

Received & Inspected

OCT 23 2013

FCC Mail Room

October 21, 2013

Ms. Marlene H. Dortch  
Office of the Secretary  
Federal Communications Commission  
9300 East Hampton Drive  
Capitol Heights, MD 20743

Re: WC Docket No. 10-90: Form 481 - Annual Reporting Requirements for High-Cost and Low Income Recipients

Pursuant to Section 54.313 and 54.422 of the Federal Communications Commission's rules, enclosed is a redacted version of Form 481 Annual Reporting Requirements and Certifications for City of Barnesville Municipal Telephone, Study Area Code 361353. City of Barnesville Municipal Telephone is a state-designated ETC, and as such, is submitting to the Commission information from FCC Form 481. A confidential "Trade Secret" filing of this information was also made.

Should you have any questions, please contact me via e-mail at [roxih@interstatetelcom.com](mailto:roxih@interstatetelcom.com) or by phone at 320/848-6641.

Sincerely,



Roxi Hacker

Regulatory Consultant

Enclosures:

Cc: Guy Swenson

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

<010> Study Area Code 361353

<015> Study Area Name CITY OF BARNESVILLE

<020> Program Year 2014

<030> Contact Name: Person USAC should contact with questions about this data Roxanne Hacker

<035> Contact Telephone Number: Number of the person identified in data line <030> 320-848-6641

<039> Contact Email Address: Email of the person identified in data line <030> roxih@interstatetel.com.com

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**ANNUAL REPORTING FOR ALL CARRIERS**

		54.313 Completion Requirements	54.313 Completion Requirements
<100>	Service Quality Improvement Reporting <i>(complete attached worksheet)</i>	<input checked="" 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)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<310>	Detail on Attempts (voice) <i>(attach descriptive document)</i>		
<320>	Unfulfilled Service Requests (broadband)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<330>	Detail on Attempts (broadband) <i>(attach descriptive document)</i>		
<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 checked="" 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>	361353MN510Barnesville <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>	361353MN610Barnesville <i>(attached descriptive document)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700>	Company Price Offerings (voice) <i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<710>	Company Price Offerings (broadband) <i>(complete attached worksheet)</i>	<input checked="" 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1010>	<input type="checkbox"/> <i>(attach descriptive document)</i>		
<1100>	Terrestrial Backhaul (Y/N)? <input checked="" type="radio"/> <input type="radio"/> <i>(if not, check to indicate certification)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1110>	<input type="checkbox"/> <i>(complete attached worksheet)</i>		
<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> *(check to indicate certification)*

<2005> *(complete attached worksheet)*

**Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet**

<3000> *(check to indicate certification)*

<3005> *(complete attached worksheet)*

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

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

<010> Study Area Code 361353  
 <015> Study Area Name CITY OF BARNESVILLE  
 <020> Program Year 2014  
 <030> Contact Name - Person USAC should contact regarding this data Roxanne Hacker  
 <035> Contact Telephone Number - Number of person identified in data line <030> 320-848-6641  
 <039> Contact Email Address - Email Address of person identified in data line <030> roxinh@interstatelcom.com

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

<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					

- <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.













<010> Study Area Code 361353  
 <015> Study Area Name CITY OF BARNESVILLE  
 <020> Program Year 2014  
 <030> Contact Name - Person USAC should contact regarding this data Roxanne Hacker  
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 <039> Contact Email Address - Email Address of person identified in data line <030> roxih@interstatetel.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)



361353  
 CITY OF BARNESVILLE  
 2014  
 Roxanne Hacker  
 320-848-6641  
 roxih@interstatetele1.com.com

361353MN1210Barnesville  
 Name of attached document (.pdf)  
 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:

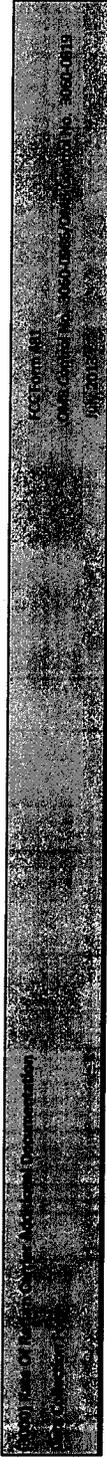
- <1211> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,
- <1222> Details on the number of minutes provided as part of the plan,
- <1223> Additional charges for toll calls, and rates for each such plan.



<010> Study Area Code 361353  
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 <020> Program Year 2014  
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 <035> Contact Telephone Number - Number of person identified in data line <030> 320-848-6641  
 <039> Contact Email Address - Email Address of person identified in data line <030> roxil@interstatetel.com.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.**

Reporting Category	Sub-category	Compliance Box	Required Information
<b>Incremental Connect America Phase I reporting</b>	<2010> 2nd Year Certification (47 CFR § 54.313(b)(1))	<input type="checkbox"/>	
	<2011> 3rd Year Certification (47 CFR § 54.313(b)(2))	<input type="checkbox"/>	
	<b>Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))</b>		
	<2012> 2013 Frozen Support Certification	<input type="checkbox"/>	
	<2013> 2014 Frozen Support Certification	<input type="checkbox"/>	
	<2014> 2015 Frozen Support Certification	<input type="checkbox"/>	
	<2015> 2016 and future Frozen Support Certification	<input type="checkbox"/>	
<b>Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))</b>	Certification Support Used to Build Broadband	<input type="checkbox"/>	
	<b>Connect America Phase II Reporting (47 CFR § 54.313(e))</b>		
	<2017> 3rd year Broadband Service Certification	<input type="checkbox"/>	Name of Attached Document Listing Required Information
	<2018> 5th year Broadband Service Certification	<input type="checkbox"/>	
	<2019> Interim Progress Certification	<input type="checkbox"/>	
	<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.	<input type="checkbox"/>	
<2021>	Interim Progress Community Anchor Institutions	<input type="checkbox"/>	



<010> Study Area Code 361353  
 <015> Study Area Name CITY OF BARNESVILLE  
 <020> Program Year 2014  
 <030> Contact Name - Person USAC should contact regarding this data Roxanne Hacker  
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 <039> Contact Email Address - Email Address of person identified in data line <030> roxii@interstatetele.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**

Item	Description	Yes/No	Name of Attached Document Listing Required Information
(3010)	Milestone Certification (47 CFR § 54.313(f)(2)(i)) Please check this box to confirm that the attached PDF, on line 3012, contains the required information pursuant to § 54.313 (f)(2)(iii), 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.	<input type="checkbox"/>	
(3011)	Community Anchor Institutions (47 CFR § 54.313(f)(1)(iii)) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2)) 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: Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)	<input checked="" type="checkbox"/> <input type="checkbox"/>	
(3012)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows	<input type="checkbox"/>	
(3013)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	<input type="checkbox"/>	
(3014)	If the response is no on line 3014, is your company audited?	<input checked="" type="checkbox"/>	
(3015)	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	<input checked="" type="checkbox"/>	
(3016)	Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications PDF of Balance Sheet, Income Statement and Statement of Cash Flows	<input checked="" type="checkbox"/>	
(3017)	Management letter issued by the independent certified public accountant that performed the company's financial audit.	<input checked="" type="checkbox"/>	
(3018)	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	<input type="checkbox"/>	
(3019)	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,	<input type="checkbox"/>	
(3020)	Underlying information subjected to a review by an independent certified public accountant	<input type="checkbox"/>	
(3021)	Underlying information subjected to an officer certification.	<input type="checkbox"/>	
(3022)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows	<input type="checkbox"/>	
(3023)	Attach the worksheet listing required information	<input type="checkbox"/>	361353mm3000Barnesville

Reporting Carrier Data Collection Form 
 ROC Form 481  
 OMB Control No. 3060-0988/OMB Control No. 3060-0129  
 July 2013

<b>&lt;010&gt; Study Area Code</b>	361353
<b>&lt;015&gt; Study Area Name</b>	CITY OF BARNESVILLE
<b>&lt;020&gt; Program Year</b>	2014
<b>&lt;030&gt; Contact Name - Person USAC should contact regarding this data</b>	Roxanne Hacker
<b>&lt;035&gt; Contact Telephone Number - Number of person identified in data line &lt;030&gt;</b>	320-848-6641
<b>&lt;039&gt; Contact Email Address - Email Address of person identified in data line &lt;030&gt;</b>	roxih@interstatetel.com

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

<b>Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients</b>	
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		OMB Control No. 3060-0115 / OMB Control No. 3060-0119
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<010> Study Area Code	361353
<015> Study Area Name	CITY OF BARNESVILLE
<020> Program Year	2014
<030> Contact Name - Person USAC should contact regarding this data	Roxanne Hacker
<035> Contact Telephone Number - Number of person identified in data line <030>	320-848-6641
<039> Contact Email Address - Email Address of person identified in data line <030>	roxih@interstatetel.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>ITCI</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:	ITCI
Name of Reporting Carrier:	CITY OF BARNESVILLE
Signature of Authorized Officer:	CERTIFIED ONLINE Date: 10/14/2013
Printed name of Authorized Officer:	Ione Hammer
Title or position of Authorized Officer:	Secretary
Telephone number of Authorized Officer:	218-354-2292
Study Area Code of Reporting Carrier:	361353 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:	CITY OF BARNESVILLE
Name of Authorized Agent or Employee of Agent:	ITCI
Signature of Authorized Agent or Employee of Agent:	CERTIFIED ONLINE Date: 10/14/2013
Printed name of Authorized Agent or Employee of Agent:	Roxanne Hacker
Title or position of Authorized Agent or Employee of Agent:	Regulatory Consultant
Telephone number of Authorized Agent or Employee of Agent:	320-848-6641
Study Area Code of Reporting Carrier:	361353 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

SAC: 361353

State: Minnesota

City of Barnesville Municipal Telephone

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

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As required by Minnesota Administrative Rule "7812.0700 Minnesota General Service Quality Requirements, Subpart 1" the local services provided by the City of Barnesville Municipal Telephone are provided under internal company operating procedures and publically available tariffs which are in compliance with applicable Minnesota Public Utility Commission orders and rules including:

7810.0100 DEFINITIONS.

7810.0200 SCOPE.

7810.0300 STATUTORY AUTHORITY.

**RECORDS AND REPORTS**

7810.0400 RETENTION OF RECORDS.

7810.0500 DATA TO BE FILED WITH THE COMMISSION.

7810.0600 REPORT TO COMMISSION ON SERVICE DISRUPTION.

7810.0900 LOCATION OF RECORDS.

**CUSTOMER RELATIONS**

7810.1000 INFORMATION AVAILABLE TO CUSTOMER AND PUBLIC.

7810.1100 COMPLAINT PROCEDURES.

7810.1200 RECORD OF COMPLAINT.

**CUSTOMER BILLING; DEPOSIT AND GUARANTEE REQUIREMENTS**

7810.1400 CUSTOMER BILLING.

7810.1500 DEPOSIT AND GUARANTEE REQUIREMENTS.

7810.1600 DEPOSIT.

7810.1700 GUARANTEE OF PAYMENT.

**DISCONNECTION OF SERVICE; SERVICE DELAY**

7810.1800 PERMISSIBLE SERVICE DISCONNECTIONS WITH NOTICE.

7810.1900 PERMISSIBLE SERVICE DISCONNECTIONS WITHOUT SERVICE.

7810.2000 NONPERMISSIBLE REASONS TO DISCONNECT SERVICE.

7810.2100 MANNER OF DISCONNECTION.

7810.2200 RECONNECTION OF SERVICE.

7810.2300 NOTICE REQUIREMENTS.

7810.2400 BILL DISPUTES.

7810.2500 ESCROW PAYMENTS.

7810.2600 WAIVING RIGHT TO DISCONNECT; EMERGENCY STATUS.

7810.2800 DELAY IN INITIAL SERVICE OR UPGRADE.

**DIRECTORIES**

7810.2900 CONTENT OF DIRECTORIES.

7810.3000 MAINTENANCE OF PLANT AND EQUIPMENT.

7810.3100 EMERGENCY OPERATIONS.

SAC: 361353

State: Minnesota

City of Barnesville Municipal Telephone

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

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**ENGINEERING**

7810.3200 CONSTRUCTION OF TELEPHONE PLANT.

7810.3300 MAINTENANCE OF PLANT AND EQUIPMENT.

7810.3900 EMERGENCY OPERATIONS.

**INSPECTIONS, TESTS, SERVICE REQUIRMENTS**

7810.4100 ACCESS TO TEST FACILITIES.

7810.4300 ACCURANCE REQUIREMENTS.

7810.4900 ADEQUACY OF SERVICE.

7810.5000 UTILITY OBLIGATIONS.

7810.5100 TELEPHONE OPERATORS.

7810.5200 ANSWERING TIME.

7810.5300 DIAL SERVICE REQUIREMENTS.

7810.5400 INTEROFFICE TRUNKS.

7810.5500 TRANSMISSION REQUIREMENTS.

7810.5800 INTERRUPTIONS OF SERVICE.

7810.5900 CUTOMER TROUBLE REPORTS.

7810.6000 PROTECTIVE MEASURES.

7810.6100 SAFETY PROGRAM.

SAC: 361353

State: Minnesota

City of Barnesville Municipal Telephone

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

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City of Barnesville Municipal Telephone pursuant to Minnesota Administrative Rule "7810.3900 Emergency Operations" has:

- Established reasonable provisions to meet emergencies resulting from failures of lighting or power service, sudden and prolonged increases in traffic, illness of operators or from fire, storm, or acts of God including provisions for emergency power that meet or exceed the rule requirement to provide:
  - A minimum of four hours of battery service in each central office.
  - A permanently installed power unit in exchanges exceeding 5,000 lines.
  - Mobile power units that can be delivered on short notice and which can be readily connected in offices without installed emergency power facilities.
- Has informed employees as to the procedures to be followed, including reasonable rerouting of traffic around damaged facilities and the deployment of emergency power in the event of emergency in order to prevent or mitigate interruption or impairment of telecommunications service.

SAC: 361353  
State: Minnesota  
City of Barnesville Municipal Telephone  
Form 481 Line No.: 1210 Terms and Conditions of Voice Telephony Lifeline Plans

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- City of Barnesville Municipal Telephone offers Lifeline Service Credit according to basic service requirements listed in **Minnesota Administrative Rule "7812.06000 – Basic Service Requirements."**

**Subpart 1. Required services.** A local service provider (LSP) shall provide, as part of its local service offering, the following to all customers within its service area:

- A. Single party voice-grade service and touch-tone capability;
  - B. 911 or enhanced 911 access;
  - C. 1 + intraLATA and interLATA presubscription and code-specific equal access to interexchange carriers subscribing to its switched access service;
  - D. Access to directory assistance, directory listings, and operator services;
  - E. Toll and information service-blocking capability without recurring monthly charges as provided in the commission's ORDER REGARDING LOCAL DISCONNECTION AND TOLL BLOCKING CHARGES, Docket No. P-999/CI-96-38 (June 4, 1996), and its ORDER GRANTING TIME EXTENSIONS AND CLARIFYING ONE PORTION OF PREVIOUS ORDER, Docket No. P-999/CI-96-38 (September 16, 1996), which are incorporated by reference, are not subject to frequent change, and are available through the statewide interlibrary loan system;
  - F. One white pages directory per year for each local calling area, which may include more than one local calling area, except where an offer is made and explicitly refused by the customer;
  - G. A white pages and directory assistance listing, or, upon customer request, a private listing that allows the customer to have an unlisted or unpublished telephone number;
  - H. Call-tracing capability according to chapter 7813;
  - I. Blocking capability according to the commission's ORDER ESTABLISHING CONDITIONS FOR THE PROVISION OF CUSTOMER LOCAL AREA SIGNALING SERVICES, Docket No. P-999/CI-92-992 (June 17, 1993) and its ORDER AFTER RECONSIDERATION, Docket No. P-999/CI-92-992 (December 3, 1993), which are incorporated by reference, are not subject to frequent change, and are available through the statewide interlibrary loan system; and
  - J. Telecommunications relay service capability or access necessary to comply with state and federal regulations.
- City of Barnesville Municipal Telephone Lifeline service offerings are listed in their Local Service Tariff Section 5, Pages 26-28 (attached) pursuant to **Minnesota Rule 7812.0600 Subpart 2:**

**Subpart 2. Separate flat rate service offering.** At a minimum, each LSP shall offer the services identified in subpart 1 as a separate tariff or price list offering on a flat rate basis. An LSP may also offer basic local service on a measured rate basis or in combination with other services. An LSP may impose separate charges for the services set forth in subpart 1 only to the extent permitted by applicable laws, rules, and commission orders.

- The Local Service Tariff is on file with the Minnesota Public Utility Commission.
- All Lifeline subscribers must meet the terms and conditions of Federal Lifeline Eligibility Rules.

SAC: 361353  
State: Minnesota  
City of Barnesville Municipal Telephone  
Form 481 Line No.: 1210 Terms and Conditions of Voice Telephony Lifeline Plans

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City of Barnesville Municipal Telephone does adhere to all Federal Lifeline eligibility rules and regulations as well as Minnesota Administrative Rule "7817.0400 - Eligibility for Telephone Assistance Credits" which states:

**Minnesota Administrative Rule 237 Chapter 7817.0400**

**Subpart 1. Information provided.** Each local service provider shall annually mail a notice of the availability of the telephone assistance plan to each residential subscriber in a regular billing. If a subscriber has chosen to receive the regular billing other than through U.S. mail, the local service provider shall send the notice in a regular billing using the delivery method chosen by the subscriber for delivery of the regular billing. The notice must state the following: YOU MAY BE ELIBIBLE FOR ASSISTANCE IN PAYING YOUR TELEPHONE BILL IF YOU RECEIVE BENEFITS FROM CERTAIN LOW-INCOME ASSISTANCE PROGRAMS OR MEET CERTAIN INCOME LIMITS. FOR MORE INFORMATION OR AN APPLICATION FORM PLEASE CONTACT

                    (local service provider) . On request, the local service provider shall mail to a person an application form developed by the commission and the Department of Commerce, and a brochure that describes the telephone assistance plan's eligibility requirements and application process.

**Subpart 2. Application process.** On completing and signing the application certifying under penalty of perjury that the information provided by the applicant is true and that the statutory criteria for eligibility are satisfied, the applicant must return it to the local service provider for enrollment in the telephone assistance plan. An application may be made by the subscriber, the subscriber's spouse, or a person authorized by the subscriber to act on the subscriber's behalf.

**Subpart 4. Eligibility criteria.** To be eligible for a telephone assistance credit the applicant must:

- A. be a subscriber who resides in Minnesota or has moved to Minnesota and intends to remain; and
- B. be eligible for the federal Lifeline telephone service discount.

**Subpart 7. Applicant and recipient responsibilities.** Each applicant and each recipient shall provide current information to the local service provider about permanent changes that affect the applicant's or recipient's eligibility.

**Subpart 8. Local service provider responsibilities.**

- A. A local service provider shall begin providing telephone assistance credits to an applicant in the earliest possible billing cycle but not later than the second billing cycle following submission of a completed application demonstrating eligibility. If certified, the local service provider shall notify the applicant by, for example, placing telephone assistance credits on the bill.
- B. If an applicant is denied eligibility, the local service provider shall notify the applicant in writing of the reasons for the denial, of the right to appeal, and of the right to reapply.

GENERAL SERVICES

LIFELINE AND MINNESOTA TELEPHONE ASSISTANCE PLAN (TAP)

The Lifeline Assistance (Lifeline) program, established by the Federal Communications Commission under 47CFR54, is a means of maintaining and preserving universal service by providing a reduction in the recurring price of basic local residential exchange access service to qualifying low-income residential subscribers.

TAP is a state sponsored assistance program under Minnesota Statutes Chapter 237 and is designed to make telephone service accessible to qualifying low-income residential households. Through this program, eligible households will receive a monthly discount on their telephone service.

1. General

- a. Lifeline is a federally-funded reduction of the Federal End User Common Line Charge and a reduction of local service charges. The Federal Lifeline Credit shall be applied first to reduce the Federal End User Common Line Charge, with any remaining federal credit to be applied to reduce rates for residential service. The state TAP credit shall be applied to further reduce the rates charged for residential services. (T)  
(N)  
(D)  
|  
(D)
- b. Federal Universal Service Charge (FUSC) will not be billed to Lifeline customers. (T)
- c. Local service for Lifeline subscribers may not be disconnected for non-payment of toll charges.
  - 1). Toll Restriction Service will be provided to Lifeline subscribers at no charge.
  - 2). Lifeline subscribers are not required to accept Toll Restriction Service as a condition to avoid disconnection of local service for non-payment of toll.
  - 3). Lifeline subscribers are not required to pay a service deposit in order to initiate service if the subscriber voluntarily elects to receive Toll Restriction Service.
- d. Partial payments from Lifeline subscribers will be applied first to local service charges and then to toll charges.

2. Eligibility Requirements

- a. Lifeline will be provided for one (1) telephone line per household, at the subscriber's principal place of residence, to those individuals who meet the eligibility requirements.
- b. The applicant has income at or below 135 percent of the Federal Poverty Guidelines or participates in one of the following programs:
  - Medicaid/Medical Assistance
  - Food Support/Food Stamps
  - Supplemental Security Income
  - Federal Public Housing Assistance or Section 8
  - Low Income Home Energy Assistance Program (LIHEAP)
  - National School Lunch Program's Free Lunch Program
  - Temporary Assistance for Needy Families (Minnesota Family Investment Program, or MFIP)

GENERAL SERVICES

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LIFELINE AND MINNESOTA TELEPHONE ASSISTANCE PLAN (TAP) (Continued)

2. Eligibility Requirements (Continued)

Individuals who do not qualify under any of the above but live on or near a federally recognized reservation may qualify if the applicant receives benefits from at least one of the following programs:

- Bureau of Indian Affairs General Assistance
- Tribally Administered Temporary Assistance for Needy Families
- Head Start (only for those meeting its income qualifying standard)
- National School Lunch Program's free lunch program

- c. The applicant signs a document certifying under penalty of perjury that the applicant receives benefits from one of the programs listed and identifying the program or programs from which that consumer receives benefits.
- d. The applicant signs a document agreeing to notify the carrier if that consumer ceases to participate in the program or programs. When the company is notified by the customer that the customer no longer participates in one of the above programs, the federal credits to that customer's monthly charges shall cease beginning with the start of the billing cycle beginning in the month after the month in which notification is received.

3. Eligibility Revocation

If the telephone company discovers that conditions exist that disqualify the recipient of Lifeline Assistance, the support will be discontinued. The customer will be billed retroactively to whichever is the most recent of the dates Lifeline assistance commenced or the recipient no longer qualified for the service not to exceed 12 months.

4. Eligibility for the State TAP Credit

- a. The state TAP credit is only available to residential subscribers who meet the eligibility requirements for the Federal Lifeline Credit in 2 above.
- b. The customer must reside in Minnesota or have moved to Minnesota and intend to remain.

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GENERAL SERVICES

LIFELINE AND MINNESOTA TELEPHONE ASSISTANCE PLAN (TAP) (Continued)

5. Regulations

- a. The Federal Lifeline and state TAP credit will begin at the customer's earliest possible billing cycle but no later than the second billing cycle after the date the application for the Federal Lifeline and state TAP credit is received by the telephone company.
- b. A service charge shall not be billed to establish qualification for either the Federal Lifeline or state TAP credit.
- c. When a customer enrolls for the state TAP credit, the Company is reimbursed for the cost of the service order activity.

6. Funding

The Federal Lifeline Credit is funded through the FCC universal service program. The state TAP credit shall be funded through the state Telephone Assistance Plan Surcharge on residence and business access lines which pay the 911 surcharge.

7. Rates

State TAP Surcharge

The surcharge rate is the effective rate ordered by the Minnesota Public Utilities Commission. The Company is responsible for billing, collecting and remitting the surcharge to appropriate government agency.

	<u>Monthly Rate</u>	
State TAP Credit	\$2.50	
Federal Lifeline Credit	\$9.25	(C)
		(D)

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City of Barnesville Municipal Telephone

Financial Data 2011 / 2012

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