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LNGS | LUKAS,
NACE,
GUTIERREZ
& SACHS, LLP

October 25, 2013

VIA ECFS

Marlene H. Dortch
Secretary
Federal Communications Commission
445 12th Street, S.W., Room TW-A306
Washington, D.C. 20554

**Re: FCC Form 481 – Carrier Annual Report for Calendar Year 2013
WC Docket No. 10-90**

Dear Secretary Dortch:

On behalf of Illinois Valley Cellular RSA 2-II Partnership (“IVC”), SAC 349009 in Illinois, enclosed is IVC’s FCC Form 481 Carrier Annual Report submitted pursuant to Section 54.313 of the Commission’s Rules (“Form 481 Report”).

Please contact the undersigned at 703-584-8669 if any questions arise concerning the above-referenced enclosures or if you require any additional information.

Sincerely,



David L. Nace
Robert S. Koppel

Attorneys for:
Illinois Valley Cellular

Enclosure

FCC Form 481 - Carrier Annual Reporting Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	349009
<015> Study Area Name	ILLINOIS VALLEY CELLULAR RSA 2 - II
<020> Program Year	2014
<030> Contact Name: Person USAC should contact with questions about this data	Michelle A Owens
<035> Contact Telephone Number: Number of the person identified in data line <030>	815-795-3200
<039> Contact Email Address: Email of the person identified in data line <030>	mowens@ivcel.com

ANNUAL REPORTING FOR ALL CARRIERS	54.313	54.422
	Completion	Completion
	Required	Required

<i>(check box when complete)</i>		
<100> Service Quality Improvement Reporting	<i>(complete attached worksheet)</i>	<input type="checkbox"/> <input style="background-color: #cccccc;" type="checkbox"/>
<200> Outage Reporting (voice)	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
<210>	<input checked="" type="checkbox"/> <-- check box if no outages to report	<input type="checkbox"/> <input type="checkbox"/>
<300> Unfulfilled Service Requests (voice)	<input type="text" value="0"/>	<input checked="" type="checkbox"/> <input style="background-color: #cccccc;" type="checkbox"/>
<310> Detail on Attempts (voice)	<input type="text"/> <i>(attach descriptive document)</i>	<input type="checkbox"/> <input style="background-color: #cccccc;" type="checkbox"/>
<320> Unfulfilled Service Requests (broadband)	<input type="text"/>	<input type="checkbox"/> <input style="background-color: #cccccc;" type="checkbox"/>
<330> Detail on Attempts (broadband)	<input type="text"/> <i>(attach descriptive document)</i>	<input type="checkbox"/> <input style="background-color: #cccccc;" type="checkbox"/>
<400> Number of Complaints per 1,000 customers (voice)		<input checked="" type="checkbox"/> <input type="checkbox"/>
<410> Fixed	<input type="text"/>	
<420> Mobile	<input type="text" value="0.0"/>	
<430> Number of Complaints per 1,000 customers (broadband)		<input type="checkbox"/> <input style="background-color: #cccccc;" type="checkbox"/>
<440> Fixed	<input type="text"/>	
<450> Mobile	<input type="text"/>	
<500> Service Quality Standards & Consumer Protection Rules Compliance	<i>(check to indicate certification)</i>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
<510>	<input type="text" value="349009i1510"/> <i>(attached descriptive document)</i>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
<600> Functionality in Emergency Situations	<i>(check to indicate certification)</i>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
<610>	<input type="text" value="349009i1610"/> <i>(attached descriptive document)</i>	<input type="checkbox"/> <input style="background-color: #cccccc;" type="checkbox"/>
<700> Company Price Offerings (voice)	<i>(complete attached worksheet)</i>	<input type="checkbox"/> <input style="background-color: #cccccc;" type="checkbox"/>
<710> Company Price Offerings (broadband)	<i>(complete attached worksheet)</i>	<input type="checkbox"/> <input style="background-color: #cccccc;" type="checkbox"/>
<800> Operating Companies and Affiliates	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
<900> Tribal Land Offerings (Y/N)?	<input type="radio"/> <input checked="" type="radio"/> <i>(if yes, complete attached worksheet)</i>	<input type="checkbox"/> <input style="background-color: #cccccc;" type="checkbox"/>
<1000> Voice Services Rate Comparability	<i>(check to indicate certification)</i>	<input type="checkbox"/> <input style="background-color: #cccccc;" type="checkbox"/>
<1010>	<input type="text"/> <i>(attach descriptive document)</i>	<input type="checkbox"/> <input style="background-color: #cccccc;" type="checkbox"/>
<1100> Terrestrial Backhaul (Y/N)?	<input checked="" type="radio"/> <input type="radio"/> <i>(if not, check to indicate certification)</i>	<input type="checkbox"/> <input style="background-color: #cccccc;" type="checkbox"/>
<1110>	<i>(complete attached worksheet)</i>	<input type="checkbox"/> <input style="background-color: #cccccc;" type="checkbox"/>
<1200> Terms and Condition for Lifeline Customers	<i>(complete attached worksheet)</i>	<input style="background-color: #cccccc;" type="checkbox"/> <input checked="" type="checkbox"/>

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet		
<i>Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers</i>		
<2000>	<i>(check to indicate certification)</i>	<input type="checkbox"/> <input style="background-color: #cccccc;" type="checkbox"/>
<2005>	<i>(complete attached worksheet)</i>	<input type="checkbox"/> <input style="background-color: #cccccc;" type="checkbox"/>
Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet		
<3000>	<i>(check to indicate certification)</i>	<input type="checkbox"/> <input style="background-color: #cccccc;" type="checkbox"/>
<3005>	<i>(complete attached worksheet)</i>	<input type="checkbox"/> <input style="background-color: #cccccc;" type="checkbox"/>

(100) Service Quality Improvement Reporting Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	349009
<015> Study Area Name	ILLINOIS VALLEY CELLULAR RSA 2 - II
<020> Program Year	2014
<030> Contact Name - Person USAC should contact regarding this data	Michelle A Owens
<035> Contact Telephone Number - Number of person identified in data line <030>	815-795-3200
<039> Contact Email Address - Email Address of person identified in data line <030>	mowens@ivcel.com

<110> Has your company received its ETC certification from the FCC? If your answer to Line <110> is yes, do you have an existing §54.202(a) "5	(yes / no)	<input type="radio"/>	<input checked="" type="radio"/>	
<111> year plan" filed with the FCC?	(yes / no)	<input type="radio"/>	<input type="radio"/>	

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

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

Name of Attached Document (.pdf)

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

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

(900) Tribal Lands Reporting Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	349009
<015>	Study Area Name	ILLINOIS VALLEY CELLULAR RSA 2 - II
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Michelle A Owens
<035>	Contact Telephone Number - Number of person identified in data line <030>	815-795-3200
<039>	Contact Email Address - Email Address of person identified in data line <030>	mowens@ivcel.com

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document (.pdf)

If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921>** Needs assessment and deployment planning with a focus on Tribal community anchor institutions;
- <922>** Feasibility and sustainability planning;
- <923>** Marketing services in a culturally sensitive manner;
- <924>** Compliance with Rights of way processes
- <925>** Compliance with Land Use permitting requirements
- <926>** Compliance with Facilities Siting rules
- <927>** Compliance with Environmental Review processes
- <928>** Compliance with Cultural Preservation review processes
- <929>** Compliance with Tribal Business and Licensing requirements.

Select (Yes,No, NA)

**(1100) No Terrestrial Backhaul Reporting
Data Collection Form**

 FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

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<039>	Contact Email Address - Email Address of person identified in data line <030>	mowens@ivcel.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 Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<015>	Study Area Name	ILLINOIS VALLEY CELLULAR RSA 2 - II
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Michelle A Owens
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<039>	Contact Email Address - Email Address of person identified in data line <030>	mowens@ivcel.com

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of attached document (.pdf)

<1220> Link to Public Website

HTTP <http://www.ivcel.com/plans/c/other/lifeline-calling-plan/>

“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.

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

<010>	Study Area Code	349009
<015>	Study Area Name	ILLINOIS VALLEY CELLULAR RSA 2 - II
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Michelle A Owens
<035>	Contact Telephone Number - Number of person identified in data line <030>	815-795-3200
<039>	Contact Email Address - Email Address of person identified in data line <030>	mowens@ivcel.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 _____

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

<010>	Study Area Code	349009
<015>	Study Area Name	ILLINOIS VALLEY CELLULAR RSA 2 - II
<020>	Program Year	2014
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<035>	Contact Telephone Number - Number of person identified in data line <030>	815-795-3200
<039>	Contact Email Address - Email Address of person identified in data line <030>	mowens@ivcel.com

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

Progress Report on 5 Year Plan

(3010)	Milestone Certification {47 CFR § 54.313(f)(1)(i)} Please check this box to confirm that the attached PDF , on line 3012,	Name of Attached Document Listing Required Information	<input type="checkbox"/>
	contains the required information pursuant to § 54.313 (f)(1)(ii), as a		
(3011)	recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.		
(3012)	Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}	Name of Attached Document Listing Required Information	<input type="checkbox"/>
(3013)	Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)}		<input type="checkbox"/> (Yes/No)
(3014)	If yes, does your company file the RUS annual report Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:		<input type="checkbox"/> (Yes/No)
(3015)	Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)		<input type="checkbox"/>
(3016)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	Name of Attached Document Listing Required Information	<input type="checkbox"/>
(3018)	If the response is no on line 3014, Is your company audited? If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains :		<input type="checkbox"/> (Yes/No)
(3019)	Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications		<input type="checkbox"/>
(3020)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3021)	Management letter issued by the independent certified public accountant that performed the company's financial audit. If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:		<input type="checkbox"/>
(3022)	Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,		<input type="checkbox"/>
(3023)	Underlying information subjected to a review by an independent certified public accountant		<input type="checkbox"/>
(3024)	Underlying information subjected to an officer certification.		<input type="checkbox"/>
(3025)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3026)	Attach the worksheet listing required information	Name of Attached Document Listing Required Information	<input type="checkbox"/>

Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	
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 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	349009
<015>	Study Area Name	ILLINOIS VALLEY CELLULAR RSA 2 - II
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Michelle A Owens
<035>	Contact Telephone Number - Number of person identified in data line <030>	815-795-3200
<039>	Contact Email Address - Email Address of person identified in data line <030>	mowens@ivcel.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	
<p>I certify that (Name of Agent) <u>Michelle Owens</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.</p>	
Name of Authorized Agent:	Michelle Owens
Name of Reporting Carrier:	ILLINOIS VALLEY CELLULAR RSA 2 - II
Signature of Authorized Officer:	CERTIFIED ONLINE Date: 10/15/2013
Printed name of Authorized Officer:	Michelle Owens
Title or position of Authorized Officer:	Director of Accounting
Telephone number of Authorized Officer:	8157953200
Study Area Code of Reporting Carrier:	349009 Filing Due Date for this form: 10/15/2013
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
<p>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.</p>	
Name of Reporting Carrier:	ILLINOIS VALLEY CELLULAR RSA 2 - II
Name of Authorized Agent or Employee of Agent:	Ginger Johnstone
Signature of Authorized Agent or Employee of Agent:	CERTIFIED ONLINE Date: 10/15/2013
Printed name of Authorized Agent or Employee of Agent:	Ginger Johnstone
Title or position of Authorized Agent or Employee of Agent:	Paralegal
Telephone number of Authorized Agent or Employee of Agent:	703-584-8674
Study Area Code of Reporting Carrier:	349009 Filing Due Date for this form: 10/15/2013
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>	

Attachments

Illinois Valley Cellular

**Line 510 – Compliance with Service Quality Standards and
Consumer Protection**

Illinois Valley Wireless (“IVC”) has reviewed the service quality and consumer protection practices which it follows in connection with its provision of voice services. IVC hereby certifies that it is in compliance with the CTIA–The Wireless Association[®] (“CTIA”) Consumer Code for Wireless Service (“CTIA Code” or “Code”) as currently in effect.

Illinois Valley Cellular

Line 610 – Functionality in Emergency Situations

Section 54.202(a)(2) of the Commission’s Rules requires that each eligible telecommunications carrier (“ETC”) must “[d]emonstrate its ability to remain functional in emergency situations, including a demonstration that it has a reasonable amount of back-up power to ensure functionality without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations.”¹ Section 54.313(a)(6) requires ETCs to certify that they are “able to function in emergency situations as set forth in §54.202(a)(2)”² in connection with their provision of voice and broadband services.

Illinois Valley Cellular (“IVC”) hereby certifies that it is able to function in emergency situations as set forth in Section 54.202(a) in connection with its provision of voice services.³

For its central office, IVC has eight hours of battery back-up as well as natural gas back-up and the availability to deploy a diesel generator in the event of both electrical and natural gas failures. In addition, IVC has eight hours of battery back-up at all cell sites, generators at 12 sites and the ability to deploy portable generators if necessary.

IVC has multiple trunk groups to different carriers, enabling it to re-route voice traffic around damaged facilities. In addition, IVC has extra capacity in its core network, and actively monitors traffic reports to determine if re-routing is required. IVC is also able to prioritize 911 and other emergency calls.

¹ 47 C.F.R. § 54.202(a).

² 47 C.F.R. § 54.313(a)(6).

³ Certifications and demonstrations regarding broadband services are not required in carrier’s reports for calendar year 2012.

These facilities and capabilities ensure that (1) a reasonable amount of back-up power will be available to ensure functionality without an external power source; (2) IVC will be able to reroute voice traffic around damaged facilities; and (3) IVC will be capable of managing spikes in voice traffic resulting from emergency situations.

Illinois Valley Cellular

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Illinois Valley Cellular

Line 610 – Functionality in Emergency Situations

Section 54.202(a)(2) of the Commission’s Rules requires that each eligible telecommunications carrier (“ETC”) must “[d]emonstrate its ability to remain functional in emergency situations, including a demonstration that it has a reasonable amount of back-up power to ensure functionality without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations.”¹ Section 54.313(a)(6) requires ETCs to certify that they are “able to function in emergency situations as set forth in §54.202(a)(2)”² in connection with their provision of voice and broadband services.

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Illinois Valley Cellular

Line 1210 – Lifeline Plans

LIFELINE

Wireless Service Assistance Plan



Affordable Cellular Service

as low as
\$8.70
 per month



What is Lifeline?

Lifeline wireless assistance helps make it easier for everyone to own a phone and have the ability to make a call in an emergency.

Qualified Lifeline customers can choose to purchase an IVC Lifeline rate plan or select any regular IVC rate plan and receive an \$9.25 monthly credit off of the published monthly service rate plus receive 50% off the activation fee.

Can I qualify for Lifeline?

If you are participating in the following State or Federal Programs you will qualify:

- Food Stamp Program
- Medicaid
- Supplemental Security Income (SSI)
- Federal Housing Assistance Program (FPHA) or Section 8
- Low-Income Home Energy Assistance Program (LIHEAP)
- National School Lunch's Free Lunch Program (NSL)
- Temporary Assistance for Needy Families (TANF)

-and-

You have paid any outstanding balance for telephone services provided to you or any member of your household at you current address.

How to apply?

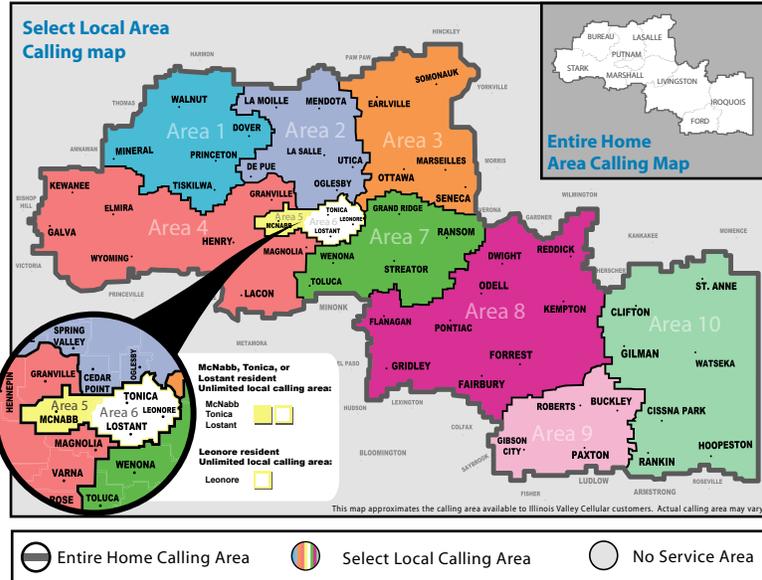
Qualifying applicants will need to purchase a cellular phone through IV Cellular that is compliant and approved technology which meets the Federal Communications Commission standards.

When applying, the applicant should be prepared to supply the company representative with the following information:

- Your phone number (if you already have service).
- The case number you have been assigned through Medicaid, Food Stamps, SSI, public housing or LIHEAP and/or your social security number.
- Your mailing address.

Form is on back for your convenience.

If you are participating in the monthly discount program, your phone bill will be lowered by \$9.25 each month automatically by IV Cellular within 30 days after your eligibility is determined.



Lifeline Plans

Home Coverage County Area: Bureau, Ford, Iroquois, LaSalle, Livingston, Marshall, Putnam, and Stark	Plan	Select Local Area	Entire Home Area
	Monthly Service		\$17.95
Lifeline Discount		(\$9.25)	(\$9.25)
Discounted Monthly Service		= \$8.70	= \$12.70
Included Features		Unlimited	Unlimited
Caller ID		Select Local Area Only	Entire Home Area Only
Call Forwarding		Select Local Area Only	Entire Home Area Only
3-way Calling		No Roaming Available	No Roaming Available

*Basic monthly access rate calculated before all taxes and fees and applies to select Lifeline plans. IVC offers two basic Lifeline plans that do not require a credit check and/or deposit; other plans may require a credit check and/or deposit. Only one Lifeline plan or discount available per household and eligible wireless subscribers must be at least 18 years of age and have a physical address and reside in IVC's licensed markets. The Lifeline plan is not available to non Lifeline qualified customers.

Terms applicable to the IVC Lifeline Plan -

Home Coverage Area - The Home Coverage Area is only illustrative of the IVC eight county area. Roaming charges and/or airtime will be billed based on the location of the cell site receiving and transmitting the call, not on the location of the subscriber. This will affect the availability of any free or packaged minutes included with the plan.

Illinois Valley Cellular Rate Plans - Rates shown are per minute and certain charges are subject to taxes and other charges. State and local taxes are collected based upon the customers billing address zip code or service zone. Full minute rounding applies to all minutes and fractions of minutes used. Unused airtime allowances are lost and are not carried forward to the next billing cycle. Calls using an IVC message feature may be charged airtime. IVC reserves the right to change customer's digital phone software over the air without notice or require a manual update of the customer's digital software. Failure to comply with a request for an update could lead to disruption or cancellation of service by IVC. IVC reserves the right to withdraw this offer at anytime.

Activation Fee - An activation fee of \$15.00 may apply. Originally \$30.00.

Service Trial Period - A Service trial period of up to 30 days is available with all new accounts. No termination fee will apply if service is discontinued prior to the expiration date of the trial period. Customer will only be responsible for actual usage, roaming charges and toll where applicable. The activation fee is a charge to process the new service on the IVC system and is non-refundable. Therefore, the activation fee may be included in the final bill.

Equal Access / Long Distance - Illinois Valley Cellular will provide equal access to long distance carriers for subscribers electing to pay their own toll charges. These subscribers may pre-select their long distance carrier for all toll calls the customer originates. These subscribers may choose from the following long distance providers MTCO, MCI/World Com, Sprint, AT&T and Quest. MTCO will be the default long distance provider for all Illinois Valley Cellular customer long distance charges. If a customer chooses to select another long distance carrier, they must notify Illinois Valley Cellular of their designated long distance carrier. Illinois Valley Cellular is not responsible for long distance services provided by pre-selected carriers of the customer's choice, including but not limited to billing, billing disputes, long distance service interruptions, and disputes. (only applies to Lifeline and ILEC equivalent plans)

See IVC's Terms and Conditions Brochure for complete details

IVC Lifeline- 07-30-12

To apply contact any Illinois Valley Cellular Authorized Agent or Wireless Solutions Center for details

See us on the web at www.ivcellular.com or call 1-800-438-4824



Illinois Valley Cellular

Princeton (Area 1)

Buda: (309)-895; Bureau: (815)-659; Dover: (815)-643; Manlius: (815)-445; Mineral: (309)-288; Ohio: (815)-376; Princeton: (815)-872,875,876,879; Sheffield: (815)-454; Tiskilwa: (815)-646; Walnut: (815)-379; Wyanet: (815)-699

LaSalle/Peru (Area 2)

Cedar Point: (815)-446; DePue: (815)-447; Ladd: (815)-894; LaMoille: (815)-638; LaSalle/Peru: (815)-220,223,224; Mendota: (815)-538,539; Oglesby: (815)-883; Spring Valley: (815)-663,664; Utica: (815)-667;

Ottawa (Area 3)

Earlville: (815)-246; Leland: (815)-495; Somonauk: (815)-498; Harding: (815)-792; Sheridan: (815)-496; Ottawa: (815)-433,434,431; Marseilles: (815)-795,794,750; Seneca: (815)-357,415

Henry (Area 4)

Bradford: (309)-897; Camp Grove: (309)-493; Castleton: (309)-479; Elmira: (309)-896; Galva: (309)-932; Hennepin: (815)-925; Henry: (309)-364; Kewanee: (309)-852,853,854,856; La Fayette: (309)-995; Lacon: (309)-246; LaRose: (309)-399; Neponset: (309)-594; Putnam: (815)-437; Sparland: (309)-469; Toulon: (309)-286; Varna: (309)-463; Washburn: (309)-248; Granville: (815)-339; Magnolia: (815)-869

Tonica (Area 5 & Area 6)

Tonica: (815)-442; Lostant: (815)-368; Mcnabb: (815)-882; Leonore: (815)-856

Leonore (Area 6)

Leonore: (815)-856; Lostant: (815)-368; Tonica: (815)-442

Streator (Area 7)

Cornell: (815)-358; Grand Ridge: (815)-249; Kinsman: (815)-392; Leonore: (815)-856; Long Point: (815)-854; Ransom: (815)-586; Rutland: (815)-863; Streator: (815)-672,673; Toluca: (815)-452; Wenona: (815)-853

Pontiac (Area 8)

Cabery: (815)-949; Campus: (815)-567; Chatsworth: (815)-635; Chenoa: (815)-945; Cropsey: (309)-377; Cullom: (815)-689; Dwight: (815)-584; Emington: (815)-934; Fairbury: (815)-692; Flanagan: (815)-796; Forrest: (815)-657; Graymont: (815)-743; Gridley: (309)-747; Kempton: (815)-253; Odell: (815)-998; Piper City: (815)-686; Pontiac: (815)-842,844; Reddick: (815)-365; Saunemin: (815)-832; Strawn: (815)-688

Gibson City (Area 9)

Gibson City: (217)-784; Sibley: (217)-745; Melvin: (217)-388; Elliott: (217)-749; Paxton: (217)-379; Loda: (217)-386; Roberts: (217)-395; Thawville: (217)-387; Buckley: (217)-394

Watseka (Area 10)

Ashkum: (815)-698; Beaverville: (815)-435; Chebanse: (815)-697; Cheneyville: (217)-339; Cissna Park: (815)-457; Clifton: (815)-694; Crescent City: (815)-683; Danforth: (815)-269; Donovan: (815)-486; East Lynn: (217)-375; Franklin: (217)-675; Gilman: (815)-265; Hoopston: (217)-283; Martinton: (815)-428; Milford: (815)-889; Onarga: (815)-268; Sheldon: (815)-429; St. Anne: (815)-422,427; Stockland: (815)-682; Watseka: (815)-432; Wellington: (815)-984; Woodland: (815)-473



IVC Lifeline Certification Form

For Recertification or application of existing Illinois Valley Cellular account, please provide your Illinois Valley Cellular phone number: _____.

Date: _____

Address

Name: _____

Address: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Residential address : (circle one) Permanent Temporary

Date of Birth: _____

Social Security Number: (last 4 digits) _____

Illinois Valley Cellular has an obligation to keep accurate records of the data sources used to verify applicants eligibility for Lifeline, either through income or participation in a qualifying program. Please complete the next section for eligibility either by Income Eligibility or Program Eligibility.

INCOME ELIGIBILITY

To qualify, an applicant may be eligible for Lifeline if he/she has a household income at or below 135% of the Federal Poverty Guidelines. If applicant is claiming eligibility based on income, Illinois Valley Cellular must review documentation demonstrating the individual's income. The following is acceptable documentation of income:

- *The prior year's state, federal tax return
- *A current income statement from an employer or paycheck stub
- *A Social Security statement of benefits.
- *A Veterans Administration statement of benefits.
- *A retirement or pension statement of benefits.
- *An unemployment or Workers' Compensation statement of benefits
- *A divorce decree, child support award, or other official document containing income information

PROGRAM ELIGIBILITY

In which of the programs listed below do you currently participate? Please check all that apply.

Public Housing Assistance (FPHA) or Section 8 (if applicable please provide an award letter from your local Public Housing Agency (PHA) _____

Low Income Home Energy Assistance Program (LIHEAP) (if applicable please provide your award letter from the state agency or utility bill that reflects the Housing Assistance Credit) _____

National School Lunch Program's Free Lunch Program (NSLP) (if applicable please provide an award letter). _____

Supplemental Security Income (SSI) (if applicable, please provide either an award letter from SSI or a benefit check stub from the Social Security Administration) _____

Temporary Assistance for Needy Families (TANF) (if applicable, please provide an award letter) _____

Supplemental Nutrition Assistance Program (SNAP) (if applicable, please provide an award letter from the local state agency) _____

Medicaid (if applicable, please provide a copy of your Medicaid Assistance Card) _____

Under penalty of perjury and is punishable by law, I acknowledge that the information provided is true and correct. I will notify Illinois Valley Cellular in the event that I cease to participate in the program(s).

Signed: _____ Date: _____

Illinois Valley Cellular
Attn: Lifeline Administrator
200 Riverfront Drive
Marseilles, Illinois 61341

IVC Office Use Only:

Date Reviewed: _____

Employee Initials: _____

Documentation Provided for Participation:
