



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 Andrew Telephone Company, Study Area Code 351097. Andrew Telephone Company 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: JoAnne Gregorich

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

**FCC Form 481 - Carrier Annual Reporting Data Collection Form**  
 FCC Form 481  
 OMB Control No. 3050-0070-0100 Control No. 3050-0070-0100  
 July 2013

<010> Study Area Code	351097	<b>Received &amp; Inspected</b>
<015> Study Area Name	ANDREW TEL CO INC	
<020> Program Year	2014	<b>OCT 23 2013</b>
<030> Contact Name: Person USAC should contact with questions about this data	Roxanne Hacker	<b>FCC Mail Room</b>
<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@interstatetelcom.com	

**ANNUAL REPORTING FOR ALL CARRIERS**

		SA 315 Completion (Required)	SA 455 Completion (Required)
<100> Service Quality Improvement Reporting	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<200> Outage Reporting (voice)	(complete attached worksheet)	<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 type="text" value="0"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<310> Detail on Attempts (voice)	<input type="text"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<320> Unfulfilled Service Requests (broadband)	<input type="text"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<330> Detail on Attempts (broadband)	<input type="text"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<400> Number of Complaints per 1,000 customers (voice)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<410> Fixed	<input type="text" value="0.0"/>		
<420> Mobile	<input type="text"/>		
<430> Number of Complaints per 1,000 customers (broadband)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<440> Fixed	<input type="text"/>		
<450> Mobile	<input type="text"/>		
<500> Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510> <input type="text" value="351097IA510Andrew"/>	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600> Functionality in Emergency Situations	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610> <input type="text" value="351097IA610Andrew"/>	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700> Company Price Offerings (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<710> Company Price Offerings (broadband)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<800> Operating Companies and Affiliates	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900> Tribal Land Offerings (Y/N)? <input type="radio"/> <input checked="" type="radio"/>	(if yes, complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1000> Voice Services Rate Comparability	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1010> <input type="text"/>	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1100> Terrestrial Backhaul (Y/N)? <input checked="" type="radio"/> <input type="radio"/>	(if not, check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1110>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1200> Terms and Condition for Lifeline Customers	(complete attached worksheet)	<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)	<input checked="" type="checkbox"/>
<2005>	(complete attached worksheet)	<input checked="" type="checkbox"/>

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

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

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

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

<010> Study Area Code 351097

<015> Study Area Name ANDREW TEL CO INC

<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.com

<110> Has your company received its ETC certification from the FCC?  (yes / no)  (yes / no)

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)  (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.

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"/>					

<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.

Name of Attached Document (.pdf)











(9100) No Terrestrial Backhaul Reporting  
 Data Collection Form  
 FCC Form 471  
 OMB Control No. 3060-0086/OMB Control No. 3060-0319  
 July 2013

<010> Study Area Code 351097  
 <015> Study Area Name ANDREW TEL CO INC  
 <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.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 Conditions for Lifeline Customers  
 Lifeline Data Collection Form  
 FCC Form 487  
 OMB Control No. 3060-0986/OMB Form No. 3060-0819  
 July 2013

<010> Study Area Code 351097  
 <015> Study Area Name ANDREW TEL CO INC  
 <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> rox@interstatel.com

<1210> Terms & Conditions of Voice Telephony Lifeline Plans 351097IA1210Andrew  
 <1220> Link to Public Website HTTP  
 Name of attached document (.pdf)

"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 Rates of Return, Carriers' Financial Statements, Depreciation Expense, and Other Information  
 FCC Form 488  
 OMB Control No. 3000-0057 (Current Control No. 3000-0057)  
 July 2013

<010> Study Area Code 351097  
 <015> Study Area Name ANDREW TEL CO INC  
 <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> roxi@interstatel.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.**

- 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)(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.
  - <2021> Interim Progress Community Anchor Institutions

Name of Attached Document Listing Required Information



351097  
 <010> Study Area Code  
 <015> Study Area Name ANDREW TEL CO INC  
 <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@interstatetelecom.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.**

Item	Description	Compliance	Name of Attached Document Listing Required Information
(3010)	<b>Progress Report on 5 Year Plan</b> Milestone Certification (47 CFR § 54.313(f)(1)(ii)) Please check this box to confirm that the attached PDF, on line 3012, contains the required information pursuant to § 54.313 (f)(1)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	<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"/> (Yes/No) <input type="checkbox"/> (Yes/No)	
(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 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 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	<input type="checkbox"/>	
(3017)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows	<input type="checkbox"/>	
(3018)	Management letter issued by the independent certified public accountant that performed the company's financial audit.	<input type="checkbox"/>	
(3019)	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"/>	
(3020)	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 checked="" type="checkbox"/>	
(3021)	Underlying information subjected to a review by an independent certified public accountant	<input checked="" type="checkbox"/>	
(3022)	Underlying information subjected to an officer certification.	<input checked="" type="checkbox"/>	
(3023)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows	<input checked="" type="checkbox"/>	
(3024)	Attach the worksheet listing required information	<input checked="" type="checkbox"/>	
(3025)			
(3026)			351097IA3026Andrew

<b>Certification - Reporting Carrier Data Collection Form</b>	FCC Form 481 OMB Control No: 3060-0986/OMB Control No: 3060-0819 July 2013
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<b>&lt;010&gt;</b>	Study Area Code	351097
<b>&lt;015&gt;</b>	Study Area Name	ANDREW TEL CO INC
<b>&lt;020&gt;</b>	Program Year	2014
<b>&lt;030&gt;</b>	Contact Name - Person USAC should contact regarding this data	Roxanne Hacker
<b>&lt;035&gt;</b>	Contact Telephone Number - Number of person identified in data line <030>	320-848-6641
<b>&lt;039&gt;</b>	Contact Email Address - Email Address of person identified in data line <030>	roxih@interstatetel.com.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	FCC Form 481
	OMB Control No: 3060-0986/OMB Control No: 3060-0919 July 2013

<010> Study Area Code	351097
<015> Study Area Name	ANDREW TEL CO INC
<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@interstatetelcom.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>Roxanne Hacker</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:	Roxanne Hacker
Name of Reporting Carrier:	ANDREW TEL CO INC
Signature of Authorized Officer:	CERTIFIED ONLINE
	Date: 10/09/2013
Printed name of Authorized Officer:	JoAnne Gregorich
Title or position of Authorized Officer:	General Manager
Telephone number of Authorized Officer:	563-773-2213
Study Area Code of Reporting Carrier:	351097
	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:	ANDREW TEL CO INC
Name of Authorized Agent or Employee of Agent:	ITCI
Signature of Authorized Agent or Employee of Agent:	CERTIFIED ONLINE
	Date: 10/09/2013
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:	351097
	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: 351097

State: Iowa

Andrew Telephone Company

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

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As required by Iowa Administrative Rule "199-22.6(476) Standards of Quality of Service", the local services provided by Andrew Telephone Company are provided under internal company operating procedures and publically available tariffs which are in compliance with applicable Iowa Utility Board orders and rules including:

**22.6(1) Service connection.** Each local exchange utility using its facilities to provide service shall make all reasonable efforts to maintain a five-business-day standard for primary connection service or within the customer-requested service connection date. All reasonable efforts to maintain the above standard shall be measured by the following:

a. Eighty-five percent of all customers provided service within five business days of the request or the customer-requested date, whichever is later. Compliance will be measured based on a three-month rolling average.

b. Ninety-five percent of all customers provided service within ten business days of the request or the customer-requested date, whichever is later. Compliance will be measured based on a three-month rolling average.

c. Ninety-nine percent of all customers provided service within 30 business days of the request or the customer-requested date, whichever is later. Compliance will be measured based on a three-month rolling average.

**22.6(2) Held orders.**

a. During such period of time as a local exchange utility using its facilities to provide service may not be able to supply primary telephone service to prospective customers within five business days after the date applicant desires service, the telephone utility shall keep a record, by exchanges, showing the name and address of each applicant for service, the date of application, the date that service was requested, and the class of service applied for, together with the reason for the inability to provide new service to the applicant.

b. When, because of a shortage of facilities, a utility is unable to supply primary telephone service on the date requested by applicants, first priority shall be given to furnishing those services which are essential to public health and safety. In cases of prolonged shortage or other emergency, the board may require establishment of a priority plan, subject to its approval for clearing held orders, and may request periodic reports concerning the progress being made.

c. When the local exchange utility using its facilities to provide service fails to provide primary local exchange service to any customer requesting service within 15 business days, the local exchange utility shall provide the customer with an alternative form of service until primary local exchange service can be provided. The alternative form of service provided shall be wireless telephone service unless the customer agrees otherwise.

d. If an alternative form of primary service is provided, the local exchange utility is authorized to charge the customer the regular rates (if applicable) for the alternative primary service ordered, if such rates are less than the regulated rate for primary local exchange service. Otherwise, the customer will be charged the regulated rate for primary local exchange service. Where an alternative form of service is impossible to provide, the facilities-based local exchange utility shall waive all usual installation charges and, once primary local exchange service is provided, shall credit the customer's account in an amount equal to the pro-rata monthly primary local exchange charge for each day service was not provided.

SAC: 351097

State: Iowa

Andrew Telephone Company

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

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**22.6(3) Service interruption.**

a. Each telephone utility using its facilities to provide primary service shall make all reasonable efforts to prevent interruptions of service. When interruptions are reported or found by the utility to occur, the utility shall reestablish service with the shortest possible delay. Priority shall be given to a residential customer who states that telephone service is essential due to an existing medical emergency of the customer, a member of the customer's family, or any permanent resident of the premises where service is rendered. All reasonable efforts shall be measured by the following:

(1) Eighty-five percent of all out-of-service trouble reports cleared within 24 hours. Compliance will be measured based on a three-month rolling average.

(2) Ninety-five percent of all out-of-service trouble reports cleared within 48 hours. Compliance will be measured based on a three-month rolling average.

(3) One hundred percent of all out-of-service trouble reports cleared within 72 hours.

(4) The response time for all utilities responsible to test and attempt to correct any interexchange trunk problem., except a total outage, shall be within 24 hours after the problem is reported. If the problem is not corrected within that time, the utility responsible for doing so shall keep all other affected telephone utilities advised as to the current status on a daily basis. For a total outage, the response time shall be immediate.

b. Arrangements shall be made to have adequate personnel and equipment available to receive and record trouble reports and also to clear trouble of an emergency nature at all times.

c. Calls directed to the published telephone numbers for service repair or the business offices of the telephone utility shall be acknowledge within 20 seconds for 85 percent of all such calls and within 40 seconds for 100 percent of all such calls.

d. If a customer's service must be interrupted due to maintenance, the utility shall notify the affected customer, in advance, if possible. The company shall perform the work to minimize inconvenience to the customer and strive to avoid interruptions when there is conversation on the line.

e. Each telephone utility shall keep a written record showing all interruptions affecting service in a major portion of an exchange area for a minimum of six years. This record shall show the date, time, duration, time cleared and extent and cause of the interruption. This record shall be available to the board upon request.

f. Whenever a trouble report is received, a record shall be made by the company and if repeated within a 30-day period by the same customer, the case shall be referred to an individual for permanent correction.

g. When a customer's service is reported or is found to be out of order, it shall be restored as promptly as possible.

h. Each local exchange utility using its facilities to provide service shall maintain its network to reasonably minimize customer trouble reports. The rate of customer trouble reports on the company side of the demarcation point will not exceed four per 100 access lines per month per wire center.

i. When a subscriber's service is interrupted and remains out of service for more than 24 consecutive hours after being reported to the local exchange company or being found by the company to be out of order, whichever occurs first, the company shall make appropriate adjustments to the subscriber's account. This rule does not apply if the outage occurs as a result of:

SAC: 351097

State: Iowa

Andrew Telephone Company

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

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- (1) A negligent or willful act on the part of the subscriber;
- (2) A malfunction of subscriber-owned telephone equipment;
- (3) Disasters or acts of God; or
- (4) The inability of the company to gain access to the subscriber's premises.

The adjustment, either a direct payment or a bill credit, shall be the proportionate part of the monthly charges for all services and facilities rendered inoperative during the interruption. The adjustment shall begin with the hour of the report or discovery of the interruption. Adjustments not in dispute shall be rendered within two billing periods after the billing period in which the interruption occurred.

**2.6(4) Repair – missed appointments.** When a utility makes an appointment for installation or repair within a given range of time, and misses that appointment by over an hour, the customer will receive one month's primary local service free of charge. This is applicable to each missed appointment.

**2.6(5) Emergency operation.**

a. Each telephone utility shall make reasonable provisions to meet emergencies resulting from failures of power service, climate control, sudden and prolonged increases in traffic, illness of operators, or from fire, explosion, water, storm, or acts of God, and each telephone utility shall inform affected employees, at regular intervals not to exceed one year, of procedures to be followed in the event of emergency in order to prevent or mitigate interruption or impairment of telephone service.

b. All central offices shall have adequate provision for emergency power. Each central office shall contain a minimum of two hours of battery reserve. For offices without permanently installed emergency power facilities, there shall be access to a mobile power unit with enough capacity to carry the load which can be delivered on reasonably short notice and which can be readily connected.

c. An auxiliary power unit shall be permanently installed in all toll centers and at all exchanges exceeding 4,000 access lines.

d. Each local exchange utility shall maintain and make available for board inspection, its current plans for emergency operations, including the names and telephone numbers of the local exchange utility's disaster services coordinator and alternates.

**2.6(6) Business offices.**

a. Each local exchange utility shall have one or more business offices or customer service centers staffed to provide customer access in person or by telephone to qualified personnel, including supervisory personnel where warranted, to provide information relating to services and rates, accept and process applications for service, explain charges on customer's bills, adjust charges made in error, and, generally, to act as representatives of the local exchange utility. If one business office serves several exchanges, toll-free calling from those exchanges to that office shall be provided.

b. Upon the closing of any local exchange utility's public business office, the company must provide to the board, in writing, at least 30 days prior to the closing of the office the following information:

- (1) The exchange(s) and communities affected by the closing;
- (2) The date of the closing;
- (3) A listing of other methods and facility locations available for payment of subscriber's bills in the affected exchanges; and
- (4) A listing of other methods and locations available for obtaining public business office services.

SAC: 351097

State: Iowa

Andrew Telephone Company

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

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Andrew Telephone Company pursuant to Iowa Administrative Rule "199-22.6(5)a-d Emergency Operation" has:

- Established reasonable provisions to meet emergencies resulting from failures of power service, climate control, sudden and prolonged increases in traffic, illness of operators or from fire, explosion, water, storm, or acts of God including provisions for emergency power that meet or exceed the rule requirement to provide:
  - A minimum of two hours of battery service in each central office.
  - A permanently installed power unit in exchanges exceeding 4,000 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.
- Has current plan available of emergency operations for board inspection and the plan contains:
  - Names and telephone numbers of the telephone company's disaster service coordinator and alternates.



SAC: 351097

State: Iowa

Andrew Telephone Company, Inc.

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

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- Andrew Telephone Company, Inc.'s Lifeline service offerings are listed in their Local Service Tariff Part V, Sheet 1.C.3 and Part VI, Sheet 71 (attached). The Local Service Tariff is on file with the Iowa Utility Board.
  - All Lifeline subscribers must meet the terms and conditions of Federal Lifeline Eligibility Rules.
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Andrew Telephone Company, Inc. does adhere to all Federal Lifeline eligibility rules and regulations as well as Iowa Administrative Code "199-39.3 - Low-income connection assistance program and low-income Lifeline assistance" which states:

**199-39.3(476) Low-income connection assistance program (Link-Up) and low-income Lifeline assistance.**

**39.3(1) Filing of tariffs or inclusion of offer in contracts.**

a. Eligible telecommunications carriers that file tariffs with the board shall include in their tariffs provisions offering low-income connection assistance (Link-Up) and low-income Lifeline assistance rates to qualified applicants for single-party service, voice grade access to the public switched network, DTMF (Dual Tone Multi-Frequency) or its functional digital equivalent, access to emergency services, access to operator services, access to interexchange service, and access to directory assistance. In addition, toll limitation shall be included in this service offering without charge to the Lifeline customer.

b. Eligible carriers that do not file tariffs with the board shall include the Link-Up and Lifeline offerings in their agreements to provide service to customers. These eligible carriers shall file with the board copies of their current customer service agreements.

**39.3(2) Rates.**

a. *Link-Up connection assistance rates.* The reduced rates shall include all state-tariffed connection charges for installing basic residential service except security deposits. The eligible carrier shall offer to qualified applicants either or both of the following:

(1) A reduction of 50 percent of all connection charges or \$30, whichever is less, and

(2) A deferred payment schedule of equal payments of the charges of up to \$200 assessed for commencing service. The consumer does not pay interest on the deferred charges. The deferral period shall not exceed one year.

(3) The consumer shall receive the benefit of the Link-Up program for a second or subsequent time only for a principal place of residence with an address different from the residence address at which Link-Up assistance was provided previously.

b. *Lifeline assistance rates.* The rates charged to qualified applicants shall reflect the following:

(1) Eligible carriers that do not charge federal end-user common line charges or equivalent federal charges must apply the federal baseline Lifeline support to waive the Lifeline consumer's federal end-user common line charges.

(2) Eligible carriers that do not charge federal end-user common line charges or equivalent federal charges must apply the federal baseline Lifeline support amount to reduce the Lifeline consumer's lowest tariffed residential rate.

(3) Qualified applicants shall have their monthly local exchange service rate reduced by the federal support of \$1.75, in addition to the baseline federal support used either to waive the Lifeline consumer's federal end-user common line charges, or to reduce the Lifeline consumer's residential rate.

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(4) Eligible carriers may not collect a service deposit in order to initiate Lifeline service, if the qualified applicant voluntarily elects toll blocking where available.

**39.3(3) Qualified applicants.** To be eligible for Lifeline or Link-Up assistance, an applicant must either have income that is at or below 135 percent of the Federal Poverty Guidelines or participate in one of the following programs:

- a. Medicaid (e.g., Title XIX/Medical, State Supplemental Assistance);
- b. Food stamps;
- c. Supplemental Security Income;
- d. Federal Public Housing Assistance Section 8;
- e. Low-income Home Energy Assistance Program;
- f. Temporary Assistance to Needy Families;
- g. National School Lunch Program's free lunch program.

**39.3(4) Certification.** The certification of eligibility for Lifeline or Link-Up rate assistance shall be upon a form as set forth below. The form shall be supplied to the applicant by the eligible carrier.

#### LINK-UP AND LIFELINE RATE ASSISTANCE CERTIFICATION

Name \_\_\_\_\_ SSN \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone Number where you may be reached or receive messages ( ) \_\_\_\_\_

*Please answer the following questions (indicate by check mark):*

1. By filling out this application I (the applicant) request:
  - Low-income telephone connection assistance (Line-Up) and/or
  - Low-income telephone Lifeline assistance.
2. Have you received Link-Up assistance at the above address in the past?
  - Yes
  - No

*If the answer is "yes", you are not eligible for Link-Up assistance.*

3. Are you participating in any of the following programs?
  - Medicaid (e.g., Title XIX/Medical, State Supplemental Assistance)
  - Food stamps
  - Supplemental Security Income
  - Federal Public Housing Assistance Section 8
  - Low-income Home Energy Assistance Program
  - Temporary Assistance to Needy Families
  - National School Lunch Program's free lunch program
4. Is your income at or below 135 percent of the Federal Poverty Guidelines?
  - Yes
  - No

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I understand completion of this application does not constitute immediate acceptance into these programs. I agree to notify the telecommunications carrier if I cease to participate in any of the public assistance programs I checked above or if my income becomes greater than 135 percent of the Federal Poverty Guidelines.

I certify under penalty of perjury the above information is true. I have read the information on this application and understand I must meet the above qualifications to receive assistance from these programs.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**39.3(5) Data collection.** Eligible carriers shall keep records of the number of subscribers receiving Link-Up and Lifeline assistance. Each eligible carrier must keep accurate records of the revenues it forgoes in providing Lifeline and Link-Up. The board requires that the carrier file information with the federal administrator demonstrating the carrier's Lifeline and Link-Up plans meet the federal criteria, indicating the number of qualifying low-income consumers, and stating there are no state contributions.

In addition, eligible carriers shall mail each year to Lifeline and Link-Up subscribers the verification form set out below (or another form that requests the same information), in a sample size consistent with the formulas and table set forth in Appendix J of In the Matter of Lifeline and Link-Up, Report and Order and Further Notice of Proposed rulemaking, WC Docket No. 03-109, Release No. 04-87, 199 FCC Rcd 8302 (April 29, 2004). Subscribers who receive the verification form should be selected at random. Eligible carriers shall then verify on their annual report that they have performed the required verification.

#### LINK-UP AND LIFELINE RATE ASSISTANCE VERIFICATION

Failure to return this verification within 30 days may cause you to no longer be eligible for this subsidy.

Name \_\_\_\_\_ SSN \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I am currently receiving low-income monthly telephone bill assistance (Lifeline) at the following:

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

I am currently participating in the following program(s):

- Medicaid (e.g., Title XIX/Medical, State Supplemental Assistance);
- Food stamps;
- Supplemental Security Income;
- Federal Public Housing Assistance Section 8;
- Low-income Home Energy Assistance Program;
- Temporary Assistance to Needy Families;
- National School Lunch Program's free lunch program; or
- My income is at or below 135 percent of the Federal Poverty Guidelines.

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I agree to notify the telecommunications carrier if I cease to participate in any of the public assistance program I checked above or if my income becomes greater than 135 percent of the Federal Poverty Guidelines.

I certify under penalty of perjury the above information is true. I have read the information on this application and understand I must meet the above qualifications to receive assistance from these programs.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**39.3(6) Customer notification.**

a. Eligible carriers shall inform all persons ordering new or transferring existing residential service of the Link-Up and Lifeline assistance programs and shall inquire whether the customer wants to have further information concerning the programs provided, unless it is apparent that the customer would not be eligible.

b. The eligible carrier shall provide informational brochures and application forms to the county offices of the Iowa department of human services, division of community services for the counties served, to the area agency on aging, and to the community action offices of the department of human rights for the region served. In counties or regions served by more than one eligible carrier, the carriers are encouraged to cooperate in providing the brochures and forms jointly.

c. The eligible carriers shall pursue media coverage of the Link-Up and Lifeline assistance programs. This may include advertising where appropriate.



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