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DowLohnes

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REDACTED FOR PUBLIC INSPECTION

October 31, 2013

RECEIVED
OCT 31 2013
Federal Communications Commission
Office of the Secretary

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

Re: Midcontinent Communications
WC Docket Nos. 10-90 and 11-42
2013 Form 481 Filings

Dear Ms. Dortch:

Pursuant to Sections 54.313 and 54.422 of the Commission's rules and the Commission's August 6, 2013 public notice, Midcontinent Communications ("Midcontinent"), by its attorney, hereby submits its Form 481 reports for 2013 for the states listed below.[1]

Filings are being submitted for the following states:

- Minnesota
- North Dakota
- South Dakota

These filings were submitted to the Universal Service Administrative Company via electronic filing on October 14, 2013 and were submitted to the relevant state regulators on or before October 15, 2013.

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

[1] Wireline Competition Bureau Announces Filing Deadline of October 15, 2013 for Eligible Telecommunications Carriers to File High-Cost and Low-Income Annual Reports, and Announces Filings Deadline of December 16, 2013 for States and ETCs to File Annual Use Certification, *Public Notice,* WC Docket Nos. 10-90, 11-42, DA 13-707 (rel. Aug. 6, 2013). In light of the federal government shutdown, all filing deadlines during the shutdown were deferred. Revised Filing Deadlines Following Resumption of Normal Commission Operations, *Public Notice,* DA 13-2025 (rel. Oct. 17, 2013). Under the October 17 *Public Notice,* filings due on October 15 are due on October 31. Consequently this filing is timely.

Please inform me if any questions should arise in connection with this submission.

Respectfully submitted,

J.G. Harrington

Counsel to Midcontinent Communications

Attachments (3)

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Accepted/Filed

OCT 3 1 2013

FCC Office of the Secretary

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	369015
<015>	Study Area Name	Midcontinent Communications
<020>	Program Year	2014
<030>	Contact Name: Person USAC should contact with questions about this data	Mary Lohnes
<035>	Contact Telephone Number: Number of the person identified in data line <030>	(605) 357-5459
<039>	Contact Email Address: Email of the person identified in data line <030>	mary_lohnes@rsi.net

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)			
<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: 0.6			
<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>		(attached descriptive document)		
<600>	Functionality in Emergency Situations	(check to indicate certification)		
<610>		(attached descriptive document)		
<700>	Company Price Offerings (voice)	(complete attached worksheet)		
<710>	Company Price Offerings (broadband)	(complete attached worksheet)		
<800>	Operating Companies and Affiliates	(complete attached worksheet)	✓	✓
<900>	Tribal Land Offerings (Y/N)? ○ ●	(if yes, complete attached worksheet)		
<1000>	Voice Services Rate Comparability	(check to indicate certification)		
<1010>		(attach descriptive document)		
<1100>	Terrestrial Backhaul (Y/N)? ● ○	(if not, check to indicate certification)	✓	
<1110>		(complete attached worksheet)		
<1200>	Terms and Condition for Lifeline Customers	(complete attached worksheet)		✓

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

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

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

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

(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	369015
<015>	Study Area Name	Midcontinent Communications
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Mary Lohnes
<035>	Contact Telephone Number - Number of person identified in data line <030>	(605) 357-5459
<039>	Contact Email Address - Email Address of person identified in data line <030>	mary_lohnes@mmi.net

<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	369015
<015>	Study Area Name	Midcontinent Communications
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Mary Lohnes
<035>	Contact Telephone Number - Number of person identified in data line <030>	(605) 357-5459
<039>	Contact Email Address - Email Address of person identified in data line <030>	mary_lohnes@mmi.net

<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	369015
<015>	Study Area Name	Midcontinent Communications
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Mary Lohnes
<035>	Contact Telephone Number - Number of person identified in data line <030>	(605) 357-5459
<039>	Contact Email Address - Email Address of person identified in data line <030>	mary_lohnes@mmi.net

<701>	Residential Local Service Charge Effective Date	1/1/2013
<702>	Single State-wide Residential Local Service Charge	

<703>

<a1> State	<a2> Exchange (ILEC)	<a3> SAC (CETC)	<b1> Rate Type	<b2> Residential Local Service Rate	<b3> State Subscriber Line Charge	<b4> State Universal Service Fee	<b5> Mandatory Extended Area Service Charge	<c> 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	369015
<015>	Study Area Name	Midcontinent Communications
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Mary Lohnes
<035>	Contact Telephone Number - Number of person identified in data line <030>	(605) 357-5459
<039>	Contact Email Address - Email Address of person identified in data line <030>	mary_lohnes@mmi.net

<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	369015
<015>	Study Area Name	Midcontinent Communications
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Mary Lohnes
<035>	Contact Telephone Number - Number of person identified in data line <030>	(605) 357-5459
<039>	Contact Email Address - Email Address of person identified in data line <030>	mary_lohnes@mmi.net

<810>	Reporting Carrier	Midcontinent Communications
<811>	Holding Company	
<812>	Operating Company	

<813>

<a1> Affiliates	<a2> SAC	<a3> 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	369015
<015>	Study Area Name	Midcontinent Communications
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Mary Lohnes
<035>	Contact Telephone Number - Number of person identified in data line <030>	(605) 357-5459
<039>	Contact Email Address - Email Address of person identified in data line <030>	mary_lohnes@mmi.net

<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	369015
<015>	Study Area Name	Midcontinent Communications
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Mary Lohnes
<035>	Contact Telephone Number - Number of person identified in data line <030>	(605) 357-5459
<039>	Contact Email Address - Email Address of person identified in data line <030>	mary_lohnes@mmi.net

<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	369015
<015>	Study Area Name	Midcontinent Communications
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Mary Lohnes
<035>	Contact Telephone Number - Number of person identified in data line <030>	(605) 357-5459
<039>	Contact Email Address - Email Address of person identified in data line <030>	mary_lohnes@mmi.net

<1210> Terms & Conditions of Voice Telephony Lifeline Plans — 369015MN1210

Name of attached document (.pdf)

<1220> Link to Public Website — HTTP _____

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

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

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

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

(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	369015
<015>	Study Area Name	Midcontinent Communications
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Mary Lohnes
<035>	Contact Telephone Number - Number of person identified in data line <030>	(605) 357-5459
<039>	Contact Email Address - Email Address of person identified in data line <030>	mary_lohnes@mmi.net

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	369015
<015>	Study Area Name	Midcontinent Communications
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Mary Lohnes
<035>	Contact Telephone Number - Number of person identified in data line <030>	(605) 357-5459
<039>	Contact Email Address - Email Address of person identified in data line <030>	mary.lohnes@mmi.net

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

Progress Report on 5 Year Plan

(3010)	Milestone Certification (47 CFR § 54.313(f)(1)(i)) Please check this box to confirm that the attached PDF , on line 3012,	Name of Attached Document Listing Required Information	☐
(3011)	contains the required information pursuant to § 54.313 (f)(1)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.		
(3012)	Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))	Name of Attached Document Listing Required Information	
(3013)	Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))		☐ (Yes/No)
(3014)	If yes, does your company file the RUS annual report		☐ (Yes/No)
	Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:		
(3015)	Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)		☐
(3016)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		☐
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	Name of Attached Document Listing Required Information	
(3018)	If the response is no on line 3014, is your company audited?		☐ (Yes/No)
	If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains :		
(3019)	Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications		☐
(3020)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		☐
(3021)	Management letter issued by the independent certified public accountant that performed the company's financial audit.		☐
	If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:		
(3022)	Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,		☐
(3023)	Underlying information subjected to a review by an independent certified public accountant		☐
(3024)	Underlying information subjected to an officer certification.		☐
(3025)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		☐
(3026)	Attach the worksheet listing required information	Name of Attached Document Listing Required Information	

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	369015
<015>	Study Area Name	Midcontinent Communications
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Mary Lohnes
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<039>	Contact Email Address - Email Address of person identified in data line <030>	mary_lohnes@mi.net

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: Midcontinent Communications

Signature of Authorized Officer: CERTIFIED ONLINE Date

Printed name of Authorized Officer: Tom Simmons

Title or position of Authorized Officer: SR VP of Public Policy

Telephone number of Authorized Officer: 605-357-5491

Study Area Code of Reporting Carrier: 369015 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.

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	369015
<015>	Study Area Name	Midcontinent Communications
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Mary Lohnes
<035>	Contact Telephone Number - Number of person identified in data line <030>	(605) 357-5459
<039>	Contact Email Address - Email Address of person identified in data line <030>	mary_lohnes@mi.net

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

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier

I certify that (Name of Agent)_____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.

Name of Authorized Agent:

Name of Reporting Carrier: Midcontinent Communications

Signature of Authorized Officer: CERTIFIED ONLINE Date:

Printed name of Authorized Officer:

Title or position of Authorized Officer:

Telephone number of Authorized Officer: 605-357-5491

Study Area Code of Reporting Carrier: 369015 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: Midcontinent Communications

Name of Authorized Agent or Employee of Agent:

Signature of Authorized Agent or Employee of Agent: CERTIFIED ONLINE Date:

Printed name of Authorized Agent or Employee of Agent:

Title or position of Authorized Agent or Employee of Agent

Telephone number of Authorized Agent or Employee of Agent:

Study Area Code of Reporting Carrier: 369015 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

Midcontinent® Lifeline Assistance

Midcontinent COMMUNICATIONS

We're Here To Help

For some people, especially the homebound, telephone and Internet services are a lifeline to the outside world. Low-income subscribers can apply for aid to help with their telephone and broadband bill through Midcontinent's Lifeline Assistance program. If you have any questions, please call 1.800.888.1300 and we'll be happy to assist you.

About Lifeline Assistance

Lifeline provides eligible subscribers telephone and broadband services at a reduced monthly rate. Lifeline subscribers may also receive equipment at no charge and free installation.

Service must be in the eligible participant's name. (Only ONE credit per service per household.)

Important to Remember

- Willfully making false statements to obtain Lifeline Assistance benefits can result in de-enrollment from the program. (Telephone Lifeline is a federally funded benefit and willfully making false statements will also result in fines and imprisonment.)
- Only one Lifeline service is available per household. A household is defined, for purposes of the Lifeline program, as any individual or group of individuals who live together at the same address and share income and expenses and is not permitted to receive Lifeline benefits from multiple providers. Violation of the one-per-household limitation will result in the subscriber's de-enrollment from the program.
- Lifeline is a non-transferable benefit and the subscriber may not transfer his/her benefit to any other person.

To Apply, complete form on other side, attach the required income documents then mail to:

Midcontinent Communications
P.O Box 5010
Sioux Falls, SD 57117-9908

Midcontinent COMMUNICATIONS

MC62 0713

Services not available in all areas. Some restrictions may apply.

(please print)

Lifeline Assistance Form

Last Name _____ First Name _____ Middle _____

Check the box for service(s) you would like to enroll in: ☐ Broadband ☐ Telephone ☐ Both

Street Address _____ City _____ State _____ Zip _____

Billing Addresss _____ City _____ State _____ Zip _____
(Fill in only if different than service address)

Is this a permanent or temporary residence for you? ☐ Permanent ☐ Temporary *(Temporary addresses must be verified every 90 days.)*

Check the box that best describes where you live: ☐ I live on Tribal Land ☐ I do not live on Tribal Land

Date of birth: Month _____ Day _____ Year _____ Last four digits of your Social Security #: _____

Telephone Number: _____ Telephone Company: _____
(Fill in only if different than Midcontinent Communications.)

Number of people living in your household: _____

Qualifications and Instructions:

People who are currently participating in at least one of the following or have an annual income at or below 135%** of the Federal Poverty Guideline can qualify for Midcontinent's Lifeline Assistance program. **Service must be in the name of the eligible participant.** And, to the best of your knowledge, the household is not already receiving broadband and/or telephone Lifeline service. You may need to re-certify eligibility at any time – failure to re-certify will result in de-enrollment and termination of benefits.

1. I receive benefits from the following program(s):
(Check all that apply and attach proof.)

- ☐ Medicaid/Medical Assistance
- ☐ Federal Public Housing (FPHA) or Section 8 Assistance
- ☐ Supplemental Security Income (SSI)
- ☐ Supplemental Nutrition Assistance Program (SNAP) formerly known as Food Stamps
- ☐ Low-Income Home Energy Assistance Program (LIHEAP)
- ☐ National School Free Lunch Program
- ☐ Minnesota Family Investment Program (MFIP)
- ☐ Temporary Assistance for Needy Families (TANF)
- ☐ Tribally Administered Head Start (for those meeting income qualifying standard)
- ☐ Bureau of Indian Affairs General Assistance
- ☐ Tribally Administered Temporary Assistance for Needy Families (TTANF)

2. I do not receive benefits from any of the programs listed under Part 1, however my income is at or below 135% of Federal Poverty Guideline.
(Please attach one of the documents below if you did not check any boxes in #1. Proof of income must be valid and current.)

- ☐ Last year's State, Federal or Tribal Tax Return
- ☐ A Federal or Tribal notice letter of participation in General Assistance Program
- ☐ Three consecutive months of most recent paycheck stub
- ☐ Veterans Administration Benefits Statement
- ☐ Unemployment/Workmen's Compensation Statement
- ☐ Child Support Document (if proves income)
- ☐ Current annual income statement from employer
- ☐ Social Security Benefits Statement
- ☐ Retirement/Pension Benefits Statement
- ☐ Divorce Decree (if proves income)
- ☐ Other official document that proves income: _____

I agree to notify Midcontinent Communications within 30 days should any of the following become true: (1) if I no longer participate in any of the above qualifying programs (2) my income rises above 135% of the Federal Poverty Guideline (3) if my address changes, I will provide the new address. I have read the information on this application and understand I must meet one of the criteria above to receive service discounts on my home telephone line and/or data service. Failure to provide the required information and documentation will result in termination of Lifeline benefits. I further understand that my household may apply for only ONE credit for all services. Midcontinent may provide my name, telephone number, and address to USAC (Universal Service Administrative Company) and/or its agents for the purpose of verifying that the subscriber does not receive more than one Lifeline benefit. I certify that under the possible penalty of perjury all preceeding information is true to the best of my knowledge.

Applicant Signature _____ Print Authorized Representative Name† _____

Date _____ Day Phone Number† _____ Date† _____

†Fill in only if you are an "Authorized Representative" for the applicant; are submitting this form on behalf of this customer and are willing to assist the applicant in seeking Lifeline service discounts.

To Apply, complete this form, attach the required income documents then mail to:

Midcontinent Communications
P.O Box 5010
Sioux Falls, SD 57117-9908

1.800.888.1300 • midcocomm.com

Midcontinent COMMUNICATIONS

**(Federal Poverty Guideline) x 1.35 = Qualifying Income Level. The percentage is subject to change. Services not available in all areas. Some restrictions may apply.*

DIGITAL PHONE

Security. Affordability. Crystal Clarity.

Home phone service doesn't get any easier than this!

Our digital phone service works just like your current phone service. You dial the same way. You use the same phone equipment you always have. But with our crystal clear digital signal, it'll sound like you're standing right next to the person on the other end of the line!

Our Digital Phone package is packed full of features. We give you unlimited* long distance – plus eight of our most requested calling features – all for one great price!

Talk all you want – there's no need to watch the clock. No complicated calling plans. And no dropped calls. Midcontinent Digital Phone service gives you much more, for much less. It's the new way to talk.

Digital Phone Package*

$32.95 per mo.

ORDER NOW!

Includes local phone line, unlimited calling to any U.S. State, Canada, the Virgin Islands, Puerto Rico and Guam plus Call Waiting ID, 3-Way Calling, Call Forwarding Universal, Last Call Return, Continuous Redial, Speed Call 30, Distinctive Ringing, Caller ID Name & Number (includes Anonymous Call Rejection. Caller ID equipment not included) and Voicemail with eVOICE.

Basic Digital Phone Line

$20.00 per mo.

ORDER NOW!

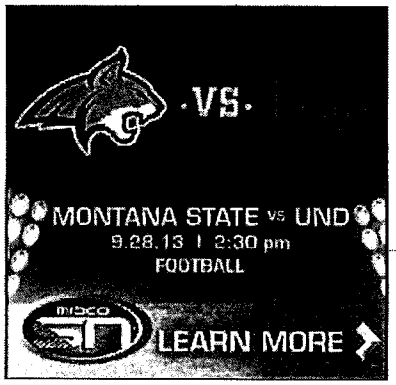
MY LOCATION
57105 Change

RESOURCE CENTER
SERVICES AND FEATURES
All The Fun Stuff
Digital Phone Brochure
Digital Phone User Guide
How It All Works
Telecommunications Relay Service

FORMS & POLICY MANUALS
Application for Exemption from Directory Assistance Charges - Online Form
Lifeline Application

TUTORIALS
Voicemail Guide

VISIT THE RESOURCE CENTER



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Unlimited Local and Long Distance Calling Package*

$10.95 per mo.

ORDER NOW!

Click here for for International Rates

$9.95 per mo.

ORDER NOW!

Long Distance Calling Per Minute

$0.079 per min.

ORDER NOW!

Voicemail

$5.95 per mo.

ORDER NOW!

All Other Phone Features (each)

$3.95 per mo.

ORDER NOW!**

- Call Waiting ID
- 3-Way Calling
- Call Forwarding Universal
- Last Call Return
- Continuous Redial
- Speed Call 30
- Distinctive Ringing
- Caller ID Name & Number**

Telephone 8 Feature Group

$9.95 per mo.

ORDER NOW!

Includes Call Waiting ID, 3-Way Calling, Call Forwarding, Speed Call 30, Distinctive Ringing, Continuous Redial, Last Call Return, Caller ID Name & Number

Telephone 3 Feature Group

$7.95 per mo.

ORDER NOW!

Select any 3 of the features available in the 8 Feature Group.

View our Service & Price Guide.

** Unlimited and local and long distance calling (up to 5,000 minutes per month) to the continental U.S., Alaska, Hawaii, Canada, U.S. Virgin Islands, Puerto Rico and Guam. Other locations are considered International and charged at per minute calling rates. Calling card calls, collect calls, 900 number calls, operator assisted calls, and directory assistance are not included. Digital Phone service is subject to Terms and Conditions.*

*** Includes Anonymous Call Rejection. Caller ID equipment not included. All services are per month unless otherwise indicated.*

All services are per month unless otherwise indicated. Services not available in all areas. Some restrictions may apply.

A

Accepted/Filed

OCT 3 1 2013

FCC Office of the Secretary

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	389011
<015>	Study Area Name	NIDCONTINENT COMMUNICATIONS
<020>	Program Year	2014
<030>	Contact Name: Person USAC should contact with questions about this data	Mary Lohnes
<035>	Contact Telephone Number: Number of the person identified in data line <030>	(605) 357-5459
<039>	Contact Email Address: Email of the person identified in data line <030>	mary_lohnes@mt.net

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	0.15		
<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>	389011H0510 Ex. B	(attached descriptive document)	✓	
<600>	Functionality in Emergency Situations	(check to indicate certification)	✓	
<610>	389011H0610 Ex. C	(attached descriptive document)	✓	
<700>	Company Price Offerings (voice)	(complete attached worksheet)		
<710>	Company Price Offerings (broadband)	(complete attached worksheet)		
<800>	Operating Companies and Affiliates	(complete attached worksheet)	✓	✓
<900>	Tribal Land Offerings (Y/N)? ○ ✓	(if yes, complete attached worksheet)	✓	
<1000>	Voice Services Rate Comparability	(check to indicate certification)		
<1010>		(attach descriptive document)		
<1100>	Terrestrial Backhaul (Y/N)? ✓ ○	(if not, check to indicate certification)	✓	
<1110>		(complete attached worksheet)		
<1200>	Terms and Condition for Lifeline Customers	(complete attached worksheet)		✓

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

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

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

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

(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	389011
<015>	Study Area Name	MIDCONTINENT COMMUNICATIONS
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Mary Lohnes
<035>	Contact Telephone Number - Number of person identified in data line <030>	(605) 357-5459
<039>	Contact Email Address - Email Address of person identified in data line <030>	mary_lohnes@mi.net

<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.

389001ND122 Ex. A

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	369011
<015>	Study Area Name	MIDCONTINENT COMMUNICATIONS
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Mary Lohnes
<035>	Contact Telephone Number - Number of person identified in data line <030>	(605) 357-5452
<039>	Contact Email Address - Email Address of person identified in data line <030>	mary_lohnes@mci.net

<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	389011
<015>	Study Area Name	MIDCONTINENT COMMUNICATIONS
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Mary Lohnes
<035>	Contact Telephone Number - Number of person identified in data line <030>	(605) 357-5459
<039>	Contact Email Address - Email Address of person identified in data line <030>	mary_lohnes@mai.net

<701>	Residential Local Service Charge Effective Date	1/1/2013
<702>	Single State-wide Residential Local Service Charge	

<703>

<a1> State	<a2> Exchange (ILEC)	<a3> SAC (CETC)	<b1> Rate Type	<b2> Residential Local Service Rate	<b3> State Subscriber Line Charge	<b4> State Universal Service Fee	<b5> Mandatory Extended Area Service Charge	<c> 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	389011
<015>	Study Area Name	MIDCONTINENT COMMUNICATIONS
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Mary Lohnes
<035>	Contact Telephone Number - Number of person identified in data line <030>	(605) 357-5459
<039>	Contact Email Address - Email Address of person identified in data line <030>	mary_lohnes@mi.net

<711>

<a1> State	<a2> Exchange (ILEC)	<b1> Residential Rate	<b2> State Regulated Fees	<c> Total Rate and Fees	<d1> Broadband Service - Download Speed (Mbps)	<d2> Broadband Service - Upload Speed (Mbps)	<d3> Usage Allowance (GB)	<d4> 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	389011
<015>	Study Area Name	MIDCONTINENT COMMUNICATIONS
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Mary Johnson
<035>	Contact Telephone Number - Number of person identified in data line <030>	(605) 357-5459
<039>	Contact Email Address - Email Address of person identified in data line <030>	mary_johnson@mci.net

<810>	Reporting Carrier	Midcontinent Communications
<811>	Holding Company	
<812>	Operating Company	

<813>

<a1> Affiliates	<a2> SAC	<a3> 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	385011
<015>	Study Area Name	MIDCONTINENT COMMUNICATIONS
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Mary Lohnes
<035>	Contact Telephone Number - Number of person identified in data line <030>	(605) 357-5459
<039>	Contact Email Address - Email Address of person identified in data line <030>	mary_lohnes@mci.net

<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	389011
<015>	Study Area Name	MIDCONTINENT COMMUNICATIONS
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Mary Lohnes
<035>	Contact Telephone Number - Number of person identified in data line <030>	(605) 357-5459
<039>	Contact Email Address - Email Address of person identified in data line <030>	mary_lohnes@mci.net

<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	389011
<015>	Study Area Name	MIDCONTINENT COMMUNICATIONS
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Mary Lohnes
<035>	Contact Telephone Number - Number of person identified in data line <030>	(605) 357-5459
<039>	Contact Email Address - Email Address of person identified in data line <030>	mary_lohnes@mci.net

<1210> Terms & Conditions of Voice Telephony Lifeline Plans — 389001NM1210 Ex. D

Name of attached document (.pdf)

<1220> Link to Public Website — HTTP _____

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

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

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

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

(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	389011
<015>	Study Area Name	MIDCONTINENT COMMUNICATIONS
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Mary Lohnes
<035>	Contact Telephone Number - Number of person identified in data line <030>	(605) 357-5459
<039>	Contact Email Address - Email Address of person identified in data line <030>	mary_lohnes@mci.net

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	389021
<015>	Study Area Name	MIDCONTINENT COMMUNICATIONS
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Mary Lohnes
<035>	Contact Telephone Number - Number of person identified in data line <030>	(605) 357-5459
<039>	Contact Email Address - Email Address of person identified in data line <030>	mary.lohnes@mmi.net

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 RDR Carrier (47 CFR § 54.313(f)(2))		☐ (Yes/No)
(3014)	If yes, does your company file the RUS annual report		☐ (Yes/No)
	Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:		
(3015)	Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)		☐
(3016)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		☐
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	Name of Attached Document Listing Required Information	
(3018)	If the response is no on line 3014, is your company audited?		☐ (Yes/No)
	If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:		
(3019)	Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications		☐
(3020)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		☐
(3021)	Management letter issued by the independent certified public accountant that performed the company's financial audit.		☐
	If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:		
(3022)	Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers.		☐
(3023)	Underlying information subjected to a review by an independent certified public accountant		☐
(3024)	Underlying information subjected to an officer certification.		☐
(3025)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		☐
(3026)	Attach the worksheet listing required information	Name of Attached Document Listing Required Information	

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	389011
<015>	Study Area Name	MIDCONTINENT COMMUNICATIONS
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Mary Lohnes
<035>	Contact Telephone Number - Number of person identified in data line <030>	(605) 357-5459
<039>	Contact Email Address - Email Address of person identified in data line <030>	mary_lohnes@rnt.net

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:	MIDCONTINENT COMMUNICATIONS		
Signature of Authorized Officer:	CERTIFIED ONLINE	Date	10/14/2013
Printed name of Authorized Officer:	Tom Simmons		
Title or position of Authorized Officer:	SR VP of Public Policy		
Telephone number of Authorized Officer:	605-357-5491		
Study Area Code of Reporting Carrier:	389011	Filing Due Date for this form:	10/15/2013

Persons wilfully 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	383011
<015>	Study Area Name	HIDCONTINENT COMMUNICATIONS
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Mary Lohnes
<035>	Contact Telephone Number - Number of person identified in data line <030>	(605) 357-5459
<039>	Contact Email Address - Email Address of person identified in data line <030>	mary_lohnes@mt.net

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

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier

I certify that (Name of Agent)_____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.

Name of Authorized Agent:

Name of Reporting Carrier:

Signature of Authorized Officer: Date:

Printed name of Authorized Officer:

Title or position of Authorized Officer:

Telephone number of Authorized Officer:

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

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

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier

I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.

Name of Reporting Carrier:

Name of Authorized Agent or Employee of Agent:

Signature of Authorized Agent or Employee of Agent: Date:

Printed name of Authorized Agent or Employee of Agent:

Title or position of Authorized Agent or Employee of Agent

Telephone number of Authorized Agent or Employee of Agent:

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

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

Attachments

Exhibit A

Line Item 112

Redacted

Accepted/Filed

OCT 3 1 2013

FCC Office of the Secretary

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	399005
<015>	Study Area Name	MIDCONTINENT COMMUNICATIONS
<020>	Program Year	2014
<030>	Contact Name: Person USAC should contact with questions about this data	Mary Lohnes
<035>	Contact Telephone Number: Number of the person identified in data line <030>	(605) 357-5459
<039>	Contact Email Address: Email of the person identified in data line <030>	mary_lohnes@mci.net

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	0.5		
<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>	399005SD510	(attached descriptive document)		
<600>	Functionality in Emergency Situations	(check to indicate certification)	✓	
<610>	399005SD610	(attached descriptive document)		
<700>	Company Price Offerings (voice)	(complete attached worksheet)		
<710>	Company Price Offerings (broadband)	(complete attached worksheet)		
<800>	Operating Companies and Affiliates	(complete attached worksheet)	✓	✓
<900>	Tribal Land Offerings (Y/N)? ○ ⊗	(if yes, complete attached worksheet)	✓	
<1000>	Voice Services Rate Comparability	(check to indicate certification)		
<1010>		(attach descriptive document)		
<1100>	Terrestrial Backhaul (Y/N)? ⊗ ○	(if not, check to indicate certification)	✓	
<1110>		(complete attached worksheet)		
<1200>	Terms and Condition for Lifeline Customers	(complete attached worksheet)		✓

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

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

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

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

(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	399005
<015>	Study Area Name	MIDCONTINENT COMMUNICATIONS
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Mary Lohnes
<035>	Contact Telephone Number - Number of person identified in data line <030>	(605) 357-5459
<039>	Contact Email Address - Email Address of person identified in data line <030>	mary_lohnes@mmi.net

<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.

399005SD112

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	399005
<015>	Study Area Name	MIDCONTINENT COMMUNICATIONS
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Mary Lohnes
<035>	Contact Telephone Number - Number of person identified in data line <030>	(605) 357-5459
<039>	Contact Email Address - Email Address of person identified in data line <030>	mary_lohnes@mmi.net

<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	399005
<015>	Study Area Name	MIDCONTINENT COMMUNICATIONS
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Mary Lohnes
<035>	Contact Telephone Number - Number of person identified in data line <030>	(605) 357-5459
<039>	Contact Email Address - Email Address of person identified in data line <030>	mary_lohnes@mmi.net

<701>	Residential Local Service Charge Effective Date	1/1/2013
<702>	Single State-wide Residential Local Service Charge	

<703>

<a1> State	<a2> Exchange (ILEC)	<a3> SAC (CETC)	<b1> Rate Type	<b2> Residential Local Service Rate	<b3> State Subscriber Line Charge	<b4> State Universal Service Fee	<b5> Mandatory Extended Area Service Charge	<c> 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	399005
<015>	Study Area Name	MIDCONTINENT COMMUNICATIONS
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Mary Lohnes
<035>	Contact Telephone Number - Number of person identified in data line <030>	(605) 357-5459
<039>	Contact Email Address - Email Address of person identified in data line <030>	mary_lohnes@mmi.net

<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	399005
<015>	Study Area Name	MIDCONTINENT COMMUNICATIONS
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Mary Lohnes
<035>	Contact Telephone Number - Number of person identified in data line <030>	(605) 357-5459
<039>	Contact Email Address - Email Address of person identified in data line <030>	mary_lohnes@mmi.net

<810>	Reporting Carrier	Midcontinent Communications
<811>	Holding Company	
<812>	Operating Company	

<813>

<a1> Affiliates	<a2> SAC	<a3> 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	399005
<015>	Study Area Name	MIDCONTINENT COMMUNICATIONS
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Mary Lohnes
<035>	Contact Telephone Number - Number of person identified in data line <030>	(605) 357-5459
<039>	Contact Email Address - Email Address of person identified in data line <030>	mary_lohnes@mmi.net

<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	399005
<015>	Study Area Name	MIDCONTINENT COMMUNICATIONS
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Mary Lohnes
<035>	Contact Telephone Number - Number of person identified in data line <030>	(605) 357-5459
<039>	Contact Email Address - Email Address of person identified in data line <030>	mary_lohnes@mmi.net

<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	399005
<015>	Study Area Name	MIDCONTINENT COMMUNICATIONS
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Mary Lohnes
<035>	Contact Telephone Number - Number of person identified in data line <030>	(605) 357-5459
<039>	Contact Email Address - Email Address of person identified in data line <030>	mary_lohnes@mmi.net

<1210> Terms & Conditions of Voice Telephony Lifeline Plans — 399005SD1210

Name of attached document (.pdf)

<1220> Link to Public Website — HTTP _____

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

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

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

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

(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

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<039>	Contact Email Address - Email Address of person identified in data line <030>	mary_lohnes@mmi.net

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	399005
<015>	Study Area Name	MIDCONTINENT COMMUNICATIONS
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Mary Lohnes
<035>	Contact Telephone Number - Number of person identified in data line <030>	(605) 357-5459
<039>	Contact Email Address - Email Address of person identified in data line <030>	mary.lohnes@mci.net

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

Progress Report on 5 Year Plan

(3010)	Milestone Certification (47 CFR § 54.313(f)(1)(i)) Please check this box to confirm that the attached PDF, on line 3012,	Name of Attached Document Listing Required Information	☐
(3011)	contains the required information pursuant to § 54.313 (f)(1)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.		
(3012)	Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))	Name of Attached Document Listing Required Information	
(3013)	Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))		☐ (Yes/No)
(3014)	If yes, does your company file the RUS annual report		☐ (Yes/No)
	Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:		
(3015)	Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)		☐
(3016)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		☐
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	Name of Attached Document Listing Required Information	
(3018)	If the response is no on line 3014, is your company audited?		☐ (Yes/No)
	If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains :		
(3019)	Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications		☐
(3020)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		☐
(3021)	Management letter issued by the independent certified public accountant that performed the company's financial audit.		☐
	If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:		
(3022)	Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,		☐
(3023)	Underlying information subjected to a review by an independent certified public accountant		☐
(3024)	Underlying information subjected to an officer certification.		☐
(3025)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		☐
(3026)	Attach the worksheet listing required information	Name of Attached Document Listing Required Information	

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	399005
<015>	Study Area Name	MIDCONTINENT COMMUNICATIONS
<020>	Program Year	2014
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<039>	Contact Email Address - Email Address of person identified in data line <030>	mary_lohnes@mmi.net

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: MIDCONTINENT COMMUNICATIONS

Signature of Authorized Officer: CERTIFIED ONLINE Date

Printed name of Authorized Officer:

Title or position of Authorized Officer:

Telephone number of Authorized Officer:

Study Area Code of Reporting Carrier: 399005 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.

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	399005
<015>	Study Area Name	MIDCONTINENT COMMUNICATIONS
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Mary Lohnes
<035>	Contact Telephone Number - Number of person identified in data line <030>	(605) 357-5459
<039>	Contact Email Address - Email Address of person identified in data line <030>	mary_lohnes@emi.net

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

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier

I certify that (Name of Agent)_____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.

Name of Authorized Agent:	
Name of Reporting Carrier:	MIDCONTINENT COMMUNICATIONS
Signature of Authorized Officer:	CERTIFIED ONLINE — Date:
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	399005 — Filing Due Date for this form: 10/15/2013

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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:	MIDCONTINENT COMMUNICATIONS
Name of Authorized Agent or Employee of Agent:	
Signature of Authorized Agent or Employee of Agent:	CERTIFIED ONLINE — Date:
Printed name of Authorized Agent or Employee of Agent:	
Title or position of Authorized Agent or Employee of Agent	
Telephone number of Authorized Agent or Employee of Agent:	
Study Area Code of Reporting Carrier:	399005 — Filing Due Date for this form: 10/15/2013

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