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DOCKET FILE COPY ORIGINAL

TONY S. LEE
(703) 812-0442
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October 21, 2013

VIA HAND DELIVERY

Marlene H. Dortch, Secretary
Federal Communications Commission
Office of the Secretary
445 12th Street, S.W.
Washington, D.C. 20554

ACCEPTED/FILED

OCT 21 2013

Federal Communications Commission
Office of the Secretary

Re: Epic Touch Co.
FCC Form 481
WC Docket No. 10-90

Dear Ms. Dortch:

On behalf of Epic Touch Co., transmitted herewith is an original and one copy of the company's FCC Form 481. Please date-stamp the extra copy of this submission for return to us.

Should you have any questions with respect to this matter, please contact the undersigned.

Respectfully submitted,

Tony S. Lee

Counsel for Epic Touch Co.

Enclosure

cc: Becky Scott

No. of Copies rec'd 0+1
List ABCDE

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	439011
<015>	Study Area Name	EPIC TOUCH CO.
<020>	Program Year	2014
<030>	Contact Name: Person USAC should contact with questions about this data	Becky Scott
<035>	Contact Telephone Number: Number of the person identified in data line <030>	620-697-2111
<039>	Contact Email Address: Email of the person identified in data line <030>	bscott@elkhart.com

ANNUAL REPORTING FOR ALL CARRIERS

				54.313 Completion Required	54.422 Completion Required
				(check box when complete)	
<100>	Service Quality Improvement Reporting		(complete attached worksheet)		
<200>	Outage Reporting (voice)		(complete attached worksheet)	✓	✓
<210>		✓ <-- check box if no outages to report			
<300>	Unfulfilled Service Requests (voice)	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>	439011ok510		(attached descriptive document)	✓	✓
<600>	Functionality in Emergency Situations		(check to indicate certification)	✓	✓
<610>	439011ok610		(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	439011
<015>	Study Area Name	EPIC TOUCH CO.
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Becky Scott
<035>	Contact Telephone Number - Number of person identified in data line <030>	620-697-2111
<039>	Contact Email Address - Email Address of person identified in data line <030>	bscott@elkhart.com

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

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

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

Name of Attached Document (.pdf)

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

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

(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	439011
<015>	Study Area Name	EPIC TOUCH CO.
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Becky Scott
<035>	Contact Telephone Number - Number of person identified in data line <030>	620-897-2111
<039>	Contact Email Address - Email Address of person identified in data line <030>	bscott@elkhart.com

<220>

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

-- See attached worksheet --

(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	435011
<015>	Study Area Name	EPIC TOUCH CO.
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Becky Scott
<035>	Contact Telephone Number - Number of person identified in data line <030>	620-653-2111
<039>	Contact Email Address - Email Address of person Identified in data line <030>	bscott@elkhart.com

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

<703>

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

(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	439011
<015>	Study Area Name	EPIC TOUCH CO.
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Becky Scott
<035>	Contact Telephone Number - Number of person identified in data line <030>	620-697-2111
<039>	Contact Email Address - Email Address of person identified in data line <030>	bscott@elkhart.com

<711>

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

-- 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	439011
<015>	Study Area Name	EPIC TOUCH CO.
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Becky Scott
<035>	Contact Telephone Number - Number of person identified in data line <030>	620-697-2111
<039>	Contact Email Address - Email Address of person identified in data line <030>	bscott@elkhart.com

<810>	Reporting Carrier	Epic Touch
<811>	Holding Company	Epic Touch Co., Inc.
<812>	Operating Company	

<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	439011
<015>	Study Area Name	EPIC TOUCH CO.
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Becky Scott
<035>	Contact Telephone Number - Number of person identified in data line <030>	620-697-2111
<039>	Contact Email Address - Email Address of person identified in data line <030>	bscott@elkhart.com

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

<920> Tribal Government Engagement Obligation

Name of Attached Document (.pdf)

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

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

(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	439011
<015>	Study Area Name	EPIC TOUCH CO.
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Becky Scott
<035>	Contact Telephone Number - Number of person identified in data line <030>	620-697-2111
<039>	Contact Email Address - Email Address of person identified in data line <030>	bscott@elkhart.com

<1120> Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G) ☐

<1130> Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G) ☐

(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	433011
<015>	Study Area Name	EPIC TOUCH CO.
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Becky Scott
<035>	Contact Telephone Number - Number of person identified in data line <030>	820-697-2111
<039>	Contact Email Address - Email Address of person identified in data line <030>	bscott@elkhart.com

<1210> Terms & Conditions of Voice Telephony Lifeline Plans — 433011ck1210

Name of attached document (.pdf)

<1220> Link to Public Website — HTTP http://www.epicpcs.com/general_info.htm

"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. ☑

SECTION 5 – EPIC TOUCH LIFELINE AND LINKUP USF SERVICE

5.1 Lifeline Service

5.1.1 Description and Applicability

A. Lifeline Service is an assistance program using a combination of wireless facilities and resold service. Lifeline Service only includes basic dial tone service and the services set forth in Section 5.1.2 hereof. Lifeline Service does not include any of the enhanced features generally available to subscribers of the Company's Community Plan, including Caller ID, 3-way conference calling, voice mail, phone-to-phone SMS to other Epic Touch customers, call waiting, and call forwarding.

B. Eligible customers will receive a credit as set forth in Section 5.1.4 below. This credit shall be applied to the Lifeline Service that eligible customers receive from the Company. Epic Touch's Lifeline Service rates are set forth in Section 5.1.5, which take into account the credit set forth in Section 5.1.4.

C. Customers shall not receive more than one Lifeline credit regardless of the number of residential lines or locations where the customer receives service within the State of Oklahoma.

D. All charges, either recurring or nonrecurring, assessed for any service or feature other than Lifeline Service shall be billed at the applicable rate.

E. Lifeline Service shall not be available on a retroactive basis.

5.1.2 Designated Services Available to Lifeline Customers*

The following Services shall be offered to eligible Lifeline Customers using a combination of the Company's wireless facilities and resold service:

A. Single Party Service
B. Local Usage
C. Touch Tone Services
D. Voice Grade Access to the Public Switched Network
E. Access to Emergency Services
F. Access to Operator Services
G. Access to Interexchange Services
H. Access to Directory Assistance
I. Availability of Toll Restriction at No Charge

* Lifeline service may not be disconnected for non-payment of toll charges. Eligible customers accepting toll restriction services shall not be required to pay a deposit.

Trent D. Boaldin
Epic Touch Co.
610 S. Cosmos Street
Elkhart, KS 67950-1260

SECTION 5 – EPIC TOUCH LIFELINE AND LINKUP USF SERVICE (cont'd)

5.1 Lifeline Service (cont'd)

5.1.3 Eligibility Requirements

A. Customers or applicants seeking a Lifeline service credit must provide documentation to the Company establishing that the customer or applicant meets one or more of the following eligibility requirements prior to receiving the Lifeline service credit.

1. The applicant or customer must meet the requirements for eligibility for either Medicaid, Food Stamps, federal public housing, Low-Income Energy Assistance Program, or Supplemental Security Income. Additionally, persons who are eligible recipients of income assistance for Vocational Rehabilitation (including Aid to the Hearing Impaired) are also eligible for the Lifeline Service credit; or

2. Are eligible for or receive assistance or benefits, as certified by the State Department of Rehabilitation services, under programs providing vocational rehabilitation, including aid to the hearing impaired; or

3. Are eligible for or receive assistance or benefits, as certified by the Oklahoma Tax Commission, pursuant to the Sales Tax Relief Act, section 5011 et seq. of Title 68 of the Oklahoma Statutes.

4. For federal income tax purposes, the applicant is not a dependant unless over sixty years of age.

B. The eligibility requirements listed above will be certified to by the applicant or the applicable state agency. The Company assumes no responsibility for the certification of customers or applicants eligibility.

Upon receipt of the applicant's documentation establishing eligibility as stated above, the Company will begin providing the credit.

C. Lifeline customers are required to provide documentation for the purpose of determining their continuing eligibility for the Lifeline credit, upon request of the Company, no less frequently than annually.

D. The Lifeline service credit will be discontinued for customers who no longer meet the eligibility requirements for Lifeline Service credit.

Trent D. Boaldin
Epic Touch Co.
610 S. Cosmos Street
Elkhart, KS 67950-1260

SECTION 5 – EPIC TOUCH LIFELINE AND LINKUP USF SERVICE (cont'd)

5.1 Lifeline Service (cont'd)

5.1.4 Lifeline Credits

		Monthly Credit *
A.	Federal subscriber line credit:	$6.00
B.	Initial federal credit to residential line:	$1.75

* Credit amount will not exceed the total of the subscriber line charge and the residential local exchange rate. In no instance will a subscriber's monthly local exchange rate be less than $2.50 after application of the Lifeline credits.

Trent D. Boaldin
Epic Touch Co.
610 S. Cosmos Street
Elkhart, KS 67950-1260

SECTION 5 – EPIC TOUCH LIFELINE AND LINKUP USF SERVICE (cont'd)

5.1 Lifeline Service (cont'd)

5.1.5 Monthly Lifeline Service Rates

A. Lifeline Wireless USF Service – Epic Touch shall charge the following rate for Lifeline Wireless USF Service. Such service shall include 500 minutes per month of local usage, and are available at any time of the day or week, without incurring additional charges above the basic universal service plan cost.

Monthly Service Fee: $15.00/month

B. Lifeline Resale USF Service – Epic Touch shall charge the following rates for Lifeline Resale USF Service, on an exchange by exchange basis, within its service area. Such service shall include 500 minutes per month of local usage, and are available at any time of the day or week, without incurring additional charges above the basic universal service plan cost. These rates are for a service period of one month, and are payable in advance:

Exchange:	(NPA/NNX):	Residential:
Adams	(580-253)	$16.56
Balko	(580-646)	$16.56
Beaver	(580-625)	$18.00
Boise City	(580-544)	$18.00
Bryan's Corner	(580-361)	$16.56
Eva	(580-545)	$18.00
Felt-Wheeless	(580-426)	$18.00
Floris	(580-259)	$16.56
Forgan	(580-487)	$16.56
Gate	(580-934)	$18.00
Goodwell	(580-349)	$19.45
Griggs	(580-543)	$18.00

Trent D. Boaldin
Epic Touch Co.
610 S. Cosmos Street
Elkhart, KS 67950-1260

SECTION 4 – EPIC TOUCH RESALE USF SERVICE (cont'd)

5.1 Lifeline Service (cont'd)

5.1.5 Monthly Lifeline Service Rates (cont'd)

B. Lifeline Resale USF Service (cont'd)

Exchange:	(NPA/NNX):	Residential: *
Guymon	(580-338; 580-468)	$19.45
Hardesty	(580-888)	$16.56
Kenton	(580-261)	$18.00
Keyes	(580-546)	$18.00
Laverne	(580-921)	$18.00
Logan	(580-837)	$18.00
Texhoma	(580-423)	$18.00
Turpin	(580-778)	$19.45
Tyrone	(580-854)	$16.56

Trent D. Boaldin
Epic Touch Co.
610 S. Cosmos Street
Elkhart, KS 67950-1260

(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	439011
<015>	Study Area Name	EPIC TCOM CO.
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Becky Scott
<035>	Contact Telephone Number - Number of person identified in data line <030>	620-697-2111
<039>	Contact Email Address - Email Address of person Identified in data line <030>	bscott@elkhart.com

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

<2010> 2nd Year Certification {47 CFR § 54.313(b)(1)} ☐
<2011> 3rd Year Certification {47 CFR § 54.313(b)(2)} ☐

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

<2012> 2013 Frozen Support Certification ☐
<2013> 2014 Frozen Support Certification ☐
<2014> 2015 Frozen Support Certification ☐
<2015> 2016 and future Frozen Support Certification ☐

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

<2016> Certification Support Used to Build Broadband ☐

Connect America Phase II Reporting {47 CFR § 54.313(e)}

<2017> 3rd year Broadband Service Certification ☐
<2018> 5th year Broadband Service Certification ☐
<2019> Interim Progress Certification ☐
<2020> Please check the box to confirm that the attached PDF , on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. ☐
<2021> Interim Progress Community Anchor Institutions — Name of Attached Document Listing Required Information _____

[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	439011
<015>	Study Area Name	CPTC TOUCH CO.
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Becky Scott
<035>	Contact Telephone Number - Number of person identified in data line <030>	620-[illegible]-2111
<039>	Contact Email Address - Email Address of person identified in data line <030>	bscott@elkhart.com

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

Progress Report on 5 Year Plan

(3010)	Milestone Certification (47 CFR § 54.313(f)(1)(i)) Please check this box to confirm that the attached PDF, on line 3012,	Name of Attached Document Listing Required Information	☐
(3011)	contains the required information pursuant to § 54.313 (f)(1)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.		
(3012)	Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))	Name of Attached Document Listing Required Information	
(3013)	Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))		☐ (Yes/No)
(3014)	If yes, does your company file the RUS annual report		☐ (Yes/No)
	Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:		
(3015)	Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)		☐
(3016)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		☐
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	Name of Attached Document Listing Required Information	
(3018)	If the response is no on line 3014, is your company audited?		☐ (Yes/No)
	If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains :		
(3019)	Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications		☐
(3020)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		☐
(3021)	Management letter issued by the independent certified public accountant that performed the company's financial audit.		☐
	If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:		
(3022)	Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,		☐
(3023)	Underlying information subjected to a review by an independent certified public accountant		☐
(3024)	Underlying information subjected to an officer certification.		☐
(3025)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		☐
(3026)	Attach the worksheet listing required information	Name of Attached Document Listing Required Information	

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	439011
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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: EPIC TOUCH CO.

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

Printed name of Authorized Officer: Bob Boaldin

Title or position of Authorized Officer: President

Telephone number of Authorized Officer: 620-697-2111

Study Area Code of Reporting Carrier: 439011 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	439011
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<030>	Contact Name - Person USAC should contact regarding this data	Becky Scott
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<039>	Contact Email Address - Email Address of person identified in data line <030>	bscott@elkhart.com

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

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

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

Name of Authorized Agent:

Name of Reporting Carrier:

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	439011
<015>	Study Area Name	EPIC TOUCH CO.
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Becky Scott
<035>	Contact Telephone Number - Number of person identified in data line <030>	620-697-2111
<039>	Contact Email Address - Email Address of person identified in data line <030>	bscott@elkhart.com

<810>	Reporting Carrier	Epic Touch
<811>	Holding Company	Epic Touch Co., Inc.
<812>	Operating Company	

<813>

<a1> Affiliates	<a2> SAC	<a3> Doing Business As Company or Brand Designation
Elkhart Telephone Co., Inc.	411764	
Epic Touch	419009	EPIC PCS

AFFIDAVIT CERTIFYING COMPLIANCE WITH §54.313(a)(5) AND §54.313(a)(6)

Epic Touch Co. hereby certifies to the pursuant to the requirements under 47 C.F.R. §54.313(a)(5) and §54.313(a)(6) that:

1) Epic Touch Co. has established operating procedures designed to facilitate compliance with applicable service quality standards, CTIA Code, and consumer protection rules.

2) Epic Touch Co. has established operating procedures designed to facilitate compliance with service quality standards which may include customer remedies and improvement plans.

3) Epic Touch Co. Inc. is able to remain functional in emergency situations as set forth in §54.202(a)(2), Specifically, the reporting carrier has a reasonable amount of back-up power to ensure functionality without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations. and

I certify under penalty of perjury under the laws of the State of Kansas

Bob Boaldin

DATED this 9th day of October, 20~~12~~ 13

Bob Boaldin
Epic Touch Co.
PO Box 1260
Elkhart, KS 67950

SUBSCRIBED AND SWORN to before me this 9 day of October, 20~~12~~ 13

CONNIE BARNETT
NOTARY PUBLIC
STATE OF KANSAS
My Appt Exp.: 9-25-17

Connie Barnett
Notary Public

My Commission Expires: 9-25-17

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	419009
<015>	Study Area Name	EPIC TOUCH COMPANY
<020>	Program Year	2014
<030>	Contact Name: Person USAC should contact with questions about this data	Becky Scott
<035>	Contact Telephone Number: Number of the person identified in data line <030>	620-697-2111
<039>	Contact Email Address: Email of the person identified in data line <030>	bscott@elkhart.com

ANNUAL REPORTING FOR ALL CARRIERS

			54.313 Completion Required	54.422 Completion Required
			(check box when complete)	
<100>	Service Quality Improvement Reporting	(complete attached worksheet)		
<200>	Outage Reporting (voice)	(complete attached worksheet)	✓	✓
<210>	✓ <-- check box if no outages to report			
<300>	Unfulfilled Service Requests (voice)	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>	419009k#510	(attached descriptive document)	✓	✓
<600>	Functionality in Emergency Situations	(check to indicate certification)	✓	✓
<610>	419009k#610	(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	413003
<015>	Study Area Name	EPIC TOUCH COMPANY
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Becky Scott
<035>	Contact Telephone Number - Number of person identified in data line <030>	620-697-2111
<039>	Contact Email Address - Email Address of person identified in data line <030>	bscott@elkhart.com

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

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

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

Name of Attached Document (.pdf)

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

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

(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	419009
<015>	Study Area Name	EPIC TOUCH COMPANY
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Becky Scott
<035>	Contact Telephone Number - Number of person identified in data line <030>	620-697-2111
<039>	Contact Email Address - Email Address of person identified in data line <030>	bscott@elkhart.com

<220>

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

-- See attached worksheet --

(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	415069
<015>	Study Area Name	EPIC TOUCH COMPANY
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Becky Scott
<035>	Contact Telephone Number - Number of person identified in data line <030>	620-697-2111
<039>	Contact Email Address - Email Address of person identified in data line <030>	bscott@elkhart.com

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

<703>

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

(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	419309
<015>	Study Area Name	EPIC TOUCH COMPANY
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Becky Scott
<035>	Contact Telephone Number - Number of person identified in data line <030>	620-597-2111
<039>	Contact Email Address - Email Address of person identified in data line <030>	bscott@elkhart.com

<711>

<a1> State	<a2> Exchange (ILEC)	<b1> Residential Rate	<b2> State Regulated Fees	<c> Total Rate and Fees	<d1> Broadband Service - Download Speed (Mbps)	<d2> Broadband Service - Upload Speed (Mbps)	<d3> Usage Allowance (GB)	<d4> Usage Allowance Action Taken When Limit Reached (*select*)
		-- 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	419009
<015>	Study Area Name	EPIC TOUCH COMPANY
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Becky Scott
<035>	Contact Telephone Number - Number of person identified in data line <030>	620-697-2111
<039>	Contact Email Address - Email Address of person identified in data line <030>	bscott@elkhart.com

<810>	Reporting Carrier	Epic Touch
<811>	Holding Company	Epic Touch Company, Inc.
<812>	Operating Company	

<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	419009
<015>	Study Area Name	EPIC TOUCH COMPANY
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Becky Scott
<035>	Contact Telephone Number - Number of person identified in data line <030>	870-697-2111
<039>	Contact Email Address - Email Address of person identified in data line <030>	bscott@elkhart.com

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

<920> Tribal Government Engagement Obligation

Name of Attached Document (.pdf)

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

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

(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	415409
<015>	Study Area Name	EPIC TOUCH COMPANY
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Becky Scott
<035>	Contact Telephone Number - Number of person identified in data line <030>	620-697-2111
<039>	Contact Email Address - Email Address of person identified in data line <030>	bscott@elkhart.com

<1120> Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G) ☐

<1130> Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G) ☐

(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	419009
<015>	Study Area Name	EPIC TOUCH COMPANY
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Becky Scott
<035>	Contact Telephone Number - Number of person identified in data line <030>	620-697-2111
<039>	Contact Email Address - Email Address of person identified in data line <030>	bscott@elkhart.com

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of attached document (.pdf)

<1220> Link to Public Website HTTP http://www.epicpcs.com/general_info.htm

"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	413003
<015>	Study Area Name	EPIC TOUCH COMPANY
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Becky Scott
<035>	Contact Telephone Number - Number of person identified in data line <030>	620-627-2111
<039>	Contact Email Address - Email Address of person identified in data line <030>	bscott@elkhart.com

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

<2010> 2nd Year Certification (47 CFR § 54.313(b)(1)) ☐
<2011> 3rd Year Certification (47 CFR § 54.313(b)(2)) ☐

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

<2012> 2013 Frozen Support Certification ☐
<2013> 2014 Frozen Support Certification ☐
<2014> 2015 Frozen Support Certification ☐
<2015> 2016 and future Frozen Support Certification ☐

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

<2016> Certification Support Used to Build Broadband ☐

Connect America Phase II Reporting (47 CFR § 54.313(e))

<2017> 3rd year Broadband Service Certification ☐
<2018> 5th year Broadband Service Certification ☐
<2019> Interim Progress Certification ☐
<2020> Please check the box to confirm that the attached PDF, on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. ☐
<2021> Interim Progress Community Anchor Institutions — Name of Attached Document Listing Required Information _____

(3000) Rate Of Return Carrier Additional Documentation
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/0148 Control No. 3060-0819
July 2013

<010>	Study Area Code	415999
<015>	Study Area Name	EPIC TOUCH COMPANY
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Becky Scott
<035>	Contact Telephone Number - Number of person identified in data line <030>	620-697-2111
<039>	Contact Email Address - Email Address of person identified in data line <030>	bscott@elkhart.com

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

Progress Report on 5 Year Plan

(3010)	Milestone Certification (47 CFR § 54.313(f)(1)(i)) Please check this box to confirm that the attached PDF , on line 3012,	Name of Attached Document Listing Required Information	☐
(3011)	contains the required information pursuant to § 54.313 (f)(1)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.		
(3012)	Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))	Name of Attached Document Listing Required Information	
(3013)	Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))		☐ (Yes/No)
(3014)	If yes, does your company file the RUS annual report		☐ (Yes/No)
	Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:		
(3015)	Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)		☐
(3016)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		☐
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	Name of Attached Document Listing Required Information	
(3018)	If the response is no on line 3014, is your company audited?		☐ (Yes/No)
	If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains :		
(3019)	Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications		☐
(3020)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		☐
(3021)	Management letter issued by the independent certified public accountant that performed the company's financial audit.		☐
	If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:		
(3022)	Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,		☐
(3023)	Underlying information subjected to a review by an independent certified public accountant		☐
(3024)	Underlying information subjected to an officer certification.		☐
(3025)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		☐
(3026)	Attach the worksheet listing required information	Name of Attached Document Listing Required Information	

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	419009
<015>	Study Area Name	EPIC TOUCH COMPANY
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Becky Scott
<035>	Contact Telephone Number - Number of person identified in data line <030>	620-697-2111
<039>	Contact Email Address - Email Address of person identified in data line <030>	bscott@elkhart.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.

Name of Reporting Carrier: EPIC TOUCH COMPANY

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

Printed name of Authorized Officer: Bob Boaldin

Title or position of Authorized Officer: President

Telephone number of Authorized Officer: 620-697-2111

Study Area Code of Reporting Carrier: 419009 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	419009
<015>	Study Area Name	EPIC TOUCH COMPANY
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Becky Scott
<035>	Contact Telephone Number - Number of person identified in data line <030>	620-697-2111
<039>	Contact Email Address - Email Address of person identified in data line <030>	bscott@elkhart.com

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

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

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

Name of Authorized Agent:

Name of Reporting Carrier:

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	419009
<015>	Study Area Name	EPIC TOUCH COMPANY
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Becky Scott
<035>	Contact Telephone Number - Number of person identified in data line <030>	620-697-2111
<039>	Contact Email Address - Email Address of person identified in data line <030>	bscott@elkhart.com

<810>	Reporting Carrier	Epic Touch
<811>	Holding Company	Epic Touch Company, Inc.
<812>	Operating Company	

<813>

<a1> Affiliates	<a2> SAC	<a3> Doing Business As Company or Brand Designation
Elkhart Telephone	411764	
Epic Touch	435011	EPIC PCS

AFFIDAVIT CERTIFYING COMPLIANCE WITH §54.313(a)(5) AND §54.313(a)(6)

Epic Touch Co. hereby certifies to the pursuant to the requirements under 47 C.F.R. §54.313(a)(5) and §54.313(a)(6) that:

1) Epic Touch Co. has established operating procedures designed to facilitate compliance with applicable service quality standards, CTIA Code, and consumer protection rules.

2) Epic Touch Co. has established operating procedures designed to facilitate compliance with service quality standards which may include customer remedies and improvement plans.

3) Epic Touch Co. Inc. is able to remain functional in emergency situations as set forth in §54.202(a)(2), Specifically, the reporting carrier has a reasonable amount of back-up power to ensure functionality without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations. and

I certify under penalty of perjury under the laws of the State of Kansas

Bob Boaldin DATED this 9th day of October, 2013

Bob Boaldin
Epic Touch Co.
PO Box 1260
Elkhart, KS 67950

SUBSCRIBED AND SWORN to before me this 9 day of October, 2013

CONNIE BARNETT
NOTARY PUBLIC
STATE OF KANSAS
My Appt Exp.: 9-25-17

Connie Barnett
Notary Public

My Commission Expires: 9-25-17