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REDACTED – FOR PUBLIC INSPECTION

VIA HAND DELIVERY AND ECFS

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

RE: Form 481 – Carrier Annual Reporting Data Collection, 2013
WC Dockets No. 10-90 and 11-42

Dear Ms. Dortch:

Pursuant to sections 54.313(i) and 54.422(c) of the Commission's Rules¹ and the Commission's Public Notice in this proceeding,² Manti Telephone Company ("Manti" or "the Company") hereby submits a copy of its "FCC Form 481 – Carrier Annual Reporting Data Collection Form," which was timely filed with the Universal Service Administrative Company and the appropriate state commission on or before October 15, 2013. Manti has only just discovered that its Form 481 was not filed with the Commission by October 31, 2013,³ although

¹ 47 CFR §§54.313 and 54.422.

² *Wireline Competition Bureau Announces Filing Deadline of October 15, 2013 for Eligible Telecommunications Carriers to File High-Cost and Low-Income Annual Reports*, PUBLIC NOTICE, WC Dockets No. 10-90 and 11-42, DA 13-1707, released August 6, 2013.

³ *Revised Filing Deadlines Following Resumption of Normal Commission Operations*, Public Notice, DA 13-2025, released October 17, 2013.

it was timely filed with USAC and the state commission. Manti will file a request for a waiver of the Commission filing deadline shortly.

The Company seeks confidential treatment under the Protective Order adopted by the Commission in this proceeding for the financial information included in its report pursuant to §54.313(f)(2).⁴ Confidential treatment of this information is appropriate on the grounds that it is commercially sensitive information that is not normally released to the public. In accordance with the Protective Order, the Company is submitting two redacted copies and one stamped confidential copy via hand delivery to the Secretary's Office, and two stamped confidential copies via hand delivery to Charles Tyler, Telecommunications Access Policy Division, Wireline Competition Bureau, Federal Communications Commission, 445 12th Street, S.W., Room 5-A452, Washington, D.C. 20554. The Company is also submitting a redacted copy via the Electronic Comment Filing System, as directed by the Public Notice.

If you have any questions, please do not hesitate to contact the undersigned counsel.

Sincerely,



Mary J. Sisak

Filed: January 7, 2014

⁴ *In the Matter of Connect America Fund, et al.*, PROTECTIVE ORDER, WC Docket No. 10-90, et al., DA 12-1857, released November 16, 2013.

Form 481 - Carrier Annual Reporting
Data Collection Form

<010> Study Area Code	502282
<015> Study Area Name	MANTI TEL CO
<020> Program Year	2014
<030> Contact Name: Person USAC should contact with questions about this data	Tamr Hansen
<035> Contact Telephone Number: Number of the person identified in data line <030>	4358253391
<039> Contact Email Address: Email of the person identified in data line <030>	tami@mail.manti.com

ANNUAL REPORTING OF ALL CARRIERS

	Completion Required	Completion Required
--	------------------------	------------------------

		(check box when complete)	
<100> Service Quality Improvement Reporting	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<200> Outage Reporting (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210> <input checked="" type="checkbox"/> <- check box if no outages to report			
<300> Unfulfilled Service Requests (voice)	<input type="text" value="0"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<310> Detail on Attempts (voice)	(attach descriptive document)		
<320> Unfulfilled Service Requests (broadband)	<input type="text"/>		
<330> Detail on Attempts (broadband)	(attach descriptive document)		
<400> Number of Complaints per 1,000 customers (voice)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<410> Fixed	<input type="text" value="0.0"/>		
<420> Mobile	<input type="text" value="0.0"/>		
<430> Number of Complaints per 1,000 customers (broadband)			
<440> Fixed	<input type="text"/>		
<450> Mobile	<input type="text"/>		
<500> Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510> 502282ut510	(attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600> Functionality in Emergency Situations	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610> 502282ut610	(attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<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)? <input type="radio"/> <input checked="" type="radio"/>	(if yes, complete attached worksheet)		
<1000> Voice Services Rate Comparability	(check to indicate certification)		
<1010>	(attach descriptive document)		
<1100> Terrestrial Backhaul (Y/N)? <input checked="" type="radio"/> <input type="radio"/>	(if not, check to indicate certification)	<input checked="" type="checkbox"/>	
<1110>	(complete attached worksheet)		
<1200> Terms and Condition for Lifeline Customers	(complete attached worksheet)		<input checked="" type="checkbox"/>

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

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

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

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

(100) Service Quality Improvement Reporting Data Collection Form	OMB Form 481 OMB Control No. 3060-0586 OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	502282
<015> Study Area Name	MANTI TEL CO
<020> Program Year	2014
<030> Contact Name - Person USAC should contact regarding this data	Tami Hansen
<035> Contact Telephone Number - Number of person identified in data line <030>	4358353391
<039> Contact Email Address - Email Address of person identified in data line <030>	tami@mail.manti.com

<110> Has your company received its ETC certification from the FCC?	(yes / no) <input checked="" type="radio"/> <input type="radio"/>
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 checked="" 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.

<input type="checkbox"/>

(900) Tribal Lands Reporting Data Collection Form	FCC Form 721 OMB Control No. 3060-0986 / OMB Control No. 3060-0219 July 2013
--	--

<010> Study Area Code	502282
<015> Study Area Name	MANTI TEL CO
<020> Program Year	2014
<030> Contact Name - Person USAC should contact regarding this data	Tami Hansen
<035> Contact Telephone Number - Number of person identified in data line <030>	4358353391
<039> Contact Email Address - Email Address of person identified in data line <030>	tami@mail.manti.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)
<input type="checkbox"/>
<input checked="" type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

(1100) No Terrestrial Backhaul Reporting
Data Collection Form
IPCC Form 43
OMB Control No. 3060-0926/0 MB Control No. 3060-0343
July 2013

<010>	Study Area Code	502282
<015>	Study Area Name	MANTI TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Tami Hansen
<035>	Contact Telephone Number - Number of person identified in data line <030>	4358353391
<039>	Contact Email Address - Email Address of person identified in data line <030>	tami@mail.manti.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 431
 OMB Control No. 3069-0986/CFR Control No. 3069-0919
 July 2013

<010> Study Area Code 502282

<015> Study Area Name MANTI TEL CO

<020> Program Year 2014

<030> Contact Name - Person USAC should contact regarding this data Tami Hansen

<035> Contact Telephone Number - Number of person identified in data line <030> 4358353391

<039> Contact Email Address - Email Address of person identified in data line <030> tamih@mail.manti.com

<1210> Terms & Conditions of Voice Telephony Lifeline Plans 502282ut1210
 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
 In Reporting Units of Network Carriers Affiliated with Price Cap Local Exchange Carriers

<010>	Study Area Code	502282
<015>	Study Area Name	MANTI TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Tamr Hansen
<035>	Contact Telephone Number - Number of person identified in data line <030>	4358353391
<039>	Contact Email Address - Email Address of person identified in data line <030>	tami@mail.manti.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 _____

(10) Date of Report Carrier Additional Documentation Data Collection System	(11) Name of Carrier OMB Control No. 3060-9965 (OMB Control No. 3060-0113)
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<010> Study Area Code	502282
<015> Study Area Name	NANTI TEL CO
<020> Program Year	2014
<030> Contact Name - Person USAC should contact regarding this data	Tami Hansen
<035> Contact Telephone Number - Number of person identified in data line <030>	4358353391
<039> Contact Email Address - Email Address of person identified in data line <030>	tami@mail.manti.com

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

Progress Report on 5 Year Plan		
(3010) Milestone Certification {47 CFR § 54.313(f)(1)(i)} Please check this box to confirm that the attached PDF, on line 3012, 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.	Name of Attached Document Listing Required Information	<input type="checkbox"/>
(3011) Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}	Name of Attached Document Listing Required Information	<input type="checkbox"/>
(3013) Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)}		<input checked="" type="checkbox"/> (Yes/No)
(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:		<input type="checkbox"/> (Yes/No)
(3015) Electronic copy of their annual RUS reports {Operating Report for Telecommunications Borrowers}		<input type="checkbox"/>
(3016) PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(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? If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:		<input checked="" type="checkbox"/> (Yes/No)
(3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications		<input checked="" type="checkbox"/>
(3020) PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input checked="" type="checkbox"/>
(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:		<input checked="" type="checkbox"/>
(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,		<input type="checkbox"/>
(3023) Underlying information subjected to a review by an independent certified public accountant		<input type="checkbox"/>
(3024) Underlying information subjected to an officer certification.		<input type="checkbox"/>
(3025) PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3026) Attach the worksheet listing required information	Name of Attached Document Listing Required Information	502282ut3026



<010>	Study Area Code	502282
<015>	Study Area Name	MANTI TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Tami Hansen
<035>	Contact Telephone Number - Number of person identified in data line <030>	4358353391
<039>	Contact Email Address - Email Address of person identified in data line <030>	tami@mail.manti.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:	MANTI TEL CO
Signature of Authorized Officer:	CERTIFIED ONLINE Date 10/04/2013
Printed name of Authorized Officer:	Paul Cox
Title or position of Authorized Officer:	President
Telephone number of Authorized Officer:	435-835-3391
Study Area Code of Reporting Carrier:	502282 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 Area/USAC
Data Collection ID

<010>	Study Area Code	502282
<015>	Study Area Name	MANTI TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Tami Hansen
<035>	Contact Telephone Number - Number of person identified in data line <030>	4358353391
<039>	Contact Email Address - Email Address of person identified in data line <030>	tami@mail.manti.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) _____ 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.	

REDACTED - FOR PUBLIC INSPECTION

Attachments

10/04/2013

REDACTED - FOR PUBLIC INSPECTION

Manti Telephone Company
Service Quality Standards

Manti Telephone Company provides voice services to Ephraim, Manti, and Sterling towns and adjacent unincorporated areas in Sanpete County, Utah. Basic services include unlimited local calling at no additional charge to end users. Lifeline service credit and toll limitation services are available to qualifying low-income consumers.

REDACTED - FOR PUBLIC INSPECTION

Manti Telephone Company
Emergency Situations Functional Ability

Our facilities are equipped with generators and battery backups to continue operations without an external power source. The use of collapsed rings between our facilities provides multiple paths between facilities to reroute traffic around damaged facilities. Our switches are capable of prioritization to manage traffic spikes resulting from emergency situations.

REDACTED - FOR PUBLIC INSPECTION

Manti Telephone Company
Voice Lifeline Plan

Manti Telephone Company offers voice lifeline credit to qualifying low-income consumers in the Sanpete County towns of Ephraim, Manti, and Sterling. Lifeline customers receive the same basic services as all other residential customers including unlimited local calling for the base rate of \$16.50 plus applicable federal and state taxes. Certified eligible recipients receive a lifeline service credit of \$12.75 against the local service rate. Consumers must certify their eligibility each year through the State of Utah. Toll limitation services are also available.

REDACTED - FOR PUBLIC INSPECTION

REDACTED:

LINE 3017

MANTI TELEPHONE COMPANY

FINANCIAL DATA

502282UT3026