

<010> Study Area Code	371558
<015> Study Area Name	HEMINGFORD COOP TEL
<020> Program Year	2015
<030> Contact Name: Person USAC should contact with questions about this data	Gina Roney
<035> Contact Telephone Number: Number of the person identified in data line <030>	7192664334 ext.
<039> Contact Email Address: Email of the person identified in data line <030>	Groney@ccatel.com

<b>ANNUAL REPORTING FOR ALL CARRIERS</b>	54.313 Completion Required	54.422 Completion Required
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			(check box when complete)	
<100>	Service Quality Improvement Reporting <span style="float: right; font-size: small;">(complete attached worksheet)</span>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<200>	Outage Reporting (voice) <span style="float: right; font-size: small;">(complete attached worksheet)</span>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210>	<input checked="" type="checkbox"/> ← check box if no outages to report		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<300>	Unfulfilled Service Requests (voice) <input style="width: 50px;" type="text" value="0"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<310>	Detail on Attempts (voice) <div style="border: 1px solid black; height: 40px; width: 100%; margin-top: 5px;"></div> <span style="float: right; font-size: small;">(attach descriptive document)</span>		<input type="checkbox"/>	<input type="checkbox"/>
<320>	Unfulfilled Service Requests (broadband) <input style="width: 50px;" type="text" value="0"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<330>	Detail on Attempts (broadband) <div style="border: 1px solid black; height: 40px; width: 100%; margin-top: 5px;"></div> <span style="float: right; font-size: small;">(attach descriptive document)</span>		<input type="checkbox"/>	<input type="checkbox"/>
<400>	Number of Complaints per 1,000 customers (voice)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<410>	Fixed <input style="width: 50px;" type="text" value="0.0"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<420>	Mobile <input style="width: 50px;" type="text" value="0.0"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<430>	Number of Complaints per 1,000 customers (broadband)		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<440>	Fixed <input style="width: 50px;" type="text" value="0.0"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<450>	Mobile <input style="width: 50px;" type="text" value="0.0"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<500>	Service Quality Standards & Consumer Protection Rules Compliance <span style="float: right; font-size: small;">(check to indicate certification)</span>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510>	<div style="border: 1px solid black; height: 40px; width: 100%; margin-top: 5px;">371558ne510.pdf</div> <span style="float: right; font-size: small;">(attached descriptive document)</span>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600>	Functionality in Emergency Situations <span style="float: right; font-size: small;">(check to indicate certification)</span>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610>	<div style="border: 1px solid black; height: 40px; width: 100%; margin-top: 5px;">371558ne610.pdf</div> <span style="float: right; font-size: small;">(attached descriptive document)</span>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700>	Company Price Offerings (voice) <span style="float: right; font-size: small;">(complete attached worksheet)</span>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<710>	Company Price Offerings (broadband) <span style="float: right; font-size: small;">(complete attached worksheet)</span>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<800>	Operating Companies and Affiliates <span style="float: right; font-size: small;">(complete attached worksheet)</span>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900>	Tribal Land Offerings (Y/N)? <input type="radio"/> <input checked="" type="radio"/> <span style="float: right; font-size: small;">(if yes, complete attached worksheet)</span>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<1000>	Voice Services Rate Comparability <span style="float: right; font-size: small;">(check to indicate certification)</span>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<1010>	<div style="border: 1px solid black; height: 40px; width: 100%; margin-top: 5px;">371558ne1010.pdf</div> <span style="float: right; font-size: small;">(attach descriptive document)</span>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<1100>	Terrestrial Backhaul (Y/N)? <input checked="" type="radio"/> <input type="radio"/> <span style="float: right; font-size: small;">(if not, check to indicate certification)</span>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<1110>	<span style="float: right; font-size: small;">(complete attached worksheet)</span>		<input type="checkbox"/>	<input type="checkbox"/>
<1200>	Terms and Condition for Lifeline Customers <span style="float: right; font-size: small;">(complete attached worksheet)</span>		<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet**

<2000>	Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers <span style="float: right; font-size: small;">(check to indicate certification)</span>		<input type="checkbox"/>	<input type="checkbox"/>
<2005>	<span style="float: right; font-size: small;">(complete attached worksheet)</span>		<input type="checkbox"/>	<input type="checkbox"/>

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

<3000>	<span style="float: right; font-size: small;">(check to indicate certification)</span>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<3005>	<span style="float: right; font-size: small;">(complete attached worksheet)</span>		<input checked="" type="checkbox"/>	<input type="checkbox"/>

## **Line 510: Service Quality Standards & Consumer Protection Rules Compliance**

### **Service Quality Standards**

The Company complies with the service quality standards set forth in the following sections of the rules of the Nebraska Public Service Commission (NE PSC):

- 291 Neb. Admn. Code 5-002 (Local Exchange Service)

### **Consumer Protection Rules**

The company complies with the following consumer protection rules:

- FCC rules regarding (1) Verification of orders for telecommunications service as required of submitting carriers {47 CFR §64.1100}, (2) Truth-in-Billing Requirements {47 CFR §64.2400}, and (3) 47 C.F.R. § Part 64 Subpart U, Customer Proprietary Network Information
- Federal Trade Commission 16 C.F.R. §681, Identity Theft Red Flags
- NE PSC rules 291 Neb. Admn. Code 5-004 (Subscriber Complaints of Slamming and Unauthorized Charges).

**Line 610: Functionality in Emergency Situations**

- The Company has made reasonable provisions to meet emergencies resulting from power failures; sudden and prolonged increases in traffic; staff shortages; and fire, storm, and acts of god. These provisions include, but are not limited to, installing adequate battery reserve capacity where needed, training personnel in appropriate emergency procedures and maintaining the ability to reroute traffic around damaged facilities. FCC rule 47 CFR §54.202(a), NE PSC rule 291 Neb. Admn. Code 5-002.05 (Emergency Operations and Power).

**Line 1010: Pricing of Voice Services**

- The Hemingford Cooperative Telephone Company's retail monthly residential local service rate is \$19.90.

<b>{100} Service Quality Improvement Reporting Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	371558
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<039> Contact Email Address - Email Address of person identified in data line <030>	groney@ccatel.com

<110> Has your company received its ETC certification from the FCC? If your answer to Line <110> is yes, do you have an existing §54.202(a) "5	(yes / no) <input type="radio"/> <input checked="" type="radio"/>
<111> year plan" filed with the FCC?	(yes / no) <input type="radio"/> <input type="radio"/>

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

371558ne112.pdf

<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

Please check these boxes below to confirm that the attached documents(s), 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.


**Before the  
FEDERAL COMMUNICATIONS COMMISSION  
Washington, D.C. 20554**

In the Matter of	)	
	)	
Connect America Fund	)	CC Docket No. 10-90
	)	
Lifeline and Link Up Reform and Modernization	)	WC Docket No. 11-42
	)	

**Request of Hemingford Cooperative Telephone Company  
For Confidential Treatment**

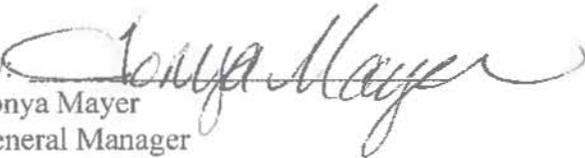
Pursuant to 47 C.F.R. § 0.459 of the Commission's Rules, Hemingford Cooperative Telephone Company requests confidentiality with respect to the submission of the Five-Year Build-Out Plan of Hemingford Cooperative Telephone Company in CC Docket No. 10-90 and WC Docket No. 11-42.

The following information is submitted pursuant to 47 C.F.R. § 0.459(b) of the Commission's rules:

- (1) Hemingford Cooperative Telephone Company requests that the Company's Five-Year Build-Out Plan and Narrative Description and attached herewith be given confidential treatment.
- (2) The Company's Five-Year Build-Out Plan and Narrative Description are submitted to the Commission pursuant to the *USF/ICC Transformation Order* (November 18, 2011) and 47 C.F.R. §§ 54.202(a)(1)(ii) and 54.313(a)(1).
- (3) Specific details, including financial, contained in the Company's Five-Year Build-Out Plan and Narrative Description are confidential commercial information routinely withheld from public inspection in accordance with 47 C.F.R. § 0.457(d).
- (4) The information contained the Company's Five-Year Build-Out Plan and Narrative Description is of both a financial and competitive nature regarding the provision of telecommunications services. The telecommunications industry is highly competitive.

- (5) The financial and competitive information provided herein is information that would not customarily be released to the public. Due to the competitive environment of the marketplace, release of this information could substantially harm Hemingford Cooperative Telephone Company's business and physical infrastructure.
- (6) In order to prevent unauthorized disclosure of the subject information, the attached Five-Year Build-Out Plan and Narrative Description are being filed via express delivery service.
- (7) The subject information is not available to the public or any third parties.
- (8) Pursuant to 47 C.F.R. § 0.457(d), the subject material is not routinely available for public inspection and should continue to be withheld from public inspection at any time now or in the future.
- (9) Not applicable.

Respectfully submitted,

By: 

Tonya Mayer

General Manager

Hemingford Cooperative Telephone Co.

PO Box 246

Hemingford, NE 69348

308-487-3311

June 13, 2014

***REDACTED - FOR PUBLIC INSPECTION***

**REDACTED**

**[The Five-Year Build-Out Plan and Narrative Description of Hemingford Cooperative Telephone Company is redacted in its entirety as Highly Confidential Information]**









<b>(900) Tribal Lands Reporting Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
--	--

<010> Study Area Code	371558
<015> Study Area Name	HEMINGFORD COOP TEL
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Gina Roney
<035> Contact Telephone Number - Number of person identified in data line <030>	7192664334 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	Groney@tcatal.com

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

<920> Tribal Government Engagement Obligation

Name of Attached Document

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

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

Select (Yes, No, NA)

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

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

<010>	Study Area Code	371558
<015>	Study Area Name	HEMINGFORD COOP TEL
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Gina Roney
<035>	Contact Telephone Number - Number of person identified in data line <030>	7192664334 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	Gronsey@catel.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)

<b>(1200) Terms and Condition for Lifeline Customers</b> <b>Lifeline</b> <b>Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	371558
<015>	Study Area Name	HEMINGFORD COOP TEL
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Gina Roney
<035>	Contact Telephone Number - Number of person identified in data line <030>	7192664334 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	Gzoney@tcatel.com

<1210> Terms & Conditions of Voice Telephony Lifeline Plans	371558ne1210.pdf          Name of Attached Document
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<1220> Link to Public Website	HTTP
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"Please check these boxes below to confirm that the attached document(s), 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, | <input checked="" type="checkbox"/> |
|--|-------------------------------------|
- |   |                                     |
|---|-------------------------------------|
| <1222> Details on the number of minutes provided as part of the plan, | <input checked="" type="checkbox"/> |
|---|-------------------------------------|
- |   |                                     |
|---|-------------------------------------|
| <1223> Additional charges for toll calls, and rates for each such plan. | <input checked="" type="checkbox"/> |
|---|-------------------------------------|

## LIFELINE

### Hemingford Cooperative Telephone Company

523 Niobrara Avenue, Hemingford, NE 69348

(308) 487-3311 or toll free (877) 266-2487

#### Lifeline

Because everyone in Nebraska deserves access to affordable telephone service

Through the Nebraska Telephone Assistance Program, qualified low income households can receive a \$9.25 per month discount (Lifeline) on their basic monthly landline or wireless phone service.

You may qualify for these services if you are already participating in programs such as Medicaid, Kids Connection (SAM, MAC, EMAC), Supplemental Security Income, Low- Income Home Energy Assistance, Supplemental Nutritional Assistance Program, National School Lunch Program Free Lunch Program, Federal Public Housing, Temporary Assistance for Needy or your income is at or below 135% of the poverty level.

Lifeline is a government assistance program, the service is non-transferable, only eligible consumers may enroll in the program, and the program is limited to one discount per household. Customers who willfully make false statements in order to obtain the benefit can be punished by fine or imprisonment or can be barred from the program.

To apply for this program complete an application form and provide proof of eligibility as directed on the application. Applications are available online at [www.psc.state.ne.us](http://www.psc.state.ne.us) or by calling the Nebraska Public Service Commission at 402-471-3101 or (toll free) 800-526-0017. Applications may also be obtained by contacting the office of the Hemingford Cooperative Telephone Company or by mailing a request to:

NTAP

P.O. Box 94927

Lincoln, NE 68509-4927

<b>(2000) Price Cap Carrier Additional Documentation</b> <b>Data Collection Form</b> <i>Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers</i>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<b>&lt;010&gt;</b>	<b>Study Area Code</b>	371558
<b>&lt;015&gt;</b>	<b>Study Area Name</b>	HEMINGFORD COOP TEL
<b>&lt;020&gt;</b>	<b>Program Year</b>	2015
<b>&lt;030&gt;</b>	<b>Contact Name - Person USAC should contact regarding this data</b>	Gina Roney
<b>&lt;035&gt;</b>	<b>Contact Telephone Number - Number of person identified in data line &lt;030&gt;</b>	7192664334 ext.
<b>&lt;039&gt;</b>	<b>Contact Email Address - Email Address of person identified in data line &lt;030&gt;</b>	groney@tcatel.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 document(s), 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**

FCC Form 481

Data Collection Form

OMB Control No. 3050-0985/OMB Control No. 3060-0819

July 2013

<010> Study Area Code	371558
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<030> Contact Name - Person USAC should contact regarding this data	Gina Roney
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<039> Contact Email Address - Email Address of person identified in data line <030>	groney@coptel.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.

(3010) Progress Report on 5 Year Plan  
Milestone Certification (47 CFR § 54.313(f)(1)(i))

Name of Attached Document Listing Required Information

(3011) Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313 (f)(1)(ii), the carrier 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))  
(3014) If yes, does your company file the RUS annual report

(Yes/No)  Yes  No  
(Yes/No)  Yes  No

Please check these boxes to confirm that the attached document(s), 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) Document(s) for 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

371558ne3017.pdf

Name of Attached Document Listing Required Information

(3018) If the response is no on line 3014, Is your company audited? (Yes/No)  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) Document(s) for 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) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

(3026) Attach the worksheet listing required information

Name of Attached Document Listing Required Information

***REDACTED - FOR PUBLIC INSPECTION***

**REDACTED**

**[The Financial Report of Hemingford Cooperative Telephone Company  
is redacted in its entirety as Highly Confidential Information]**

<b>Certification - Reporting Carrier Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<039> Contact Email Address - Email Address of person identified in data line <030>	Groney@coatel.com

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

<b>Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients</b>	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	HEMINGFORD COOP TEL
Signature of Authorized Officer:	CERTIFIED ONLINE Date 06/17/2014
Printed name of Authorized Officer:	Tonya Mayer
Title or position of Authorized Officer:	General Manager
Telephone number of Authorized Officer:	3084873311 ext.
Study Area Code of Reporting Carrier:	371558 Filing Due Date for this form: 06/30/2014
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.	

<b>Certification - Agent / Carrier Data Collection Form</b>	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>	Groney@tcatel.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.	

## Attachments





