**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 | 330937 |
| <015> | Study Area Name | PRICE COUNTY TEL CO |
| <020> | Program Year | 2014 |
| <030> | Contact Name: Person USAC should contact with questions about this data | Catherine M. Mess |
| <035> | Contact Telephone Number: Number of the person identified in data line <030> | (715) 339-2151 |
| <039> | Contact Email Address: Email of the person identified in data line <030> | messc@pctcnet.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 | 0.0 | | |
| <450> | Mobile | 0.0 | | |
| <500> | Service Quality Standards & Consumer Protection Rules Compliance | (check to indicate certification) | ✔ | ✔ |
| <510> | 330937wi510 | (attached descriptive document) | ✔ | ✔ |
| <600> | Functionality in Emergency Situations | (check to indicate certification) | ✔ | ✔ |
| <610> | 330937wi610 | (attached descriptive document) | ✔ | ✔ |
| <700> | Company Price Offerings (voice) | (complete attached worksheet) | | |
| <710> | Company Price Offerings (broadband) | (complete attached worksheet) | | |
| <800> | Operating Companies and Affiliates | (complete attached worksheet) | ✔ | ✔ |
| <900> | Tribal Land Offerings (Y/N)? ○ ● | (if yes, complete attached worksheet) | | |
| <1000> | Voice Services Rate Comparability | (check to indicate certification) | | |
| <1010> | | (attach descriptive document) | | |
| <1100> | Terrestrial Backhaul (Y/N)? ● ○ | (if not, check to indicate certification) | | |
| <1110> | | (complete attached worksheet) | | |
| <1200> | Terms and Condition for Lifeline Customers | (complete attached worksheet) | | ✔ |

**Price Cap Carriers, Proceed to <u>Price Cap Additional Documentation Worksheet</u>**

*Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers*

| | | | | |
|---|---|---|---|---|
| <2000> | | (check to indicate certification) | | |
| <2005> | | (complete attached worksheet) | | |

**Rate of Return Carriers, Proceed to <u>ROR Additional Documentation Worksheet</u>**

| | | | | |
|---|---|---|---|---|
| <3000> | | (check to indicate certification) | ✔ | |
| <3005> | | (complete attached worksheet) | ✔ | |

**(100) Service Quality Improvement Reporting**
**Data Collection Form**

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

| | | |
|---|---|---|
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| <030> | Contact Name - Person USAC should contact regarding this data | Catherine M. Mess |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | (715) 339-2151 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | messc@pctcnet.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

| | | |
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| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Catherine M. Mess |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | (715) 339-2151 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | messc@pctcnet.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 |
|---|---|---|---|---|---|---|---|---|---|---|---|
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-- 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 | 330937 |
| <015> | Study Area Name | PRICE COUNTY TEL CO |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Catherine M. Mess |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | (715) 339-2151 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | messc@pctcnet.net |

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

<703>

| <a1> | <a2> | <a3> | <b1> | <b2> | <b3> | <b4> | <b5> | <c> |
|---|---|---|---|---|---|---|---|---|
| **State** | **Exchange (ILEC)** | **SAC (CETC)** | **Rate Type** | **Residential Local Service Rate** | **State Subscriber Line Charge** | **State Universal Service Fee** | **Mandatory Extended Area Service Charge** | **Total per line Rates and Fees** |
| | | | | | | | | |
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**(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 | 330937 |
| <015> | Study Area Name | PRICE COUNTY TEL CO |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Catherine M. Mess |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | (715) 339-2151 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | messc@pctcnet.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*}** |
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| | | -- See attached worksheet -- | | | | | | |
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**(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 | 330937 |
| <015> | Study Area Name | PRICE COUNTY TEL CO |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Catherine M. Mess |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | (715) 339-2151 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | messc@pctcnet.net |

| | | |
|---|---|---|
| <810> | Reporting Carrier | Price County Telephone Company |
| <811> | Holding Company | Price County Telephone Company |
| <812> | Operating Company | Price County Telephone Company |

**<813>**

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

-- See attached worksheet --

| **(900) Tribal Lands Reporting Data Collection Form** | FCC Form 481<br>OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2013 |
|---|---|

| | | |
|---|---|---|
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| <015> | Study Area Name | PRICE COUNTY TEL CO |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Catherine M. Mess |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | (715) 339-2151 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | messc@pctcnet.net |

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

<920> Tribal Government Engagement Obligation

Name of Attached Document (.pdf)

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

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

**(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 | 330937 |
| <015> | Study Area Name | PRICE COUNTY TEL CO |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Catherine M. Mess |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | (715) 339-2151 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | messc@pctcnet.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 | 330937 |
| <015> | Study Area Name | PRICE COUNTY TEL CO |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Catherine M. Mess |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | (715) 339-2151 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | messc@pctcnet.net |

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

330937wi1210

Name of attached document (.pdf)

<1220> Link to Public Website

HTTP _____

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

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

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

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

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

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July 2013

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| <030> | Contact Name - Person USAC should contact regarding this data | Catherine M. Mess |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | (715) 339-2151 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | messc@pctcnet.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

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| <039> | Contact Email Address - Email Address of person identified in data line <030> | messc@pctcnet.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)}<br>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 | 330937wi3017 |
| (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<br>OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2013 |
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| <039> | Contact Email Address - Email Address of person identified in data line <030> | messc@pctcnet.net |

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

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

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

Name of Reporting Carrier:

Signature of Authorized Officer: Date

Printed name of Authorized Officer:

Title or position of Authorized Officer:

Telephone number of Authorized Officer:

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

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

| **Certification - Agent / Carrier Data Collection Form** | FCC Form 481<br>OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2013 |
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| <039> | Contact Email Address - Email Address of person identified in data line <030> | messc@pctcnet.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)** Kiesling Associates LLP **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: | Kiesling Associates LLP | | |
| Name of Reporting Carrier: | PRICE COUNTY TEL CO | | |
| Signature of Authorized Officer: | CERTIFIED ONLINE | Date: | 10/02/2013 |
| Printed name of Authorized Officer: | Catherine Mess | | |
| Title or position of Authorized Officer: | President | | |
| Telephone number of Authorized Officer: | (715) 339-2151 | | |
| Study Area Code of Reporting Carrier: | 330937 | 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: | PRICE COUNTY TEL CO | | |
| Name of Authorized Agent or Employee of Agent: | Kiesling Associates LLP | | |
| Signature of Authorized Agent or Employee of Agent: | CERTIFIED ONLINE | Date: | 10/02/2013 |
| Printed name of Authorized Agent or Employee of Agent: | Kiesling Associates LLP | | |
| Title or position of Authorized Agent or Employee of Agent | Regulatory Consultant | | |
| Telephone number of Authorized Agent or Employee of Agent: | 6086649110 | | |
| Study Area Code of Reporting Carrier: | 330937 | Filing Due Date for this form: | 10/15/2013 |

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

Attachments

**(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 | 330937 |
| <015> | Study Area Name | PRICE COUNTY TEL CO |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Catherine M. Mess |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | (715) 339-2151 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | messc@pctcnet.net |

| | | |
|---|---|---|
| <810> | Reporting Carrier | Price County Telephone Company |
| <811> | Holding Company | Price County Telephone Company |
| <812> | Operating Company | Price County Telephone Company |

<813>

| <a1> | <a2> | <a3> |
|---|---|---|
| **Affiliates** | **SAC** | **Doing Business As Company or Brand Designation** |
| Price County Information Systems, LLC | | Price County TelCom |

**FCC Form 481 – Line 510 Service Quality Certification Description**

**SAC:** **330937**
**State:** **WI**
**Name:** **Price County Telephone Company**
**Submission:** **10/15/2013**

47 CFR §54.313(a)(5) requires an ETC to certify that it complies with applicable service quality standards and consumer protection rules.

Price County Telephone Company complies with applicable service quality standards for telecommunications providers in the Wisconsin State Statutes *(§§100.207 and .208)* regulating, advertising, sales and collections practices, and as applicable, those of the Public Service Commission of Wisconsin in the Wisconsin Administrative Code *(Ch. PSC 165)*, regarding Standards for Telecommunications Service.

Price County Telephone Company complies with consumer protection requirements including those found in federal Customer Proprietary Network Information *(CPNI; WC Docket No. 04-36)*, those of the Wisconsin Department of Agriculture, Trade and Consumer Protection (*Ch. ATC 123)* covering appropriate subscription and billing practices and *(Ch. ATC 127)* covering appropriate direct marketing practices.

Price County Telephone Company certifies it has complied with these requirements and will continue to comply with these requirements.

**FCC Form 481 – Line 610 Ability To Remain Functional In An Emergency Description**

**SAC:** **330937**
**State:** **WI**
**Name:** **Price County Telephone Company**
**Submission:** **10/15/2013**

47 CFR §54.313(a)(6) requires an ETC to certify that it is able to function in emergency situation as set forth in 47 CFR §54.202 (a)(2).

Price County Telephone Company complies with relevant sections of the Wisconsin Administrative Code, Standards for Telecommunications Service (*Ch. PSC 165.065(1), and (2)*) requiring that it make reasonable provision to meet emergencies resulting from national security requirements, failures of lighting or power service, sudden and prolonged increases in traffic, illness of personnel, or from fire, storm, or similar emergencies.

The company has maintained reasonably adequate provisions for emergency power in response to emergency situations, and performed weekly tests of its back-up power capabilities.

Price County Telephone Company certifies it has complied with, and will continue to comply with applicable requirements regarding its ability to remain functional in an emergency situation as set forth in 47 CFR §54.202 (a)(2).

**FCC Form 481 – Line 1210 Lifeline Service Terms & Conditions**

**SAC:** **330937**
**State:** **WI**
**Name:** **Price County Telephone Company**
**Submission:** **10/15/2013**

Price County Telephone Company offers Lifeline service to qualifying subscribers.

- Qualifying subscribers receive Lifeline credits totaling $10.00 ($9.25 via the federal Low Income program, plus $0.75 via the Wisconsin Universal Service Fund) against the regular $10.50 (Phillips and Soo Lake exchanges) or $10.85 (Prentice exchange) monthly rate for residential local telephone service. This benefit is limited to one per qualifying household, and for service received from a single provider.

- Number of Local Minutes Provided: Unlimited local calling.

- Additional Charges for Toll Calls: Toll calls are billed at carriers' standard rates.

Lifeline eligibility requires that income be no higher than 135% of the federal Poverty Guideline level, and/or participation in at one of the following programs, verified at least once each year:

- Wisconsin Works (W2)
- Medical Assistance (MA)/Badger Care/Medicaid
- Supplemental Security Income (SSI)
- Food Stamps (SNAP)
- Low Income Home Energy Assistance Program (LIHEAP)
- Wisconsin Homestead Tax Credit (Schedule H)
- Temporary Assistance for Needy Families (TANF)
- Federal Public Housing Assistance (FPHA)/Section 8
- National School Lunch – Free Lunch Program
- Head Start (if income eligibility criteria are met)

Price County Telephone Company's local tariff Terms and Conditions for Lifeline Service are attached.

# EXCHANGE ACCESS SERVICES

## LIFELINE SERVICE

### A. DESCRIPTION

1. Lifeline Service is a residence service offering that provides a discounted monthly rate to Customers who qualify for low income assistance programs as defined in s. PSC 160.02(8), Wis Adm. Code.

2. Lifeline Service provides a monthly discount to eligible residence Customers that have a network access line (including Extended Area Service), touch-tone service, 911 Service (billed on the Customer's telephone bill), and the End User Common Line Charge (EUCL). If the Customer has measured service, 120 local calls are provided. Extended Community Calling (ECC) Service is not included in Lifeline Service.

3. Lifeline Service monthly rates for residence Customers are established according to s. PSC 160.062(1), (2) and (3), Wis Adm. Code.

### B. REGULATIONS

1. Lifeline Service is only available for residence Customers with a single line network access line.

2. Lifeline Service is not available to Customers who are dependents for federal income tax purposes as defined in 26 USC 152 (1986), unless the Customer is more than 60 years old.

3. Lifeline Service Customers must complete and remit any required query authorization forms requested by the Company or forfeit eligibility for Lifeline Service.

## EXCHANGE ACCESS SERVICES

### LIFELINE SERVICE (Cont'd)

### B. REGULATIONS (Cont'd)

4. Eligibility for Lifeline Service must be verified by the Company by finding the Social Security Number and name of the listed Customer in active records of the Department of Workforce Development or the Wisconsin Department of Revenue.

5. Reconfirmation of Eligibility for Lifeline Service

   a. Reconfirmation of eligibility for Lifeline Service will be done at least once each year.

   b. If a Customer cannot reconfirm eligibility for Lifeline Service, eligibility will continue until the next bill date following failure to meet the eligibility requirements.

   c. When the Low Income Household Energy Assistance Program is one of the Customer's qualifying low income assistance programs, the eligibility for Lifeline Service shall continue until the bill date in the next December following the close of the heating season. At that time, if eligibility cannot be re-verified by the Company, Lifeline Service will be removed from the Customers bill.

   d. When the Wisconsin Homestead Tax Credit is one of the Customer's qualifying low income assistance programs, the eligibility for Lifeline Service shall continue until the bill date in the next June following the end of the tax year. At that time, if eligibility cannot be re-verified by the Company, Lifeline Service will be removed from the Customers bill.

## EXCHANGE ACCESS SERVICES

### LIFELINE SERVICE (Cont'd)

B. REGULATIONS (Cont'd)

6. Lifeline Service will appear as a credit or rate reduction on the Customer's bill on the next bill date following the date the Customer applied for Lifeline Service. When the Customer's eligibility precedes the previous bill, credit will also be given on one month's prior bill.

7. The obligation to file this tariff and the charges and conditions under which the Lifeline Service waiver described herein are provided, are to be the subject of a request to the Public Service Commission of Wisconsin for a declamatory ruling on the application and validity of several provisions of Wis. Adm. Code Ch. PSC 160. The Company reserves the right:

   (i) to modify this tariff,

   (ii) to discontinue or modify the conditions under which the service described herein are provided; and

   (iii) to modify the charges for the service described herein, effective as of the date such service is provided

   based on a declamatory ruling by the Public Service Commission of Wisconsin or any decision by court of appropriate jurisdiction reviewing the Commission's declamatory ruling or the validity and application of Wis. Adm. code Ch. PSC 160.

## EXCHANGE ACCESS SERVICES

LIFELINE SERVICE (Cont'd)

B. REGULATIONS (Cont'd)

8. A Lifeline Service Customer cannot be disconnected for the non-payment of toll charges. (T)

9. If Call Blocking Service is available and the Customer has elected Call Blocking Service, a Service Deposit cannot be collected to establish Lifeline Service. If Call Blocking Service is not available, the Company may require a Service Deposit to establish Lifeline Service.

## EXCHANGE ACCESS SERVICES

LIFELINE SERVICE (Cont'd)

C. RATES AND CHARGES (N)

The applicable monthly rate for Lifeline Service is determined by the sum of the rates for the services specified in 1. following and applying a credit based on the sum of the credits as specified in 2. following.

1. Lifeline Service

Residence Network Access Line (including EAS) at the rate specified elsewhere in this tariff.

Touch Calling Service (if applicable) at the rate specified elsewhere in this tariff.

911 Service (if billed on the Customer's telephone number).

End User Common Line (EUCL) Charge.

2. Lifeline Service Credits

End User Common Line (EUCL) Charge as specified in the NECA Tariff.

Federal Lifeline support credit as specified by the Federal Communications Commission (FCC) for Universal Service Support for Low-Income Consumers.

3. Lifeline Service Monthly Credit (N)

The Lifeline Service monthly credit is $10.00. (D)

(D)

**REDACTED – FOR PUBLIC INSPECTION**

**PRICE COUNTY TELEPHONE COMOPANY (SAC 330937)**

**ATTACHMENT – LINE 3017**

**ATTACHMENT REDACTED IN ENTIRETY**