899-2959 email: atimbrook@smta.cc

LINE 1010

Company	Sherwood Mutual Telephone Company
Study Area Code	300656
Supplemental Data For:	Line 1010 – Description of Voice Services Rate Comparability

Because there were no unfulfilled initial requests for service in the prior calendar year, this line is not applicable. No action plan was needed since all requests for service were fulfilled.

LINE 1210

Sherwood Mutual Telephone Association
Certification for Lifeline Service
Please read carefully and, using a pen or keying in – fill out completely

Date: _____

_____ Initial Application

_____ Recertification Application (for Annual Review – Continuing Eligibility)

Applicant Information:

Full Name: _____

Date of Birth: _____
 (Month) (Day) (Year)

Please provide the last 4 digits of your Social Security Number _____

Applicant Residential Address:

Number and Street: _____

City _____

State _____

Zip Code _____
(No PO Boxes permitted)

Check one:

_____ The address listed is my permanent address

_____ The address listed is my temporary address

Program Participation and Certification

I certify under penalty of perjury that I or a member of my household meets the income-based or program-based eligibility criteria for receiving the Lifeline discount. I or a member of my household receives benefits from the following program (check only one program):

- TANF - Temporary Assistance for Needy Families/Ohio Works First
- Home Energy Assistance Program
- Medicaid
- General/Disability Assistance
- Supplemental Security Income (SSI)
- SSDI – Blind and Disabled
- SNAP (Supplemental Nutrition Assistance Program)/Food Stamps
- Section 8 Federal Public Housing Assistance
- National School Free Lunch Program
- Eligibility based on income (see below for income criteria)

Along with this application, please attach or fax a photocopy (do not send an original) of one of the following:

- your current or prior year's statement of benefits from a qualifying state or federal program; or
- a notice letter of participation in a qualifying state or federal program; or

- a program participation document, for example, benefit card; or
- an official document indicating your participation in a qualifying state or federal program.
- for Income Eligibility you need to supply a copy of at least one of the following documents:

- A prior year's federal or state tax return
- Current income statement from employer or W-2
- Three consecutive months of the most current pay stubs
- The most recent Social Security statement of benefits
- The most recent Veteran's Administration statement of benefits
- The most recent retirement/pension statement of benefits
- The most recent Unemployment or Worker's Compensation statement of benefits
- Any other legal document that would show your current income (such as a divorce decree or child support document)

Income Eligibility Guidelines

The following chart can be used to determine eligibility for the Lifeline discount program based solely on income level. You may qualify for the Lifeline discount program if your household annual income is at or below 150% of the Federal Poverty Guidelines. A household is defined as any individual or group of individuals who live together at the same address and share income and expenses. The chart below lists the annual income amount that cannot be exceeded in order to qualify based on household size. If the annual income amount for your household size is more than the amount shown on the chart below you do not qualify for the Lifeline discount based solely on income.

Please indicate the number of individuals in your household _____

2012 Annual Federal Poverty Guidelines

Household size	150%
1	\$16,755
2	22,695
3	28,635
4	34,575
5	40,515
6	46,455
7	52,395
8	58,335
For each additional person, add	\$5,940

Please Read and Certify the Following Program Rules

The Lifeline discount program is a federal benefit and willfully making false statements to obtain this benefit can result in fines, imprisonment, de-enrollment or being barred from the program. SMTA is required by the Federal Communications Commission, or FCC, to verify your eligibility to participate in the Lifeline discount program.

Under penalty of perjury you must certify the following statements are true to the best of your knowledge. Please indicate your acknowledgement of each statement by a checkmark.

Only one Lifeline discount is allowed per household, consisting of either wireline or wireless service. A household is not permitted to receive Lifeline benefits from multiple providers. Violation of the one-per-household requirement constitutes a violation of Federal Communications Commission rules and will result in your de-enrollment from the program, and potentially, prosecution by the United States government.

A household is defined as any individual or group of individuals who live together at the same address and share income and expenses.

- I certify my household will receive only one Lifeline service and, to the best of my knowledge, my household is not already receiving a Lifeline service.
Your name, telephone number, address and information contained in this application, as well as information associated with your Lifeline service may be provided to the Universal Service Administrative Company (USAC - administrator of the Lifeline discount program) and/or its agents for the purpose of verifying your household does not receive more than one Lifeline benefit. You will be denied Lifeline benefits if you fail to provide SMTA with consent to provide the specified information to USAC.
- I acknowledge and consent that SMTA may provide my name, telephone number, address and information contained in this application, as well as information associated with your Lifeline service to the Universal Service Administrative Company (USAC) and/or its agents for the purpose of verifying that I or another member of my household does not receive more than one Lifeline benefit.
- I agree to allow SMTA to exchange any necessary information with the appropriate federal or state agency, or fund administrator, to verify my eligibility to participate in the Lifeline discount program. Lifeline service is a non-transferable benefit. You may not transfer your Lifeline service to any individual, including another eligible low-income consumer.
- I agree not to transfer my Lifeline discount benefit to another person.
- I agree to notify SMTA within 30 calendar days if I move to another address and to provide the new address.
- I agree to notify SMTA within 30 calendar days if, for any reason, I or my household:
 - No longer receive benefits from the federal or state program that qualified me for the Lifeline discount program.
 - Annual household income exceeds the Federal Poverty amount listed on page 3 that qualified me for the Lifeline discount program.
 - Receives more than one Lifeline benefit or another member of my household is receiving a Lifeline service.

I acknowledge that I will be required to recertify my continued eligibility for Lifeline at any time and my failure to recertify will result in de-enrollment and termination of my Lifeline benefits.

- I agree to participate in the certification of my continued eligibility in the Lifeline discount program.
- The information contained in this application form is true and correct to the best of my knowledge.
- I acknowledge that providing false or fraudulent information to receive Lifeline benefits is punishable by law.

I affix, under penalty of perjury, that the foregoing representations are true.

Applicant's Name (Please Print) _____

Telephone Number: _____

Applicant's Signature _____ Date _____

LINE 3026

REDACTED