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LNGS | LUKAS, NACE, GUTIERREZ & SACHS, LLP

REDACTED – FOR PUBLIC INSPECTION

October 30, 2013

VIA HAND DELIVERY

Marlene H. Dortch
Secretary
Federal Communications Commission
445 12th Street, S.W., Room TW-A306
Washington, D.C. 20554

Re: FCC Form 481 – Carrier Annual Report for Calendar Year 2013
WC Docket No. 10-90

Dear Secretary Dortch:

On behalf of Northeast Telephone Company ("Northeast"), SAC 330938 in Wisconsin, enclosed is a confidential version of Northeast's FCC Form 481 Carrier Annual Report submitted pursuant to Section 54.313 of the Commission's Rules ("Form 481 Report"). The enclosed confidential version of the Form 481 Report has been marked "**CONFIDENTIAL – NOT FOR PUBLIC INSPECTION**."

An additional copy of this filing has been provided, which you are requested to date-stamp and return in the envelope provided.

Northeast is also submitting, via an electronic filing, a redacted public copy of the Form 481 Report. The redacted public copy has been marked "**REDACTED – FOR PUBLIC INSPECTION**."

Northeast respectfully requests confidential treatment of certain information provided in its Form 481 Report because this information is competitively sensitive and its disclosure would have a negative competitive impact on Northeast were it made publicly available. Such information would not ordinarily be made available to the public, and should be afforded confidential treatment under 47 C.F.R. §§ 0.457 and 0.459.

47.C.F.R. § 0.457

Specific information in the Form 481 Report is confidential and proprietary to Northeast as "trade secrets and commercial or financial information" under 47 C.F.R. § 0.457(d). Disclosure of such information to the public would risk revealing company-sensitive proprietary information in connection with Northeast's ongoing business and operations.

47 C.F.R. § 0.459

Specific information in the Form 481 Report is also subject to protection under 47 C.F.R. § 0.459, as demonstrated below.

Information for which confidential treatment is sought

Northeast requests that specific information in the Form 481 Report be treated on a confidential basis under Exemption 4 of the Freedom of Information Act. The information designated as confidential consists of detailed financial information. This information has been marked "**CONFIDENTIAL – NOT FOR PUBLIC INSPECTION**."

Northeast's non-public financial information is competitively sensitive information that Northeast maintains as confidential and is not normally made available to the public. Release of the information would have a substantial negative impact on Northeast since it would provide competitors with commercially sensitive information.

Commission proceedings in which the information was submitted

The information is being submitted in Northeast's Form 481 Report, WC Docket No. 10-90.

Degree to which the information in question is commercial or financial, or contains a trade secret or is privileged

The information in question is competitively sensitive information which is not normally released to the public as such release would have a substantial negative competitive impact on Northeast.

Degree to which the information concerns a service that is subject to competition and manner in which disclosure of the information could result in substantial harm

The release of this confidential and proprietary information would cause Northeast competitive harm by allowing its competitors to become aware of sensitive proprietary information regarding the operation of Northeast's business at a level of detail not currently available to the public.

Measures taken by Northeast to prevent unauthorized disclosure and availability of the information to the public and extent of any previous disclosures of the information to third parties

Northeast has treated and continues to treat the non-public information disclosed in this Form 481 Report as confidential and has protected it from public disclosure to parties outside of the company.

Justification of the period during which Northeast asserts that the material should not be available for public disclosure

Northeast cannot determine at this time any date on which this information should not be considered confidential.

Other information Northeast believes may be useful in assessing whether its request for confidentiality should be granted

Under applicable Commission decisions, the information in question should be withheld from public disclosure.

****

Please contact the undersigned if any questions arise concerning the above-referenced enclosures or if you require any additional information.

Sincerely,

Robert S. Koppel

David L. Nace
Robert S. Koppel

Counsel to:
Northeast Telephone Company

Enclosure

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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	330938
<015>	Study Area Name	NORTHEAST TEL CO
<020>	Program Year	2014
<030>	Contact Name: Person USAC should contact with questions about this data	Jim Paulos
<035>	Contact Telephone Number: Number of the person identified in data line <030>	920-617-7085
<039>	Contact Email Address: Email of the person identified in data line <030>	jim.paulos@nsight.com

ANNUAL REPORTING FOR ALL CARRIERS			54.313 Completion Required	54.422 Completion Required
			(check box when complete)	
<100>	Service Quality Improvement Reporting	(complete attached worksheet)		
<200>	Outage Reporting (voice)	(complete attached worksheet)	✔	✔
<210>	☐ <-- check box if no outages to report			
<300>	Unfulfilled Service Requests (voice)	0	✔	
<310>	Detail on Attempts (voice)	(attach descriptive document)		
<320>	Unfulfilled Service Requests (broadband)	0	✔	
<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	0.0		
<450>	Mobile			
<500>	Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)		
<510>		(attached descriptive document)	✔	✔
<600>	Functionality in Emergency Situations	(check to indicate certification)		
<610>		(attached descriptive document)	✔	✔
<700>	Company Price Offerings (voice)	(complete attached worksheet)		
<710>	Company Price Offerings (broadband)	(complete attached worksheet)		
<800>	Operating Companies and Affiliates	(complete attached worksheet)	✔	✔
<900>	Tribal Land Offerings (Y/N)? ◉ ○	(if yes, complete attached worksheet)	✔	
<1000>	Voice Services Rate Comparability	(check to indicate certification)		
<1010>		(attach descriptive document)		
<1100>	Terrestrial Backhaul (Y/N)? ◉ ○	(if not, check to indicate certification)	✔	
<1110>		(complete attached worksheet)		
<1200>	Terms and Condition for Lifeline Customers	(complete attached worksheet)		✔

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

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

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

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

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

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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	330938
<015>	Study Area Name	NORTHEAST TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Jim Paulos
<035>	Contact Telephone Number - Number of person identified in data line <030>	920-617-7085
<039>	Contact Email Address - Email Address of person identified in data line <030>	jim.paulos@nsight.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	330938
<015>	Study Area Name	NORTHEAST TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Jim Paulos
<035>	Contact Telephone Number - Number of person identified in data line <030>	920-617-7085
<039>	Contact Email Address - Email Address of person identified in data line <030>	jim.paulos@nsight.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 --

REDACTED - FOR PUBLIC INSPECTION

(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	330938
<015>	Study Area Name	NORTHEAST TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Jim Paulos
<035>	Contact Telephone Number - Number of person identified in data line <030>	920-617-7085
<039>	Contact Email Address - Email Address of person identified in data line <030>	jim.paulos@nsight.com

<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**
				-- 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	330938
<015>	Study Area Name	NORTHEAST TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Jim Paulos
<035>	Contact Telephone Number - Number of person identified in data line <030>	920-617-7085
<039>	Contact Email Address - Email Address of person identified in data line <030>	jim.paulos@nsight.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	330938
<015>	Study Area Name	NORTHEAST TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Jim Paulos
<035>	Contact Telephone Number - Number of person identified in data line <030>	920-617-7085
<039>	Contact Email Address - Email Address of person identified in data line <030>	jim.paulos@nsight.com

<810>	Reporting Carrier	Northeast Telephone Company, LLC
<811>	Holding Company	Northeast Communications of Wisconsin, Inc.
<812>	Operating Company	

<813>

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

-- See attached worksheet --

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(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	330938
<015>	Study Area Name	NORTHEAST TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Jim Paulos
<035>	Contact Telephone Number - Number of person identified in data line <030>	920-617-7085
<039>	Contact Email Address - Email Address of person identified in data line <030>	jim.paulos@nsight.com

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

Oneida Nation of Wisconsin

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

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(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	330938
<015>	Study Area Name	NORTHEAST TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Jim Paulos
<035>	Contact Telephone Number - Number of person identified in data line <030>	920-617-7085
<039>	Contact Email Address - Email Address of person identified in data line <030>	jim.paulos@nsight.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) ☑

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(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	330938
<015>	Study Area Name	NORTHEAST TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Jim Paulos
<035>	Contact Telephone Number - Number of person identified in data line <030>	920-617-7085
<039>	Contact Email Address - Email Address of person identified in data line <030>	jim.paulos@nsight.com

<1210> Terms & Conditions of Voice Telephony Lifeline Plans — 330938 Northeast Lifeline Doc

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	330938
<015>	Study Area Name	NORTHEAST TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Jim Paulos
<035>	Contact Telephone Number - Number of person identified in data line <030>	920-617-7085
<039>	Contact Email Address - Email Address of person identified in data line <030>	jim.paulos@nsight.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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(3000) Rate Of Return Carrier Additional Documentation

Data Collection Form

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

<010>	Study Area Code	330938
<015>	Study Area Name	NORTHEAST TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Jim Paulos
<035>	Contact Telephone Number - Number of person identified in data line <030>	920-617-7085
<039>	Contact Email Address - Email Address of person identified in data line <030>	jim.paulos@nsight.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	Northeast Financial Report

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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	330938
<015>	Study Area Name	NORTHEAST TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Jim Paulos
<035>	Contact Telephone Number - Number of person identified in data line <030>	920-617-7085
<039>	Contact Email Address - Email Address of person identified in data line <030>	jim.paulos@nsight.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:	NORTHEAST TEL CO		
Signature of Authorized Officer:	CERTIFIED ONLINE	Date	10/14/2013
Printed name of Authorized Officer:	Mark Naze		
Title or position of Authorized Officer:	Treasurer		
Telephone number of Authorized Officer:	920-617-7000		
Study Area Code of Reporting Carrier:	330938	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	330938
<015>	Study Area Name	NORTHEAST TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Jim Paulos
<035>	Contact Telephone Number - Number of person identified in data line <030>	920-617-7085
<039>	Contact Email Address - Email Address of person identified in data line <030>	jim.paulos@nsight.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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(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	330938
<015>	Study Area Name	NORTHEAST TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Jim Paulos
<035>	Contact Telephone Number - Number of person identified in data line <030>	920-617-7085
<039>	Contact Email Address - Email Address of person identified in data line <030>	jim.paulos@nsight.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
	06/25/2012	11:00	6/25/2012	23:50	962	5062	Yes	Wireline (including cable) Voice (non-VoIP), Cellular	No	Installed new section of 96 fiber cable and new section of 600pr copper cable.	Continue to put cable maps to Diggers Hiotline

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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	330938
<015>	Study Area Name	NORTHEAST TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Jim Paulos
<035>	Contact Telephone Number - Number of person identified in data line <030>	920-617-7085
<039>	Contact Email Address - Email Address of person identified in data line <030>	jim.paulos@nsight.com

<810>	Reporting Carrier	Northeast Telephone Company, LLC
<811>	Holding Company	Northeast Communications of Wisconsin, Inc.
<812>	Operating Company	

<813>

<a1> Affiliates	<a2> SAC	<a3> Doing Business As Company or Brand Designation
Bayland Telephone, LLC	330925	Nsight
Bayland Communications, LLC	339004	Nsight
Wisconsin RSA #4 Limited Partnership	339010	Cellcom
Wausau Cellular Telephone Company, LP	339011	Cellcom
Wsiconsin RSA #10 Limited Partnership	339012	Cellcom
Brown County MSA Cellular Limited Partnership	339014	Cellcom
Nsighttel Wireless, LLC	339015	Cellcom
Net Lec, LLC		Nsight
Brown County CLEC, LLC		Nsight

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SAC: 330938
State: Wisconsin

Form 481 Line No.: 510 Compliance with Service Quality Standards and Consumer Protection

As required by the Wisconsin Public Service Commission (PSC) Chapter 165 Rules, the local services provided by Northeast Telephone Company, LLC_ are provided under internal company operating procedures and publically available tariffs which are in compliance with applicable Wisconsin PSC orders and rules including:

WI Chapter PSC 165
STANDARDS FOR TELECOMMUNICATIONS SERVICE

165.010 General.
165.020 Definitions.
165.031 Retention of records.
165.032 Schedules to be filed with the commission.
165.033 Exchange area boundaries.
165.034 Utility accidents and interruptions.
165.040 Meter reading records.
165.041 Meter reading interval.
165.042 Billing recording equipment.
165.043 Information available to customers.
165.050 Customer billing.
165.051 Deposits.
165.052 Disconnection and refusal of service.
165.0525 Deferred payment agreement.
165.053 Customer complaints.
165.0535 Dispute procedures.
165.054 Held applications.
165.055 Directories.
165.060 Construction.
165.061 Maintenance of plant and equipment.
165.062 Line fills.
165.063 Central office equipment.
165.064 Interconnection service standards.
165.065 Emergency operation.
165.066 Protection of utility facilities.
165.067 Interference with public service structures.
165.070 Provision for testing.
165.071 Meter and recording equipment test facilities.
165.072 Accuracy requirements.
165.073 Initial test.
165.074 As-found tests.
165.075 Routine tests.
165.076 Request tests.
165.077 Referee tests.
165.078 Test records.
165.082 Traffic and operator rules.
165.083 Answering time objectives.
165.084 Dial service objectives.
165.085 Interoffice trunks.
165.086 Transmission requirements.
165.087 Minimum transmission objectives.
165.088 Public telephone service.
165.089 Interruptions of service.
165.090 Protective measures.
165.091 Safety program.

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SAC: 330938
State: Wisconsin

Form 481 Line No: 610 Description of Functionality in Emergency Situations

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Northeast Telephone Company, LLC_____ pursuant to Wisconsin Public Service Commission rule "165.065 Emergency Operation" has:

- Established reasonable provisions to meet emergencies resulting from national security requirements, failures of lighting or power service, sudden and prolonged increases in traffic, illness or personnel, or from fire, storm, or similar emergencies. These provisions meet or exceed the rule requirement to provide:
    - Back up battery service in each central office.
    - Mobile power units that can be delivered on short notice and can be readily connected in offices without installed emergency power facilities.
- Informed employees as to procedures to be followed in the event of an emergency in order to prevent or mitigate interruption or impairment of telecommunications service, including rerouting of traffic around damaged facilities and the deployment of emergency power.

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Line 920 – Tribal Government Engagement Obligation

Pursuant to the Federal Communications Commission's rules[1], in calendar year 2012, Northeast Telephone Company, LLC (Nsight) initiated discussions with the Tribal governments for Tribal entities whose boundaries are within Nsight's study area. Those engagement efforts addressed the following information:

(a) Assessing communications needs, including the needs of key community anchor institutions;

(b) Assessing the feasibility and sustainability of network investments;

(c) Marketing services in an appropriate and effective manner;

(d) Obtaining rights of way, land use permitting, facilities sighting and obtaining environmental and cultural preservation assessments and approvals; and

(e) Complying with local business and licensing requirements.

Nsight did receive a response during calendar year 2012 but nothing definitive was set up.

This certification should not be interpreted as Nsight making any representations, express or implied, regarding compliance with any Tribal laws or regulations. That is outside the scope of this filing and this certification.

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[1] *Connect America Fund*, Report and Order and Further Notice of Proposed Rulemaking, WC Docket No. 10-90, FCC 11-161, ¶ 604 (rel. Nov. 18, 2011) ("*Order*").

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SAC: 330938
State: Wisconsin

Form 481 Line No.: 1210 Terms and Conditions of Voice Telephony Lifeline

- Northeast Telephone offers Lifeline Service credit according to basic service requirements listed in Wisconsin Administrative Code 160.03 and 160.04:

PSC 160.03 Essential telecommunications services.

1) Each local exchange service provider shall make available to all its customers at affordable prices all essential telecommunications services.
2) "Essential telecommunications services" means all the following:
   (a) Single-party voice-grade service with:
      1. Line quality capable of facsimile transmission.
      2. Line quality capable of data transmission as specified in s.PSC 160.031.
      3. Dual-tone multi-frequency touch tone and rotary pulse dialing operability.
      4. Access to emergency services numbers and 9-1-1 operability where requested by local authorities.
      5. Equal access to interlata interexchange carriers subject to federal communications commission orders and rules.
      6. Equal access to intralata interexchange carriers pursuant to schedules, terms and conditions imposed by commission orders and rules.
      7. Single party revertive calling, if 2 or more pieces of customer premises equipment can be simultaneously active on the line or channel being used by the customer.
      8. A reasonably adequate number of calls within a reasonably adequate local calling area as defined by the commission.
      9. Connectivity with all public toll, local, wireline and wireless networks, and with various internet service providers.
      10. Telecommunications relay service to facilitate communication between teletypewriter users and non-teletypewriter users.
      11. Access to operator service.
      12. Access to directory assistance.
      13. Toll blocking, 900 and 976 number blocking and extended community calling blocking options as specified in s.PSC 160.04.
      14. Intercept and announcements for vacant, changed, suspended and disconnected numbers in oral and TTY-readable formats.
      15. A directory listing with the option for non-listed and non-published service.
   (b) Annual distribution of a local telephone directory in accordance with s.PSC 165,955.
   (c) Timely repair.

PSC 160.04 Toll blocking.

(1) BLOCKING OBLIGATIONS. Every local exchange service provider in the state shall offer the capability to block all long distance calls and, separately, the capability to block 900 and 976 number calls and the capability to block extended community calling unless a timely waiver has been granted to the local exchange service provider by the commission.

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SAC: 330938
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Form 481 Line No.: 1210 Terms and Conditions of Voice Telephony Lifeline

(2) CHARGES. Blocking shall be without monthly or nonrecurring charge to low-income customers and at no charge other than for second and subsequent service activation orders for other residential and standard business line customers.

(3) EMERGENCY SERVICE. Blocking shall not prevent the customer from reaching the emergency service numbers appropriate for the customer's location.

- Northeast Telephone Lifeline service offerings are listed in their Local Service Tariff Section II, Sheet 1A – 1E (attached).
- The Local Service Tariff is on file with the Wisconsin Public Service Commission.
- All Lifeline subscribers must meet the terms and conditions of Federal Lifeline Eligibility Rules.

Northeast Telephone does adhere to all Federal Lifeline eligibility rules and regulations as well as Wisconsin Administrative Code "Chapter PSC 160" which states:

PSC 160.02 Definitions.

8) "Low-income" means a household that receives benefits from one or more of the following programs:
- **(a)** Wisconsin Works
- **(b)** Medical Assistance
- **(c)** Supplemental security income
- **(d)** Food stamps
- **(e)** The low income household energy assistance program
- **(f)** The Wisconsin homestead tax credit
- **(g)** Badger care
- **(h)** As approved by the commission, other state or federally administered programs for households with income levels equal to or less than 200% of the poverty line.

PSC 160.06 Eligibility for low-income programs.
(1) LOW-INCOME ASSISTANE ELIGIBILITY. Local exchange service providers shall verify an applicant's eligibility for low-income assistance programs by making timely queries of the applicable databases of the Wisconsin department of workforce development, the Wisconsin department of revenue, or other state agencies. Applicant eligibility shall be verified by finding the applicant to be any of the following:
- **(a)** An active client of at least one of the programs listed in s.PSC 160.02(8).
- **(b)** A member of the active client's household whose low income qualifies the client for benefits under at least one of the programs listed in s. PSC 160.02(8).
- **(c)** A recipient of the Wisconsin homestead tax credit for the most recently completed tax year. If the applicant's tax filing for the most recently completed tax year has not been posted to the records of the Wisconsin department of revenue and if application for low-income assistance is made on or before June 30th, then the tax year prior to the most recently completed tax year may be used to determine eligibility.

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Form 481 Line No.: 1210 Terms and Conditions of Voice Telephony Lifeline

(2) ELIGIBILITY RECONFIRMATION. Eligibility shall be reconfirmed on at least an annual basis for all customers receiving lifeline assistance.

(3) ELIGIBILITY INQUIRY. Local exchange service providers shall inquire of the customer regarding eligibility of that customer for low-income programs on each order for initial or moved residential service and, orally or in writing, in the first contact with a customer during a year concerning disconnection or payment arrangements.

(4) QUERY AUTHORIZATION. Local exchange service providers shall comply with client authorization requirements of the Wisconsin department of workforce development, the Wisconsin department of revenue, or other state agencies for database queries necessary for eligibility verification. Customers shall complete and remit any reasonably required query authorization forms or forfeit eligibility.

(5) EXCEPTIONS. Lifeline and Link-Up programs are 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 of age.

PSC 160.062 Lifeline program.

(1) All local exchange service providers shall offer a lifeline monthly rate to all qualified low-income customers.

(2)

(a) The lifeline monthly rate includes single-party residential service, touch-tone service, any 9-1-1 charges billed on the telephone bill, the federal subscriber line charge and 120 local calls, excluding extended community calling calls.

(b) The lifeline monthly rate shall be the total of the residential monthly rates for the items in par. (a) minus $7 or, if the total of the monthly residential rates for the items in par. (a) is greater than $22, the lifeline monthly rate shall be $15.

(c) Notwithstanding par. (b), in no case shall the lifeline monthly rate be less than $3 or more than $15.

(3) The lifeline monthly rate may appear as a credit against the full standard tariffed rate on a customer's bill or as a special rate designation. Whenever possible, the lifeline rate shall begin to appear on an eligible customer's bill on the next bill date following the date of application for lifeline assistance. If the rate does not begin to appear on the next bill date, when it does appear back credit will be given. In cases where a customer's eligibility date as found in the records of the Wisconsin department of workforce development, the Wisconsin department of revenue, or other state agencies precedes the last bill date prior to application, credit shall also be given for one month's prior bill.

(4)

(a) Eligibility for lifeline assistance continues until the next bill date following a failure to meet eligibility requirements.

(b) When the low income household energy assistance program is one of the customer's qualifying income assistance programs, the eligibility for lifeline assistance shall continue until the bill date in the next December following the close of the heating season. At that time, lack of eligibility shall be re-verified by the local exchange service provider before removing the lifeline assistance from the customer's bill.

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State: Wisconsin

Form 481 Line No.: 1210 Terms and Conditions of Voice Telephony Lifeline

(c) When the homestead tax credit is one of the customer's qualifying income assistance programs, the eligibility for lifeline assistance continues until the bill date in the next June following the end of the tax year. At that time, lack of eligibility shall be re-verified by the local exchange service provider before removing the lifeline assistance from the customer's bill.

(5) Local exchange service providers may receive reimbursement from the universal service fund for 100% of that portion of the standard authorized rate for service which is in excess of the amount of the lifeline monthly rate which is eligible for reimbursement from federal lifeline program funds.

(6) Customers eligible for lifeline or link-up America assistance may not be charged a deposit for service if they voluntarily accept toll blocking, may not be requested to pay in advance for more than one month's local service bill, and may not be disconnected from local service for nonpayment of toll charges billed by the local exchange service provider. Customers that otherwise would be subject to disconnection may be counseled to accept toll blocking.

(7) A local exchange service provider acting under the limited conditions specified in its commission approved telecommunications customer assistance program under s. PSC 160.08 may impose toll blocking or restriction on lifeline customers.

PSC 160.063 Outreach for low-income assistance programs.

(1) Funding shall be available to fund collaborative partnerships between community-based organizations and telecommunications providers to increase participation of the eligible populations in the universal service fund low-income support programs.

(2) Funding from the universal service fund for these collaborative efforts shall not exceed $250,000 in one year.

(3) The commission shall annually review and grant funding based on complete responses to a request for proposals. Funding shall be limited to not more than 6 projects with at least one project focused statewide and one project focused on the Milwaukee area, if feasible.

(4) The commission shall contract for an evaluation of the effectiveness of this program in promoting enrollment in low-income programs and subscribership to telephone service to be completed within 2 years of May 1, 2000. The cost of this evaluation shall not exceed $25,000. This $25,000 shall be included as part of the $250,000 maximum total funding available under this section during the year in which the evaluation occurs.

PSC 160.08 Telecommunications customer assistance program.

The commission may authorize individual telecommunications providers to establish telecommunications customer assistance programs that meet authorized goals and objectives for increasing or stabilizing subscription levels for non-optional, essential telephone service within its service territory or to address avoidance of disconnection or limitation of service to low-income households with payment problems. Such programs may allow a provider to not make available certain essential services, as defined in s. PSC 160.03(2), in order to preserve at least minimal telephone service to certain low-income households with payment problems. The commission shall determine on a case-by-case basis whether or not a telecommunications customer assistance program may receive universal service fund monies.

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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. (C) (C)

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.

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LIFELINE SERVICE

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. (C)

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.

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LIFELINE SERVICE

LIFELINE SERVICE (Cont'd)

B. REGULATIONS (Cont'd)

5. Reconfirmation of Eligibility for Lifeline Service (Cont'd)

   e. Eligibility confirmation through receipt of the Wisconsin Homestead Tax Credit will not become effective until the date set by the Commission upon its acknowledgment that an acceptable data base query process is in place.

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. Vacant (D)

(D)

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LIFELINE SERVICE (Cont'd)

B. REGULATIONS (Cont'd)

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

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. (N)

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LIFELINE SERVICE (Cont'd)

C. RATES AND CHARGES

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) at the rate specified elsewhere in this tariff.

   End User Common Line (EUCL) Charge.

2. Lifeline Service Credits

   End User Common Line Charge (EUCL) 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.

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

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Nsight TELSERVICES

Application for Lifeline Service Assistance Program

SECTION 1 - APPLICANT (Please Print)

Name: _____
(Qualified Individual-Last Name) (First Name) (Middle Initial)

Billing Address: _____
(May contain a P.O. Box) (City) (State) (Zip)

Residence Address: _____
(Street address is required for Lifeline verification) (Apt. # or Unit #)

Address: _____
(City) (State) (Zip) (County)

Place of Employment: _____
(Name) (Length of Employment)

Employer's Address: _____
(Street) (City)

Social Security # or Tribal I.D.: _____ Date of Birth (MM/DD/YYYY): ____ / ____ / _____

Phone number (If existing service) or for messages: (_____) _____

☐ Select if your address is temporary.

☐ My residence address is located on federally-recognized Tribal lands.
☐ Yes
☐ No

SECTION 2 - ELIGIBILITY FOR LIFELINE ASSISTANCE *(CHECK ALL THAT APPLY)*

1.) I am applying for: ☐ Lifeline Credit Program

2.) I am currently eligible to receive benefits from one or more of the following public assistance program(s):

☐ Badger Care
☐ Food Stamps
☐ Low-income Home Energy Assistance Program (LIHEAP)
☐ Medical Assistance (MA)
☐ Supplemental Security Income (SSI)
☐ ***Supplemental Nutrition****
☐ ***Wisconsin Homestead Tax Credit****
☐ ***Wisconsin Works****
☐ ***Medicaid****
☐ ***Bureau of Indian Affairs General Assistance****
☐ ***Head Start** (must satisfy income qualifying standard)**
☐ ***National School Lunch Program's Free Lunch Program****
☐ ***Temporary Assistance for Needy Families****
☐ ***Tribally Administered Temporary Assistance for Needy Families (TANF)****
☐ ***Federal Public Housing Assistance (Section 8)****

OR

☐ My total household income is at or below 135% of the Federal Poverty Guidlines.*
_____ Number of people in household

135% OF THE FEDERAL POVERTY GUIDELINES - 2012	
Persons in Family or Household	48 Contiguous States and D.C.
1	$15,080
2	$20,426
3	$25,772
4	$31,118
5	$36,464
6	$41,810
7	$47,156
8	$52,502
For Each Additional Person Add	$5,346

INTERNAL USE ONLY
Eligible: YES or NO
Date Confirmed: _____
Date Assigned: _____
Personnel: _____

_____ ***(Must initial)***

***Requires documentation proof of participation in program at time of application.**

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SECTION 3 - APPLICANT CERTIFICATION AND AGREEMENT

I ALSO HEREBY CERTIFY, UNDER PENALTY OF PERJURY, THAT:

- ☐ I acknowledge that Lifeline is a federal government benefit and that willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment or being barred from the program.
- ☐ I acknowledge that only one Lifeline service is available per household, and that, to the best of my knowledge, no other person in my household is receiving a Lifeline service. (For purposes of Lifeline, a "household" is any individual or group of individuals who live together at the same address and share income and expenses.)
- ☐ I acknowledge that a household is not permitted to receive Lifeline benefits from multiple providers and that violation of this limitation constitutes a violation of the rules of the Federal Communications Commission and will result in de-enrollment from the Lifeline program. If I am participating in another Lifeline program at the time I apply for Nsight Telservices Lifeline service.
- ☐ I agree to cancel that Lifeline service with any other provider.
- ☐ I acknowledge that Lifeline is non-transferable and that I may not transfer my benefit to any other person.
- ☐ I acknowledge that providing false or fraudulent information to receive Lifeline benefits is punishable by law.
- ☐ I will notify Nsight Telservices within 30 days if for any reason I no longer satisfy the criteria for receiving Lifeline services, such as no longer participating in any of the qualifying programs, or if I or a member of my household receives another Lifeline benefit.
- ☐ I acknowledge that I may be required to re-certify to my continued eligibility for Lifeline at any time, and that my failure to re-certify will result in de-enrollment and termination of my Lifeline benefits.
- ☐ If I move to a new address, I will provide the new address to Nsight Telservices within 30 days.
- ☐ If I provided a temporary address, I will be required to verify my temporary address every 90 days. If I do not provide verification within 30 days, I will be de-enrolled from the Lifeline program.
- ☐ I acknowledge I meet the income-based or program-based eligibility criteria for receiving Lifeline.
- ☐ I acknowledge that I qualify for Lifeline as an eligible resident of Tribal lands, living on Tribal lands.
- ☐ I acknowledge the information contained in this application is true and correct to the best of my knowledge

_____ ***(Must Initial)***

I ACKNOWLEDGE THAT IN ORDER TO CONTINUE RECEIVING A REDUCED CALLING PLAN ON THE LIFELINE PROGRAM, I AM RESPONSIBLE FOR PAYING ALL MONTHLY ACCESS CHARGES AND FEES INCURRED DURING EACH BILLING PERIOD.

I UNDERSTAND COMPLETION OF THIS APPLICATION DOES NOT CONSTITUTE IMMEDIATE ACCEPTANCE INTO THIS PROGRAM. I AUTHORIZE NSIGHT TELSERVICES OR ITS' DULY APPOINTED REPRESENTATIVE TO ACCESS ANY RECORDS NECESSARY TO VERIFY THESE STATEMENTS TO CONFIRM MY CONTINUED PARTICIPATION IN THE ABOVE PROGRAMS. I AUTHORIZE REPRESENTATIVES OF THE ABOVE PROGRAMS, IF REQUESTED, TO DISCUSS WITH AND/OR PROVIDE COPIES TO NSIGHT TELSERVICES TO VERIFY MY PARTICIPATION IN THE ABOVE PROGRAMS AND ELIGIBILITY FOR LIFELINE OR LINK-UP SERVICE. I FURTHER AGREE UPON REQUEST FROM NSIGHT TELSERVICES TO PROVIDE DOCUMENTATION OF ELIGIBILITY.

I CERTIFY UNDER PENALTY OF PERJURY THAT ALL OF THE INFORMATION PROVIDED IS TRUE AND CORRECT, AND I AGREE TO COMPLY WITH ALL REQUIREMENTS OF THE LIFELINE ASSISTANCE PROGRAMS.

Printed Name: _____

Applicant's Signature: _____ **Date:** ____ / ____ / _____

Please return application to:

Nsight Telservices Lifeline Program
2711 E. Frontage Rd.
Abrams, WI 54101

or take your completed application to our Abrams or Pulaski office location nearest you.

6/2012

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FCC FORM 481 – LINE 3026

NORTHEAST TELEPHONE COMPANY

SAC 330938

ATTACHMENT REDACTED IN ITS ENTIRETY