



ARMSTRONG[®]
TELEPHONE COMPANY - PENNSYLVANIA

DOCKET FILE COPY ORIGINAL

Received & Inspected

OCT 23 2013

FCC Mail Room

ONE ARMSTRONG PLACE • BUTLER, PA 16001 • 724-283-0925 • Fax 283-9655

REDACTED- FOR PUBLIC INSPECTION

October 11, 2013

VIA OVERNIGHT DELIVERY

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

RE: **Confidential Financial Information Subject to Protective Order in WC Docket Nos. 10-90, 07-135, 05-337, 03-109, CC Docket Nos. 01-92, 96-45, GN Docket No. 09-51, WT Docket No. 10-208, Before the Federal Communications Commission**

Dear Ms. Dortch:

Armstrong Telephone Company – Pennsylvania (“NAME”), a privately-held rate of return carrier receiving high cost support, has electronically submitted FCC Form 481 to the Commission with redacted financial data, in compliance with 47 C.F.R. §§ 54.313 and 54.422

As specified in the Protective Order issued on November 16, 2012 by the Commission, two copies of the redacted confidential information are being filed simultaneously with the non-redacted confidential information. The redacted information for this filing and each page of the file where confidential information has been omitted is marked “REDACTED - FOR PUBLIC INSPECTION”

Please feel free to contact me with any questions regarding this particular matter.

Sincerely,

James W. Ranko
Controller

Enclosures

.cc Pennsylvania Public Utility Commission

copies rec'd
CODE

0+2

FCC Form 481 - Carrier Annual Reporting Data Collection Form
 FCC Form 481
 OMB Control No. 3060-0086/OMB Control No. 3060-0819
 July 2013

<010> Study Area Code	170189
<015> Study Area Name	ARMSTRONG TEL CO-PA
<020> Program Year	2014
<030> Contact Name: Person USAC should contact with questions about this data	James W Ranko
<035> Contact Telephone Number: Number of the person identified in data line <030>	724-283-0925
<039> Contact Email Address: Email of the person identified in data line <030>	jranko@agoc.com

Received & Inspected

OCT 23 2013

FCC Mail Room

ANNUAL REPORTING FOR ALL CARRIERS

	54,313 Completion Required	54,422 Completion Required
--	--------------------------------------	--------------------------------------

		<i>(check box when complete)</i>	
		54,313	54,422
		Completion Required	Completion Required
<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 checked="" type="checkbox"/> <-- check box if no outages to report			
<300> Unfulfilled Service Requests (voice)	<input type="text" value="0"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<310> Detail on Attempts (voice)	<i>(attach descriptive document)</i>	<input type="checkbox"/>	<input type="checkbox"/>
<320> Unfulfilled Service Requests (broadband)	<input type="text" value="0"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<330> Detail on Attempts (broadband)	<i>(attach descriptive document)</i>	<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="0.9"/>		
<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="170189pa510"/>	<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="170189pa610"/>	<i>(attached 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>	<i>(complete attached worksheet)</i>	<input 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 checked="" 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	170189
<015> Study Area Name	ARMSTRONG TEL CO-PA
<020> Program Year	2014
<030> Contact Name - Person USAC should contact regarding this data	James W Ranko
<035> Contact Telephone Number - Number of person identified in data line <030>	724-283-0925
<039> Contact Email Address - Email Address of person identified in data line <030>	jranko@agoc.com

<110> Has your company received its ETC certification from the FCC? (yes / no)

If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC? (yes / no)

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

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

Name of Attached Document (.pdf)

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

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

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

<010>	Study Area Code	170189
<015>	Study Area Name	ARMSTRONG TEL CO-PA
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	James W Ranko
<035>	Contact Telephone Number - Number of person identified in data line <030>	724-283-0925
<039>	Contact Email Address - Email Address of person identified in data line <030>	jranko@agoc.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

<010>	Study Area Code	170189
<015>	Study Area Name	ARMSTRONG TEL CO-PA
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	James W Ranko
<035>	Contact Telephone Number - Number of person identified in data line <030>	724-283-0925
<039>	Contact Email Address - Email Address of person identified in data line <030>	jranko@agoc.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
--	--

<010>	Study Area Code	170189
<015>	Study Area Name	ARMSTRONG TEL CO-PA
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	James W Ranko
<035>	Contact Telephone Number - Number of person identified in data line <030>	724-283-0925
<039>	Contact Email Address - Email Address of person identified in data line <030>	jranko@agoc.com

<1210> Terms & Conditions of Voice Telephony Lifeline Plans 170189pa1210

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 <i>Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers</i>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
---	--

<010>	Study Area Code	170189
<015>	Study Area Name	ARMSTRONG TEL CO-PA
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	James W Ranko
<035>	Contact Telephone Number - Number of person identified in data line <030>	724-283-0925
<039>	Contact Email Address - Email Address of person identified in data line <030>	jranko@agoc.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	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
--	--

<010>	Study Area Code	170189
<015>	Study Area Name	ARMSTRONG TEL CO-PA
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	James W Ranko
<035>	Contact Telephone Number - Number of person identified in data line <030>	724-283-0925
<039>	Contact Email Address - Email Address of person identified in data line <030>	jranko@aqoc.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, 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.	Name of Attached Document Listing Required Information _____ <input type="checkbox"/>	
(3011) Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii)) (3012) is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2)) (3013) if yes, does your company file the RUS annual report (3014) 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 (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: (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 _____ <input checked="" type="checkbox"/> (Yes/No) <input type="checkbox"/> (Yes/No) <input type="checkbox"/> <input checked="" type="checkbox"/> Name of Attached Document Listing Required Information _____ <input checked="" type="checkbox"/> (Yes/No) <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Name of Attached Document Listing Required Information _____ 170189pa3026	

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	170189
<015> Study Area Name	ARMSTRONG TEL CO-PA
<020> Program Year	2014
<030> Contact Name - Person USAC should contact regarding this data	James W Ranko
<035> Contact Telephone Number - Number of person identified in data line <030>	724-283-0925
<039> Contact Email Address - Email Address of person identified in data line <030>	jranko@agoc.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 UJ 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:	ARMSTRONG TEL CO-PA
Signature of Authorized Officer:	CERTIFIED ONLINE Date 10/10/2013
Printed name of Authorized Officer:	Christopher King
Title or position of Authorized Officer:	SVP-Finance
Telephone number of Authorized Officer:	7242830925
Study Area Code of Reporting Carrier:	170189 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	170189
<015> Study Area Name	ARMSTRONG TEL CO-PA
<020> Program Year	2014
<030> Contact Name - Person USAC should contact regarding this data	James W Ranko
<035> Contact Telephone Number - Number of person identified in data line <030>	724-283-0925
<039> Contact Email Address - Email Address of person identified in data line <030>	jranko@agoc.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) _____ 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



ARMSTRONG®
TELEPHONE COMPANY - PENNSYLVANIA

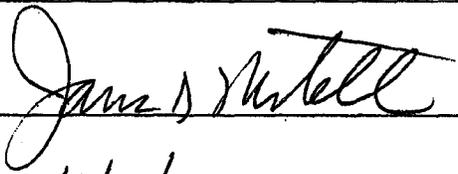
ONE ARMSTRONG PLACE • BUTLER, PA 16001 • 724-283-0925 • Fax 283-9655

§54.313(a)(5) – COMPLIANCE WITH SERVICE QUALITY STANDARDS AND CONSUMER PROTECTION

Pursuant to 47 C.F.R. § 54.313(a)(5) and or 47 C.F.R. § 54.422(b)(3) Armstrong Telephone Company – Pennsylvania (“the Company”) is in compliance with appropriate FCC Service Quality Standards and Consumer Protection Rules. The Company provides CPNI training to all of its new employees and in addition trains all of its existing employees on an annual basis. The Company also conducts subscriber outreach regarding CPNI by periodically placing CPNI explanation messages into subscriber’s bills and also has signage in its business office regarding CPNI rules and regulations. In addition the Company trains staff on Red Flag issues on an annual basis. All company employees are required to sign and acknowledge that they have completed CPNI and Red Flag training and understand obligations to adherence of applicable rules.

Name of Officer (Print) James D. Mitchell

Title: Vice President

Signature 

Date: 10/7/13



ARMSTRONG[®]
TELEPHONE COMPANY - PENNSYLVANIA

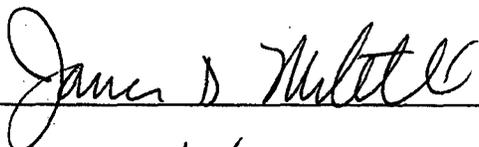
ONE ARMSTRONG PLACE • BUTLER, PA 16001 • 724-283-0925 • Fax 283-9655

§54.313(a)(6) – ABILITY TO FUNCTION IN EMERGENCY SITUATIONS

I am authorized to provide this certification on behalf of Armstrong Telephone Company-Pennsylvania (the "Company"). I hereby certify that, to the best of my knowledge, the Company is capable of functioning in emergency situations. The Company has a reasonable amount of back-up power to ensure functionality of voice services without a commercial power source. The company's specific back-up power sources are, lead calcium batteries, gel cell batteries, fixed AC and DC natural/LP gas generators, fixed AC and DC gasoline/diesel generators and portable gasoline generators. The Company is able to reroute voice traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations. If there is a failure of the Company's main route, voice traffic is automatically rerouted to the back-up route.

Name of Officer (Print) James D. Mitchell

Title: Vice President

Signature 

Date: 10/7/13

LIFELINE SERVICE

A. DESCRIPTION

Lifeline Service is a Residence offering for low-income customers who qualify for this service in accordance with the following Regulations. **NOTE: Customers who qualify for Lifeline Service may also qualify for Link Up America Service.**

B. REGULATIONS

1. Lifeline Service is available to qualified residence customers and is provided via a residence individual Dial Tone Line. Lifeline Service is limited to only one Service per qualified customer or household. A potential Lifeline customer who has an outstanding final bill for telephone service which is less than (4) years old must pay the entire balance of any Basic Service final bill before being eligible for Lifeline Service.

2. Residence Lifeline Service consists of the following tariffed standard features and optional customer elected services at the applicable rates, charges and regulations for each feature and service provided:

- a. One-Party Residence Unlimited Service and Local Measured Service, if available.
- b. Directory Listing (standard only).
- c. Non-Published or Non-Listed Telephone Number Service.
- d. Access to Directory Assistance Service.
- e. Touch Tone Calling Service.
- f. Access to Message Toll Telephone Service and Optional Dial Station-To-Station Calling Plan Services. However, the Residence Lifeline Dial Tone Line will be blocked from dial station access to 976/556/900 and any other type of Audiotex Service.
- g. Access to Operator Services.
- h. Voluntary Toll Restriction Option.
- i. Link Up America (if eligible).
- j. Access to 800/888 Services.
- k. Access to Call Trace.
- l. Access to Alerting and Reporting Systems (9-1-1 dialing).
- m. Access to the Pennsylvania Telecommunications Relay Service.
- n. Caller ID Per-call and Per-line Blocking
- o. Other eligible telecommunications services at tariffed rates. (C)

* * *

(C)

(C) Indicates Change

LIFELINE SERVICE

B. REGULATIONS (cont.)

3. An applicant for Lifeline Service must be a current participant in one of the following Pennsylvania programs, or be able to provide proof of household income which is at or below 135% of the annual Federal Poverty Guidelines for all States (except Alaska and Hawaii) and the District of Columbia. Recertification of a representative sample of Lifeline Service participants will be conducted annually by Armstrong Telephone Company-PA.

(C)
|
(C)

Pennsylvania Department of Public Welfare Link Up America Service Programs:

- * Temporary Assistance for Needy Families (TANF)
- * General Assistance (GA)
- * Supplemental Security Income (SSI)
- * Medicaid
- * Food Stamps
- * Low Income Home Energy Assistance Program (LIHEAP)

Additional Eligible Programs (Federal)(C)

- * Federal Public Housing
- * National School Free Lunch Program(C)

|

The DPW Programs listed above must be certified by DPW. Such certification by DPW will be provided only when a DPW client requests Lifeline Service based on the client's status as a participant in any of the above eligibility programs. Certification by DPW will be limited to confirmation of the client's program status (i.e., participation or non-participation). Participation by DPW is subject to execution of an agreement with DPW and Armstrong Telephone Company - Pennsylvania.

4. Lifeline Service will be provided to a customer only so long as such customer continues to meet the participation and certification guidelines in 2 (c) above. At the time of initial establishment of Lifeline Service, the customer agrees to have his or her eligibility recertified as determined by Armstrong Telephone Company - Pennsylvania. When the Company is notified by the customer or determines through recertification that the Lifeline Service customer is no longer a participant in the DPW programs in 2 (c) above or otherwise low-income eligible, the customer will be notified (by telephone or letter) that the Lifeline Service rate is no longer applicable. Within the stated customer notification period (10 working days from the date of the notification), the customer can contact the Company to negotiate new Dial Tone Service arrangements at applicable tariff rates (no connection charges will apply for existing services or options retained). If the customer does not contact the Company by the end of the notification period, the Lifeline Service will be changed to applicable Exchange Area Dial Tone Line service at existing tariff rates (no connection charges will apply to existing services or options retained). Upon contacting the Company, the customer will have ten (10) working days to complete the low-income certification or recertification process in order to retain Lifeline Service.

(C) Indicates Change

LIFELINE SERVICE

B. REGULATIONS (cont'd)

5. A Lifeline Service customer may not subscribe to any other type of residence Local Exchange Service at the same or other premises. Lifeline Service will not be provided via Foreign Exchange or Foreign Central Office Service arrangements.
6. Only services listed in B (2) above will be provided to Lifeline customers. (C)
7. Lifeline Service customers are required to apply for the Link Up America benefit when applicable.
8. Customer requested temporary suspension of Lifeline Service is not permitted.
9. Lifeline Service does not apply to applicants who are full time students living in university or college controlled housing.
10. The applicant must not be a dependent for Federal Income Tax purposes, unless he or she is 60 years of age or older.
11. Lifeline customers are subject to all Residence service regulations in this and other tariffs of Armstrong Telephone Company-Pennsylvania.
12. Residence Lifeline Service cannot be resold by the Lifeline customer or the Lifeline customer's agent(s).
13. Resale of Lifeline Services are subject to wholesale rate obligations under Section 251 (c)(4) of the Telecommunications Act of 1996.
14. All outstanding charges, account balances and service restrictions apply to existing customers who qualify for Lifeline Service. Service restrictions will remain until the arrearage(s) have been paid in full.
15. Any Lifeline customer who has a past due balance of Toll Charges will be treated with the appropriate Chapter 64 regulations. The Residence Toll Restoral Charge applies to Lifeline Customers who are suspended for non-payment and who subsequently pay their outstanding toll charges and request toll restoral. If a Lifeline customer is toll restricted for a second occurrence the Company may, at its discretion, place the Lifeline customer on permanent toll restriction.
16. Toll-Blocking and Toll-Control services will be provided at no charge to Lifeline Service subscribers, to the extent that they are offered.

(C) Indicates Change



REPORT OF INDEPENDENT AUDITORS

Board of Directors
Armstrong Telephone Company – Pennsylvania, Inc. and Subsidiary

We have audited the accompanying balance sheets of Armstrong Telephone Company – Pennsylvania, Inc. and Subsidiary (Company) as of September 30, 2012 and 2011, and the related consolidated statements of income, stockholder's equity, and cash flows for the years then ended. These financial statements are the responsibility of the Company's management. Our responsibility is to express an opinion on these consolidated financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Company's internal control over financial reporting. Accordingly, we express no such opinion. An audit also includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements, assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Armstrong Telephone Company – Pennsylvania, Inc. and Subsidiary as of September 30, 2012 and 2011, and the results of their operations and their cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.

Moss Adams LLP

Spokane, Washington
January 4, 2013

REDACTED - FOR PUBLIC INSPECTION

ARMSTRONG TELEPHONE COMPANY - PENNSYLVANIA, INC. AND SUBSIDIARY CONSOLIDATED BALANCE SHEETS

ASSETS

	September 30,	
	2012	2011
CURRENT ASSETS		
Cash and cash equivalents	\$ [REDACTED]	\$ [REDACTED]
Subscriber accounts receivable, net of allowance of \$ [REDACTED] and \$ [REDACTED] in 2012 and 2011, respectively	[REDACTED]	[REDACTED]
Other accounts receivable, net of allowance of \$ [REDACTED] and \$ [REDACTED] in 2012 and 2011, respectively	[REDACTED]	[REDACTED]
Material and supplies	[REDACTED]	[REDACTED]
Other current assets	[REDACTED]	[REDACTED]
Total current assets	[REDACTED]	[REDACTED]
NONCURRENT ASSETS		
Deferred income taxes	[REDACTED]	[REDACTED]
Other noncurrent assets	[REDACTED]	[REDACTED]
	[REDACTED]	[REDACTED]
PROPERTY, PLANT, AND EQUIPMENT		
Telecommunications plant in service	[REDACTED]	[REDACTED]
Nonregulated plant in service	[REDACTED]	[REDACTED]
Telecommunications plant under construction	[REDACTED]	[REDACTED]
	[REDACTED]	[REDACTED]
Less accumulated depreciation	[REDACTED]	[REDACTED]
	[REDACTED]	[REDACTED]
	\$ [REDACTED]	\$ [REDACTED]

REDACTED - FOR PUBLIC INSPECTION

**ARMSTRONG TELEPHONE COMPANY - PENNSYLVANIA, INC.
AND SUBSIDIARY
CONSOLIDATED BALANCE SHEETS**

LIABILITIES AND STOCKHOLDER'S EQUITY

	September 30,	
	2012	2011
CURRENT LIABILITIES		
Accounts payable	\$ [REDACTED]	\$ [REDACTED]
Advance billing	[REDACTED]	[REDACTED]
Related party note payable	[REDACTED]	[REDACTED]
Income tax payable, parent company	[REDACTED]	[REDACTED]
Other accrued liabilities	[REDACTED]	[REDACTED]
	<hr/>	<hr/>
Total current liabilities	[REDACTED]	[REDACTED]
	<hr/>	<hr/>
OTHER LIABILITIES AND DEFERRED CREDITS		
Deferred income taxes	[REDACTED]	[REDACTED]
	<hr/>	<hr/>
STOCKHOLDER'S EQUITY		
Common stock (\$ [REDACTED] par value, [REDACTED] shares authorized, [REDACTED] shares issued and outstanding)	[REDACTED]	[REDACTED]
Retained earnings	[REDACTED]	[REDACTED]
	<hr/>	<hr/>
	[REDACTED]	[REDACTED]
	<hr/>	<hr/>
	\$ [REDACTED]	\$ [REDACTED]
	<hr/>	<hr/>

REDACTED - FOR PUBLIC INSPECTION

**ARMSTRONG TELEPHONE COMPANY - PENNSYLVANIA, INC.
AND SUBSIDIARY
CONSOLIDATED STATEMENTS OF INCOME**

	Years Ended September 30,	
	2012	2011
Operating revenues		
Wireline		
Customer	\$ [REDACTED]	\$ [REDACTED]
Intercarrier	[REDACTED]	[REDACTED]
Interstate	[REDACTED]	[REDACTED]
Intrastate	[REDACTED]	[REDACTED]
Universal service support - federal	[REDACTED]	[REDACTED]
Internet	[REDACTED]	[REDACTED]
Miscellaneous		
Equipment	[REDACTED]	[REDACTED]
Carrier billing and collection	[REDACTED]	[REDACTED]
Other	[REDACTED]	[REDACTED]
Directory	[REDACTED]	[REDACTED]
Uncollectible	[REDACTED]	[REDACTED]
Total operating revenues	[REDACTED]	[REDACTED]
Operating expenses		
Plant specific operations	[REDACTED]	[REDACTED]
Plant nonspecific operations	[REDACTED]	[REDACTED]
Depreciation	[REDACTED]	[REDACTED]
Customer operations	[REDACTED]	[REDACTED]
Corporate operations	[REDACTED]	[REDACTED]
Other operating taxes	[REDACTED]	[REDACTED]
Nonregulated	[REDACTED]	[REDACTED]
Total operating expenses	[REDACTED]	[REDACTED]
Net operating income	[REDACTED]	[REDACTED]
Nonoperating income (expense)		
Interest and dividend income	[REDACTED]	[REDACTED]
Interest expense	[REDACTED]	[REDACTED]
Other nonoperating income	[REDACTED]	[REDACTED]
Income before income taxes	[REDACTED]	[REDACTED]
Income tax expense	[REDACTED]	[REDACTED]
Net income	\$ [REDACTED]	\$ [REDACTED]

REDACTED - FOR PUBLIC INSPECTION

ARMSTRONG TELEPHONE COMPANY - PENNSYLVANIA, INC. AND SUBSIDIARY CONSOLIDATED STATEMENTS OF CASH FLOWS

	Years Ended September 30,	
	2012	2011
CASH FLOWS FROM OPERATING ACTIVITIES		
Net income	\$ [REDACTED]	\$ [REDACTED]
Adjustments to reconcile net income to net cash from operating activities		
Depreciation	[REDACTED]	[REDACTED]
Deferred income taxes	[REDACTED]	[REDACTED]
Changes in assets and liabilities		
Receivables	[REDACTED]	[REDACTED]
Material and supplies	[REDACTED]	[REDACTED]
Other assets	[REDACTED]	[REDACTED]
Accounts payable	[REDACTED]	[REDACTED]
Advance billing	[REDACTED]	[REDACTED]
Other accrued liabilities	[REDACTED]	[REDACTED]
	[REDACTED]	[REDACTED]
Net cash from operating activities	[REDACTED]	[REDACTED]
CASH FLOWS FROM INVESTING ACTIVITIES		
Net acquisition of property, plant, and equipment	[REDACTED]	[REDACTED]
CASH FLOWS FROM FINANCING ACTIVITIES		
Proceeds from related party note	-	[REDACTED]
Payments on related party note	[REDACTED]	[REDACTED]
Payments to settle debt	-	[REDACTED]
	[REDACTED]	[REDACTED]
Net cash from financing activities	[REDACTED]	[REDACTED]
NET CHANGE IN CASH AND CASH EQUIVALENTS	[REDACTED]	[REDACTED]
CASH AND CASH EQUIVALENTS, beginning of year	[REDACTED]	[REDACTED]
CASH AND CASH EQUIVALENTS, end of year	\$ [REDACTED]	\$ [REDACTED]
SUPPLEMENTAL DISCLOSURE OF CASH FLOWS INFORMATION		
Cash paid during the year for		
Interest	\$ [REDACTED]	\$ [REDACTED]
Income taxes	\$ [REDACTED]	\$ [REDACTED]