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OCT 22 2013
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**REDACTED - FOR PUBLIC INSPECTION**

DOCKET FILE COPY ORIGINAL

October 22, 2013

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

ATTENTION: WIRELINE COMPETION BUREAU

RE: Form 481 ETC filing pursuant to Sections 54.313 and 54.422
SA 381617, ND, Midstate Telephone Company
Connect America Fund WC Dockets 10-90 and 11-42

Dear Ms. Dortch:

Pursuant to Sections 54.313 and 54.422 of Commission's Rules, Midstate Telephone Company, ND, SAC 381617 is filing its Form 481 High Cost and Low-Income Annual Report.

Midstate Telephone Company seeks confidential treatment under the Protective Order in this proceeding.[1] Pursuant to the Order, one copy of the confidential document and two copies of the redacted version are provided. The Redacted version is also being filed on the Electronic Comment Filing System.

Please address any correspondence regarding this transmittal to the attention of Tom Campbell at the following address, e-mail or telephone number.

Sincerely,

Tom Campbell
Telecommunications Consultant
tcampbell@otcpas.com
651-621-8511 (v)
651-483-2467 (f)

No. of Copies rec'd 0+1
List ABCDE

Enclosures

Cc: Mr. Charles Tyler, FCC Telecommunications Access Policy Division

[1] See Protective Order 27, WC Docket Nos. 10-90 *et al*, Rec 14231 rel. November 16 ("Order")

Received & inspected
OCT 22 2013
FCC Mail Room

FCC Form 481 - Carrier Annual Reporting Data Collection Form

REDACTED-FOR PUBLIC INSPECTION

FCC Form 481
July 2013

| | | |
|---|---|---|
| <010> | Study Area Code | 381617 |
| <015> | Study Area Name | MIDSTATE TEL CO |
| <020> | Program Year | 2014 |
| <030> | Contact Name: Person USAC should contact with questions about this data | Tom Campbell |
| <035> | Contact Telephone Number: Number of the person identified in data line <030> | 651-621-8511 |
| <039> | Contact Email Address: Email of the person identified in data line <030> | tcampbell@otcpas.com |

| ANNUAL REPORTING FOR ALL CARRIERS | | | 54.313 Completion Required | 54.422 Completion Required |
|---|---|---|---|---|
| | | | (check box when complete) | |
| <100> | Service Quality Improvement Reporting | (complete attached worksheet) | | |
| <200> | Outage Reporting (voice) | (complete attached worksheet) | ✓ | ✓ |
| <210> | ✓ <-- check box if no outages to report | | | |
| <300> | Unfulfilled Service Requests (voice) | 0 | ✓ | |
| <310> | Detail on Attempts (voice) | (attach descriptive document) | | |
| <320> | Unfulfilled Service Requests (broadband) | | | |
| <330> | Detail on Attempts (broadband) | (attach descriptive document) | | |
| <400> | Number of Complaints per 1,000 customers (voice) | | ✓ | ✓ |
| <410> | Fixed | 0.0 | | |
| <420> | Mobile | 0.0 | | |
| <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) | ✓ | ✓ |
| <510> | 381617nd510 | (attached descriptive document) | ✓ | ✓ |
| <600> | Functionality in Emergency Situations | (check to indicate certification) | ✓ | ✓ |
| <610> | 381617nd610 | (attached descriptive document) | ✓ | ✓ |
| <700> | Company Price Offerings (voice) | (complete attached worksheet) | | |
| <710> | Company Price Offerings (broadband) | (complete attached worksheet) | | |
| <800> | Operating Companies and Affiliates | (complete attached worksheet) | | |
| <900> | Tribal Land Offerings (Y/N)? ○ ◉ | (if yes, complete attached worksheet) | ✓ | |
| <1000> | Voice Services Rate Comparability | (check to indicate certification) | | |
| <1010> | | (attach descriptive document) | | |
| <1100> | Terrestrial Backhaul (Y/N)? ◉ ○ | (if not, check to indicate certification) | ✓ | |
| <1110> | | (complete attached worksheet) | | |
| <1200> | Terms and Condition for Lifeline Customers | (complete attached worksheet) | | ✓ |

**Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet**

*Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers*

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

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

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

REDACTED-FOR PUBLIC INSPECTION

(100) Service Quality Improvement Re
Data Collection Form

OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

| | | |
|---|---|---|
| <010> | Study Area Code | 381617 |
| <015> | Study Area Name | MIDSTATE TEL CO |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Tom Campbell |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 651-621-8511 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tcampbell@otcpas.com |

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

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

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which 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. | ☐ |

(200) Service Outage Reporting (Voice)
Data Collection Form

# REDACTED-FOR PUBLIC INSPECTION

OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

| | | |
|---|---|---|
| <010> | Study Area Code | 381617 |
| <015> | Study Area Name | MIDSTATE TEL CO |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Tom Campbell |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 651-621-8511 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tcampbell@otcpas.com |

<220>

| <a> NORS Reference Number | <b1> Outage Start Date | <b2> Outage Start Time | <b3> Outage End Date | <b4> Outage End Time | <c1> Number of Customers Affected | <c2> Total Number of Customers | <d> 911 Facilities Affected (Yes / No) | <e> Service Outage Description (Check all that apply) | <f> Did This Outage Affect Multiple Study Areas (Yes / No) | <g> Service Outage Resolution | <h> Preventative Procedures |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | |

-- See attached worksheet --

(700) Price Offerings Including Voice Rate Data REDACTED-FOR PUBLIC INSPECTION
Data Collection Form
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

| | | |
|---|---|---|
| <010> | Study Area Code | 381617 |
| <015> | Study Area Name | MIDSTATE TEL CO |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Tom Campbell |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 651-621-8511 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tcampbell@otcpas.com |

| | | |
|---|---|---|
| <701> | Residential Local Service Charge Effective Date | 1/1/2013 |
| <702> | Single State-wide Residential Local Service Charge | |

<703>

| <a1> State | <a2> Exchange (ILEC) | <a3> SAC (CETC) | <b1> Rate Type | <b2> Residential Local Service Rate | <b3> State Subscriber Line Charge | <b4> State Universal Service Fee | <b5> Mandatory Extended Area Service Charge | <c> Total per line Rates and Fees |
|---|---|---|---|---|---|---|---|---|
| | | | | -- See attached worksheet -- | | | | |

# REDACTED-FOR PUBLIC INSPECTION

(710) Broadband Price Offerings
Data Collection Form

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

| | | |
|---|---|---|
| <010> | Study Area Code | 381617 |
| <015> | Study Area Name | MIDSTATE TEL CO |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Tom Campbell |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 651-621-8511 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tcampbell@otcpas.com |

<711>

| <a1> | <a2> | <b1> | <b2> | <c> | <d1> | <d2> | <d3> | <d4> |
|---|---|---|---|---|---|---|---|---|
| State | Exchange (ILEC) | Residential Rate | State Regulated Fees | Total Rate and Fees | Broadband Service - Download Speed (Mbps) | Broadband Service - Upload Speed (Mbps) | Usage Allowance (GB) | Usage Allowance Action Taken When Limit Reached (*select*) |

-- See attached worksheet --

(800) Operating Companies
Data Collection Form

REDACTED-FOR PUBLIC INSPECTION

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

| | | |
|---|---|---|
| <010> | Study Area Code | 381617 |
| <015> | Study Area Name | MIDSTATE TEL CO |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Tom Campbell |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 651-621-8511 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tcampbell@otcpas.com |

| | | |
|---|---|---|
| <810> | Reporting Carrier | Midstate Telephone Company, LLC |
| <811> | Holding Company | na |
| <812> | Operating Company | Midstate Telephone Company, LLC |

<813>

| <a1> Affiliates | <a2> SAC | <a3> Doing Business As Company or Brand Designation |
|---|---|---|
| -- See attached worksheet -- | | |

(900) Tribal Lands Reporting Data Collection Form

REDACTED-FOR PUBLIC INSPECTION

OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

| | | |
|---|---|---|
| <010> | Study Area Code | 381617 |
| <015> | Study Area Name | MIDSTATE TEL CO |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Tom Campbell |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 651-621-8511 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tcampbell@otcpas.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:

| | | Select (Yes,No, NA) |
|---|---|---|
| <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. | |

(1100) No Terrestrial Backhaul Report REDACTED-FOR PUBLIC INSPECTION
Data Collection Form
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

| | | |
|---|---|---|
| <010> | Study Area Code | 381617 |
| <015> | Study Area Name | MIDSTATE TEL CO |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Tom Campbell |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 651-621-8511 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tcampbell@otcpas.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 Lifell REDACTED-FOR PUBLIC INSPECTION
Lifeline
Data Collection Form
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

| | | |
|---|---|---|
| <010> | Study Area Code | 381617 |
| <015> | Study Area Name | MIDSTATE TEL CO |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Tom Campbell |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 651-621-8511 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tcampbell@otcpas.com |

<1210> Terms & Conditions of Voice Telephony Lifeline Plans — 381617nd1210

Name of attached document (.pdf)

<1220> Link to Public Website — HTTP _____

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

<1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, ☑

<1222> Details on the number of minutes provided as part of the plan, ☑

<1223> Additional charges for toll calls, and rates for each such plan. ☑

(2000) Price Cap Carrier Additional Document REDACTED-FOR PUBLIC INSPECTION
Data Collection Form
*Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers*
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

| | | |
|---|---|---|
| <010> | Study Area Code | 381617 |
| <015> | Study Area Name | MIDSTATE TEL CO |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Tom Campbell |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 651-621-8511 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tcampbell@otcpas.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 _____

(3000) Rate Of Return Carrier Additional Documentation Data Collection Form

REDACTED-FOR PUBLIC INSPECTION

OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

| | | |
|---|---|---|
| <010> | Study Area Code | 381617 |
| <015> | Study Area Name | MIDSTATE TEL CO |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Tom Campbell |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 651-621-8511 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tcampbell@otcpas.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 | ☐ |
| (3011) | contains the required information pursuant to § 54.313 (f)(1)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. | | |
| (3012) | Community Anchor Institutions (47 CFR § 54.313(f)(1)(iii)) | Name of Attached Document Listing Required Information | |
| (3013) | Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2)) | | ☑ (Yes/No) |
| (3014) | If yes, does your company file the RUS annual report | | ☐ (Yes/No) |
| | 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: | | |
| (3015) | Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers) | | ☐ |
| (3016) | PDF of Balance Sheet, Income Statement and Statement of Cash Flows | | ☐ |
| (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 | |
| (3018) | If the response is no on line 3014, is your company audited? | | ☑ (Yes/No) |
| | 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 : | | |
| (3019) | Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications | | ☑ |
| (3020) | PDF of Balance Sheet, Income Statement and Statement of Cash Flows | | ☑ |
| (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: | | |
| (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, | | ☐ |
| (3023) | Underlying information subjected to a review by an independent certified public accountant | | ☐ |
| (3024) | Underlying information subjected to an officer certification. | | ☐ |
| (3025) | PDF of Balance Sheet, Income Statement and Statement of Cash Flows | | ☐ |
| (3026) | Attach the worksheet listing required information | Name of Attached Document Listing Required Information | 361617nd3026 |

# REDACTED-FOR PUBLIC INSPECTION

**Certification - Reporting Carrier Data Collection Form**

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

| | | |
|---|---|---|
| <010> | Study Area Code | 381617 |
| <015> | Study Area Name | MIDSTATE TEL CO |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Tom Campbell |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 651-621-8511 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tcampbell@otcpas.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.

# REDACTED-FOR PUBLIC INSPECTION

Certification - Agent / Carrier
Data Collection Form

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

| | | |
|---|---|---|
| <010> | Study Area Code | 381617 |
| <015> | Study Area Name | MIDSTATE TEL CO |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Tom Campbell |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 651-621-8511 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tcampbell@otcpas.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)** Tom Campbell **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: Tom Campbell

Name of Reporting Carrier: MIDSTATE TEL CO

Signature of Authorized Officer: CERTIFIED ONLINE Date: 10/14/2013

Printed name of Authorized Officer: Ryan Wilhelmi

Title or position of Authorized Officer: President

Telephone number of Authorized Officer: 7016282522

Study Area Code of Reporting Carrier: 381617 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: MIDSTATE TEL CO

Name of Authorized Agent or Employee of Agent: Tom Campbell

Signature of Authorized Agent or Employee of Agent: CERTIFIED ONLINE Date: 10/14/2013

Printed name of Authorized Agent or Employee of Agent: Tom Campbell

Title or position of Authorized Agent or Employee of Agent Consultant

Telephone number of Authorized Agent or Employee of Agent: 651-621-8511

Study Area Code of Reporting Carrier: 381617 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.

**REDACTED-FOR PUBLIC INSPECTION**

Attachments

SAC: 381617
State: ND
Midstate Tel Co

**REDACTED-FOR PUBLIC INSPECTION**

Form 481 Line No. 510 Compliance with Service Quality Standards and Consumer Protection

1. Midstate Tel Co (Company) will provide service on a timely basis to requesting customers within the Company's designated service area where the Company's network already passes the potential customers premises, and

2. The Company will provide service, within a reasonable period of time, if the potential customer is within the Company's designated service area but outside the Company's existing network coverage, if the service can be provided at reasonable cost by:

   a. Modifying or replacing the requesting customers equipment;
   b. Deploying a roof-mounted antenna or other equipment;
   c. Adjusting the nearest cell tower;
   d. Adjusting network or customer facilities;
   e. Reselling services from another carrier's facilities to provide service; or
   f. Employing, leasing, or constructing an additional cell site, cell extender, repeater, or other similar equipment.

3. <u>Service Quality Standards</u>

   The Company:
   - Provides voice grade access to the public switched network.
   - Provides flat rated local exchange service with no addition charge to end users.
   - Provides access to the emergency services provided by local government or other public safety organization, such as 911 and enhanced 911.
   - Provides toll blocking and toll limitation services.
   - Advertises the availability of its services and the charges using media of general distribution and on its website.
   - Maintains a business office providing customers with access to a customer service representative either in person or via a local telephone call or toll-free telephone number during normal business hours.
   - Directs after hour calls to the Company's help desk.
   - Directs trouble reports to the on-call technician.
   - Tracks all service orders to ensure they are completed in a timely manner.
   - Measures its service connection and service interruption performance on a regular basis.
   - Trains employees to:
     - Answer all incoming calls promptly.
     - Respond to all inquiries for information promptly and courteously.
     - Investigate thoroughly all customer complaints.
     - Be knowledgeable about products and service offerings so they can assist the customer with selecting the best service option.
   - Has a process for periodic inspection, testing and preventive maintenance of its equipment to permit the rendering of safe, adequate and continuous service at all times.

SAC: 381617
State: ND
Midstate Tel Co
Form 481 Line No. 510 Compliance with Service Quality Standards and Consumer Protection

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4. Consumer Protection Rules

The Company has established operating procedures designed to facilitate compliance with applicable consumer protection rules which include compliance with the Customer Proprietary Network Information (CPNI) rules. The operating procedures include:

- Appointment of a compliance officer.
- A manual detailing the specific procedures for protecting consumer information.
- Employee training on an annual basis.
- A disciplinary process for improper use of consumer information.

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Form 481 Line No. 610 Description of Functionality in Emergency Situations

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Midstate Tel Co. has:

- Established reasonable provisions' to meet emergencies resulting from failures of lighting or power service, sudden and prolonged increases in traffic, or from fire, storm, or acts of God including provisions for emergency power that provide:
    - A minimum of four hours of battery service in each central office.
    - A permanently installed power unit in exchanges, or
    - Mobile power units that can be delivered on short notice and which can be readily. connected in offices without installed emergency power facilities.

- Informed employees as to the procedures to be followed, including reasonable rerouting of traffic around damaged facilities and the deployment of emergency power, in the event of emergency in order to prevent or mitigate interruption or impairment of telecommunications service.

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## Lifeline Terms and Conditions

1. Midstate Tel Co (Company) offers lifeline program-supported service to qualified low-income residential consumers for one telephone line per eligible household. The lifeline program provides discounts to eligible low-income consumers to help them establish and maintain telephone service. Lifeline assistance lowers the cost of basic, monthly local telephone service. Eligible consumers can receive $9.25 per month in discounts. In addition, the Federal Universal Service Charge is not assessed to consumers participating in Lifeline. Toll Blocking prevents the placement of all long distance calls for which a subscriber would be charged. Toll Blocking is available to eligible consumers at no cost. Also, by choosing the option, consumers are usually not charged a deposit.

### Lifeline Program Eligibility Information

### Program Based Eligibility

Consumers are eligible for Lifeline if they, one of their dependents or their household participate in one of the following qualifying assistance programs:

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

Lifeline applicant must present documentation demonstrating eligibility either through participation in one of the qualifying federal assistance programs or through income-based means.

Acceptable documentation of program-based eligibility includes: current or prior year's statement of benefits from a qualifying program; notice letter of participation in a qualifying program; program participation documents; or another official document evidencing the consumer's participation in a qualifying program.

### Income Based Eligibility

In addition, consumers are eligible for Lifeline if their household income is at or below 135% of the federal poverty guidelines.

2013 Federal Poverty Guidelines – 135%

| Household Size | 48 Contiguous States and D.C. |
|---|---|
| 1 | $ 15,512 |
| 2 | 20,939 |
| 3 | 26,366 |
| 4 | 31,793 |
| 5 | 37,220 |
| 6 | 42,647 |
| 7 | 48,074 |
| 8 | 53,501 |
| For Each Additional Person, Add | 5,427 |

Acceptable documentation of income eligibility includes: prior year's state, federal or Tribal tax return; current income statement from an employer or paycheck stub; social security statement of benefits; Veterans Administration statement of benefits; retirement/pension statement of benefits; unemployment/workmen's compensation statement of benefits; federal or Tribal notice of letter participating in General Assistance; or a divorce decree or child support award or other official document containing income information.

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## Lifeline Terms and Conditions (Continued)

### Lifeline Program Eligibility Information (Continued)

### Recertification of Lifeline Eligibility

Lifeline recipients are required to recertify their eligibility annually. Failure to properly recertify a recipient's continued eligibility for the Lifeline program will result in termination of the Lifeline recipient's monthly Lifeline discount and de-enrollment from the Lifeline Program.

### Additional Lifeline Program Information

The Lifeline program is limited to one benefit per household, consisting of either wireline or wireless service. A household is defined, for purposes of the Lifeline Program, as an individual or group of individuals who live together at the same address and share income and expenses. Lifeline is government benefit program, and consumers who willfully make false statements in order to obtain the benefit can be punished by fine or imprisonment or can be barred from the program.

2. The Local services for (Company) that serve as its Lifeline Plans are in Compliance with the Essential telecommunications service as specified in North Dakota Chapter 49-21 4.c as follows:

   C. Primary flat rate residence basic telephone service including the following service elements:
   1) Billing and collecting of the telecommunications company's charges for the service
   2) Primary directory listing
   3) Access to assistance
   4) Access to emergency 911 service and emergency operator assistance in the local exchange areas in which emergency 911 service is not available
   5) Except as provided in section 49-02-01.1, mandatory, flat-rate extended area service to designated nearby local exchange areas.
   6) Transmission service necessary for the connection between the end user's premises and the local exchange central office switch including a trunk connection that has inward dialing and necessary signaling service such as touchtone used by end users for service.

3. The Company's flat rate plans include unlimited local exchange calling including usage to designated nearby local exchange areas. The flat rate plans do not include any toll usage. The rates for any toll usage are determined by the rate plans of the Toll Provider(s) that are selected by lifeline end users.

4. The Company has met and will meet the requirements of eligible telecommunications carrier advertising. This includes:

   a. A full description of available services in the Company's Official telephone directory, including the process to be used by customers to quality for lifeline.
   b. Advertising of the available universal service in media of general circulation in the Company's designated service area. Availability may be advertised in newspapers, company newsletters, company or civic internet sites, bill stuffer, direct mailings, or other means intended to convey availability throughout the designated service area.

5 The specific Company terms and conditions for the Company's Lifeline Plans are set forth in pages included in Exhibit 1, attached.

Exhibit 1

SAC: 381617 **REDACTED-FOR PUBLIC INSPECTION**
State: ND
Midstate Tel Co
Form 481 Line No. 1210 Lifeline Plans Terms and Conditions

Local Residential Service $14.00 for all exchanges.

SAC: 381617
State: ND
Midstate Tel Co
Form 481 Line No. 3026

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**ATTACHMENT REDACTED IN ENTIRETY**