

<010> 432020

<015> POTTAWATOMIE TELEPHONE COMPANY

<020> 2014

<030> JESSICA OWEN

<035> 918.496.1456

<039> JESSICA@BEACONBRIGHT.COM

ANNUAL REPORTING FOR ALL CARRIERS			54.313 Completion Required	54.422 Completion Required
<i>(check box when complete)</i>				
<100> Service Quality Improvement Reporting	<i>(complete attached worksheet)</i>		NA	
<200> Outage Reporting (voice)	<i>(complete attached worksheet)</i>		X	X
<210> <input checked="" type="checkbox"/> <-- check box if no outages to report				
<300> Unfulfilled Service Requests (voice)	0		X	
<310> Detail on Attempts (voice)		<i>(attach descriptive document)</i>		
<320> Unfulfilled Service Requests (broadband)	4		X	
<330> Detail on Attempts (broadband)	432020K33	<i>(attach descriptive document)</i>	X	
<400> Number of Complaints per 1,000 customers (voice)			X	X
<410> Fixed	0			
<420> Mobile	0			
<430> Number of Complaints per 1,000 customers (broadband)			X	
<440> Fixed	1			
<450> Mobile	0			
<500> Service Quality Standards & Consumer Protection Rules Compliance	<i>(check to indicate certification)</i>		X	X
<510> 432020K510	<i>(attached descriptive document)</i>		X	X
<600> Functionality in Emergency Situations	<i>(check to indicate certification)</i>		X	X
<610> 432020K610	<i>(attached descriptive document)</i>		X	X
<700> Company Price Offerings (voice)	<i>(complete attached worksheet)</i>		X	
<710> Company Price Offerings (broadband)	<i>(complete attached worksheet)</i>		X	
<800> Operating Companies and Affiliates	<i>(complete attached worksheet)</i>		X	X
<900> Tribal Land Offerings (Y/N)?	<i>(if yes, complete attached worksheet)</i>		NO	
<1000> Voice Services Rate Comparability	<i>(check to indicate certification)</i>			
<1010>	<i>(attach descriptive document)</i>			
<1100> Terrestrial Backhaul (Y/N)?	<i>(if not, check to indicate certification)</i>		YES	
<1110>	<i>(complete attached worksheet)</i>			
<1200> Terms and Condition for Lifeline Customers	<i>(complete attached worksheet)</i>			X

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>		
<2005>	<i>(complete attached worksheet)</i>		

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

<3000>	<i>(check to indicate certification)</i>		
<3005>	<i>(complete attached worksheet)</i>	X	

**(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 _____

<015> Study Area Name _____

<020> Program Year _____

<030> Contact Name - Person USAC should contact regarding this data _____

<035> Contact Telephone Number - Number of person identified in data line <030> _____

<039> Contact Email Address - Email Address of person identified in data line <030> _____

<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 receives only 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	<input type="checkbox"/>
<114> Report how much universal service (USF) support was received	<input type="checkbox"/>
<115> How (USF) was used to improve service quality	<input type="checkbox"/>
<116> How (USF) was used to improve service coverage	<input type="checkbox"/>
<117> How (USF) was used to improve service capacity	<input type="checkbox"/>
<118> Provide an explanation of network improvement targets not met in the prior calendar year.	<input type="checkbox"/>

**(1110) 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 _____
- <015> Study Area Name _____
- <020> Program Year _____
- <030> Contact Name - Person USAC should contact regarding this data _____
- <035> Contact Telephone Number - Number of person identified in data line <030> _____
- <039> Contact Email Address - Email Address of person identified in data line <030> _____

<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
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<010>	432020
<015>	POTTWATOMIE TELEPHONE COMPANY
<020>	2014
<030>	JESSICA OWEN
<035>	918.496.1456
<039>	Contact Email Address -JESSICA@BEACONBRIGHT.COM

<1210> Terms & Conditions of Voice Telephony Lifeline Plans	4320200K1210
	Name of attached document (.pdf)

<1220> Link to Public Website	HTTP
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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,	<input checked="" type="checkbox"/>
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<1222>	Details on the number of minutes provided as part of the plan,	<input type="checkbox"/>
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<1223>	Additional charges for toll calls, and rates for each such plan.	<input type="checkbox"/>
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(2005) 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
<015>	Study Area Name
<020>	Program Year
<030>	Contact Name - Person USAC should contact regarding this data
<035>	Contact Telephone Number - Number of person identified in data line <030>
<039>	Contact Email Address - Email Address of person identified in data line <030>

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)}	<input type="checkbox"/>
<2011>	3rd Year Certification {47 CFR § 54.313(b)(2)}	<input type="checkbox"/>

Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}

<2012>	2013 Frozen Support Certification	<input type="checkbox"/>
<2013>	2014 Frozen Support Certification	<input type="checkbox"/>
<2014>	2015 Frozen Support Certification	<input type="checkbox"/>
<2015>	2016 and future Frozen Support Certification	<input type="checkbox"/>

Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}

<2016>	Certification Support Used to Build Broadband	<input type="checkbox"/>
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Connect America Phase II Reporting {47 CFR § 54.313(e)}

<2017>	3rd year Broadband Service Certification	<input type="checkbox"/>
<2018>	5th year Broadband Service Certification	<input type="checkbox"/>
<2019>	Interim Progress Certification	<input type="checkbox"/>
<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.	<input type="checkbox"/>

<2021>	Interim Progress Community Anchor Institutions	Name of Attached Document Listing Required Information	_____
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(3005) Rate Of Return Carrier Additional Documentation	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986
	OMB Control No. 3060-0819
	July 2013

<010>	432020
<015>	POTTWATOMIE TELEPHONE COMPANY
<020>	2014
<030>	JESSICA OWEN
<035>	918.496.1456
<039>	Contact Email Address -JESSICA@BEACONBRIGHT.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

<p>(3010) Milestone Certification {47 CFR § 54.313(f)(1)(i)}</p>	<p>Name of Attached Document Listing Required Information</p>	<p>_____</p>
<p>(3011) 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.</p>	<p><input type="checkbox"/></p>	
<p>(3012) Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}</p>	<p>Name of Attached Document Listing Required Information</p>	<p>_____</p>
<p>(3013) Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)}</p>	<p><input type="checkbox"/> YES (Yes/No)</p>	
<p>(3014) If yes, does your company file the RUS annual report 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:</p>	<p><input type="checkbox"/> NO (Yes/No)</p>	
<p>(3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)</p>	<p><input type="checkbox"/></p>	
<p>(3016) PDF of Balance Sheet, Income Statement and Statement of Cash Flows</p>	<p><input type="checkbox"/></p>	
<p>(3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation</p>	<p>Name of Attached Document Listing Required Information</p>	<p>_____</p>
<p>(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 :</p>	<p><input type="checkbox"/> YES (Yes/No)</p>	
<p>(3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers</p>	<p><input checked="" type="checkbox"/></p>	
<p>(3020) PDF of Balance Sheet, Income Statement and Statement of Cash Flows</p>	<p><input checked="" type="checkbox"/></p>	
<p>(3021) Management letter issued by the independent certified public accountant that performed the company's financial audit.</p>	<p><input checked="" type="checkbox"/></p>	
<p>(3022) 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: 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,</p>	<p><input type="checkbox"/></p>	
<p>(3023) Underlying information subjected to a review by an independent certified public accountant</p>	<p><input type="checkbox"/></p>	
<p>(3024) Underlying information subjected to an officer certification.</p>	<p><input type="checkbox"/></p>	
<p>(3025) PDF of Balance Sheet, Income Statement and Statement of Cash Flows</p>	<p><input type="checkbox"/></p>	
<p>(3026) Attach the worksheet listing required information</p>	<p>Name of Attached Document Listing Required Information</p>	<p>_____ 432020K3026 _____</p>

Certification - Agent / Carrier Data Collection Form	PCE Form 481
	OMB Control No. 3060-0986
	OMB Control No. 3060-0819
	July 2013

<01> Study Area Code 432020
 <02> Study Area Name POTTAWATOMIE TELEPHONE COMPANY
 <03> Program Year 2014
 <04> Contact Name - Person USAC should contact regarding this data JESSICA OWEN
 <05> Contact Telephone Number - Number of person identified in data line <030> 918.496.1456
 <06> Contact Email Address - Email Address of person identified in data line <030> JESSICA@BEACONBRIGHT.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) BEACON TELECOMMUNICATIONS ADVISORS 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: BEACON TELECOMMUNICATIONS ADVISORS	
Name of Reporting Carrier: POTTAWATOMIE TELEPHONE	
Signature of Authorized Officer: <i>Dan Overland</i>	Date: 10-15-13
Printed name of Authorized Officer: Dan Overland	
Title or position of Authorized Officer: Vice-President	
Telephone number of Authorized Officer: 405-997-5201	
Study Area Code of Reporting Carrier:	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: POTTAWATOMIE TELEPHONE COMPANY	
Name of Authorized Agent or Employee of Agent: JESSICA OWEN	
Signature of Authorized Agent or Employee of Agent: <i>Jessica Owen</i>	Date: 10/15/2013
Printed name of Authorized Agent or Employee of Agent: JESSICA OWEN	
Title or position of Authorized Agent or Employee of Agent: CONSULTANT	
Telephone number of Authorized Agent or Employee of Agent: 918.496.1456	
Study Area Code of Reporting Carrier: 432020	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.	