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**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 | 351112 |
| <015> | Study Area Name | BREDA TEL CORP. |
| <020> | Program Year | 2014 |
| <030> | Contact Name: Person USAC should contact with questions about this data | Kevin Skinner |
| <035> | Contact Telephone Number: Number of the person identified in data line <030> | 712-673-2311 |
| <039> | Contact Email Address: Email of the person identified in data line <030> | kskinner@westianet.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) | | | |
| <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 | | | |
| <420> | Mobile | | | |
| <430> | Number of Complaints per 1,000 customers (broadband) | | | |
| <440> | Fixed | | | |
| <450> | Mobile | | | |
| <500> | Service Quality Standards & Consumer Protection Rules Compliance | (check to indicate certification) | ✔ | ✔ |
| <510> | 351112ia510 | (attached descriptive document) | ✔ | ✔ |
| <600> | Functionality in Emergency Situations | (check to indicate certification) | ✔ | ✔ |
| <610> | 351112ia610 | (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) | | |

**(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 | 351112 |
| <015> | Study Area Name | BREDA TEL CORP. |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Kevin Skinner |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 712-673-2311 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | kskinner@westianet.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. | ☐ |

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

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

| | | |
|---|---|---|
| <010> | Study Area Code | 351112 |
| <015> | Study Area Name | BREDA TEL CORP. |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Kevin Skinner |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 712-673-2311 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | kskinner@westianet.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 --

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**(700) Price Offerings including Voice Rate Data**
**Data Collection Form**

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

| | | |
|---|---|---|
| <010> | Study Area Code | 351112 |
| <015> | Study Area Name | BREDA TEL CORP. |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Kevin Skinner |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 712-673-2311 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | kskinner@westianet.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 -- | | | | |

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**(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 | 351112 |
| <015> | Study Area Name | BREDA TEL CORP. |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Kevin Skinner |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 712-673-2311 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | kskinner@westianet.com |

<711>

| <a1> State | <a2> Exchange (ILEC) | <b1> Residential Rate | <b2> State Regulated Fees | <c> Total Rate and Fees | <d1> Broadband Service - Download Speed (Mbps) | <d2> Broadband Service - Upload Speed (Mbps) | <d3> Usage Allowance (GB) | <d4> Usage Allowance Action Taken When Limit Reached {*select*} |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | | |
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| | | -- See attached worksheet -- | | | | | | |
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**(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 | 351112 |
| <015> | Study Area Name | BREDA TEL CORP. |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Kevin Skinner |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 712-673-2311 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | kskinner@westianet.com |

| | | |
|---|---|---|
| <810> | Reporting Carrier | BREDA TEL CORP |
| <811> | Holding Company | NA |
| <812> | Operating Company | NA |

<813>

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

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**(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 | 351112 |
| <015> | Study Area Name | BREDA TEL CORP. |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Kevin Skinner |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 712-673-2311 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | kskinner@westianet.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. | |

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**(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 | 351112 |
| <015> | Study Area Name | BREDA TEL CORP. |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Kevin Skinner |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 712-673-2311 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | kskinner@westianet.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) ☐

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**(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 | 351112 |
| <015> | Study Area Name | BREDA TEL CORP. |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Kevin Skinner |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 712-673-2311 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | kskinner@westianet.com |

<1210> Terms & Conditions of Voice Telephony Lifeline Plans — 351112ia1200

Name of attached document (.pdf)

<1220> Link to Public Website — HTTP http://www.westianet.com/content/page/residential-financial-assistance-programs

"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. ☑

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**(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

| | | |
|---|---|---|
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| <015> | Study Area Name | BREDA TEL CORP. |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Kevin Skinner |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 712-673-2311 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | kskinner@westianet.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 _____

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**(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 | 351112 |
| <015> | Study Area Name | BREDA TEL CORP. |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Kevin Skinner |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 712-673-2311 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | kskinner@westianet.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)(ii)} | 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 | 351112ia3026 |

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| Certification - Reporting Carrier Data Collection Form | FCC Form 481<br>OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2013 |
|---|---|

| | | |
|---|---|---|
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| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Kevin Skinner |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 712-673-2311 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | kskinner@westianet.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: BREDA TEL CORP.

Signature of Authorized Officer: CERTIFIED ONLINE Date

Printed name of Authorized Officer:

Title or position of Authorized Officer:

Telephone number of Authorized Officer:

Study Area Code of Reporting Carrier: 351112 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.

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| Certification - Agent / Carrier Data Collection Form | FCC Form 481<br>OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2013 |
|---|---|

| | | |
|---|---|---|
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| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Kevin Skinner |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 712-673-2311 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | kskinner@westianet.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: BREDA TEL CORP.

Signature of Authorized Officer: CERTIFIED ONLINE Date:

Printed name of Authorized Officer:

Title or position of Authorized Officer:

Telephone number of Authorized Officer:

Study Area Code of Reporting Carrier: 351112 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: BREDA TEL CORP.

Name of Authorized Agent or Employee of Agent:

Signature of Authorized Agent or Employee of Agent: CERTIFIED ONLINE 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: 351112 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.

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# Attachments

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

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

| | | |
|---|---|---|
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| <035> | Contact Telephone Number - Number of person identified in data line <030> | 712-673-2311 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | kskinner@westianet.com |

| | | |
|---|---|---|
| <810> | Reporting Carrier | BREDA TEL CORP |
| <811> | Holding Company | NA |
| <812> | Operating Company | NA |

<813>

| <a1> Affiliates | <a2> SAC | <a3> Doing Business As Company or Brand Designation |
|---|---|---|
| PRAIRIE TEL CO | 351344 | Western Iowa Networks |
| WESTSIDE INDEPENDENT | 351335 | Western Iowa Networks |
| BTC Inc. | 359077 | Western Iowa Networks |

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**FCC Form 481, Line 510: Certification of Compliance with Applicable Service Quality Standards and Consumer Protection Rules**

**CERTIFICATION OF BREDA TELEPHONE CORP.**

**Sec. 54.313(a)(5) Service Quality Standards and Consumer Protection Rules Compliance**

Pursuant to § 54.313(a)(5) for High-cost Recipients, Carrier hereby certifies that it is in compliance with applicable service quality standards and consumer protection rules. The Carrier measures its service connection, held order, and service interruption performance monthly according to Iowa Administrative Code §199-22.6. Carrier is in compliance with all of the Iowa Utilities Board rules governing rates charged and service supplied by Telephone Utilities as outlined in Section 199, Chapter 22 of the Iowa Administrative Code. Carrier follows Customer Proprietary Network Information (CPNI) rules and also files the annual CPNI certification with the FCC pursuant to the FCC's current CPNI rules and regulations. Carrier has also implemented an Identity Theft Prevention Program in accordance with the Federal Trade Commission's current Red Flags Rule.

Available for inspection are the following items documenting our procedures for compliance:

- Carrier's local exchange tariff
- Service terms and conditions
- Sample notice to customers on matters related to privacy
- Procedures for notice to customers of rate changes
- Notice to customers of Truth-In-Billing requirements
- Notice to customers of complaint procedures
- Disability accessibility notification
- Procedure for receiving emergency calls during non-business hours

I verify that the foregoing is true and correct. Executed on October 14, 2013.

/s/ Jane Morlok

Jane Morlok, CFO
Breda Telephone Corp.

REDACTED - FOR PUBLIC INSPECTION

**FCC Form 481, Line 610: Certification Regarding Ability to Function in Emergency Situations**

**CERTIFICATION OF BREDA TELEPHONE CORP.**

**Sec. 54.313(a)(6) Ability to Function in an Emergency Situation**

Pursuant to § 54.313(a)(6) for High-cost Recipients, Carrier hereby certifies that it is able to function in emergency situations as set forth in § 54.202(a)(2). Carrier is able to remain functional in an emergency situation through the use of back-up power to ensure functionality without an external power source. Carrier has backup battery (or equivalent power) reserve in its central office, which enables it to maintain a minimum of two hours of backup power to ensure functionality without an external power source if external power is lost. Carrier's network is engineered to handle reasonable excess traffic in the event of traffic spikes resulting from emergency situations. Carrier has redundancy in its network for use in re-routing traffic when facilities are damaged.

I verify that the foregoing is true and correct. Executed on October 14, 2013.

/s/ Jane Morlok

Jane Morlok, CFO
Breda Telephone Corp.

REDACTED - FOR PUBLIC INSPECTION

**Lifeline Telephone Assistance Program**

Financial assistance through the Lifeline program is available to help eligible Iowans afford and maintain basic telephone service. Lifeline participation enables Iowans to stay connected to jobs, family, community resources, and government and emergency services. Lifeline is a federal government program that assists qualified Iowans by providing a monthly credit of $9.25 on the local telephone bill.

The Lifeline program has recently been streamlined by the Federal Communications Commission. Lifeline benefits are now limited to one wire line or wireless phone per qualified household. Households currently receiving more than one Lifeline service must select a single Lifeline service provider and de-enroll from the program with any other provider(s).

Households eligible for or already receiving Medicaid, the Supplemental Nutrition Assistance Program, Supplemental Security Income Program, Federal Public Housing Assistance Program, Low-Income Home Energy Assistance Program, Temporary Assistance to Needy Families Program, or the National School Lunch Program may qualify. Consumers may also qualify based on their level of income. For more information, please see the 2013 Lifeline Week news release.

A Lifeline application form is available from your local telephone service provider, the Iowa Utilities Board, or most Community Action Agencies in the state. To apply, simply complete the application form and then return it to your chosen participating provider. Additionally, residents of Tribal lands who are eligible for Lifeline, should check with their local telecommunications provider to inquire about additional benefits, including potential Link-Up telephone-installation benefits.

Information about the number of customers receiving Lifeline assistance is reported by each Iowa telephone company. For more information, call the Iowa Utilities Board (IUB) toll free at 1-877-565-4450, or visit www.fcc.gov/lifeline or www.usac.org

Number of local minutes provided: Unlimited local calling

Additional charges for toll calls: Toll calls are billed at carriers' standard rates

REDACTED - FOR PUBLIC INSPECTION

**REDACTED – FOR PUBLIC INSPECTION**

**BREDA TELEPHONE CORP. (SAC 1112)**

**ATTACHMENT – LINE 3026**

**ATTACHMENT REDACTED IN ENTIRETY**