

**FCC Form 481 - Carrier Annual Reporting
Data Collection Form**

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

<010> Study Area Code 310732

<015> Study Area Name UPPER PENINSULA TEL

<020> Program Year 2014

<030> Contact Name: Person USAC should contact with questions about this data Vicki Kakuk

<035> Contact Telephone Number: Number of the person identified in data line <030> 855.642.4227

<039> Contact Email Address: Email of the person identified in data line <030> vicki.kakuk@alphacomm.net

ANNUAL REPORTING FOR ALL CARRIERS	54.313	54.422
	Completion	Completion
	Required	Required

			(check box when complete)	
<100>	Service Quality Improvement Reporting <i>(complete attached worksheet)</i>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<200>	Outage Reporting (voice) <i>(complete attached worksheet)</i>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210>	<input 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 type="checkbox"/>
<310>	Detail on Attempts (voice)	<input type="text" value="310732mi310"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<320>	Unfulfilled Service Requests (broadband)	<input type="text" value="0"/>	<input type="checkbox"/>	<input type="checkbox"/>
<330>	Detail on Attempts (broadband)		<input type="checkbox"/>	<input type="checkbox"/>
<400>	Number of Complaints per 1,000 customers (voice)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<410>	Fixed	<input type="text" value="0.0"/>		
<420>	Mobile	<input type="text" value="0.0"/>		
<430>	Number of Complaints per 1,000 customers (broadband)		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<440>	Fixed	<input type="text" value="0.0"/>		
<450>	Mobile	<input type="text" value="0.0"/>		
<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="310732mi510"/> <i>(attach 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="310732mi610"/> <i>(attach descriptive document)</i>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700>	Company Price Offerings (voice) <i>(complete attached worksheet)</i>		<input type="checkbox"/>	<input type="checkbox"/>
<710>	Company Price Offerings (broadband) <i>(complete attached worksheet)</i>		<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>
<1000>	Voice Services Rate Comparability <i>(check to indicate certification)</i>		<input type="checkbox"/>	<input type="checkbox"/>
<1010>	<input type="text"/> <i>(attach descriptive document)</i>		<input type="checkbox"/>	<input type="checkbox"/>
<1100>	Terrestrial Backhaul (Y/N)? <input checked="" type="radio"/> <input type="radio"/> <i>(if not, check to indicate certification)</i>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<1110>	<input type="text"/> <i>(complete attached worksheet)</i>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<1200>	Terms and Condition for Lifeline Customers <i>(complete attached worksheet)</i>		<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

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

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

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

<010>	Study Area Code	310732
<015>	Study Area Name	UPPER PENINSULA TEL
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Vicki Kakuk
<035>	Contact Telephone Number - Number of person identified in data line <030>	855.642.4227
<039>	Contact Email Address - Email Address of person identified in data line <030>	vicki.kakuk@alphacomm.net
<110>	Has your company received its ETC certification from the FCC?	(yes / no) <input type="radio"/> <input checked="" type="radio"/>
<111>	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes / no) <input type="radio"/> <input checked="" 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
--	--

<010>	Study Area Code	310732
<015>	Study Area Name	UPPER PENINSULA TEL
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Vicki Kakuk
<035>	Contact Telephone Number - Number of person identified in data line <030>	855.642.4227
<039>	Contact Email Address - Email Address of person identified in data line <030>	vicki.kakuk@alphacomm.net

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

<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)
<input type="checkbox"/>

**(1100) No Terrestrial Backhaul Reporting
Data Collection Form**FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	310732
<015>	Study Area Name	UPPER PENINSULA TEL
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Vicki Kakuk.
<035>	Contact Telephone Number - Number of person identified in data line <030>	855.642.4227
<039>	Contact Email Address - Email Address of person identified in data line <030>	vicki.kakuk@alphacomm.net

<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
--	--

<010>	Study Area Code	310732
<015>	Study Area Name	UPPER PENINSULA TEL
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Vicki Kakuk
<035>	Contact Telephone Number - Number of person identified in data line <030>	855.642.4227
<039>	Contact Email Address - Email Address of person identified in data line <030>	vicki.kakuk@alphacomm.net

<1210> Terms & Conditions of Voice Telephony Lifeline Plans 310732m11210

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 Documentation

Data Collection Form

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

FCC Form 481

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

July 2013

<010>	Study Area Code	310732
<015>	Study Area Name	UPPER PENINSULA TEL
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Vicki Kakuk
<035>	Contact Telephone Number - Number of person identified in data line <030>	855.642.4227
<039>	Contact Email Address - Email Address of person identified in data line <030>	vicki.kakuk@alphacomm.net

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**

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

<010>	Study Area Code	310732
<015>	Study Area Name	UPPER PENINSULA TEL
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Vicki Kakuk
<035>	Contact Telephone Number - Number of person identified in data line <030>	855.642.4227
<039>	Contact Email Address - Email Address of person identified in data line <030>	vicki.kakuk@alphacomm.net

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:	UPPER PENINSULA TEL
Signature of Authorized Officer:	CERTIFIED ONLINE Date 10/11/2013
Printed name of Authorized Officer:	David Hoover
Title or position of Authorized Officer:	President & General Manager
Telephone number of Authorized Officer:	906-639-43500
Study Area Code of Reporting Carrier:	310732 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.	

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	310732
<015> Study Area Name	UPPER PENINSULA TEL
<020> Program Year	2014
<030> Contact Name - Person USAC should contact regarding this data	Vicki Kakuk
<035> Contact Telephone Number - Number of person identified in data line <030>	855.642.4227
<039> Contact Email Address - Email Address of person identified in data line <030>	vicki.kakuk@alphacomm.net

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) _____ 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: _____	
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.	

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: _____	
Name of Authorized Agent or Employee of Agent: _____	
Signature of Authorized Agent or Employee of Agent: _____	Date: _____
Printed name of Authorized Agent or Employee of Agent: _____	
Title or position of Authorized Agent or Employee of Agent: _____	
Telephone number of Authorized Agent or Employee of Agent: _____	
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.	

Attachments

File name: 310732mi310

**Upper Peninsula Telephone Company
Line 310 – Unfulfilled Voice Telephony Service Requests Resolution**

As required in 47 C.F.R. § 54.313(a)(3), the following provides the Company's status on providing service to potential customers in 2012:

There were no unfulfilled service requests in 2012 in the service area in which the Company is designated as an ETC so no further documentation is required.

Upper Peninsula Telephone Company

Compliance with Service Quality Standards and Consumer Protection

As required in 47 C.F.R. § 54.313(a)(5) for High-cost Recipients, the following is a detailed description of how the Company complies with Service Quality Standards and Consumer Protection Rules.

SERVICE QUALITY STANDARDS: The Company abides by the general industry standards for service quality. The Company takes quality of service very seriously and is continually training the employees in order to make certain that the highest level of service is provided to the customers.

CONSUMER PROTECTION RULES:

The Company developed and implemented a Customer Proprietary Network Information ("CPNI") Compliance Manual and has appointed a CPNI Compliance Officer. Annually, the Company requires all employees to certify that they have reviewed and understand the CPNI Compliance Manual and that they understand that any violation of the Company's CPNI procedures may result in disciplinary action up to and including dismissal. The Company files an annual report with the Federal Communications Commission ("FCC") certifying compliance with the FCC's CPNI rules.

The Company also developed and implemented an Identity Theft Prevention Program Manual and has appointed a Red Flag Coordinator. Annually, the Company requires all employees certify that they have reviewed and understand the Identity Theft Prevention Program Manual. Further, employees must certify that they understand that any violation of the Company's identity theft prevention procedures may result in disciplinary action up to and including dismissal.

310732mi510

Upper Peninsula Telephone Company

Compliance with Service Quality Standards and Consumer Protection

The State of Michigan has no quality of service rules in place at this time.

File name: 310732mi610

**Upper Peninsula Telephone Company
Line 610 – Functionality in Emergency Situations**

As required in 47 C.F.R. § 54.313(a)(6) for all high cost recipients, which includes the Company, and as set forth in 47 C.F.R. § 54.202(a)(2), the following provides a detailed description demonstrating that the Company has the ability to remain functional in emergency situations, including a demonstration that 1) it has a reasonable amount of back-up power to ensure functionality without an external power source, 2) is able to reroute traffic around damaged facilities, and 3) is capable of managing traffic spikes resulting from emergency situations.

OVERALL RESPONSE TO EMERGENCY SITUATIONS: The Company has a comprehensive disaster recovery plan (also called a “continuity plan”) that was developed and implemented for the Company specifically to deal with emergencies. It has detailed, specific steps that are to be taken for each type of emergency.

POWER: In order to function in an emergency, the Company has a combination of batteries and emergency generators. Some locations have permanent emergency generators with fuel tanks; whereas, other locations require a portable generator to be brought to the location to recharge the on-site batteries. The company owns several portable generators that technicians can take out to recharge the batteries. For example, the company’s central offices have automatic stand-by generators to run the entire offices. The digital loop carrier (“DLC”) sites also have battery back-up.

REROUTING TRAFFIC AND REDUNDANCY: The Company has established 100% redundant E-911 trunks and SS-7 routes. In addition, the network was designed with redundancy, wherever possible, especially in the backbone network. Where it is not redundant, the Company has the ability to redirect most backbone traffic. In cases where there is no redundancy, it is due to the extreme cost of a 100% redundant network. For example, the loop to the customer location is typically not redundant, especially for residential customers. This is because it would not be cost effective to build totally separate facilities for the “last mile” to the customer.

MANAGING TRAFFIC SPIKES: The Company realizes that when a catastrophe happens, everyone immediately tries to contact friends and family to make certain they are all right. The Company has designed the network to have excess capacity on its backbone network. For example, on Mother’s Day, the company handles traffic without the customer receiving the “All Trunks Busy” message which demonstrates the Company’s ability to handle peak traffic spikes.

**(800) Operating Companies
Data Collection Form**

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

<010>	Study Area Code	310732
<015>	Study Area Name	UPPER PENINSULA TEL
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Vicki Kakuk
<035>	Contact Telephone Number - Number of person identified in data line <030>	855.642.4227
<039>	Contact Email Address - Email Address of person identified in data line <030>	vicki.kakuk@alphacomm.net
<810>	Reporting Carrier	Upper Peninsula Telephone Company
<811>	Holding Company	LICT Corporation
<812>	Operating Company	Upper Peninsula Telephone Company

<813>	<a1>	<a2>	<a3>
	Affiliates	SAC	Doing Business As Company or Brand Designation
	BRETTON WOODS TELEPHONE COMPANY, INC.	120038	Bretton Woods, World Surfer
	CASSADAGA TELEPHONE COMPANY	150076	Cassadaga, DFT, Netsync, DFT Communications
	DUNKIRK & FREDONIA TELEPHONE COMPANY	150091	Dunkirk & Fredonia Telephone, DFT, Netsync, DFT Communications
	UPPER PENINSULA TELEPHONE COMPANY	310732	Michigan Broadband Services, UPTC, MCBC, Alphacomm.net
	MICHIGAN CENTRAL BROADBAND COMPANY	310785	Michigan Broadband Services, MCBC, Alphacomm.net
	BELMONT TELEPHONE COMPANY	330847	Belmont, LaGrant Connections, LLC
	CUBA CITY TELEPHONE EXCHANGE COMPANY	330872	Cuba City, LaGrant Connections, LLC
	CENTRAL SCOTT TELEPHONE COMPANY	351125	Central Scott
	CST COMMUNICATIONS, INC.	359032	CST Communications, iWireless
	INTERCOMMUNITY TELEPHONE COMPANY	381616	InterCommunity
	HAVILAND TELEPHONE COMPANY, INC.	411780	Haviland, Giant Communications, Inc.
	J. B. N. TELEPHONE COMPANY, INC.	411785	J.B.N., Giant Communications, Inc.
	WESTERN NEW MEXICO TELEPHONE COMPANY, INC.	492268	WNM Communications
	CENTRAL UTAH TEL INC	502277	CentraCom Interactive
	SKYLINE TELECOM	502283	CentraCom Interactive
	BEAR LAKE COMM	503032	CentraCom Interactive
	CAL-ORE TELEPHONE COMPANY	542311	Cal-Ore
	Giant Communications, Inc.		Giant
	Alpha Enterprises Limited, Inc.		Alphacomm.net
	World Surfer, Inc.		World Surfer
	Netsync Internet Services Corporation		Netsync
	Valley Communications, Inc.		Valley
	Central Telcom Services, LLC		CentraCom Interactive

Upper Peninsula Telephone Company Lifeline Terms and Conditions

A. DESCRIPTION

1. Lifeline Service applies discounts to monthly recurring rates for qualifying residential customers. These discounts are applied to existing tariffed rates and charges for residential telephone service. The Company's voice Lifeline plan includes unlimited local minutes-of-use within the toll-free calling area. Residential customers are allowed 2,000 minutes of calling into their expanded local calling areas (adjacent exchanges) free of charge each month. Each minute after that is charged at \$0.05 per minute.
2. In order to be eligible for Lifeline Service a residential customer's household income must be at or below 150% of the poverty level as determined by the United States Office of Management and Budget and as approved by the State Treasurer, or the customer must participate in one of the following federal assistance programs:
 - a. Medicaid
 - b. Food stamps
 - c. Supplemental security income
 - d. Federal public housing assistance
 - e. Low-income home energy assistance program
 - f. National school lunch program's free lunch program
 - g. Temporary assistance for needy families
3. Lifeline Service includes the services and functionalities enumerated by the F.C.C. as follows: voice grade access to the public switched network; local usage; dual tone multi-frequency signaling or its functional equivalent; single-party service or its functional equivalent; access to operator services; access to interexchange service; access to directory assistance; and toll blocking for qualifying customers who request toll blocking.
4. Other services can be provided with the Lifeline Service at applicable rates and charges.

B. REGULATIONS

1. Regulations specified elsewhere in the Company's tariffs apply to Lifeline Service.
2. Lifeline Service is only available with residence services, excluding foreign exchange service. Lifeline Service is limited to one line per household at the customer's primary residence.
3. A miscellaneous service charge does not apply when Lifeline Service is added or discontinued to existing service when that is the only work being done.
 - a. A discount of 20% of the Basic Local Exchange rate or \$11.25, whichever is greater, on the monthly Basic Local Exchange Service for Lifeline customers is applicable. For Lifeline customers 65 years of age or more, the discount will be 25% of the Basic Local Exchange rate or \$12.35, whichever is greater. The total discount shall not exceed 100% of the end user common line charges and the Basic Local Exchange rate.
 - b. The credit will be applied in the following order: (1) The Interstate End User Access Charge, National Exchange Carriers Association, Inc. Tariff F.C.C. No. 5, Access Service, (2) End User Common Line charge contained in the Company's Tariff MPSC No. 25U, and (3) The balance of the credit, if any, will be applied as a credit to the Basic Local Exchange rate.
 - c. The Company will provide, at the qualifying customer's option, toll blocking service at no charge. The company defines toll blocking as a service provided by the Company that lets the customer elect not to allow the completion of outgoing toll calls from their telecommunications channel.
 - d. The Company will not require a service deposit in order to initiate Lifeline Service if the qualifying customer voluntarily elects toll blocking service.

- e. The Company will not disconnect Lifeline Service for non-payment of toll charges by qualifying customers.
 - 4. The Lifeline plan will apply after receipt and processing of a completed company or community/government-provided application, including documentation indicating that the household income meets the eligibility standards established above.
 - 5. Customers of Lifeline Service must notify the Company of any changes which would affect qualification. Re-verification of eligibility will take place on an ongoing basis. When the customer is no longer eligible for Lifeline Service, the Lifeline discount would be discontinued and regular tariff rates and charges would apply.
-



CONFIRMATION

Congratulations. Your filing has been successfully certified.

Filing 1 was successfully certified on 2013-10-09 15:43:34.0 by david.hoover@alphacomm.net .

SAC : 310732

SPIN : 143001721

Carrier Name : UPPER PENINSULA TEL

Program Year : 2014

[Return to 481 Search](#)