



Your business is our business.

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REDACTED - FOR PUBLIC INSPECTION

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October 11, 2013

ACCEPTED/FILED

OCT 18 2013

Federal Communications Commission
Office of the Secretary

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 Champlain Telephone Company
Study Area Code 150077**

Dear Ms. Dortch:

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

Please direct any questions regarding the filing to the undersigned.

Sincerely,

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

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

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

¹ 47 C.F.R. §§ 54.313, 54.422.

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

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

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

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

FCC Form 481 - Carrier Annual Reporting Data Collection Form	FCC Form 481 OMB Control No. 3060-0886/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	150077	
<015> Study Area Name	CHAMPLAIN TEL CO	ACCEPTED/FILED
<020> Program Year	2014	
<030> Contact Name: Person USAC should contact with questions about this data	Mark Webster	OCT 18 2013
<035> Contact Telephone Number: Number of the person identified in data line <030>	518-298-2480	Federal Communications Commission Office of the Secretary
<039> Contact Email Address: Email of the person identified in data line <030>	mwebster@champlaintelescope.com	

ANNUAL REPORTING FOR ALL CARRIERS	54,313 Completion Required	54,422 Completion Required
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			(check box when complete)	
<100> Service Quality Improvement Reporting	<i>(complete attached worksheet)</i>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<200> Outage Reporting (voice)	<i>(complete attached worksheet)</i>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210>	<input checked="" type="checkbox"/> <-- check box if no outages to report		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<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"/>	<i>(attach descriptive document)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<320> Unfulfilled Service Requests (broadband)	<input type="text"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<330> Detail on Attempts (broadband)	<input type="text"/>	<i>(attach descriptive document)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<400> Number of Complaints per 1,000 customers (voice)			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<410> Fixed	<input type="text" value="1.25"/>			
<420> Mobile	<input type="text"/>			
<430> Number of Complaints per 1,000 customers (broadband)			<input type="checkbox"/>	<input checked="" type="checkbox"/>
<440> Fixed	<input type="text"/>			
<450> Mobile	<input type="text"/>			
<500> Service Quality Standards & Consumer Protection Rules Compliance	<i>(check to indicate certification)</i>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510> 150077ny510	<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> 150077ny610	<i>(attached descriptive document)</i>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700> Company Price Offerings (voice)	<i>(complete attached worksheet)</i>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<710> Company Price Offerings (broadband)	<i>(complete attached worksheet)</i>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<800> Operating Companies and Affiliates	<i>(complete attached worksheet)</i>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900> Tribal Land Offerings (Y/N)?	<input type="radio"/> <input checked="" type="radio"/>	<i>(if yes, complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1000> Voice Services Rate Comparability	<i>(check to indicate certification)</i>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<1010>	<i>(attach descriptive document)</i>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<1100> Terrestrial Backhaul (Y/N)?	<input checked="" type="radio"/> <input type="radio"/>	<i>(if not, check to indicate certification)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<1110>	<i>(complete attached worksheet)</i>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<1200> Terms and Condition for Lifeline Customers	<i>(complete attached worksheet)</i>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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

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

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

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

(100) Service Quality Improvement Reporting Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	150077
<015>	Study Area Name	CHAMPLAIN TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Mark Webster
<035>	Contact Telephone Number - Number of person identified in data line <030>	518-298-2480
<039>	Contact Email Address - Email Address of person identified in data line <030>	mwebster@champlaintelephone.com
<110>	Has your company received its ETC certification from the FCC?	(yes / no) <input type="radio"/> <input checked="" type="radio"/>
<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) <input type="radio"/> <input type="radio"/>

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

Name of Attached Document (.pdf)

Please check these boxes below to confirm that the attached PDF, on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

- <113>** Maps detailing progress towards meeting plan targets
- <114>** Report how much universal service (USF) support was received
- <115>** How (USF) was used to improve service quality
- <116>** How (USF) was used to improve service coverage
- <117>** How (USF) was used to improve service capacity
- <118>** Provide an explanation of network improvement targets not met in the prior calendar year.

**(900) Tribal Lands Reporting
Data Collection Form**

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

<010>	Study Area Code	150077
<015>	Study Area Name	CHAMPLAIN TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Mark Webster
<035>	Contact Telephone Number - Number of person identified in data line <030>	518-298-2480
<039>	Contact Email Address - Email Address of person identified in data line <030>	mwebster@champlaintelephone.com

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

<920> Tribal Government Engagement Obligation

Name of Attached Document (.pdf)

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

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions;
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select (Yes, No, NA)

**(1100) No Terrestrial Backhaul Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	150077
<015>	Study Area Name	CHAMPLAIN TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Mark Webster
<035>	Contact Telephone Number - Number of person identified in data line <030>	518-298-2480
<039>	Contact Email Address - Email Address of person identified in data line <030>	mwebster@champlaintelephone.com

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

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

(1200) Terms and Condition for Lifeline Customers Lifeline Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	150077
<015>	Study Area Name	CHAMPLAIN TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Mark Webster
<035>	Contact Telephone Number - Number of person identified in data line <030>	518-298-2480
<039>	Contact Email Address - Email Address of person identified in data line <030>	mwebster@champlaintelephone.com

<1210> Terms & Conditions of Voice Telephony Lifeline Plans 150077ny1210

Name of attached document (.pdf)

<1220> Link to Public Website HTTP http://champlaintelephone.com/subservices.php?page_ID=79

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

- <1221>
Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,
✓
- <1222>
Details on the number of minutes provided as part of the plan,
✓
- <1223>
Additional charges for toll calls, and rates for each such plan.
✓

(2000) Price Cap Carrier Additional Documentation Data Collection Form <i>Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers</i>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	150077
<015>	Study Area Name	CHAMPLAIN TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Mark Webster
<035>	Contact Telephone Number - Number of person identified in data line <030>	518-298-2480
<039>	Contact Email Address - Email Address of person identified in data line <030>	mwebster@champlaintelescope.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	FD-3 Form 481
	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010> Study Area Code	150077
<015> Study Area Name	CHAMPLAIN TEL CO
<020> Program Year	2014
<030> Contact Name - Person USAC should contact regarding this data	Mark Webster
<035> Contact Telephone Number - Number of person identified in data line <030>	518-298-2480
<039> Contact Email Address - Email Address of person identified in data line <030>	mwebster@champlainelephone.com

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

Progress Report on 5 Year Plan

<p>(3010) Milestone Certification (47 CFR § 54.313(f)(1)(i)) Please check this box to confirm that the attached PDF, on line 3012, contains the required information pursuant to § 54.313 (f)(1)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.</p>	<p>Name of Attached Document Listing Required Information</p> <p><input type="checkbox"/></p>
<p>(3012) Community Anchor Institutions (47 CFR § 54.313(f)(1)(iii)) (3013) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2)) (3014) If yes, does your company file the RUS annual report Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:</p>	<p>Name of Attached Document Listing Required Information</p> <p><input checked="" type="checkbox"/> (Yes/No) <input checked="" type="checkbox"/> (Yes/No)</p>
<p>(3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers) (3016) PDF of Balance Sheet, Income Statement and Statement of Cash Flows</p>	<p><input checked="" type="checkbox"/> <input checked="" type="checkbox"/></p>
<p>(3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation (3018) If the response is no on line 3014, Is your company audited? If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:</p>	<p>Name of Attached Document Listing Required Information</p> <p>150077ny3017 <input type="checkbox"/> (Yes/No)</p>
<p>(3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications (3020) PDF of Balance Sheet, Income Statement and Statement of Cash Flows</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p>(3021) Management letter issued by the independent certified public accountant that performed the company's financial audit. If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains: Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,</p>	<p><input type="checkbox"/> <input type="checkbox"/></p>
<p>(3022) Underlying information subjected to a review by an independent certified public accountant (3023) Underlying information subjected to an officer certification.</p>	<p><input type="checkbox"/> <input type="checkbox"/></p>
<p>(3024) Underlying information subjected to an officer certification. (3025) PDF of Balance Sheet, Income Statement and Statement of Cash Flows</p>	<p><input type="checkbox"/> <input type="checkbox"/></p>
<p>(3026) Attach the worksheet listing required information</p>	<p>Name of Attached Document Listing Required Information</p> <p>_____</p>

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	150077
<015> Study Area Name	CHAMPLAIN TEL CO
<020> Program Year	2014
<030> Contact Name - Person USAC should contact regarding this data	Mark Webster
<035> Contact Telephone Number - Number of person identified in data line <030>	518-298-2480
<039> Contact Email Address - Email Address of person identified in data line <030>	mwebster@champlaintelescope.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. 3050-0045/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	150077
<015>	Study Area Name	CHAMPLAIN TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Mark Webster
<035>	Contact Telephone Number - Number of person identified in data line <030>	518-298-2480
<039>	Contact Email Address - Email Address of person identified in data line <030>	mwebster@champlainelephone.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) <u>John Staurulakis, Inc</u> is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	John Staurulakis, Inc
Name of Reporting Carrier:	CHAMPLAIN TEL CO
Signature of Authorized Officer:	CERTIFIED ONLINE Date: 10/10/2013
Printed name of Authorized Officer:	Mark Webster
Title or position of Authorized Officer:	Controller
Telephone number of Authorized Officer:	5518-298-2480
Study Area Code of Reporting Carrier:	150077 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:	CHAMPLAIN TEL CO
Name of Authorized Agent or Employee of Agent:	John Staurulakis, Inc.
Signature of Authorized Agent or Employee of Agent:	CERTIFIED ONLINE Date: 10/10/2013
Printed name of Authorized Agent or Employee of Agent:	Alice Lewis
Title or position of Authorized Agent or Employee of Agent:	Manager
Telephone number of Authorized Agent or Employee of Agent:	217-498-6863
Study Area Code of Reporting Carrier:	150077 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

In establishing this certification in its *2005 ETC Order*,¹ the FCC found that an ETC must make “a specific commitment to objective measures to protect consumers.”² The Commission found that for wireless ETCs, compliance with CTIA’s Consumer Code for Wireless Service would satisfy this requirement” and that the sufficiency of other commitments would be considered on a case-by-case basis.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

Champlain Telephone Company (“Company”) hereby certifies that it is complying with applicable service quality standards and consumer protection rules. The Company is subject to service quality standards and consumer protection obligations under both federal and state law. These standards and obligations include, but are not limited to, the following: (1) providing copies of a tariff, pending tariff, or rate filing which disclose rates, terms and conditions of service to customers in accordance with the New York Code of Rules and Regulations (NYCRR) Title 16, Volume C, Chapter 6, Subchapter A, 602.4; (2) adherence to state service quality standards and consumer protection requirements governing telephone providers under NYCRR Title 16, Volume C, Chapter 6, Subchapter A service, Parts 600, 602, 603, and 609; (3) truth-in-billing

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.

requirements; and (4) CPNI, Red Flag Rules and other applicable federal and state requirements governing the protection of customers' privacy.

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

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

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

Champlain Telephone Company
Rates, Terms, and Conditions for Lifeline Service
(Response to Form 481, Line 1210)

Local exchange service rates and charges as specified below are for basic local exchange service, including Tone Dialing Service, and facilities only. Unless otherwise specified, the rates and charges quoted below are for a period of one month, payable in advance and provide unlimited flat rate calling within the local exchange calling scope.

Residential Local Exchange Access Line Rates⁽¹⁾:

Exchange Name	R-1 Rate
Champlain	\$19.11
Rouses Point	\$19.11
Mooers	\$20.05

⁽¹⁾ Above listed fees do not include mandatory taxes, fees and surcharges, including, but not limited to 9-1-1 fees, and municipal franchise fees.



Lifeline Assistance Program

The Lifeline assistance program offered by Champlain Telephone Company is a federal program that provides eligible households with a monthly discount on telephone service. Primelink offers Lifeline on all of its voice packages, including bundles.

Who qualifies for Lifeline?

You are eligible for Lifeline Service if your total household income is at or below 135% of the **Federal Poverty Guidelines**; or if you, your dependent, or your household participates in one of the following:

- Medicaid
- SSI (not disability)
- Supplemental Nutrition Assistance Program (SNAP) formerly Food Stamps
- Home Energy Assistance Program (HEAP)
- Family Assistance
- Safety Net Assistance
- Federal Public Housing Assistance (Section 8)
- National School Lunch Program's Free Lunch Program
- Veterans Disability Pension
- Veterans Surviving Spouse Pension

Applicants must provide proof that they meet the income guidelines or receive one of these benefits.

Are there restrictions?

Lifeline is only available on one wire line or one wireless telephone per household. Customers may not transfer their Lifeline benefits to another person, even if the other person is eligible. Each year, Lifeline customers must certify that they are still eligible for the discount. Customers who willfully make false statements in order to obtain the benefits are subject to fine or imprisonment or may be barred from the program.

How do I apply for Lifeline?

Local Telephone

- [Calling Features](#)
- [Enhanced Phone Services](#)
- [Lifeline Assistance Program](#)

Long Distance

- [Long Distance Information](#)

Billing

- [Tax and Surcharge Information](#)
- [Online Bill Pay](#)

Lifeline Assistance Program

Customers must enroll in Lifeline service and must provide proof of eligibility before receiving support. **Complete this application** (**Adobe Reader** Required) and send it along with proof of your eligibility (for example, a copy of your SNAP or Medicaid card, an SSI award letter, last year's tax return, three consecutive months of pay stubs, or any other documentation you have to prove eligibility) to **service@champlaintelephone.com** or mail to 1118 State Route 9 - PO Box 782 Champlain, NY 12919-0782. We encourage you to contact us if you believe you qualify for this program. Please contact us at (518) 298-2411 or come in and talk with one of our customer service representatives at our business office. We will work with you to answer any questions you may have.

MAINTAINED BY [REDACTED]

REDACTED – FOR PUBLIC INSPECTION

CHAMPLAIN TELEPHONE COMPANY (SAC 150077)

ATTACHMENT - LINE 3012

ATTACHMENT REDACTED IN ENTIRETY