Your business
is our business.

7852 Walker Drive, Suite 200
Greenbelt, Maryland 20770
phone: 301-459-7590, fax: 301-577-5575
internet: www.jsitel.com, e-mail: jsi@jsitel.com

DOCKET FILE COPY ORIGINAL

REDACTED – FOR PUBLIC INSPECTION

June 18, 2014

Accepted/Filed

JUN 18 2014

FCC Office of the Secretary

Via Hand Delivery

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

Re: WC Docket No. 10-90, WC Docket No. 11-42
2014 ETC Annual Report of Ogden Telephone Company
Study Area Code 310714

Dear Ms. Dortch:

On behalf of Ogden Telephone Company ("Ogden"), JSI files the attached confidential and redacted versions of the FCC Form 481 ETC annual reporting information pursuant to sections 54.313 and 54.422 of the Commission's rules.[1] Ogden seeks confidential treatment under Protective Order for section 54.313(f)(2) financial information.[2] The redacted version is also being filed this date via the FCC's Electronic Comment Filing System. In addition, attached is a letter requesting confidential treatment under Sections 0.457 and 0.459 of the initial section 54.202(a) Five-Year Service Quality Improvement Plan.[3]

Please direct any questions regarding the filing to the undersigned.

Sincerely,

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

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

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

[1] 47 C.F.R. §§ 54.313, 54.422.
[2] *Connect America Fund et al.*, WC Docket No. 10-90 *et al.*, Protective Order, DA 12-1857 rel. Nov. 16, 2012 (Protective Order). 47 C.F.R. § 54.313(f)(2).
[3] 47 C.F.R. §§ 0.457, 0.459, 54.202(a).

FCC Form 481 - Carrier Annual Reporting Data Collection Form

REDACTED - FOR PUBLIC INSPECTION

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

Accepted/Filed
JUN 18 2014
FCC Office of the Secretary

<010>	Study Area Code	310714
<015>	Study Area Name	OGDEN TEL CO
<020>	Program Year	2015
<030>	Contact Name: Person USAC should contact with questions about this data	Linda Corie
<035>	Contact Telephone Number: Number of the person identified in data line <030>	5174435595 ext.
<039>	Contact Email Address: Email of the person identified in data line <030>	corie@ogdentel.com

ANNUAL REPORTING FOR ALL CARRIERS			S4.313 Completion Required	S4.422 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)	0	✓	
<330>	Detail on Attempts (broadband)	(attach descriptive document)		
<400>	Number of Complaints per 1,000 customers (voice)			
<410>	Fixed	0.0	✓	✓
<420>	Mobile	0.0		
<430>	Number of Complaints per 1,000 customers (broadband)		✓	
<440>	Fixed	0.0		
<450>	Mobile	0.0		
<500>	Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	✓	✓
<510>	310714mi510.pdf	(attached descriptive document)	✓	✓
<600>	Functionality in Emergency Situations	(check to indicate certification)	✓	✓
<610>	310714mi610.pdf	(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)	✓	

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(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	310714
<015>	Study Area Name	OGDEN TEL CO
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Linda Corie
<035>	Contact Telephone Number - Number of person identified in data line <030>	5174435595 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	corie@ogdentel.com

<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.

310714mi112.pdf

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.	☐

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OGDEN TELEPHONE COMPANY (SAC 310714)

ATTACHMENT - LINE 112

FIVE YEAR SERVICE QUALITY IMPROVEMENT PLAN

ATTACHMENT REDACTED IN ENTIRETY

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(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	310714
<015>	Study Area Name	OGDEN TEL CO
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Linda Corie
<035>	Contact Telephone Number - Number of person identified in data line <030>	5174435595 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	corie@ogdentel.com

<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

REDACTED - FOR PUBLIC INSPECTION

(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	310714
<015>	Study Area Name	OGDEN TEL CO
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Linda Corie
<035>	Contact Telephone Number - Number of person identified in data line <030>	5174435595 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	corie@ogdentel.com

<701>	Residential Local Service Charge Effective Date	1/1/2014
<702>	Single State-wide Residential Local Service Charge	

<703>

<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<b4>	<b5>	<c>
State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	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	310714
<015>	Study Area Name	OGDEN TEL CO
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Linda Corie
<035>	Contact Telephone Number - Number of person identified in data line <030>	5174435595 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	corie@ogdentel.com

<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 --

REDACTED - FOR PUBLIC INSPECTION

(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	310714
<015>	Study Area Name	OGDEN TEL CO
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Linda Corie
<035>	Contact Telephone Number - Number of person identified in data line <030>	5174435595 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	corie@ogdentel.com

<810>	Reporting Carrier	Ogden Telephone Company
<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	310714
<015>	Study Area Name	OGDEN TEL CO
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Linda Corie
<035>	Contact Telephone Number - Number of person identified in data line <030>	5174435595 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	corie@ogdentel.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:

		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	310714
<015>	Study Area Name	OGDEN TEL CO
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Linda Corie
<035>	Contact Telephone Number - Number of person identified in data line <030>	5174435595 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	corie@ogdentel.com

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

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

(1200) Terms and Condition for Lifeline Customers
Lifeline
Data Collection Form

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

<010>	Study Area Code	310714
<015>	Study Area Name	OGDEN TEL CO
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Linda Corie
<035>	Contact Telephone Number - Number of person identified in data line <030>	5174435595 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	corie@ogdentel.com

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

310714mi1210.pdf

Name of Attached Document

<1220> Link to Public Website HTTP

"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, ☑

<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. ☑

Michigan Lifeline Administration Service

LIFELINE APPLICATION

Eligible customers will receive $11.25 off their monthly phone bill and seniors aged 65 and older can receive additional discounts.

TOLL FREE 1-866-321-2323

To apply for Lifeline Service, complete the application below and send it to:
Lifeline Administration Service
PO Box 11037, Lansing, Michigan 48901 OR fax to 517-482-3548

IDENTIFICATION INFORMATION (PLEASE PRINT)

Applicant's phone number:	Name of phone company:	
Date of Birth:	Last 4-digits of Social Security Number:	
Last Name:	First Name:	M.I.:
Street: **Residential street address only; FCC regulations prohibit the use of P.O. Boxes for the Lifeline program**		
City:	State:	ZIP Code:
This is my permanent address: Yes ☐ No ☐	This is a rural address with no postal route: Yes ☐ No ☐	
Billing Address, City, State and Zip Code (if different from Service Address)		
There are multiple unique households (e.g. nursing home, assisted living facility) at my address, as defined in this program.	YES ☐	NO ☐

PROGRAM QUALIFICATION INFORMATION

To be eligible for Lifeline discounts, regulations require you to qualify via one of the two methods below. Please fill out one section only.

Method 1. My income is within the guidelines and I am providing the following photocopies that document my total household income, which is stated below. Please check all that apply.

TOTAL MONTHLY INCOME: $ **NUMBER OF HOUSEHOLD MEMBERS:**

# of Household Members	Gross Monthly Income	Gross Annual Income*
1	$1,459	$17,505
2	$1,966	$23,595
3	$2,474	$29,685
4	$2,981	$35,775

*Add $6,090 ($508 monthly) for each additional household member.

☐ Prior year's state or federal tax return.	☐ Current Annual Income Statement from Employer
☐ Social Security statement of benefits	☐ Paycheck stubs or other official document containing income information for any 3 consecutive months within last 12 months
☐ Retirement/pension statement of benefits	☐ Veterans Administration statement of benefits
☐ Unemployment/Worker's Compensation Statement of Benefits	☐ Divorce decree or child support document containing income information

Method 2. I, or the member of my household named below, receives assistance from one of the listed programs. I am providing documentation of participation in the checked program.

Name: _____

☐ Food stamps	☐ Federal Public Housing Assistance or Section 8
☐ Medicaid	☐ Temporary Assistance for Needy Families (TANF)
☐ Supplemental Security Income	☐ National School Lunch – Free Lunch Program
☐ Low-Income Home Energy Plan (LIHEAP)	

LIFELINE ADMINISTRATION SERVICE PROCESSES APPLICATIONS FOR THE FOLLOWING COMPANIES		
Ace Communications	Chapin Telephone Company	Sand Creek Telephone Company
Allband Communications Coop.	Chippewa County Telephone Company	Southwest Michigan Communications
Allendale Telephone Company	Climax Telephone Company	Springport Telephone Company
Baraga Telephone Company	Deerfield Farmers' Telephone Co.	TDS Telecom
Barry County Telephone Company	Hiawatha Telephone Company	Thumb Cellular
Blanchard Telephone Company	Kaleva Telephone Company	Upper Peninsula Telephone Company
Bloomingdale Communications	Lennon Telephone Company	Waldron Telephone Company
Carr Telephone Company	Michigan Central Broadband Co.	Westphalia Broadband, Inc./Comlink
CenturyLink of Michigan	Midway Telephone Company	Westphalia Telephone Company
CenturyLink of Midwest Michigan	Ogden Communications	Winn Telecom
CenturyLink of Northern Michigan	Ontonagon County Telephone Co.	Winn Telephone Company
CenturyLink of Upper Michigan	Pigeon Telephone Company	

For more information, please call 1-866-321-2323.

If your phone company is not on the list above, please contact them directly to apply for Lifeline discounts.

APPLICANT ACKNOWLEDGEMENTS

PLEASE READ AND INITIAL EACH OF THE FOLLOWING STATEMENTS TO INDICATE THAT YOU UNDERSTAND AND AGREE:

____I understand and consent to Lifeline Administration Service providing my Lifeline service account information, including but not limited to, my name, residential address, phone number, date of birth, the last 4 digits of my social security number, the date on which my Lifeline service was initiated/terminated, the amount of Lifeline support provided, and the means through which I qualified for Lifeline, to the Universal Service Administrative Company (USAC), USAC's agents and/or the National Lifeline Accountability Database to ensure the proper administration of the Lifeline program. I understand that if I fail to provide this consent, Lifeline Administration Service will deny me Lifeline service.

____Lifeline is a non-transferable benefit and the subscriber may not transfer his or her benefit to any other person.

____Lifeline is a federal benefit and willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment or being barred from the program.

____Lifeline support is only available for a single phone line at my principal residence and no one else in my household is receiving Lifeline discounts. (A "household" is defined as any individual or group of individuals who live together at the same address and share income and expenses.)

____Violation of the one-per-household limitation constitutes a violation of the Federal Communication Commission's rules and will result in the subscriber's de-enrollment from the program and potentially prosecution by the US government.

____I understand that if I am identified as receiving more than one Lifeline benefit, all telephone service providers involved may be notified so that I may select one service and be de-enrolled from the other(s).

____I will notify my telephone company within 30 days if I no longer qualify for Lifeline and I may be subject to penalties if I fail to do so.

____I will notify my telephone company within 30 days of any changes to my residential address.

____I will be required to certify my continued eligibility for Lifeline at least once a year and know failure to do so will result in termination of my participation in the program.

APPLICANT SIGNATURE

I certify, under penalty of perjury, that the information provided in this application and supporting documentation is true and complete.

Signature:	Date:

LOCAL TELEPHONE EXCHANGE SERVICE

SERVICE CHARGES

B. SERVICE CHARGES

1. Service Ordering Charge

a. Initial Service Order, per order

Applies to any new customer's service order	$14.00

b. Subsequent Service Order, per order

Applies to any present customer's order to install, change or add to the service; restoral of service after disconnect for nonpayment; additional central office lines, et cetera,	7.00

2. Line Connection Charge

Per Line	21.00

3. Restoral of Service Charge

Where service has been disconnected for non-payment of any charges due to failure of subscriber to establish credit in accordance with regulations.

For reconnecting all services and facilities being provided at one location, business or residence.	10.00

LOCAL TELEPHONE EXCHANGE SERVICE

LIFELINE SERVICE

A. DESCRIPTION

1. Lifeline Service applies discounts to monthly recurring rates for qualifying residential customers. These discounts are applied to existing tariffed rates and charges for residential telephone service. (D)

2. In order to be eligible for Lifeline Service a residential customer's household income must be at or below 150% of the poverty level as determined by the United States Office of Management and Budget and as approved by the State Treasurer or the customer must participate in one of the following federal assistance programs: (N)

   a. Medicaid
   b. Food stamps
   c. Supplemental security income
   d. Federal public housing assistance
   e. Low-income home energy assistance program
   f. National school lunch program's free lunch program
   g. Temporary assistance for needy families (N)

3. Lifeline Service includes the services and functionalities enumerated in by the F.C.C. as follows: voice grade access to the public switched network; local usage; dual tone multi-frequency signaling or its functional equivalent; single-party service or its functional equivalent; access to operator services; access to interexchange service; access to directory assistance; and toll blocking for qualifying customers.

4. Other services can be provided with the Lifeline Service at applicable rates and charges.

B. REGULATIONS

1. Regulations specified elsewhere in the Company's tariffs apply to Lifeline Service.

2. Lifeline Service is available only with residence services, excluding foreign exchange service. Lifeline Service is limited to one line per household at the customer's primary residence.

3. A miscellaneous service charge does not apply when Lifeline Service is added or discontinued to existing service when that is the only work being done.

4. a. A discount of 20% of the Basic Local Exchange rate or $11.25, whichever is greater, on the monthly rate for Basic Local Exchange Service for Lifeline customers is applicable. For Lifeline customers 65 years of age or more, the discount will be 25% of the Basic Local Exchange rate or $12.35, whichever is greater. The total discount shall not exceed 100% of all end-user common line charges and the Basic Local Exchange rate. (C)

   b. The credit will be applied in the following order: (1) The Interstate End User Access Charge, National Exchange Carriers Association, Inc. Tariff F.C.C. No. 5, Access Service. (2) End User Common Line charge, Michigan Exchange Carriers Association (MECA), Tariff M.P.S.C. No. 25, Part XVII, Section 17.1.2. and (3) The balance of the credit, if any, will be applied as a credit to the Basic Local Exchange rate.

   c. The Company will provide, at the qualifying customer's option, toll blocking service at no charge. The Company defines toll blocking as a service provided by the Company that lets the customer elect not to allow the completion of outgoing toll calls from their telecommunications channel.

   d. The Company will not require a service deposit in order to initiate Lifeline Service if the qualifying customer voluntarily elects toll blocking service.

   e. The Company will not disconnect Lifeline Service for non-payment of toll charges by qualifying customers.

5. The Lifeline plan will apply after receipt and processing of a completed Company or community/government provided application, including documentation indicating that the household income meets the eligibility standards established above.

6. Customers of Lifeline Service must notify the Company of any changes which would affect qualification. Reverification of eligibility will take place on an ongoing basis. When the customer is no longer eligible for Lifeline service, the Lifeline discount would be discontinued and regular tariff rates and charges would apply.

(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	310714
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<035>	Contact Telephone Number - Number of person identified in data line <030>	5174435595 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	corie@ogdentel.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

REDACTED - FOR PUBLIC INSPECTION

(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	310714
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<039>	Contact Email Address - Email Address of person identified in data line <030>	corie@ogdentel.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)) (Yes/No) ◉ ○

(3014) If yes, does your company file the RUS annual report (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

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) 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

310714mi3026.pdf

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	310714
<015>	Study Area Name	OGDEN TEL CO
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Linda Corie
<035>	Contact Telephone Number - Number of person identified in data line <030>	5174435595 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	corie@ogdentel.com

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

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.

Name of Reporting Carrier:

Signature of Authorized Officer: Date

Printed name of Authorized Officer:

Title or position of Authorized Officer:

Telephone number of Authorized Officer:

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

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

Certification - Agent / Carrier Data Collection Form

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

<010>	Study Area Code	310714
<015>	Study Area Name	OGDEN TEL CO
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Linda Corie
<035>	Contact Telephone Number - Number of person identified in data line <030>	5174435595 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	corie@ogdentel.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) John Stauruakis, In **is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.**

Name of Authorized Agent: John Stauruakis, In

Name of Reporting Carrier: OGDEN TEL CO

Signature of Authorized Officer: CERTIFIED ONLINE Date: 06/13/2014

Printed name of Authorized Officer: Linda Corie

Title or position of Authorized Officer: Secretary-Treasurer

Telephone number of Authorized Officer: 5174435595 ext.

Study Area Code of Reporting Carrier: 310714 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.

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: OGDEN TEL CO

Name of Authorized Agent or Employee of Agent: John Staurulakis, Inc.

Signature of Authorized Agent or Employee of Agent: CERTIFIED ONLINE Date: 06/13/2014

Printed name of Authorized Agent or Employee of Agent: Cassandra Heyne

Title or position of Authorized Agent or Employee of Agent Consultant

Telephone number of Authorized Agent or Employee of Agent: 3014597590 ext.

Study Area Code of Reporting Carrier: 310714 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.

Attachments

REDACTED - FOR PUBLIC INSPECTION

(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	310714
<015>	Study Area Name	OGDEN TEL CO
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Linda Corie
<035>	Contact Telephone Number - Number of person identified in data line <030>	5174435595 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	corie@ogdentel.com

<701>	Residential Local Service Charge Effective Date	1/1/2014
<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
MI	Ogden Center		FR	24.91	0.1	0.0	0.0	25.01

REDACTED - FOR PUBLIC INSPECTION

(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	310714
<015>	Study Area Name	OGDEN TEL CO
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Linda Corie
<035>	Contact Telephone Number - Number of person identified in data line <030>	5174435595 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	corie@ogdentel.com

<711>

<a1>	<a2>	<b1>	<b2>	<c>	<d1>	<d2>	<d3>	<d4>
State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rates and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service -Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached {select}
MI	Ogden Center	79.95	0.0	79.95	10.0	1.0	0.0	Other, Unlimited Usage

REDACTED - FOR PUBLIC INSPECTION

(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	310714
<015>	Study Area Name	OGDEN TEL CO
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Linda Corie
<035>	Contact Telephone Number - Number of person identified in data line <030>	5174435595 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	corie@ogdentel.com

<810>	Reporting Carrier	Ogden Telephone Company
<811>	Holding Company	
<812>	Operating Company	

<813>

<a1> Affiliates	<a2> SAC	<a3> Doing Business As Company or Brand Designation
Ogden Long Distance Service Inc.		

Ogden Telephone Company's Demonstration of Compliance with Applicable Service Quality Standards and Consumer Protection Rules

In establishing this certification in its *2005 ETC Order*,[1] the FCC found that an ETC must make "a specific commitment to objective measures to protect consumers."[2] The Commission found that for wireless ETCs, compliance with CTIA's Consumer Code for Wireless Service would satisfy this requirement" and that the sufficiency of other commitments would be considered on a case-by-case basis.[3] In this context, the FCC stated, "to the extent a wireline or wireless ETC applicant is subject to consumer protection obligations under state law, compliance with such laws may meet our requirement."[4]

Ogden Telephone Company ("Company") hereby certifies that it is complying with applicable service quality standards and consumer protection rules. The Company is subject to consumer protection obligations under state law. These obligations include, but are not limited to, the following: (1) filing a Local Exchange Tariff pursuant to the requirements of The Michigan Public Service Commission (MPSC), as specified in Section 202(b) of the Michigan Telecommunications Act (MTA) and MPSC Case No. U-11103, which disclose rates, terms and conditions of service to customers; (2) adherence to Michigan state consumer protection requirements governing telephone providers,

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[1] *Federal-State Joint Board on Universal Service*, CC Docket No. 96-45, Report and Order, FCC 05-46 (rel. Mar. 17, 2005) ("*2005 ETC Order*").
[2] *Id.* at para. 28.
[3] *Id.* The FCC noted that under the CTIA Consumer Code, wireless carriers agree to: "(1) disclose rates and terms of service to customers; (2) make available maps showing where service is generally available; (3) provide contract terms to customers and confirm changes in service; (4) allow a trial period for new service; (5) provide specific disclosures in advertising; (6) separately identify carrier charges from taxes on billing statements; (7) provide customers the right to terminate service for changes to contract terms; (8) provide ready access to customer service; (9) promptly respond to consumer inquiries and complaints received from government agencies; and (10) abide by policies for protection of consumer privacy." *Id.* at n. 71.
[4] *Id.* at n. 72.

Prohibitions as identified in Sections 305 and 502 of the MTA, Costing Procedures as determined by the MPSC in Case No. U-11103, and Compliance with Anti-Slamming Procedures as adopted in MPSC Case No. U-11757 and Case No. 11900; and (3) CPNI, Red Flag Rules and other applicable federal and state requirements governing the protection of customers' privacy.

The Company is subject to consumer protection obligations for broadband services under federal law. These obligations include, but are not limited to, the following: public disclosure of accurate information regarding network management practices, performance, and commercial terms of broadband internet access services; as a means of providing sufficient information for consumers to make informed choices regarding use of such services, and for content, application, service and device providers to develop, market, and maintain internet offerings as specified in F.C.C. 47 C.F.R. Part 8 §8.3.

Ogden Telephone Company's Demonstration of Ability to Function in Emergency Situations

Ogden Telephone Company ("Company") hereby certifies that it is able to function in emergency situations as set forth in the Code of Federal Regulations, Title 47, Part 54, Subpart C, §54.202(a)(2)[1] and the Michigan Telecommunications Act (MTA). The Company's voice and broadband network is designed to remain functional in emergency situations without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations as required by Section 54.202(a)(2). The Company can change call routing translations as needed to reroute traffic around damaged facilities. Changing call routing translations will also allow the Company to manage traffic spikes throughout its network, as emergency situations require.

Specifically, each central office building is supplied with standby generators and battery back-up that enable the central office to keep running until power is restored so long as fuel is available, or until system changes are made to reroute traffic. The Company has battery backup at all office locations and in its electronic equipment sites in accordance with the specifications identified in Section 305c(a) of the MTA, 484.2305c Emergency power requirements; compliance.

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

REDACTED – FOR PUBLIC INSPECTION

OGDEN TELEPHONE COMPANY (SAC 310714)

ATTACHMENT - LINE 3026

ATTACHMENT REDACTED IN ENTIRETY