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 Northern Valley Communications, LLC
Study Area Code 399017

Dear Executive Secretary:

On behalf of Northern Valley Communications, LLC ("Northern"), 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]. Northern 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: Tanya Berndt, Chief Financial Officer, James Valley Cooperative Telephone Cooperative
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	399017
<015>	Study Area Name	Northern Valley Communications
<020>	Program Year	2014
<030>	Contact Name: Person USAC should contact with questions about this data	Tanya Berndt
<035>	Contact Telephone Number: Number of the person identified in data line <030>	605-725-1073
<039>	Contact Email Address: Email of the person identified in data line <030>	tanyab@nvc.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)	17	✔	
<310>	Detail on Attempts (voice)	399017SD310 (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			
<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>	399017SD510	(attached descriptive document)	✔	✔
<600>	Functionality in Emergency Situations	(check to indicate certification)	✔	✔
<610>	399017SD610	(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 <u>Price Cap Additional Documentation Worksheet</u>

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 <u>ROR Additional Documentation Worksheet</u>

<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	399017
<015>	Study Area Name	Northern Valley Communications
<020>	Program Year	2014
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<035>	Contact Telephone Number - Number of person identified in data line <030>	605-725-1073
<039>	Contact Email Address - Email Address of person identified in data line <030>	tanyab@nvc.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	399017
<015>	Study Area Name	Northern Valley Communications
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Tanya Berndt
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<039>	Contact Email Address - Email Address of person identified in data line <030>	tanyab@nvc.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	399017
<015>	Study Area Name	Northern Valley Communications
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Tanya Berndt
<035>	Contact Telephone Number - Number of person identified in data line <030>	605-725-1073
<039>	Contact Email Address - Email Address of person identified in data line <030>	tanyab@nvc.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	399017
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<035>	Contact Telephone Number - Number of person identified in data line <030>	605-725-1073
<039>	Contact Email Address - Email Address of person identified in data line <030>	tanyab@nvc.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

<010>	Study Area Code	399017
<015>	Study Area Name	Northern Valley Communications
<020>	Program Year	2014
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<035>	Contact Telephone Number - Number of person identified in data line <030>	605-725-1073
<039>	Contact Email Address - Email Address of person identified in data line <030>	tanyab@nvc.net

<810>	Reporting Carrier	Northern Valley Communications, LLC
<811>	Holding Company	James Valley Cooperative Telephone Company
<812>	Operating Company	Northern Valley Communications, LLC

<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

<010>	Study Area Code	399017
<015>	Study Area Name	Northern Valley Communications
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Tanya Berndt
<035>	Contact Telephone Number - Number of person identified in data line <030>	605-725-1073
<039>	Contact Email Address - Email Address of person identified in data line <030>	tanyab@nvc.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	399017
<015>	Study Area Name	Northern Valley Communications
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Tanya Berndt
<035>	Contact Telephone Number - Number of person identified in data line <030>	605-725-1073
<039>	Contact Email Address - Email Address of person identified in data line <030>	tanyab@nvc.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	399017
<015>	Study Area Name	Northern Valley Communications
<020>	Program Year	2014
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<035>	Contact Telephone Number - Number of person identified in data line <030>	605-725-1073
<039>	Contact Email Address - Email Address of person identified in data line <030>	tanyab@nvc.net

<1210> Terms & Conditions of Voice Telephony Lifeline Plans — 399017SD1210

Name of attached document (.pdf)

<1220> Link to Public Website — HTTP _____

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

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

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

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

(2000) Price Cap Carrier Additional Documentation
Data Collection Form
Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

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

<010>	Study Area Code	399017
<015>	Study Area Name	Northern Valley Communications
<020>	Program Year	2014
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<035>	Contact Telephone Number - Number of person identified in data line <030>	605-725-1073
<039>	Contact Email Address - Email Address of person identified in data line <030>	tanyab@nvc.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	399017
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<039>	Contact Email Address - Email Address of person identified in data line <030>	tanyab@nvc.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	

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	399017
<015>	Study Area Name	Northern Valley Communications
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Tanya Berndt
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<039>	Contact Email Address - Email Address of person identified in data line <030>	tanyab@nvc.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:	Northern Valley Communications		
Signature of Authorized Officer:	CERTIFIED ONLINE	Date	10/11/2013
Printed name of Authorized Officer:	Tanya Berndt		
Title or position of Authorized Officer:	CFO		
Telephone number of Authorized Officer:	6057251000		
Study Area Code of Reporting Carrier:	399017	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	399017
<015>	Study Area Name	Northern Valley Communications
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Tanya Berndt
<035>	Contact Telephone Number - Number of person identified in data line <030>	605-725-1073
<039>	Contact Email Address - Email Address of person identified in data line <030>	tanyab@nvc.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier

I certify that (Name of Agent)_____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.

Name of Authorized Agent:

Name of Reporting Carrier:

Signature of Authorized Officer: Date:

Printed name of Authorized Officer:

Title or position of Authorized Officer:

Telephone number of Authorized Officer:

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

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

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier

I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.

Name of Reporting Carrier:

Name of Authorized Agent or Employee of Agent:

Signature of Authorized Agent or Employee of Agent: Date:

Printed name of Authorized Agent or Employee of Agent:

Title or position of Authorized Agent or Employee of Agent

Telephone number of Authorized Agent or Employee of Agent:

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

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

Attachments

(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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<810>	Reporting Carrier	Northern Valley Communications, LLC
<811>	Holding Company	James Valley Cooperative Telephone Company
<812>	Operating Company	Northern Valley Communications, LLC

<813>

<a1> Affiliates	<a2> SAC	<a3> Doing Business As Company or Brand Designation
James Valley Cooperative Telephone Company	391664	James Valley Telecommunications
James Valley Wireless, LLC	399014	JVW

Northern Valley Communications Unfulfilled Voice Telephony Service Request Resolution:

As a facilities based wireline CLEC, NVC does not have existing telecommunications facilities to all addresses in its service area. Providing service to all requesting customers would require substantial and therefore uneconomical financial investments when compared to the limited universal funds available to the company. The listed unfulfilled service requests can also receive service from or are already served by the incumbent ILEC or CATV service provider.

CERTIFICATION OF NORTHERN VALLEY COMMUNICATIONS, LLC

Reporting Period January 1 – December 31, 2012

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

Pursuant to § 54.313(a)(5) for High-cost Recipients, Northern Valley Communications, LLC hereby certifies that it is in compliance with applicable service quality standards and consumer protection rules. Northern Valley Communications, LLC 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. Customer privacy notice information is attached. Northern Valley Communications, LLC has also implemented an Identity Theft Prevention Program in accordance with the federal Red Flags Rule.

I verify that the foregoing is true and correct. Executed on September 24, 2013.

James Groft, CEO

Northern Valley Communications, LLC

CERTIFICATION OF NORTHERN VALLEY COMMUNICATIONS, LLC

Reporting Period January 1 – December 31, 2012

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

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

I verify that the foregoing is true and correct. Executed on September 24, 2013.

James Groft, CEO

Northern Valley Communications, LLC

Lifeline Assistance Application and Certification Form

Company Name: **Northern Valley Communications** SPIN: **143019465**

(Please Print or Type)

Last Name: _____ First Name: _____ MI: _____

Residential Address *(Do not use a P.O. Box address)*: _____

City: _____ State: _____ ZIP: _____

Is your residential address a permanent address? Yes _____ No _____

Billing Address *(If different from residential address)*:_____

City: _____ State: _____ ZIP: _____

Social Security Number *(last four digits)*:_____ *(If you are a member of a Tribal nation and do not have a social security number, you may provide your Tribal identification number.)*

Date of Birth: _____

Telephone Number: _____ *(if existing service)*

Telephone number where you can be reached or receive messages:_____

Are you currently receiving Lifeline assistance through any other telephone provider? Yes _____ No _____

I am applying for: _____Lifeline *($9.25/monthly service discount for Landline Phone)*
_____Toll Limitation Service *(free toll blocking or toll control)*

Please check all that apply and provide documentation to prove eligibility.

I, one or more of my dependents, or my household currently participates in one or more of the following programs:

_____ Medicaid (e.g. Title XIX/Medical State Supplemental Assistance)
_____ Supplemental Nutrition Assistance Program (SNAP, formerly known as Food Stamps)
_____ Supplemental Security Income (SSI)
_____ Federal Public Housing Assistance (Section 8)
_____ Low-Income Energy Home Assistance Program (LIHEAP)
_____ Temporary Assistance for Needy Families (TANF)
_____ National School Lunch Program's Free Lunch Program
_____ OR My household income is at or below 135% of the Federal Poverty Guidelines. The number of individuals in my household is: _____.

If you do not participate in one or more of the programs listed above, you may qualify for Lifeline if your household income does not exceed 135% of the Federal Poverty Guidelines (see table below).

2013 Federal Poverty Guidelines – 135%

Household Size		Household Size	
1	$15,512	5	$37,220
2	$20,939	6	$42,647
3	$26,366	7	$48,074
4	$31,793	8	$53,501

For each additional person after 8, add $5,427 to the annual guideline.
Source: Federal Register, Vol. 78, No. 16, January 24, 2013, pp. 5182-5183

Important Information

You will be required to provide documentation of eligibility. Lifeline is a federal government assistance benefit and willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment, or being barred from the program.

Only one Lifeline service is available per household. A household is defined, for the purposes of the Lifeline program, as any individual or group of individuals who live together at the same address as one economic unit. An "economic unit" consists of all adult individuals contributing to and sharing in the income and expenses of a household. A household may include related and unrelated persons. A household is not permitted to receive Lifeline benefits from multiple providers. Violation of the one-per-household limitation constitutes a violation of the Federal Communications Commission's rules and will result in your de-enrollment from the program. Lifeline is a non-transferable benefit and you may not transfer your benefit to any other person.

I certify, under penalty of perjury, that:

(1) I meet the income-based or program-based eligibility criteria for receiving Lifeline, provided in 47 C.F.R. § 54.409. I have provided documentation of eligibility if required to do so;

(2) I will notify the carrier within 30 days if, for any reason, I no longer satisfy the criteria for receiving Lifeline including, as relevant, if I no longer meet the income-based or program-based criteria for receiving Lifeline support, I am receiving more than one Lifeline benefit, or another member of my household is receiving a Lifeline benefit;

(3) If I move to a new address, I will provide that new address to the telephone company within 30 days;

(4) If I provided a temporary residential address to the telephone company, I will be required to verify my temporary residential address every 90 days;

(5) My household will receive only one Lifeline service and, to the best of my knowledge, my household is not already receiving a Lifeline service;

(6) The individual named on the documentation provided demonstrating program-based eligibility, if not me, is part of my household.

(7) I acknowledge that I may be required to re-certify my continued eligibility for Lifeline at any time, and my failure to re-certify as to my continued eligibility will result in de-enrollment and the termination of my Lifeline benefits pursuant to 47 C.F.R. § 54.405(e)(4);

(8) I acknowledge that providing false or fraudulent information to receive Lifeline benefits is punishable by law; and

(9) The information contained in this application and certification form is true and correct to the best of my knowledge.

_____ _____
Signature Date

Provide the completed application and certification form to your phone company. Your telephone company will contact you for any additional information needed to prove eligibility.

For more information about Lifeline, see www.PUC.SD.gov/Lifeline

Please return this application and all documentation to:

NVC
1812 6th Ave SE Aberdeen, SD 57401 (Monday thru Friday 8am - 6pm) or
1316 E 7th Ave Redfield, SD 57469 (Tuesday/Thursday 10am - 4pm)
725-1000 Aberdeen; 475-1000 Redfield; 1-888-919-8945 Toll-Free

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Office Use Only

_____ _____ _____
Employee Signature Date Form(s) used to determine eligibility

REDACTED – FOR PUBLIC INSPECTION

NORTHERN VALLEY COMMUNICATIONS, LLC (SAC 399017)

ATTACHMENT – LINE 3026

ATTACHMENT REDACTED IN ENTIRETY