MUTUAL
Telephone Company
339 1st Avenue NE, PO Box 200, Sioux Center, Iowa 51250

Telephone: 712-722-3451
800-741-8351
Fax: 712-722-1113

Received & Inspected DOCKET FILE COPY ORIGINAL
OCT 22 2013
FCC Mail Room

Subsidiaries: Northern Iowa Telephone Company, Premier Communications, Webb-Dickens Telephone Corporation

October 14, 2013

Office of the Secretary
Federal Communications Commission
9300 East Hampton Drive
Capitol Heights, MD 20743

RE: *In the Matter of Connect America Fund, A National Broadband Plan for Our Future, Establishing Just and Reasonable Rates for Local Exchange Carriers, High-Cost Universal Service Support, Developing a Unified Intercarrier Compensation Regime, Federal-State Joint Board on Universal Service, Lifeline and Link-Up, Universal Service Reform – Mobility Fund,* WC Docket No. 10-90, GN Docket No. 09-51, WC Docket No. 07-135, WC Docket No. 05-337, CC Docket No. 01-92, CC Docket No. 96-45, WC Docket No. 03-109, WT Docket No. 10-208, Order, 27 FCC Rcd 605 (2012).

REDACTED – FOR PUBLIC INSPECTION

With this letter we file Mutual Telephone Company (351252) FCC Form 481, which is due to the Commission on or before October 15, 2013. It is filed subject to the Commission's Protective Order released November 16, 2012 (DA 12-1857). Pursuant to this Order, we have attached one copy of each Stamped Confidential Document, two copies of the Redacted Confidential Document in redacted form and an accompanying cover letter; and have separately submitted two copies of each Stamped Confidential Document and the accompanying cover letter to Charles Tyler.

Pursuant to this Protective Order, Mutual Telephone Company requests the Commission limit access to the information filed pursuant to section 54.313(f)(2) of the Commission's regulations, 47 C.F.R. § 54.313(f)(2).

Each page of the Stamped Confidential Document version bears the legend "CONFIDENTIAL FINANCIAL INFORMATION – SUBJECT TO PROTECTIVE ORDER IN WC DOCKET NOS. 10-90, 07-135, 05-337, 03-109, CC DOCKET NOS. 01-92, 96-45, GN DOCKET NO. 09-51, WT DOCKET NO. 10-208, BEFORE THE FEDERAL COMMUNICATIONS COMMISSION,"

Each page of the Redacted Confidential Document and the accompanying cover letter bear the legend "REDACTED – FOR PUBLIC INSPECTION."

Please call me at 712-722-3451 if you have any questions concerning this filing.

Sincerely,

Ryan A. Boone
Regulatory Manager
Mutual Telephone Company

"Not Just Your Local Telephone Company"

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

REDACTED FOR PUBLIC INSPECTION

FCC Form 481 - Carrier Annual Reporting Data Collection Form

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

<010>	Study Area Code	351252
<015>	Study Area Name	MUTUAL TEL CO
<020>	Program Year	2014
<030>	Contact Name: Person USAC should contact with questions about this data	Ryan Boone
<035>	Contact Telephone Number: Number of the person identified in data line <030>	712-722-3451
<039>	Contact Email Address: Email of the person identified in data line <030>	rboone@mypremieronline.com

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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			
<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>	351252IA510	(attached descriptive document)	✓	✓
<600>	Functionality in Emergency Situations	(check to indicate certification)	✓	✓
<610>	351252IA610	(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)	✓

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(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	351252
<015>	Study Area Name	MUTUAL TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Ryan Boone
<035>	Contact Telephone Number - Number of person identified in data line <030>	712-722-3451
<039>	Contact Email Address - Email Address of person identified in data line <030>	rboone@mypremieronline.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.	☐

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(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	351252
<015>	Study Area Name	MUTUAL TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Ryan Boone
<035>	Contact Telephone Number - Number of person identified in data line <030>	712-722-3451
<039>	Contact Email Address - Email Address of person identified in data line <030>	rboone@mypremieronline.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 --

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(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	351252
<015>	Study Area Name	MUTUAL TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Ryan Boone
<035>	Contact Telephone Number - Number of person identified in data line <030>	712-722-3451
<039>	Contact Email Address - Email Address of person identified in data line <030>	rboone@mypremieronline.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 --				

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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	351252
<015>	Study Area Name	MUTUAL TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Ryan Boone
<035>	Contact Telephone Number - Number of person identified in data line <030>	712-722-3451
<039>	Contact Email Address - Email Address of person identified in data line <030>	rboone@mypremieronline.com

<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 --

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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	351252
<015>	Study Area Name	MUTUAL TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Ryan Boone
<035>	Contact Telephone Number - Number of person identified in data line <030>	712-722-3451
<039>	Contact Email Address - Email Address of person identified in data line <030>	rboone@mypremieronline.com

<810>	Reporting Carrier	Mutual Telephone Company
<811>	Holding Company	Mutual Telephone Company
<812>	Operating Company	Mutual Telephone 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	351252
<015>	Study Area Name	MUTUAL TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Ryan Boone
<035>	Contact Telephone Number - Number of person identified in data line <030>	712-722-3451
<039>	Contact Email Address - Email Address of person identified in data line <030>	rboone@mypremieronline.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	351252
<015>	Study Area Name	MUTUAL TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Ryan Boone
<035>	Contact Telephone Number - Number of person identified in data line <030>	712-722-3451
<039>	Contact Email Address - Email Address of person identified in data line <030>	rboone@mypremieronline.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	351252
<015>	Study Area Name	MUTUAL TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Ryan Boone
<035>	Contact Telephone Number - Number of person identified in data line <030>	712-722-3451
<039>	Contact Email Address - Email Address of person identified in data line <030>	rboone@mypremieronline.com

<1210> Terms & Conditions of Voice Telephony Lifeline Plans — 351252IA1210

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. ☑

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(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	351252
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<039>	Contact Email Address - Email Address of person identified in data line <030>	rboone@mypremieronline.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 _____

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(5000) 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	351252
<015>	Study Area Name	MUTUAL TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Ryan Boone
<035>	Contact Telephone Number - Number of person identified in data line <030>	712-722-3451
<039>	Contact Email Address - Email Address of person identified in data line <030>	rboone@mypremieronline.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	351252IA3026

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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	351252
<015>	Study Area Name	MUTUAL TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Ryan Boone
<035>	Contact Telephone Number - Number of person identified in data line <030>	712-722-3451
<039>	Contact Email Address - Email Address of person identified in data line <030>	rboone@mypremieronline.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: MUTUAL TEL CO

Signature of Authorized Officer: CERTIFIED ONLINE Date 10/13/2013

Printed name of Authorized Officer: Douglas Boone

Title or position of Authorized Officer: CEO

Telephone number of Authorized Officer: 712-722-3451

Study Area Code of Reporting Carrier: 351252 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.

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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	351252
<015>	Study Area Name	MUTUAL TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Ryan Boone
<035>	Contact Telephone Number - Number of person identified in data line <030>	712-722-3451
<039>	Contact Email Address - Email Address of person identified in data line <030>	rboone@mypremieronline.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.

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Attachments

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(800) Operating Companies
Data Collection Form

FCC Form 481
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<039>	Contact Email Address - Email Address of person identified in data line <030>	rboone@mypremieronline.com

<810>	Reporting Carrier	Mutual Telephone Company
<811>	Holding Company	Mutual Telephone Company
<812>	Operating Company	Mutual Telephone Company

<813>

<a1> Affiliates	<a2> SAC	<a3> Doing Business As Company or Brand Designation
Northern Iowa Telephone Company	351259	Premier Communications
Webb-Dickens Telephone Corporation	351327	Premier Communications
Premier Wireless, LLC	359114	Premier Communications
Premier Communications, Inc.	359125	Premier Communications
FiberComm, L.C.	359025	FiberComm
Premier Network Solutions, Inc.		Premier Network Solutions
FiberNet LLC		FiberNet LLC
MTC Holdings, Inc.		MTC Holdings, Inc.

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Line 510 – Description of Compliance with Service Quality Standards and Consumer Protection Rules:

Mutual Telephone Company ("Mutual") certifies that it has complied and will continue to comply with applicable state and FCC service quality and consumer protection standards. Specifically, Mutual certifies on an annual basis with the Iowa Utilities Board that it is complying with applicable service quality standards and consumer protection rules, on top of reporting local usage, answer time, retail locations, unfilled requests for service, complaints, and outages on its annual quality of service report. Mutual also monitors and reports similar service quality metrics in accordance with IAC §199-22.6. In addition, Mutual has implemented multiple consumer protection measures to protect the consumer against fraud and to protect customer information from improper use and disclosure. These measures include implementing both a Customer Proprietary Network Information policy that complies with FCC rules and regulations and a Red Flag policy that complies with FTC rules and regulations. Both policies require training for all employees which includes authenticating customers, identifying/protecting customer proprietary information, detecting & preventing identity theft, and reviewing Mutual's disciplinary process. Mutual has also appointed a Compliance Officer to oversee both policies and respond to any employee questions. Finally, Mutual restricts access to customer information to only those employees who need access to perform their job functions.

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Line 610 – Description of Functionality in Emergency Situations:

Mutual Telephone Company ("Mutual") certifies that it has followed and continues to follow industry best practices that are designed to allow Mutual to remain functional in emergency situations. These best practices include maintaining back-up power, utilizing redundancy within our network, and managing traffic capacity.

Back-Up Power:

Mutual maintains an 8 hour minimum battery back up at all central office and remote office locations. In addition to battery backup, each location has a permanent natural gas or propane generator which is designed to automatically turn on in the event of a power failure. Mutual also maintains a 6 hour minimum battery back up at all field terminal locations. In the event of a sustained power outage, Mutual has approximately 20 gas-powered, portable generators to power its field terminal locations. Finally, customer locations with ONT's and/or eMTA's are equipped with 8 hour battery backup. Mutual also takes proactive measures by conducting monthly testing on generators and performing real-time monitoring of commercial power & generator activity within all levels in its network.

Network Redundancy:

Mutual has utilized industry best practices to build redundancy into every facet of its network. Specifically, every central office and remote office location has redundant fiber routes into its premise. Mutual utilizes both a fully-redundant regional second-mile and state-wide middle-mile fiber transport ring with all traffic (voice & broadband) able to terminate to multiple locations within the state. Mutual also maintains redundancy in equipment that is designed to automatically "fail-over" in the event one piece of equipment fails, in addition to keeping spares on hand.

Managing Traffic Capacity:

Mutual's network is engineered to provide maximum capacity in order to handle excess traffic in the event of traffic spikes resulting from emergency situations. This includes maintaining network capacity that is typically not fully utilized under normal circumstances and employing industry best practices to manage traffic flow and capacity in times of unusual network use, such as emergency situations.

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Line 1210 – Terms & Conditions of Voice Telephony Lifeline Plans

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TF-2012-0118

SERVICE CHARGES

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B. LIFELINE ASSISTANCE

1. The Federal Lifeline Assistance Program is a plan which assists qualified low-income applicants with reductions in their monthly local exchange service rate. The assistance applies for a single telephone line at the applicant's principal place of residence. Qualified applicants shall have their monthly local exchange service rate reduced by the federal support amount defined in 47 CFR 54.403. (T)

2. Eligibility Requirements
To be eligible for assistance, an applicant must provide documentation showing the applicant (1) meets income-based criterion currently defined as at or below 135 percent of the Federal Poverty Guidelines, OR (2) participates in at least one of the following programs as defined by 47 CFR 54.409:

   a. Medicaid (e.g. Title XIX/Medical, state supplemental assistance)
   b. Supplemental Nutrition Assistance Program (SNAP)
   c. Supplemental Security Income (SSI)
   d. Federal public housing assistance
   e. Low-Income Home Energy Assistance Program (LHEAP)
   f. Temporary Assistance for Needy Families Program (TANF)
   g. National School Lunch Program

   The Lifeline customer is responsible for notifying the Company if the customer ceases to participate in any of the public assistance programs listed above.

   A Lifeline customer may only receive assistance from one wireline or one wireless telephone provider per household.

3. Application for Assistance
An applicant shall request telephone assistance through completion of a certification form provided by the Company as governed by 47 CFR 54.410.

4. Rates
   a. The Lifeline customer will receive a monthly credit toward their local exchange service rate. The total monthly credit identified in 47 CFR 54.403 shall be used to reduce the Lifeline customer's rate.

   b. Toll blocking shall be included with this service offering without charge. No service deposit would be required if applicant voluntarily elects toll blocking with the initiation of Lifeline Service.

LOCAL EXCHANGE SERVICE

A. GENERAL

Central Office Access Lines extend between the central office equipment of the Company and the demarcation point located on the premises of the customer. Rates for Central Office Access Lines are shown in paragraph B. below. The rates and charges contained herein are in addition to all other applicable rates and charges located in other parts of this tariff.

B. RATES

EXCHANGE NAME: Sioux Center

Includes Extended Area Service To: Orange City, Maurice and Hull

All applicable rates below apply.

	Monthly Rate
1. CENTRAL OFFICE ACCESS LINE	
a. WITHIN THE BASE RATE AREA	
BUSINESS SERVICE	
Individual Line	*
Key System Line	*
PBX Trunk Line	*
RESIDENCE SERVICE	
Individual Line	*
2. PAY TELEPHONE SERVICE	
a. PAY CENTRAL OFFICE ACCESS LINE	*

* - Rates are available to customers at the Company's office, website or by mail.

ISSUED: March 2, 2006 (Date) EFFECTIVE: April 2, 2006 (Date)

BY: Douglas Boone (Name) CEO (Title) Sioux Center, Iowa 51250-0200 (Address)

Low-Income Telephone Assistance Program

Lifeline

Lifeline is a plan that assists qualified low-income Iowans by providing a monthly reduction of $9.25 on their local telephone bill.

You may only receive low-income assistance from one wireline or wireless telephone provider per household.*

NOTE:
A "Household" is defined as any individual or group of individuals who are living together at the same address as one economic unit. An "economic unit" consists of all adult individuals contributing to and sharing in the income and expenses of a household.

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Eligibility Requirements

To be eligible for Lifeline assistance, you must meet income-based criterion currently defined as at or below 135 % of the Federal Poverty Guidelines (see table inside) **OR** participate in at least one of the following programs:

- Medicaid
- Supplemental Nutrition Assistance Program (SNAP)
- Supplemental Security Income (SSI)
- Federal Public Housing Assistance
- Low-Income Home Energy Assistance Program (LIHEAP)
- Temporary Assistance to Needy Families Program (TANF)
- National School Lunch Program (NSL)

In addition, you must not currently be receiving Lifeline assistance, and no other person in your household can be subscribed to the Lifeline program.

To Apply for Lifeline:

1. Complete the certification form attached to this brochure, (please include any supporting documents) and submit it to Premier Communication's business office This address can be found in your local telephone directory.

2. Re-certification forms are mailed to all subscribers every year. When you receive a re-certification form, complete and return it to Premier Communications within 30 days. Premier Communications will suspend your eligibility for low-income assistance if you do not return the re-certification form.

Federal Government Lifeline Program for Low-Income Telephone Assistance

Revised: January 2013

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Courtesy of:

Iowa Telecommunications Association,
Iowa Utilities Board,
Rural Iowa Independent Telephone Association, and
Premier Communications

135 percent of federal poverty guidelines

(As of Jan. 2013)

Number of people living in home	Household Income (at or below)
1	$15,512
2	$20,939
3	$26,366
4	$31,793
5	$37,220
6	$42,647
7	$48,074
8	$53,501
* For each additional person	Add $5,427

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Application Checklist

Please provide the following information:

1. A signed and completed Lifeline assistance certification form.

2. A copy of one of the following if applying based on the size and income level of a customer's household:

- Last year's federal or state income tax return
- Current annual income statement from employer
- Paycheck stubs for most recent three consecutive months
- Social Security statement of benefits
- Veteran's Administration statement of benefits
- Retirement or pension statement of benefits
- Unemployment or worker's compensation statement of benefits
- Letter of participation in general assistance
- Divorce decree or child support documentation

3. Supporting documentation of program-based eligibility if applying based on participation in any programs listed on the back of this brochure.

Acceptable documentation of program eligibility includes the current or prior year's statement of benefits from a qualifying assistance program, a notice, letter or documents of participation in a qualifying assistance program, or another official document demonstrating that you, or one or more of your dependents, or your household receives benefits from a qualifying assistance program. **These documents will not be kept or stored by Premier Communications.**

For questions, please call Premier Communications.

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LINE 3026 – RATE OF RETURN CARRIER ADDITIONAL DOCUMENTATION

ATTACHMENT REDACTED IN ENTIRETY