REDACTED – FOR PUBLIC INSPECTION

October 14, 2013

Via Electronic Filing

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

Re: WC Docket No. 10-90, WC Docket No. 11-42
2013 ETC Annual Report of Geetingsville Telephone Company, Inc.
Study Area Code 320771

Dear Executive Secretary:

On behalf of Geetingsville Telephone Company, Inc. ("Geetingsville"), we have attached for filing confidential and redacted versions of the FCC Form 481 ETC annual reporting information pursuant to sections 54.313 and 54.422 of the Commission's rules[1]. Geetingsville seeks confidential treatment under Protective Order for the information filed pursuant to section 54.313(f)(2) of the Commission's regulations[2]. The redacted version is also being filed this date via the FCC's Electronic Comment Filing System.

Sincerely,

Vantage Point Solutions

/s/ *Doug Eidahl*
VP of Consulting
Phone: (605) 995-1750
Fax: (605) 995-1778
Doug.Eidahl@Vantagepnt.com
Enclosure(s)

cc: Mr. Steve Scott, CEO, Geetingsville Telephone Company, Inc.
Mr. Charles Tyler, Telecommunications Access Policy Division

[1] 47 C.F.R. 54.313 and 47 C.F.R. 54.422.
[2] *Connect America Fund et al.*, WC Docket No. 10-90 *et al.*, Protective Order, DA 12-1857 rel. Nov. 16, 2012 (Protective Order). 47 C.F.R. 54.313(f)(2).

REDACTED - FOR PUBLIC INSPECTION

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	320771
<015>	Study Area Name	GEETINGSVILLE TEL CO
<020>	Program Year	2014
<030>	Contact Name: Person USAC should contact with questions about this data	Steven Scott
<035>	Contact Telephone Number: Number of the person identified in data line <030>	317-258-3111
<039>	Contact Email Address: Email of the person identified in data line <030>	steve@geetel.net

ANNUAL REPORTING FOR ALL CARRIERS			54.313 Completion Required	54.422 Completion Required
			(check box when complete)	
<100>	Service Quality Improvement Reporting	(complete attached worksheet)	✔	
<200>	Outage Reporting (voice)	(complete attached worksheet)	✔	✔
<210>	✔ <-- check box if no outages to report			
<300>	Unfulfilled Service Requests (voice)	0	✔	
<310>	Detail on Attempts (voice)	(attach descriptive document)	✔	
<320>	Unfulfilled Service Requests (broadband)		✔	
<330>	Detail on Attempts (broadband)	(attach descriptive document)	✔	
<400>	Number of Complaints per 1,000 customers (voice)		✔	✔
<410>	Fixed	0.0		
<420>	Mobile	0.0		
<430>	Number of Complaints per 1,000 customers (broadband)		✔	
<440>	Fixed			
<450>	Mobile			
<500>	Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	✔	✔
<510>	320771in510	(attached descriptive document)	✔	✔
<600>	Functionality in Emergency Situations	(check to indicate certification)	✔	✔
<610>	320771in610	(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	320771
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<039>	Contact Email Address - Email Address of person identified in data line <030>	steve@geetel.net

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

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

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

Name of Attached Document (.pdf)

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

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

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

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

<010>	Study Area Code	320771
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<030>	Contact Name - Person USAC should contact regarding this data	Steven Scott
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<039>	Contact Email Address - Email Address of person identified in data line <030>	steve@geetel.net

<220>

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

-- See attached worksheet --

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

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

<010>	Study Area Code	320771
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<030>	Contact Name - Person USAC should contact regarding this data	Steven Scott
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<039>	Contact Email Address - Email Address of person identified in data line <030>	steve@geetel.net

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

<703>

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

(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	320771
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<030>	Contact Name - Person USAC should contact regarding this data	Steven Scott
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<039>	Contact Email Address - Email Address of person identified in data line <030>	steve@geetel.net

<711>

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

(800) Operating Companies
Data Collection Form

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

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<039>	Contact Email Address - Email Address of person identified in data line <030>	steve@geetel.net

<810>	Reporting Carrier	Geetingsville Telephone Company
<811>	Holding Company	N/A
<812>	Operating Company	N/A

<813>

<a1>	<a2>	<a3>
Affiliates	**SAC**	**Doing Business As Company or Brand Designation**

-- See attached worksheet --

(900) Tribal Lands Reporting
Data Collection Form

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

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<030>	Contact Name - Person USAC should contact regarding this data	Steven Scott
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<039>	Contact Email Address - Email Address of person identified in data line <030>	steve@geetel.net

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

<920> Tribal Government Engagement Obligation

Name of Attached Document (.pdf)

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

		Select (Yes,No, NA)
<921>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions;	
<922>	Feasibility and sustainability planning;	
<923>	Marketing services in a culturally sensitive manner;	
<924>	Compliance with Rights of way processes	
<925>	Compliance with Land Use permitting requirements	
<926>	Compliance with Facilities Siting rules	
<927>	Compliance with Environmental Review processes	
<928>	Compliance with Cultural Preservation review processes	
<929>	Compliance with Tribal Business and Licensing requirements.	

(1100) No Terrestrial Backhaul Reporting Data Collection Form

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

<010>	Study Area Code	320771
<015>	Study Area Name	GEETINGSVILLE TEL CO
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<030>	Contact Name - Person USAC should contact regarding this data	Steven Scott
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<039>	Contact Email Address - Email Address of person identified in data line <030>	steve@geetel.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	320771
<015>	Study Area Name	GEETINGSVILLE TEL CO
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<039>	Contact Email Address - Email Address of person identified in data line <030>	steve@geetel.net

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of attached document (.pdf)

<1220> Link to Public Website HTTP http://www.geetel.net

"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

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<039>	Contact Email Address - Email Address of person identified in data line <030>	steve@geetel.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 _____

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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	320771
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<030>	Contact Name - Person USAC should contact regarding this data	Steven Scott
<035>	Contact Telephone Number - Number of person identified in data line <030>	317-258-3111
<039>	Contact Email Address - Email Address of person identified in data line <030>	steve@geetel.net

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	320771in3026

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	320771
<015>	Study Area Name	GEETINGSVILLE TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Steven Scott
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<039>	Contact Email Address - Email Address of person identified in data line <030>	steve@geetel.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:

Signature of Authorized Officer: Date

Printed name of Authorized Officer:

Title or position of Authorized Officer:

Telephone number of Authorized Officer:

Study Area Code of Reporting Carrier: Filing Due Date for this form:

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification - Agent / Carrier
Data Collection Form

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

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<039>	Contact Email Address - Email Address of person identified in data line <030>	steve@geetel.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) Thomas Lawrence **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: Thomas Lawrence

Name of Reporting Carrier: GEETINGSVILLE TEL CO

Signature of Authorized Officer: CERTIFIED ONLINE Date: 10/11/2013

Printed name of Authorized Officer: Steve Scott

Title or position of Authorized Officer: CEO/G.M.

Telephone number of Authorized Officer: 765258311

Study Area Code of Reporting Carrier: 320771 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: GEETINGSVILLE TEL CO

Name of Authorized Agent or Employee of Agent: Thomas Lawrence

Signature of Authorized Agent or Employee of Agent: CERTIFIED ONLINE Date: 10/11/2013

Printed name of Authorized Agent or Employee of Agent: Thomas Lawrence

Title or position of Authorized Agent or Employee of Agent CPA

Telephone number of Authorized Agent or Employee of Agent: 317 275-7080

Study Area Code of Reporting Carrier: 320771 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.

Attachments

Study Area Name: Geetingsville Telephone Company, Inc.

Study Area Code: 320771

Line 510 - Service Quality and Customer Protection Standards

The Indiana legislature removed substantially all service quality and protection standards for eligible telecommunications carriers (ETC's) from the jurisdiction of the Indiana Utility Regulatory Commission. The Company is required to comply with standards related to (1) requests for service within its exchange territory, (2) unauthorized service charges or changes in the long distance carrier (slamming and cramming) and, (3) truth-in-billing requirements. It has implemented the following procedures to comply with the standards.

> As a provider of last resort, the Company provides telecommunication services throughout its designated service area to all prospective customers who make a reasonable request for service.
>
> Customer service representatives are prohibited from completing PIC (primary interexchange carrier) change orders or charges for additional services without the express authorization from the customer.
>
> The Company uses a third-party service provider to render bills to its customers for service. Management reviews the billing statement to ensure that it is clearly organized and includes (1) The name of the Company providing the service, (2) the phone number by which a customer may inquire or dispute any charge contained on the bill and, (3) a brief, clear, plain language description of the individual service or services rendered such that the customer can assess that the services for which he or she is being billed correspond to those that he or she has requested and received.

I verify that the foregoing is true and correct. Executed on October 11, 2013

Steven Scott

Steven Scott, CEO, Geetingsville Telephone Company, Inc.

Study Area Name: Geetingsville Telephone Company, Inc.

Study Area Code: 320771

Line 610 - Emergency Procedures

The Company has prepared a disaster recovery plan which includes a list of procedures to be followed in the event of an emergency to prevent or mitigate interruption or impairment of service. The procedures have been reviewed with all employees and address the critical functions of the network. The plan includes contact information for key vendors who will assist company personnel in emergency situations.

The central office is equipped with a Nortel DMS-10 switch. The switch can be powered by both electricity and propane. The switch is equipped with batteries which can provide power for approximately 8 hours. The Company has seven portable generators which are gasoline powered and can be used to power nine remote cabinets which are located throughout the exchange.

The Company has deployed four Calix C-7 access nodes on an OC-12 fiber ring which will re-route traffic in the event of a cable cut.

I verify that the foregoing is true and correct. Executed on October 11, 2013

Steven Scott

Steven Scott, CEO, Geetingsville Telephone Company, Inc.

REDACTED – FOR PUBLIC INSPECTION

GETTINGSVILLE TELEPHONE COMPANY, INC. (SAC 320771)

ATTACHMENT – LINE 3026

ATTACHMENT REDACTED IN ENTIRETY