



Your business is our business.

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REDACTED - FOR PUBLIC INSPECTION

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ACCEPTED/FILED

October 10, 2013

OCT 24 2013

By Hand Delivery

Federal Communications Commission
Office of the Secretary

Marlene H. Dortch, Secretary
Federal Communications Commission
Office of the Secretary
445 12th Street, SW
Washington, DC 20554

**Re: WC Docket No. 10-90, WC Docket No. 11-42
2013 ETC Annual Report of East Ascension Telephone Company LLC
Study Area Code 270429**

Dear Ms. Dortch:

On behalf of East Ascension Telephone Company LLC "East Ascension", JSI files the attached confidential and redacted versions of the FCC Form 481 ETC annual reporting information pursuant to sections 54.313 and 54.422 of the Commission's rules.¹ East Ascension seeks confidential treatment under Protective Order for section 54.313(f)(2) financial information.² The redacted version is also being filed this date via the FCC's Electronic Comment Filing System.

Please direct any questions regarding the filing to the undersigned.

Sincerely,

John Kuykendall
JSI Vice President
301-459-7590
jkuykendall@jsitel.com

cc: Charles Tyler, Telecommunications Access Policy Division (two copies, confidential)

No. of Copies rec'd 0 + 3
List ABCDE

¹ 47 C.F.R. §§ 54.313, 54.422.

² *Connect America Fund et al.*, WC Docket No. 10-90 *et al.*, Protective Order, DA 12-1857 rel. Nov. 16, 2012 (Protective Order). 47 C.F.R. § 54.313(f)(2).

Echelon Building II, Suite 200
9430 Research Blvd., Austin, TX 78759
phone: 512-338-0473, fax: 512-346-0822

Eagandale Corporate Center, Suite 310
1380 Corporate Center Curve, Eagan, MN 55121
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6849 Peachtree Dunwoody Road
Bldg. B-3, Suite 200, Atlanta, GA 30328
phone: 770-569-2105, fax: 770-410-1608

547 South Oakview Lane
Bountiful, UT 84010
phone: 801-294-4576, fax: 801-294-512

FCC Form 481 - Carrier Annual Reporting Data Collection Form	FCC Form 481 OMB Control No. 3060-0985/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	270429	ACCEPTED/FILED OCT 24 2013 Federal Communications Commission Office of the Secretary
<015> Study Area Name	EAST ASCENSION TEL	
<020> Program Year	2014	
<030> Contact Name: Person USAC should contact with questions about this data	Janet Britton	
<035> Contact Telephone Number: Number of the person identified in data line <030>	2256214498	
<039> Contact Email Address: Email of the person identified in data line <030>	Janet.Britton@eatel.com	

ANNUAL REPORTING FOR ALL CARRIERS	54.313 Completion Required	54.422 Completion Required
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			(check box when complete)	
<100>	Service Quality Improvement Reporting <i>(complete attached worksheet)</i>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<200>	Outage Reporting (voice) <i>(complete attached worksheet)</i>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210>	<input checked="" type="checkbox"/> <-- check box if no outages to report			
<300>	Unfulfilled Service Requests (voice)	0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<310>	Detail on Attempts (voice) <i>(attach descriptive document)</i>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<320>	Unfulfilled Service Requests (broadband)		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<330>	Detail on Attempts (broadband) <i>(attach descriptive document)</i>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<400>	Number of Complaints per 1,000 customers (voice)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<410>	Fixed	0.0		
<420>	Mobile			
<430>	Number of Complaints per 1,000 customers (broadband)		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<440>	Fixed			
<450>	Mobile			
<500>	Service Quality Standards & Consumer Protection Rules Compliance <i>(check to indicate certification)</i>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510>	2704291a510 <i>(attached descriptive document)</i>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600>	Functionality in Emergency Situations <i>(check to indicate certification)</i>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610>	2704291a610 <i>(attached descriptive document)</i>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700>	Company Price Offerings (voice) <i>(complete attached worksheet)</i>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<710>	Company Price Offerings (broadband) <i>(complete attached worksheet)</i>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<800>	Operating Companies and Affiliates <i>(complete attached worksheet)</i>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900>	Tribal Land Offerings (Y/N)? <input type="radio"/> <input checked="" type="radio"/> <i>(if yes, complete attached worksheet)</i>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1000>	Voice Services Rate Comparability <i>(check to indicate certification)</i>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<1010>	<i>(attach descriptive document)</i>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<1100>	Terrestrial Backhaul (Y/N)? <input checked="" type="radio"/> <input type="radio"/> <i>(if not, check to indicate certification)</i>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<1110>	<i>(complete attached worksheet)</i>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<1200>	Terms and Condition for Lifeline Customers <i>(complete attached worksheet)</i>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet
 Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>	<i>(check to indicate certification)</i>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<2005>	<i>(complete attached worksheet)</i>		<input type="checkbox"/>	<input checked="" type="checkbox"/>

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

<3000>	<i>(check to indicate certification)</i>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<3005>	<i>(complete attached worksheet)</i>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

(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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<010> Study Area Code	270429
<015> Study Area Name	EAST ASCENSION TEL
<020> Program Year	2014
<030> Contact Name - Person USAC should contact regarding this data	Janet Britton
<035> Contact Telephone Number - Number of person identified in data line <030>	2256214498
<039> Contact Email Address - Email Address of person identified in data line <030>	Janet.Britton@eatel.com

<110> Has your company received its ETC certification from the FCC?	(yes / no)	<input type="radio"/>	<input checked="" type="radio"/>	
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)	<input type="radio"/>	<input type="radio"/>	

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.							

(900) Tribal Lands Reporting Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	270429
<015>	Study Area Name	EAST ASCENSION TEL
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Janet Britton
<035>	Contact Telephone Number - Number of person identified in data line <030>	2256214498
<039>	Contact Email Address - Email Address of person identified in data line <030>	Janet.Britton@eatel.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:

- <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.

Select (Yes, No, 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	270429
<015>	Study Area Name	EAST ASCENSION TEL
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Janet Britton
<035>	Contact Telephone Number - Number of person identified in data line <030>	2256214498
<039>	Contact Email Address - Email Address of person identified in data line <030>	Janet.Britton@eatel.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
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<010>	Study Area Code	270429
<015>	Study Area Name	EAST ASCENSION TEL
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Janet Britton
<035>	Contact Telephone Number - Number of person identified in data line <030>	2256214498
<039>	Contact Email Address - Email Address of person identified in data line <030>	Janet.Britton@eatel.com

<1210> Terms & Conditions of Voice Telephony Lifeline Plans 2704291a1210

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 <i>Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers</i>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	270429
<015>	Study Area Name	EAST ASCENSION TEL
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Janet Britton
<035>	Contact Telephone Number - Number of person identified in data line <030>	2256214498
<039>	Contact Email Address - Email Address of person identified in data line <030>	Janet.Britton@eatel.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	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010> Study Area Code	270429
<015> Study Area Name	EAST ASCENSION TEL
<020> Program Year	2014
<030> Contact Name - Person USAC should contact regarding this data	Janet Britton
<035> Contact Telephone Number - Number of person identified in data line <030>	2256214498
<039> Contact Email Address - Email Address of person identified in data line <030>	Janet.Britton@eatel.com

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

Progress Report on 5 Year Plan

<p>(3010) Milestone Certification (47 CFR § 54.313(f)(1)(i)) Please check this box to confirm that the attached PDF, on line 3012, contains the required information pursuant to § 54.313 (f)(1)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.</p>	<p>Name of Attached Document Listing Required Information</p>	<p><input type="checkbox"/></p>
<p>(3012) Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii)) (3013) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2)) (3014) If yes, does your company file the RUS annual report Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:</p>	<p>Name of Attached Document Listing Required Information</p>	<p><input checked="" type="checkbox"/> (Yes/No) <input type="checkbox"/> (Yes/No)</p>
<p>(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</p>	<p>Name of Attached Document Listing Required Information</p>	<p><input type="checkbox"/> <input type="checkbox"/></p>
<p>(3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation (3018) If the response is no on line 3014, Is your company audited? If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:</p>	<p>Name of Attached Document Listing Required Information</p>	<p><input checked="" type="checkbox"/> (Yes/No)</p>
<p>(3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications (3020) PDF of Balance Sheet, Income Statement and Statement of Cash Flows</p>	<p>Name of Attached Document Listing Required Information</p>	<p><input checked="" type="checkbox"/> <input checked="" type="checkbox"/></p>
<p>(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: Copy of their financial statement which has been subject to review by an independent certified public accountant; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,</p>	<p>Name of Attached Document Listing Required Information</p>	<p><input type="checkbox"/></p>
<p>(3023) Underlying information subjected to a review by an independent certified public accountant (3024) Underlying information subjected to an officer certification.</p>	<p>Name of Attached Document Listing Required Information</p>	<p><input type="checkbox"/> <input type="checkbox"/></p>
<p>(3025) PDF of Balance Sheet, Income Statement and Statement of Cash Flows (3026) Attach the worksheet listing required information</p>	<p>Name of Attached Document Listing Required Information</p>	<p><input type="checkbox"/> <input type="checkbox"/></p> <p>2704291a3026</p>

Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	270429
<015> Study Area Name	EAST ASCENSION TEL
<020> Program Year	2014
<030> Contact Name - Person USAC should contact regarding this data	Janet Britton
<035> Contact Telephone Number - Number of person identified in data line <030>	2256214498
<039> Contact Email Address - Email Address of person identified in data line <030>	Janet.Britton@eatel.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:	
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 491
	OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013

<010> Study Area Code	270429
<015> Study Area Name	EAST ASCENSION TEL
<020> Program Year	2014
<030> Contact Name - Person USAC should contact regarding this data	Janet Britton
<035> Contact Telephone Number - Number of person identified in data line <030>	2256214498
<039> Contact Email Address - Email Address of person identified in data line <030>	Janet.Britton@eatel.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) <u>John Staurulakis, Inc</u> 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:	John Staurulakis, Inc
Name of Reporting Carrier:	EAST ASCENSION TEL
Signature of Authorized Officer:	CERTIFIED ONLINE Date: 10/10/2013
Printed name of Authorized Officer:	Peter Louviere
Title or position of Authorized Officer:	CFO
Telephone number of Authorized Officer:	9856930265
Study Area Code of Reporting Carrier:	270429 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:	EAST ASCENSION TEL
Name of Authorized Agent or Employee of Agent:	John Staurulakis, Inc.
Signature of Authorized Agent or Employee of Agent:	CERTIFIED ONLINE Date: 10/10/2013
Printed name of Authorized Agent or Employee of Agent:	Cassandra Heyne
Title or position of Authorized Agent or Employee of Agent:	Senior Analyst
Telephone number of Authorized Agent or Employee of Agent:	.3014597590
Study Area Code of Reporting Carrier:	270429 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

East Ascension Telephone Company
Demonstration of Compliance with Applicable Service Quality Standards and
Consumer Protection Rules

In establishing this certification in its *2005 ETC Order*,¹ the FCC found that an ETC must make “a specific commitment to objective measures to protect consumers.”² The Commission found that for wireless ETCs, compliance with CTIA’s Consumer Code for Wireless Service would satisfy this requirement and that the sufficiency of other commitments would be considered on a case-by-case basis. In this context, the FCC stated, “to the extent a wireline or wireless ETC applicant is subject to consumer protection obligations under state law, compliance with such laws may meet our requirement.”³

East Ascension Telephone Company (“Company”) hereby certifies that it is complying with applicable service quality standards and consumer protection rules under state and federal law. These provisions include, but are not limited to, the following: 1) Customer Service Regulations for Telecommunications Service in LPSC Docket No. U-24856;³ 2) “Slamming” requirements in Docket No. U-25754;⁴ 3) Docket No. U-24050 containing rules and regulations concerning Telecommunications Service Provider billing;⁵ 4) Truth-in-Billing Rules contained at

¹ *Federal-State Joint Board on Universal Service*, CC Docket No. 96-45, Report and Order, FCC 05-46 (rel. Mar. 17, 2005) (“*2005 ETC Order*”).

² *Id.* at para. 28.

³ *Louisiana Public Service Commission General Order*, Docket No. U-24856 - In re: Customer Service Regulations for Telecommunications Service Providers. (Decided at the Business and Executive Session held November 2, 2000)

⁴ *Louisiana Public Service Commission General Order*, Docket No. U-25754 - In re: Possible Amendments to the June 5, 1998 General Order (“Slamming”). (Decided at Business and Executive Session held April 24, 2002)

⁵ *Louisiana Public Service Commission General Order*, Docket No. U-24050 - In re: Rules and regulations concerning Telecommunications Service Provider (“TSP”) billing. (Decided at Business and Executive Session held June 21, 2000)

47 CFR § 64.2401; and, 5) compliance with Federal CPNI rules, Red Flag Rules and other applicable federal and state requirements governing the protection of customers' privacy.

East Ascension Telephone Company's Demonstration of Ability to Function in Emergency Situations

East Ascension Telephone Company ("Company") hereby certifies that it is able to function in emergency situations as set forth in §54.202(a)(2).¹ The Company's network is designed to remain functional in emergency situations without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations as required by Section 54.202(a)(2). The Company can change call routing translations as needed to reroute traffic around damaged facilities. Changing call routing translations will also allow the Company to manage traffic spikes throughout its network, as emergency situations require.

Specifically, each central office building is supplied with standby generators and battery back-up that enable the central office to keep running until power is restored so long as fuel is available, or until system changes are made to reroute traffic. The Company has battery backup at all office locations and in its electronic equipment sites. Length of run time is determined by the equipment serving the area and the number of customers working out of the equipment. Generators are installed at all Central Office locations. They will continue to run as long as the Company has access to fuel.

¹ Section 54.202(a)(2) requires ETCs that are designated by the Commission to "demonstrate its ability to remain functional in emergency situations, including a demonstration that it 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."

EAST ASCENSION TELEPHONE COMPANY, L.L.C.
Gonzales, Louisiana

Eight Revised Page 26
 Cancels Seventh Revised Page 26

By: John D. Scanlan, President & Vice Chairman
 Issued: September 20, 2013

Effective: October 4, 2013

GENERAL EXCHANGE SERVICES TARIFF NO. 2

A3. BASIC LOCAL EXCHANGE SERVICE

A3.12 Network Access Service

A3.12.1 General

- A. Network Access is provided for those customers subscribing to HighCap Channel service or HighCap ISDN service. The charges following in A3.12.2 are applicable only on those lines, trunks, or Network Access Registers (NAR) provided for local network access.
- B. When the facility portion of a Centrex service main station line is provided on HighCap Channel service, network access will be provided at the following charges for Centrex service. These rates replace those described in A3.11.3.

A3.12.2 Rates and Charges

	<u>Monthly</u>	<u>USOC</u>
	<u>Rate</u>	
A. Network Access Service-HighCap Channel Service, HighCap ISDN		
1. Rate per line, trunk or NAR		
(a) Inward only	\$20.00	NASI
(b) Outward only	20.00	NASO
(c) Both Way	20.00	NASB

A3.13 Lifeline

A3.13.1 Description of Service

- A. The Lifeline program is designed to increase the availability of telecommunications services to low income subscribers by providing a monthly recurring local service credit for qualifying residential subscribers. Basic terms and conditions are in compliance with the FCC's Order on Universal Service in CC Docket 97-157, which adopts the Federal-State Joint Board's recommendation in CC Docket 96-45, which complies with the Telecommunications Act of 1996 and FCC 12-11 released February 6, 2012. Specific terms and conditions are as prescribed by the Louisiana Public Service Commission and are as set forth in this tariff. (T)
- B. Lifeline is supported by the Federal Universal Service support mechanism.
- C. Federal baseline support of \$9.25 per month is available for each Lifeline service and is passed through to the subscriber. The amount of credit will not exceed the charge for local service.

EAST ASCENSION TELEPHONE COMPANY, L.L.C.
Gonzales, Louisiana

Third Revised Page 27
Cancels Second Revised Page 27

By: John D. Scanlan, President & Vice Chairman
Issued: September 20, 2013

Effective: October 4, 2013

GENERAL EXCHANGE SERVICES TARIFF NO. 2

A3. BASIC LOCAL EXCHANGE SERVICE

A3.13 Lifeline (Cont'd)

A3.13.2 A. Regulations

1. (Deleted)
2. One low-income credit is available per household. (T)
3. A Lifeline customer may subscribe to any local service offering available to other residence customers.
4. Toll blocking, if elected, will be provided at no charge to the Lifeline subscriber.
5. The deposit requirement is not applicable to a Lifeline customer who subscribes to toll blocking. If a Lifeline customer removes toll blocking prior to establishing an acceptable credit history, a deposit may be required. When applicable, advance payments will not exceed the connection and local service charges for one month.
6. (Deleted)
7. A Lifeline subscriber's local service will not be disconnected for non-payment of regulated toll charges. Local service may be denied for non-payment of local charges in accordance with Section A2. Access to toll service may be denied for non-payment of regulated tolls. A Lifeline subscriber's request for reconnection of local service will not be denied if the service was previously denied for non-payment of toll charges.

B. Eligibility

1. To be eligible for a Lifeline credit, a customer must be a current recipient of any of the following low-income assistance programs.
 - a. Supplemental Security Income (SSI)
 - b. Food Stamps
 - c. Medicaid
 - d. Federal Public Housing—Section 8
 - e. Low Income Home Energy Assistance Program (LIHEAP)
 - f. Temporary Assistance to Needy Families (TANF)
 - g. National School Lunch's Free Lunch Program (NSL)
2. Additionally, customers not receiving benefits under one of the preceding programs, and whose total gross annual income does not exceed 135% of the federal poverty guidelines, meet the requirements of a State established means test and may apply directly to the Company for eligibility certification.
3. All applications for service are subject to verification with the state agency responsible for administration of the qualifying program.

EAST ASCENSION TELEPHONE COMPANY, L.L.C.
Gonzales, Louisiana

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By: John D. Scanlan, President & Vice Chairman
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GENERAL EXCHANGE SERVICES TARIFF NO. 2

A3. BASIC LOCAL EXCHANGE SERVICE

A3.13 Lifeline (Cont'd)

A3.13.2 Regulations (Cont'd)

B. Eligibility (Cont'd)

4. Customer must notify Company when they are no longer eligible for Lifeline service.

C. Certification

1. The Lifeline credit will not be established until proof of eligibility has been received by the Company. If the customer requests installation prior to the Company's receipt of proof of eligibility, the requested service will be provided without the Lifeline credit. When eligibility documentation is provided subsequent to installation, the Lifeline credit will be provided on a going forward basis. (T)
2. (Deleted) (D)
3. The Company reserves the right to periodically audit its records, working in conjunction with the appropriate state agencies, for the purpose of determining continuing eligibility. Information obtained during such audit will be treated as confidential information to the extent required under State and Federal laws. The use or disclosure of information concerning enrollees will be limited to purposes directly connected with the administration of the Lifeline plan.
4. When a customer is determined to be ineligible as a result of an audit, the Company will contact the customer. If the customer cannot provide eligibility documentation, the Lifeline credit will be discontinued.

A3.13.3 Rates and Charges

A. General

1. Lifeline is provided as a monthly credit of \$9.25 on the eligible residential subscriber's access line bill for local service.
2. Service Charges in Section A4 are applicable for installing or changing Lifeline service.

REDACTED – FOR PUBLIC INSPECTION

EAST ASCENSION TELEPHONE COMPANY (SAC 270429)

ATTACHMENT - LINE 3017

ATTACHMENT REDACTED IN ENTIRETY