Your business is our business.

7852 Walker Drive, Suite 200
Greenbelt, Maryland 20770
phone: 301-459-7590, fax: 301-577-5575
internet: www.jsitel.com, e-mail: jsi@jsitel.com

REDACTED – FOR PUBLIC INSPECTION

October 31, 2013

By Hand Delivery

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

Re: WC Docket No. 10-90, WC Docket No. 11-42
2013 ETC Annual Report of Fulton Telephone Company, Inc.
Study Area Code 280455

Dear Ms. Dortch:

The FCC Form 481 ETC annual reporting information for Fulton Telephone Company ("Fulton") was filed by hand delivery on October 24, 2013 pursuant to sections 54.313 and 54.422 of the Commission's rules.[1] The instant filing provides updated FCC Form 481 Line 3017 financials. Therefore, the attached revised FCC Form 481 replaces in entirety and supersedes the previous filing. Fulton seeks confidential treatment under Protective Order for section 54.313(f)(2) financial information.[2] The redacted version is also being filed this date via the FCC's Electronic Comment Filing System.

Please direct any questions regarding the filing to the undersigned.

Sincerely,

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

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

[1] 47 C.F.R. §§ 54.313, 54.422.
[2] *Connect America Fund et al.*, WC Docket No. 10-90 *et al.*, Protective Order, DA 12-1857 rel. Nov. 16, 2012 (Protective Order). 47 C.F.R. § 54.313(f)(2).

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	280455
<015>	Study Area Name	FULTON TEL CO
<020>	Program Year	2014
<030>	Contact Name: Person USAC should contact with questions about this data	Rick Bennett
<035>	Contact Telephone Number: Number of the person identified in data line <030>	601-764-3463
<039>	Contact Email Address: Email of the person identified in data line <030>	rbennett@nexband.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)				
<330>	Detail on Attempts (broadband)		*(attach descriptive document)*		
<400>	Number of Complaints per 1,000 customers (voice)			✔	✔
<410>	Fixed	0.0			
<420>	Mobile				
<430>	Number of Complaints per 1,000 customers (broadband)				
<440>	Fixed				
<450>	Mobile				
<500>	Service Quality Standards & Consumer Protection Rules Compliance		*(check to indicate certification)*	✔	✔
<510>	280454ms510		*(attached descriptive document)*	✔	✔
<600>	Functionality in Emergency Situations		*(check to indicate certification)*	✔	✔
<610>	280454ms610		*(attached descriptive document)*	✔	✔
<700>	Company Price Offerings (voice)		*(complete attached worksheet)*		
<710>	Company Price Offerings (broadband)		*(complete attached worksheet)*		
<800>	Operating Companies and Affiliates		*(complete attached worksheet)*	✔	✔
<900>	Tribal Land Offerings (Y/N)?	○ ●	*(if yes, complete attached worksheet)*	✔	
<1000>	Voice Services Rate Comparability		*(check to indicate certification)*		
<1010>			*(attach descriptive document)*		
<1100>	Terrestrial Backhaul (Y/N)?	● ○	*(if not, check to indicate certification)*		
<1110>			*(complete attached worksheet)*		
<1200>	Terms and Condition for Lifeline Customers		*(complete attached worksheet)*		✔

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

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

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

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

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

(100) Service Quality Improvement Reporting
Data Collection Form

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

<010>	Study Area Code	280455
<015>	Study Area Name	FULTON TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Rick Bennett
<035>	Contact Telephone Number - Number of person identified in data line <030>	601-764-3463
<039>	Contact Email Address - Email Address of person identified in data line <030>	rbennett@nexband.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.	☐

(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	280455
<015>	Study Area Name	FULTON TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Rick Bennett
<035>	Contact Telephone Number - Number of person identified in data line <030>	601-764-3463
<039>	Contact Email Address - Email Address of person identified in data line <030>	rbennett@nexband.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 --

(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	280455
<015>	Study Area Name	FULTON TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Rick Bennett
<035>	Contact Telephone Number - Number of person identified in data line <030>	601-764-3463
<039>	Contact Email Address - Email Address of person identified in data line <030>	rbennett@nexband.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				
				--				

(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	280455
<015>	Study Area Name	FULTON TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Rick Bennett
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<039>	Contact Email Address - Email Address of person identified in data line <030>	rbennett@nexband.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 --						

(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	280455
<015>	Study Area Name	FULTON TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Rick Bennett
<035>	Contact Telephone Number - Number of person identified in data line <030>	601-764-3463
<039>	Contact Email Address - Email Address of person identified in data line <030>	rbennett@nexband.com

<810>	Reporting Carrier	Fulton Telephone Company, Inc.
<811>	Holding Company	Fail Telecommunications Corporation
<812>	Operating Company	Fulton Telephone Company, Inc.

<813>

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

-- See attached worksheet --

(900) Tribal Lands Reporting
Data Collection Form

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

<010>	Study Area Code	280455
<015>	Study Area Name	FULTON TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Rick Bennett
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<039>	Contact Email Address - Email Address of person identified in data line <030>	rbennett@nexband.com

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

<920> Tribal Government Engagement Obligation

Name of Attached Document (.pdf)

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

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

(1100) No Terrestrial Backhaul Reporting Data Collection Form

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

<010>	Study Area Code	280455
<015>	Study Area Name	FULTON TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Rick Bennett
<035>	Contact Telephone Number - Number of person identified in data line <030>	601-764-3463
<039>	Contact Email Address - Email Address of person identified in data line <030>	rbennett@nexband.com

<1120> Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G) ☐

<1130> Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G) ☐

(1200) Terms and Condition for Lifeline Customers
Lifeline
Data Collection Form

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

<010>	Study Area Code	280455
<015>	Study Area Name	FULTON TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Rick Bennett
<035>	Contact Telephone Number - Number of person identified in data line <030>	601-764-3463
<039>	Contact Email Address - Email Address of person identified in data line <030>	rbennett@nexband.com

<1210> Terms & Conditions of Voice Telephony Lifeline Plans — 280454ms1210

Name of attached document (.pdf)

<1220> Link to Public Website — HTTP http://www.fultontelephone.com/lowincomeassistance.htm

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

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

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

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

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

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

<010>	Study Area Code	280455
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<039>	Contact Email Address - Email Address of person identified in data line <030>	rbennett@nexband.com

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

<2010> 2nd Year Certification {47 CFR § 54.313(b)(1)} ☐

<2011> 3rd Year Certification {47 CFR § 54.313(b)(2)} ☐

Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}

<2012> 2013 Frozen Support Certification ☐

<2013> 2014 Frozen Support Certification ☐

<2014> 2015 Frozen Support Certification ☐

<2015> 2016 and future Frozen Support Certification ☐

Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}

<2016> Certification Support Used to Build Broadband ☐

Connect America Phase II Reporting {47 CFR § 54.313(e)}

<2017> 3rd year Broadband Service Certification ☐

<2018> 5th year Broadband Service Certification ☐

<2019> Interim Progress Certification ☐

<2020> Please check the box to confirm that the attached PDF , on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. ☐

<2021> Interim Progress Community Anchor Institutions — Name of Attached Document Listing Required Information _____

(3000) Rate Of Return Carrier Additional Documentation

Data Collection Form

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

<010>	Study Area Code	280455
<015>	Study Area Name	FULTON TEL CO
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<030>	Contact Name - Person USAC should contact regarding this data	Rick Bennett
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<039>	Contact Email Address - Email Address of person identified in data line <030>	rbennett@nexband.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	280454ms3017
(3018)	If the response is no on line 3014, Is your company audited?		☐ (Yes/No)
	If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains :		
(3019)	Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications		☐
(3020)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		☐
(3021)	Management letter issued by the independent certified public accountant that performed the company's financial audit.		☐
	If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:		
(3022)	Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,		☐
(3023)	Underlying information subjected to a review by an independent certified public accountant		☐
(3024)	Underlying information subjected to an officer certification.		☐
(3025)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		☐
(3026)	Attach the worksheet listing required information	Name of Attached Document Listing Required Information	

Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013

<010>	Study Area Code	280455
<015>	Study Area Name	FULTON TEL CO
<020>	Program Year	2014
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<039>	Contact Email Address - Email Address of person identified in data line <030>	rbennett@nexband.com

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

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

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

Name of Reporting Carrier:

Signature of Authorized Officer: Date

Printed name of Authorized Officer:

Title or position of Authorized Officer:

Telephone number of Authorized Officer:

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

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

Certification - Agent / Carrier
Data Collection Form

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

<010>	Study Area Code	280455
<015>	Study Area Name	FULTON TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Rick Bennett
<035>	Contact Telephone Number - Number of person identified in data line <030>	601-764-3463
<039>	Contact Email Address - Email Address of person identified in data line <030>	rbennett@nexband.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) John Staurulakis, Inc. **is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.**

Name of Authorized Agent: John Staurulakis, Inc.

Name of Reporting Carrier: FULTON TEL CO

Signature of Authorized Officer: CERTIFIED ONLINE Date: 10/30/2013

Printed name of Authorized Officer: Stephanie Hand

Title or position of Authorized Officer: Controller

Telephone number of Authorized Officer: 601-764-3463

Study Area Code of Reporting Carrier: 280455 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: FULTON TEL CO

Name of Authorized Agent or Employee of Agent: John Staurulakis, Inc.

Signature of Authorized Agent or Employee of Agent: CERTIFIED ONLINE Date: 10/30/2013

Printed name of Authorized Agent or Employee of Agent: Lans Chase

Title or position of Authorized Agent or Employee of Agent Staff Director - Regulatory Affairs

Telephone number of Authorized Agent or Employee of Agent: 770-569-2105

Study Area Code of Reporting Carrier: 280455 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

Demonstration of Complying with Applicable Service Quality Standards and Consumer Protection Rules

In establishing this certification in its *2005 ETC Order*,[1] the FCC found that an ETC must make "a specific commitment to objective measures to protect consumers."[2] The FCC found that for wireless ETCs, compliance with CTIA's Consumer Code for Wireless Service would satisfy this requirement" and that the sufficiency of other commitments would be considered on a case-by-case basis.[3] In this context, the FCC stated, "to the extent a wireline or wireless ETC applicant is subject to consumer protection obligations under state law, compliance with such laws may meet our requirement."[4]

Fulton Telephone Company, Inc. ("Company") hereby certifies that it is complying with applicable service quality standards and consumer protection rules. The Company is subject to consumer protection obligations under state law and pursuant to the orders in Mississippi Public Service Commission Docket No. 2005-AD-662. These obligations include, but are not limited to, the following: (1) filing a Local Exchange Tariff pursuant to the requirements of Mississippi Public Service Commission which disclose rates, terms and conditions of service to customers; (2) adherence to state consumer protection requirements governing telephone providers under Title 39 Utilities, Part III Rules and Regulations Governing Public Utility Service , Subpart 1, General Rules, and Subpart 3, Special Rules – Telephone Companies, including requirements for customer

[1] *Federal-State Joint Board on Universal Service*, CC Docket No. 96-45, Report and Order, FCC 05-46 (rel. Mar. 17, 2005) ("*2005 ETC Order*").
[2] *Id.* at para. 28.
[3] *Id.* The FCC noted that under the CTIA Consumer Code, wireless carriers agree to: "(1) disclose rates and terms of service to customers; (2) make available maps showing where service is generally available; (3) provide contract terms to customers and confirm changes in service; (4) allow a trial period for new service; (5) provide specific disclosures in advertising; (6) separately identify carrier charges from taxes on billing statements; (7) provide customers the right to terminate service for changes to contract terms; (8) provide ready access to customer service; (9) promptly respond to consumer inquiries and complaints received from government agencies; and (10) abide by policies for protection of consumer privacy." *Id.* at n. 71.
[4] *Id.* at n. 72.

service, billing, consumer complaints, rates and charges, and under Miss. Code Ann. Title 77, Chapter 3 statutes; and (3) truth-in-billing requirements; and (4) CPNI, Red Flag Rules and other applicable federal and state requirements governing the protection of customers' privacy.

Demonstration of Ability to Function in Emergency Situations

Fulton Telephone Company, Inc. ("Company") hereby certifies that it is able to function in emergency situations as set forth in §54.202(a)(2)[1] and pursuant to orders in Mississippi Public Service Commission Docket No. 2005-AD-662. The Company's network is designed to remain functional in emergency situations without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations as required by Section 54.202(a)(2). The Company can reroute traffic around damaged facilities. Changing call routing translations will also allow the Company to manage traffic spikes throughout its network, as emergency situations require.

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

[1] Section 54.202(a)(2) requires ETCs that are designated by the Commission to "demonstrate its ability to remain functional in emergency situations, including a demonstration that it has a reasonable amount of back-up power to ensure functionality without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations."

(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	280455
<015>	Study Area Name	FULTON TEL CO
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<810>	Reporting Carrier	Fulton Telephone Company, Inc.
<811>	Holding Company	Fail Telecommunications Corporation
<812>	Operating Company	Fulton Telephone Company, Inc.

<813>

<a1>	<a2>	<a3>
Affiliates	**SAC**	**Doing Business As Company or Brand Designation**
Chickamauga Telephone Corporation	220354	
Bruce Telephone Company, Inc.	280447	
Mound Bayou Telephone & Communications, Inc.	280462	
GulfPines Communications, LLC	289015	

GENERAL EXCHANGE TARIFF

SERVICE CONNECTION CHARGES

LOW-INCOME ASSISTANCE PROGRAM

GENERAL

The Company, as part of its obligations as an Eligible Telecommunications Carrier, offers a low-income assistance program. This program, Lifeline Assistance, is offered under the terms and conditions provided below: (T)

Lifeline Assistance

A. General

Lifeline Assistance is a retail service offering available to qualifying low-income subscribers as provided for below. Lifeline Assistance enables eligible subscribers to pay reduced charges for the following package services: voice-grade access to the public switched network; local usage; dual-tone multi-frequency signaling or its functional equivalent; single-party service; access to emergency services; access to operator services; access to interexchange service; access to directory assistance; and toll blocking. An eligible customer receives credit for the Low-Income Assistance Program pursuant to FCC Order 12-11 and MPSC Docket 2007-AD-487. (T)

B. Regulations

1. A consumer household is eligible for Lifeline Assistance if the total household income is at or below 135% of the Federal Poverty Guidelines. Lifeline Assistance is also available to households containing at least one household member who participates in at least one of the following programs: (T)

a. Medicaid
b. Supplemental Nutrition Assistance Program (SNAP), formerly "Food Stamps" (T)
c. Supplemental Security Income (SSI)
d. Temporary Assistance to Needy Families (TANF)
e. Low-Income Home Energy Assistance Program (LIHEAP)
f. Section 8 Federal Public Housing Assistance (FPHA) (T)
g. National School Lunch Program's Free Lunch Initiative (NSLP)

2. Each subscriber to Lifeline Assistance must certify in writing to the Company, under penalty of perjury, that he/she receives benefits under a program outlined in sub-paragraph B.1., above, or meets the income-based criteria, and must, on the same document, agree to notify the Company if he/she ceases to participate in the qualifying program. The certification form shall conform to the requirements described herein, and shall be made available upon request to any subscriber. The Company shall retain all such subscriber certifications pursuant to FCC Order 12-11 in order to furnish proof of subscriber eligibility as may be required from time to time by Universal Service administrators. (T)

FILED APPROVED

MAY 25 2012 JUL 01 2012

MISS. PUBLIC SERVICE COMMISSION PUBLIC UTILITIES STAFF

MISS. PUBLIC SERVICE COMMISSION PUBLIC UTILITIES STAFF

ISSUED: May 23, 2012 EFFECTIVE: July 1, 2012

BY: Charles F. Fail, President

12-UN-0191

GENERAL EXCHANGE TARIFF

SERVICE CONNECTION CHARGES

LOW-INCOME ASSISTANCE PROGRAM

Lifeline Assistance (continued)

B. Regulations (continued)

3. All applications for this service are subject to verifications with the state agency responsible for administration of the qualifying program. The Company may request any additional documentation deemed necessary prior to providing Lifeline benefits such as an administrating agency's official designation of eligibility in a particular means-based program found in sub-paragraph B.1.,above, and that the telephone subscriber is the financially responsible party for the qualifying member of his or her household, or that the eligible household member is the telephone subscriber's dependent pursuant to the rules and regulations of the Internal Revenue Service. (D) (T)

4. A subscriber may elect at the time of subscription to Lifeline Assistance to receive toll blocking as part of Lifeline Assistance. "Toll blocking" is a service that permits a subscriber to elect not to allow the completion of outgoing toll calls from the subscriber's residence.

5. Lifeline Assistance will not be disconnected for non-payment of toll charges, however, in the event toll charges are not paid within 10 days of the mailing of the Company bill, the Company will implement toll blocking immediately thereafter. In addition, the Company will not deny re-establishment of local service to customers who are eligible for Lifeline Assistance and have previously been disconnected for non-payment of toll charges. Lifeline Assistance will not be connected if an outstanding balance is owed by the customer for local service.

6. The Company may not collect a service deposit in order to initiate Lifeline Assistance if the qualifying low-income subscriber voluntarily elects toll blocking from the Company, where available.

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GENERAL EXCHANGE TARIFF

SERVICE CONNECTION CHARGES

LOW-INCOME ASSISTANCE PROGRAM

Lifeline Assistance (continued)

B. Regulations (continued)

7. The Company will reconcile and confirm all subscribers' eligibility annually pursuant to FCC Order 12-11 by requiring each Lifeline subscriber to respond to and provide proof of continuing program eligibility under penalty or perjury via a FCC-compliant survey that their household continues to meet program eligibility requirements specified in B.1., above. Lifeline subscribers who are determined to be ineligible shall be notified of their ineligibility in writing by the Company and provided 30 days from the date of such notice to rectify or otherwise demonstrate their eligibility prior to the discontinuance of their Lifeline benefits. All unresolved disputes regarding Lifeline eligibility shall be brought to the attention of the MPSC for resolution. (N)

8. Only one Lifeline service is available per residential household pursuant to FCC Order 12-11. A household is any individual or group of individuals who are living together at the same address as one economic unit. A household may include related and unrelated persons. An "economic unit" consists of all adult individuals contributing to and sharing in the income and expenses of a household. An adult is any person eighteen years or older. When an adult having no or minimal income and living with someone who provides financial support to him or her, both people shall be considered part of the same household. Children under the age of eighteen living with their parents or guardians are considered to be part of the same household as their parents or guardians. A household is not permitted to receive Lifeline benefits from multiple providers. (N)

9. A Lifeline customer may subscribe to any local service offering available to other residential customers. (N)

10. The PIC charge will not be billed to Lifeline customers who subscribe to toll blocking and do not presubscribe to a long distance carrier. (N)

NOTE: Section "C. Credits " of this tariff has been moved to Sheet 16.3

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BY: Charles F. Fail, President

GENERAL EXCHANGE TARIFF

SERVICE CONNECTION CHARGES

LOW-INCOME ASSISTANCE PROGRAM

Lifeline Assistance (continued)

C. Credits (N)

1. The following credits will apply for each customer eligible for Lifeline Assistance.

	Monthly Credit	
a. Lifeline Credit	$9.25	(C)
b.		(D)

2. (D)

3. Partial payments that are received from Lifeline customers shall first be applied to local service charges and then to any outstanding toll charges.

Link-Up (D)

The Link-Up Assistance Program for non-tribal lands has been discontinued pursuant to FCC Order 12-11.

NOTE: Section "C. Credits " of this tariff has been moved to this sheet from Sheet 16.2

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GENERAL EXCHANGE TARIFF

SERVICE CONNECTION CHARGES

LOW-INCOME ASSISTANCE PROGRAMS

Link-Up (D)

The Link-Up Assistance Program for non-tribal lands has been discontinued pursuant to FCC Order 12-11.

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MAY 25 2012
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Fulton Telephone Company

Lifeline Assistance Program

Application and Certification Form

First Name:_____ MI:____ Last Name:_____

Last Four Digits of Social Security Number:_____ Date of Birth:_____

Physical Address: _____

City:_____ State: MS Zip:_____

My Physical Address is ☐ Permanent ☐ Temporary ☐ Multi-Household

Billing Address: _____

City:_____ State: ___ Zip:_____

Telephone Number for which Lifeline Credits are to apply: _____

= NOTICE =

Lifeline is a federal benefit; only one Lifeline service is allowed per household; a household cannot receive benefits from more than one telephone service provider; a household is defined as any individual or group of persons living together at the same address sharing income and expenses (an "economic unit"); and Lifeline is a non-transferable benefit. Households receiving Lifeline benefits from more than one telephone company will be de-enrolled. Prosecution by the federal government for this offence is possible.

Are you or any member of your household already receiving Lifeline benefits from a telephone company?
☐ YES ☐ NO If yes, please be aware that only one Lifeline benefit is allowed for each household.

= PROGRAM ELIGIBILITY CRITERIA =

_____ *(Please initial if applicable) I certify that either a member of my household or I participate in the below-marked assistance program. I understand I must provide satisfactory documentation of this participation to Fulton Telephone Company.*

☐ Supplemental Nutrition Assistance Program (SNAP)
☐ Low Income Home Energy Assistance (LIHEAP)
☐ National School Lunch Program's Free Lunch Initiative
☐ Temporary Assistance for Needy Families (TANF)
☐ Medicaid
☐ Supplemental Security Income (SSI)
☐ Federal Public Housing Assistance (Sect 8)

-------OR-------

_____ *(Please initial if applicable) I certify that my total household income is at or below 135% of the Federal Poverty Guidelines. I understand I must provide satisfactory documentation of this declaration to Fulton Telephone Company.*

Signature Required on Page Two

Lifeline Assistance Program
Application and Certification Form

I certify under penalty of perjury the following (initial by each certification):

_____ *I currently meet Lifeline eligibility as indicated on Page One of this document.*

_____ *I will notify Fulton Telephone Company within 30 days if I or my qualifying household member cease(s) to meet program eligibility as specified on Page One or, for any reason, no longer meet(s) all Lifeline eligibility criteria. I certify that I understand and agree to comply with this notification requirement under penalty of perjury and prosecution.*

_____ *If I move to a new address I will notify Fulton Telephone Company within 30 days of my move.*

_____ *If my address is temporary, I understand that I may be required to verify my address with Fulton Telephone Company every 90 days.*

_____ *I certify my household is not receiving nor will it receive Lifeline benefits from another telephone company such as Safelink, Assurance, and Reachout Wireless while enrolled in the Lifeline program with Fulton Telephone Company.*

_____ *I acknowledge that providing false or fraudulent information to receive Lifeline benefits is punishable by law and will result in program de-enrollment and possible program debarment, fines, or imprisonment.*

_____ *I acknowledge that I will be required to provide proof of continuing program eligibility at least once each year when notified by Fulton Telephone Company, and any failure to do so, on my part, will result in de-enrollment from the Lifeline Assistance Program.*

Signature of Applicant: _____ Date: _____

THIS SPACE RESERVED FOR OFFICE USE

Date of eligibility review:_____

Description of applicant's proof of eligibility:_____

_____

(i.e.: SNAP card, SSI program letter, federal tax return, three consecutive months of paycheck stubs, etc.)

Proof of applicant's eligibility reviewed by: _____

(Fulton Telephone Company authorized signature required)

GENERAL EXCHANGE TARIFF

FULTON TELEPHONE COMPANY, INC.
All Exchanges in Certificated Area

Section 2
Third Revision
Sheet 1 of 4

LOCAL EXCHANGE SERVICE TARIFF

GENERAL

1. The rates for local exchange service apply to all customers regardless of whether the communicating devices are rented from the Telephone Company or provided by the subscriber.

2. Customer equipment charges, which are applicable in all exchanges, are shown in other sections of this tariff and are in addition to those shown in this section.

3. This tariff is governed, except as otherwise specified herein, by the General Exchange Tariff which is hereby made part of this tariff. The charges quoted in this tariff are for a period of one month, payable monthly in advance, and entitle the subscriber to local exchange service including Extended Area Service to Fulton, Fairview, Tremont, and Mantachie Exchanges at the rates shown below.

RATES

SERVICE CLASSIFICATION	MONTHLY LINE ACCESS RATE	
Business – One Party	$16.10	(I)
Residence – One Party	$11.10	(I)

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SEP - 7 2010
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OCT - 7 2010
MISS. PUBLIC SERVICE COMMISSION
PUBLIC UTILITIES STAFF

10-UN-0322

ISSUED:

BY: Charles F. Fail, President

EXHIBIT
B

EFFECTIVE:

REDACTED – FOR PUBLIC INSPECTION

FULTON TELEPHONE COMPANY, INC. (SAC 280455)

ATTACHMENT - LINE 3017

ATTACHMENT REDACTED IN ENTIRETY