REDACTED - FOR PUBLIC INSPECTION

ASTAC

Arctic Slope Telephone Association Cooperative, Inc.

4300 B Street, Suite 501
Anchorage, AK 99503

907 563 3989
1 800 478 6409
fax: 907 563 1932

email: mail@astac.net

Date

Tribal Entity Name and Address:

Dear ????????,

Thank you for taking the time to meet with me on October ??????????, 2012 to discuss Tribal engagement issues. As promised, we have written up minutes of our conversation during this meeting and are presenting it to you for your review, amendment(s) and approval. If you would please fill out the attached Tribal Engagement Review of ASTAC Minutes form and return it to me in the postage paid envelope, I would really appreciate it. As an owner/member of the Cooperative, you have the opportunity to contact us directly or through your elected Board member with any questions or concerns at any time.

Thanks for doing business with the Company you own,

Signature Block of ASTAC Engager

[redacted]

Appendix C – Approval of Meeting Minutes

Tribal Engagement Review of ASTAC Minutes

On October31, 2012, I, Peggy Frankson met with Charlie Carpenter and Ella Kowunna representing ASTAC to conduct tribal engagement. I have been given the following documents:

- DA 12-1165
- ASTAC cover letter explaining the tribal engagement process
- A Tribal Pre-meeting Questionnaire
- A completed ASTAC Pre-meeting Questionnaire with attachments and an executive summary of the meeting.

I have read the ASTAC provided record of our discussion and agree that it fairly represents the discussion we had with the following edits (If no edits needed, please state so in the space below):

corrections:
pg 1 - 3rd ¶ - Peggy Frankson is the executive director.
pg 1 - last ¶ - They are hoping to place an emergency shelter.
pg 2 - 2nd bullet: Add: Native Village of Point Hope &
Add - Tikigaq Corporation.

Please also make these corrections on the ASTAC Pre-meeting questionnaire

A finalized copy of the entire Tribal Engagement record I have approved has been given to me.

Peggy Frankson — 12/3/12

Signature of Tribal Leader — Date

Appendix C – Approval of Meeting Minutes

Tribal Engagement Review of ASTAC Minutes

On October 25, 2012, I, (MARIE CARROLL) met with (ALYS ORSBORN) representing ASTAC to conduct tribal engagement. I have been given the following documents:

- DA 12-1165
- ASTAC cover letter explaining the tribal engagement process
- A Tribal Pre-meeting Questionnaire
- A completed ASTAC Pre-meeting Questionnaire with attachments and an executive summary of the meeting.

I have read the ASTAC provided record of our discussion and agree that it fairly represents the discussion we had with the following edits (If no edits needed, please state so in the space below):

A finalized copy of the entire Tribal Engagement record I have approved has been given to me.

Marie Carroll

Signature of Tribal Leader

4/19/12

Date

Appendix C – Approval of Meeting Minutes

Tribal Engagement Review of ASTAC Minutes

On October 11, 2012, I, (THOMAS OLEMAUN) met with (MARIETTA AIKEN / ALYS ORSBORN) representing ASTAC to conduct tribal engagement. I have been given the following documents:

- DA 12-1165
- ASTAC cover letter explaining the tribal engagement process
- A Tribal Pre-meeting Questionnaire
- A completed ASTAC Pre-meeting Questionnaire with attachments and an executive summary of the meeting.

I have read the ASTAC provided record of our discussion and agree that it fairly represents the discussion we had with the following edits (If no edits needed, please state so in the space below):

A finalized copy of the entire Tribal Engagement record I have approved has been given to me.

Signature of Tribal Leader

11/6/12

Date

Appendix C – Approval of Meeting Minutes

Tribal Engagement Review of ASTAC Minutes

On November 1, 2012, I, Ms. Misty Plymale met with Charlie Carpenter representing ASTAC to conduct tribal engagement. I have been given the following documents:

- DA 12-1165
- ASTAC cover letter explaining the tribal engagement process
- A Tribal Pre-meeting Questionnaire
- A completed ASTAC Pre-meeting Questionnaire with attachments and an executive summary of the meeting.

I have read the ASTAC provided record of our discussion and agree that it fairly represents the discussion we had with the following edits (If no edits needed, please state so in the space below):

A finalized copy of the entire Tribal Engagement record I have approved has been given to me.

Misty D Plymale 11/13/12

Signature of Tribal Leader Date

7

Work Order	12ANC08JTON
	Tribal
Row Labels	Sum of Amount
100 - CEO	**14,265.35**
10 - LABOR	**8,049.09**
15 - Labor	8,049.09
30 - BENEFITS	**4,631.70**
10 - Benefits	4,286.84
15 - Labor	344.86
40 - MATERIALS & SUPPLIES	**534.80**
30 - Travel	525.80
70 - Other	9.00
50 - CONTRACT LABOR	**138.51**
60 - Professional Fees	138.51
80 - TRAVEL-DIRECT CODED	**911.25**
30 - Travel	911.25
200 - CFO	**1,336.84**
10 - LABOR	**952.99**
15 - Labor	952.99
30 - BENEFITS	**383.85**
10 - Benefits	349.54
15 - Labor	34.31
600 - CNO - West	**1,553.38**
10 - LABOR	**1,068.60**
15 - Labor	1,068.60
30 - BENEFITS	**476.93**
10 - Benefits	435.31
15 - Labor	41.62
40 - MATERIALS & SUPPLIES	**7.85**
30 - Travel	7.85
700 - CNO - Engineering	**8,857.49**
10 - LABOR	**4,126.49**
15 - Labor	4,126.49
30 - BENEFITS	**1,724.05**
10 - Benefits	1,573.47
15 - Labor	150.58
40 - MATERIALS & SUPPLIES	**930.95**
30 - Travel	930.95
80 - TRAVEL-DIRECT CODED	**2,076.00**
30 - Travel	2,076.00
800 - CSO	**1,483.41**
10 - LABOR	**735.42**
15 - Labor	735.42
30 - BENEFITS	**241.59**
10 - Benefits	215.64
15 - Labor	25.95
80 - TRAVEL-DIRECT CODED	**506.40**
30 - Travel	506.40
900 - HR/Office Manager	**58.92**
10 - LABOR	**38.79**
15 - Labor	38.79
30 - BENEFITS	**20.13**
10 - Benefits	18.73
15 - Labor	1.40
Grand Total	**27,555.39**

8

ASTAC Tribal Engagement

Lessons learned: Nine of the ten tribal entities in our serving area are Native Villages or their umbrella organization, ICAS. Native Villages, at least on the North Slope of Alaska, are land managers for their tribe's land. They do not administer telecommunications nor do they follow FCC Policy. Thus we thought it reasonable to try to make their experience with Tribal Engagement more user friendly and valuable by creating a Tribal Pre-meeting Questionnaire. However, this was not particularly effective because no Tribal entity read the document prior to us meeting with them. Only one entity filled out the Questionnaire after we met with them.

Enthusiasm for the engagement by Tribal Leadership was enhanced somewhat, where we had our Board member from the village accompany our Executive Team Member. However, several of the engagement meetings were ended at the request of the Tribal Leadership before we had completed our presentation. Our sense of this is that telecommunications is not their primary area of expertise and the time we spend with them is "off task" to their mission.

While we were only required to provide the Tribal entity with an annual certification and summary of our compliance with the Tribal government engagement process, we took this requirement one step further and asked the Tribal entity to read our minutes, amend as needed then approve. Four of the ten Tribal entities we met with responded. We felt it was a more inclusive process giving them the opportunity to be the approving authority.

Mr. Herman Kignak is a Tribal leader and Acting President for the Native Village of Atqasuk. He also is a former ASTAC Board member, representing Atqasuk. Mr. Kignak wanted the Office of Native Affairs and Policy to know that the Native Villages on the North Slope are land management organizations for their village's people. They are not telecommunications managers. However, there is an elected telecommunications trained expert in each village. That person is the ASTAC Board member. ASTAC Board members received substantial training each year in all functional areas of the company during our quarterly Board Meetings and attend industry conferences to augment their knowledge. As a Director, they participate in the Strategic Planning process and drive change for the company. His recommendation, which we wholeheartedly agree with, is to make the Cooperative's elected Directors our focal point for Tribal Engagement. The alternative, doing meaningful in-person village Tribal engagement meetings on the North Slope cost $27,555.39 in 2012.

Our recommendation is as follows: Where a Cooperative exists to serve Tribal Lands, Tribal Engagement should occur with the Cooperative's elected Board of Directors who are the telecommunications experts in that community. This respects and maintains the Board's legal authority to set direction for the Cooperative. It is also much more cost effective as Tribal Engagement can be formalized as part of the Board meetings. At a time when the FCC is asking carriers to do more with less, this would greatly improve efficiency, effectiveness and greatly enhance the engagement process.

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	613001
<015>	Study Area Name	ARCTIC SLOPE TEL
<020>	Program Year	2014
<030>	Contact Name: Person USAC should contact with questions about this data	Clover McNeil
<035>	Contact Telephone Number: Number of the person identified in data line <030>	907-564-2680
<039>	Contact Email Address: Email of the person identified in data line <030>	clover@astac.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>	613001ak510		(attached descriptive document)	✓	
<600>	Functionality in Emergency Situations		(check to indicate certification)	✓	
<610>	613001ak610		(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	613001
<015>	Study Area Name	ARCTIC SLOPE TEL
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Clover McNeil
<035>	Contact Telephone Number - Number of person identified in data line <030>	907-564-2680
<039>	Contact Email Address - Email Address of person identified in data line <030>	clover@astac.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	613001
<015>	Study Area Name	ARCTIC SLOPE TEL
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Clover McNeil
<035>	Contact Telephone Number - Number of person identified in data line <030>	907-564-2680
<039>	Contact Email Address - Email Address of person identified in data line <030>	clover@astac.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	613001
<015>	Study Area Name	ARCTIC SLOPE TEL
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Clover McNeil
<035>	Contact Telephone Number - Number of person identified in data line <030>	907-564-2680
<039>	Contact Email Address - Email Address of person identified in data line <030>	clover@astac.net

<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 --				

(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	613001
<015>	Study Area Name	ARCTIC SLOPE TEL
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Clover McNeil
<035>	Contact Telephone Number - Number of person identified in data line <030>	907-564-2680
<039>	Contact Email Address - Email Address of person identified in data line <030>	clover@astac.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	613001
<015>	Study Area Name	ARCTIC SLOPE TEL
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Clover McNeil
<035>	Contact Telephone Number - Number of person identified in data line <030>	907-564-2680
<039>	Contact Email Address - Email Address of person identified in data line <030>	clover@astac.net

<810>	Reporting Carrier	Arctic Slope Telephone Association Cooperative, Inc.
<811>	Holding Company	Arctic Slope Telephone Association Cooperative, Inc.
<812>	Operating Company	Arctic Slope Telephone Association Cooperative, Inc.

<813>

<a1> Affiliates	<a2> SAC	<a3> 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	613001
<015>	Study Area Name	ARCTIC SLOPE TEL
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Clover McNeil
<035>	Contact Telephone Number - Number of person identified in data line <030>	907-564-2680
<039>	Contact Email Address - Email Address of person identified in data line <030>	clover@astac.net

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

North Slope Borough Alaska

<920> Tribal Government Engagement Obligation

613001ak920

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;	Yes
<922>	Feasibility and sustainability planning;	Yes
<923>	Marketing services in a culturally sensitive manner;	Yes
<924>	Compliance with Rights of way processes	Yes
<925>	Compliance with Land Use permitting requirements	Yes
<926>	Compliance with Facilities Siting rules	Yes
<927>	Compliance with Environmental Review processes	Yes
<928>	Compliance with Cultural Preservation review processes	Yes
<929>	Compliance with Tribal Business and Licensing requirements.	Yes

(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	613001
<015>	Study Area Name	ARCTIC SLOPE TEL
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Clover McNeil
<035>	Contact Telephone Number - Number of person identified in data line <030>	907-564-2680
<039>	Contact Email Address - Email Address of person identified in data line <030>	clover@astac.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	613001
<015>	Study Area Name	ARCTIC SLOPE TEL
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Clover McNeil
<035>	Contact Telephone Number - Number of person identified in data line <030>	907-564-2680
<039>	Contact Email Address - Email Address of person identified in data line <030>	clover@astac.net

<1210> Terms & Conditions of Voice Telephony Lifeline Plans — 613001ak1210

Name of attached document (.pdf)

<1220> Link to Public Website — HTTP www.astac.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

<010>	Study Area Code	613001
<015>	Study Area Name	ARCTIC SLOPE TEL
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Clover McNeil
<035>	Contact Telephone Number - Number of person identified in data line <030>	907-564-2680
<039>	Contact Email Address - Email Address of person identified in data line <030>	clover@astac.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 _____

(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	613001
<015>	Study Area Name	ARCTIC SLOPE TEL
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Clover McNeil
<035>	Contact Telephone Number - Number of person identified in data line <030>	907-564-2680
<039>	Contact Email Address - Email Address of person identified in data line <030>	clover@astac.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	613001ak3026

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	613001
<015>	Study Area Name	ARCTIC SLOPE TEL
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Clover McNeil
<035>	Contact Telephone Number - Number of person identified in data line <030>	907-564-2680
<039>	Contact Email Address - Email Address of person identified in data line <030>	clover@astac.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: ARCTIC SLOPE TEL

Signature of Authorized Officer: CERTIFIED ONLINE Date 09/18/2013

Printed name of Authorized Officer: Clover McNeil

Title or position of Authorized Officer: CFO

Telephone number of Authorized Officer: 907-564-2680

Study Area Code of Reporting Carrier: 613001 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	613001
<015>	Study Area Name	ARCTIC SLOPE TEL
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Clover McNeil
<035>	Contact Telephone Number - Number of person identified in data line <030>	907-564-2680
<039>	Contact Email Address - Email Address of person identified in data line <030>	clover@astac.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

<010>	Study Area Code	613001
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<810>	Reporting Carrier	Arctic Slope Telephone Association Cooperative, Inc.
<811>	Holding Company	Arctic Slope Telephone Association Cooperative, Inc.
<812>	Operating Company	Arctic Slope Telephone Association Cooperative, Inc.

<813>

<a1> Affiliates	<a2> SAC	<a3> Doing Business As Company or Brand Designation
Data Collection Form		