

**FCC Form 481 - Carrier Annual Reporting
Data Collection Form**

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

<010>	Study Area Code	619008
<015>	Study Area Name	BRISTOL BAY CELLULAR PARTNERSHIP
<020>	Program Year	2015
<030>	Contact Name: Person USAC should contact with questions about this data	Todd A. Hoppe
<035>	Contact Telephone Number: Number of the person identified in data line <030>	9072463403 ext. 1
<039>	Contact Email Address: Email of the person identified in data line <030>	manager@bristolbay.com

ANNUAL REPORTING FOR ALL CARRIERS	54,313	54,422
	Completion Required	Completion Required

			<i>(check box when complete)</i>	
<100>	Service Quality Improvement Reporting	<i>(complete attached worksheet)</i>	<input type="checkbox"/>	<input type="checkbox"/>
<200>	Outage Reporting (voice)	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210>	<input checked="" type="checkbox"/> <-- check box if no outages to report		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<300>	Unfulfilled Service Requests (voice)	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<310>	Detail on Attempts (voice)	<i>(attach descriptive document)</i>	<input type="checkbox"/>	<input type="checkbox"/>
<320>	Unfulfilled Service Requests (broadband)	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<330>	Detail on Attempts (broadband)	<i>(attach descriptive document)</i>	<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	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<420>	Mobile	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	0.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<450>	Mobile	0.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<500>	Service Quality Standards & Consumer Protection Rules Compliance	<i>(check to indicate certification)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510>	619008aks10 (2014).pdf	<i>(attached descriptive document)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600>	Functionality in Emergency Situations	<i>(check to indicate certification)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610>	619008ak610 (2014).pdf	<i>(attached descriptive document)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700>	Company Price Offerings (voice)	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<710>	Company Price Offerings (broadband)	<i>(complete attached worksheet)</i>	<input type="checkbox"/>	<input type="checkbox"/>
<800>	Operating Companies and Affiliates	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<900>	Tribal Land Offerings (Y/N)?	<i>(if yes, complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<1000>	Voice Services Rate Comparability	<i>(check to indicate certification)</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<1010>	619008ak1010 (2014).pdf	<i>(attach descriptive document)</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<1100>	Terrestrial Backhaul (Y/N)?	<i>(if not, check to indicate certification)</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<1110>		<i>(complete attached worksheet)</i>	<input type="checkbox"/>	<input type="checkbox"/>
<1200>	Terms and Condition for Lifeline Customers	<i>(complete attached worksheet)</i>	<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	<i>(check to indicate certification)</i>	<input type="checkbox"/>	<input type="checkbox"/>
<2005>		<i>(complete attached worksheet)</i>	<input type="checkbox"/>	<input type="checkbox"/>

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

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

(100) Service Quality Improvement Reporting Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	619008
<015>	Study Area Name	BRISTOL BAY CELLULAR PARTNERSHIP
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Todd A. Hoppe
<035>	Contact Telephone Number - Number of person identified in data line <030>	9072463403 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	manager@bristolbay.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 year plan" filed with the FCC?	(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.

<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 document(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.	

**(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	613138
<015> Study Area Name	BRISTOL BAY CELLULAR PARTNERSHIP
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Todd A. Hoppa
<035> Contact Telephone Number - Number of person identified in data line <030>	907462403 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	tanage@bristolbay.com

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

Acknagik
Clarks Point
Curyung
Ekik
Manoktok
Ekwak
Igiugig
King Salmon
Levelock
Naknek
New Koligarkak
New Stuyahok
South Naknek

<920> Tribal Government Engagement Obligation

S19008sk920 (2014).pdf

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)
Yes
Yes

(1100) No Terrestrial Backhaul Reporting Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	619008
<015> Study Area Name	BRISTOL BAY CELLULAR PARTNERSHIP
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Todd A. Hoppe
<035> Contact Telephone Number - Number of person identified in data line <030>	9072463403 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	manager@bristolbay.com

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

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

(1200) Terms and Condition for Lifeline Customers Lifeline Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	619003
<015>	Study Area Name	BRISTOL BAY CELLULAR PARTNERSHIP
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Todd A. Hoppe
<035>	Contact Telephone Number - Number of person identified in data line <030>	972463403 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	nhoppe@bristolbay.com

619003ak1210 (2014).pdf

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

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.

(2000) Price Cap Carrier Additional Documentation Data Collection Form <i>Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers</i>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	619008
<015>	Study Area Name	BRISTOL BAY COLLEGE PARISH
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Todd A. Bopp
<035>	Contact Telephone Number - Number of person identified in data line <030>	8076463403 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	manager@bristolbay.net

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

- Incremental Connect America Phase I reporting**
- <2010> 2nd Year Certification (47 CFR § 54.313(b)(1))
- <2011> 3rd Year Certification (47 CFR § 54.313(b)(2))

- Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))**
- <2012> 2013 Frozen Support Certification
- <2013> 2014 Frozen Support Certification
- <2014> 2015 Frozen Support Certification
- <2015> 2016 and future Frozen Support Certification

- Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))**
- <2016> Certification Support Used to Build Broadband

- Connect America Phase II Reporting (47 CFR § 54.313(e))**
- <2017> 3rd year Broadband Service Certification
- <2018> 5th year Broadband Service Certification
- <2019> Interim Progress Certification
- <2020> Please check the box to confirm that the attached 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. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010> Study Area Code	619008
<015> Study Area Name	BRISTOL BAY CELLULAR PARTNERSHIP
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Todd A. Hoop
<035> Contact Telephone Number - Number of person identified in data line <030>	9072463402 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	manager@bristolbay.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)(i))

Name of Attached Document Listing Required Information

(3013) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2)) (Yes/No) Yes No

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

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

Certification - Reporting Carrier Data Collection Form	PCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	619008
<015> Study Area Name	BRISTOL BAY CELLULAR PARTNERSHIP
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Todd A. Hoppe
<035> Contact Telephone Number - Number of person identified in data line <030>	9072463403 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	manager@bristolbay.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:
<small>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.</small>	

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	619008	
<015> Study Area Name	BRISTOL BAY CELLULAR PARTNERSHIP	
<020> Program Year	2013	
<030> Contact Name - Person USAC should contact regarding this data	Todd A. Hoppe	
<035> Contact Telephone Number - Number of person identified in data line <030>	9072463403 ext.	
<039> Contact Email Address - Email Address of person identified in data line <030>	manager@bristolbay.com	

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

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) <u>Ginger Johnson</u> is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	<u>Ginger Johnson</u>
Name of Reporting Carrier:	<u>BRISTOL BAY CELLULAR PARTNERSHIP</u>
Signature of Authorized Officer:	<u>CERTIFIED ONLINE</u> Date: <u>06/24/2014</u>
Printed name of Authorized Officer:	<u>Todd Hoppe</u>
Title or position of Authorized Officer:	<u>General Manager</u>
Telephone number of Authorized Officer:	<u>9072466199 ext.</u>
Study Area Code of Reporting Carrier:	<u>619008</u> Filing Due Date for this form: <u>07/01/2014</u>
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:	<u>BRISTOL BAY CELLULAR PARTNERSHIP</u>
Name of Authorized Agent or Employee of Agent:	<u>Todd A. Hoppe</u>
Signature of Authorized Agent or Employee of Agent:	<u>CERTIFIED ONLINE</u> Date: <u>06/24/2014</u>
Printed name of Authorized Agent or Employee of Agent:	<u>Ginger Johnson</u>
Title or position of Authorized Agent or Employee of Agent:	<u>Paralegal</u>
Telephone number of Authorized Agent or Employee of Agent:	<u>7035848674 ext.</u>
Study Area Code of Reporting Carrier:	<u>619008</u> Filing Due Date for this form: <u>07/01/2014</u>
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

Bristol Bay Cellular Partnership

Line 510 – Compliance with Service Quality Standards and Consumer Protection

Bristol Bay Cellular Partnership (“BBCP”) hereby certifies that it complies with applicable service quality and consumer protection practices in connection with its provision of wireless voice services. Among other things, BBCP:

- (1) Discloses rates and terms of its voice services to customers.
- (2) Makes available maps showing where voice services are generally available.
- (3) Provides contract terms to customers and confirms changes in voice service.
- (4) Allows a trial period for new voice service.
- (5) Provides specific disclosures in advertising.
- (6) Separately identifies carrier charges from taxes on billing statements.
- (7) Provides customers the right to terminate voice service for changes to contract terms.
- (8) Provides ready access to customer service.
- (9) Promptly responds to consumer inquiries and complaints received from government agencies.
- (10) Abides by CPNI rules and other rules for the protection of consumer privacy.
- (11) Provides consumers with access to information regarding voice, data and messaging usage.
- (12) Does not offer customers international roaming.
- (13) Complies with the service standards promulgated by the State of Alaska.

Bristol Bay Cellular Partnership

Line 610 – Functionality in Emergency Situations

Section 54.202(a)(2) of the Commission’s Rules requires that each eligible telecommunications carrier (“ETC”) must “[d]emonstrate 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.”¹ Section 54.313(a)(6) requires ETCs to certify that they are “able to function in emergency situations as set forth in §54.202(a)(2)”² in connection with their provision of voice and broadband services.

Bristol Bay Cellular Partnership (“BBCP”) hereby certifies that it is able to function in emergency situations as set forth in Section 54.202(a) in connection with its provision of voice services.³

For its central office, BBCP has eight hours of battery back-up as well as a diesel generator providing 45 hours of back-up if needed. In addition, BBCP has eight or more hours of battery back-up at all cell sites, and the ability to deploy portable generators if necessary.

BBCP has multiple trunk groups to different carriers, enabling it to re-route voice traffic around damaged facilities. BBCP actively monitors traffic reports to determine if re-routing is required. BBCP is also able to prioritize 911 and other emergency calls.

These facilities and capabilities ensure that (1) a reasonable amount of back-up power will be available to ensure functionality without an external power source; (2) BBCP will be able

¹ 47 C.F.R. § 54.202(a).

² 47 C.F.R. § 54.313(a)(6).

³ Certifications and demonstrations regarding broadband services are not required in carrier’s reports for calendar year 2012.

to reroute voice traffic around damaged facilities; and (3) BBCP will be capable locally of managing spikes in voice traffic resulting from emergency situations.

Bristol Bay Telephone Cooperative
Bristol Bay Cellular Partnership

Lines 910 – 929: Tribal Lands Reporting

Bristol Bay Telephone Cooperative and Bristol Bay Cellular Partnership (together, “Bristol Bay”) provide telecommunications service to portions of several Alaska Native Village Statistical Areas (“ANVSA”). In compliance with 47 C.F.R. § 53.313(a)(9) of the Commission's Rules (the “Tribal Engagement Rules”), Bristol Bay sent letters October 22, 2013 and again on November 21, 2013 to representatives of the following ANVSAs:

Ekwok ANVSA
Igiugig ANVSA
Iliamna ANVSA
King Salmon ANVSA
Levelock ANVSA
Naknek ANVSA
New Koligankek ANVSA
New Stuyahok ANVSA
Newhalen ANVSA
Nondalton ANVSA
Portage Creek ANVSA
South Naknek ANVSA
Togiak ANVSA
Aleknagik ANVSA
Clarks Point ANVSA
Curyung Tribal Council (formerly Native Village of Dillingham)
Ekuk ANVSA
Manoktak ANVSA

In its letters, Bristol Bay stated that it would like to discuss the following topics: (1) a needs assessment and deployment planning with a focus on community anchor institutions; (2) feasibility and sustainability of network investments; (3) marketing services in an appropriate and effective manner; (4) rights of way processes, land use permitting, facilities siting, environmental and cultural review processes; and (5) compliance with local business and licensing requirements.

Bristol Bay did not receive any responses to its letters.

Pursuant to the *Tribal Engagement Further Guidance Public Notice*,¹ Bristol Bay hereby certifies that, during calendar year 2012, the Company (1) engaged in attempts to schedule meetings with representatives of the ANVSAs and (2) has retained documentation of each such attempt to schedule meetings.

¹ *Office of Native Affairs and Policy, Wireless Telecommunications Bureau, and Wireline Competition Bureau Issue Further Guidance on Tribal Government Engagement Obligation Provisions of the Connect America Fund*, Public Notice, 27 FCC Rcd 8176, 8180 (paras. 14-15) (ONAP 2012) (“*Tribal Engagement Further Guidance Public Notice*”).

Bristol Bay Cellular Partnership

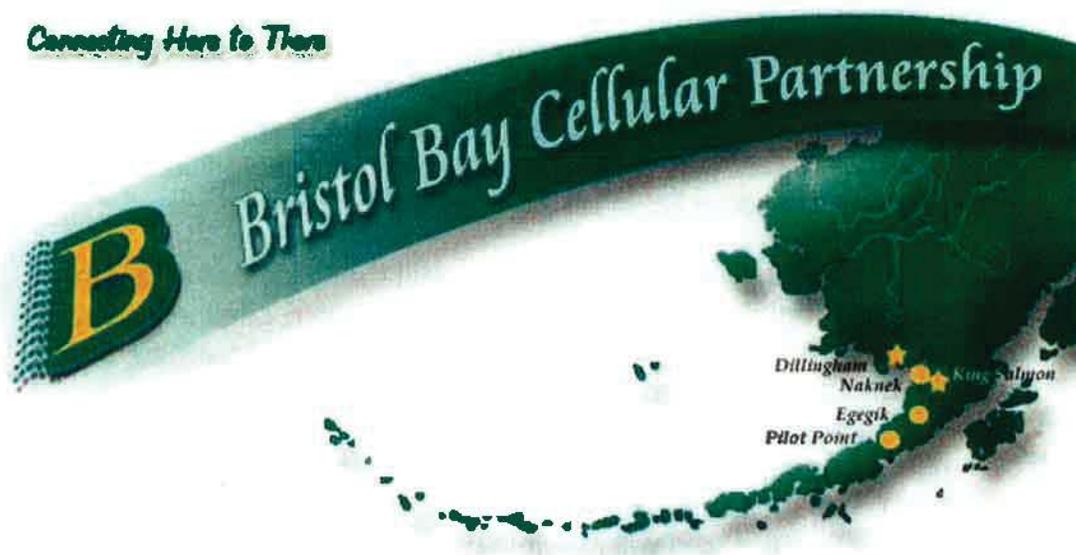
Line 1010 – Voice Services Rate Comparability

Bristol Bay Cellular Partnership only provides mobile wireless service. It does not provide fixed voice service. Therefore, a description of fixed voice service rate comparability is not applicable.

Bristol Bay Cellular Partnership

Line 1210 – Lifeline Plan

Connecting Here to There



Bristol Bay Cellular Partnership (BBCP) provides cellular service to the Bristol Bay Region.

Service is available in King Salmon/Naknek/South Naknek, Clarks Point, Dillingham, Egegik, Ekwok, Igiugig, Koliganek, Levelock, Manokotak, New Stuyahok, and Pilot Point.

When you sign up for service with BBCP you will be able to take your BBCP cell phone to any of these villages and have service. Currently BBCP offers one year contracts with unlimited local minutes. You have the option to pay monthly or annually.

Paying annually gives you 12 months of service for the price of 10! New Subscribers will receive a new phone with a signed contract. Some restrictions may apply.

BBCP Application

As of Monday, May 16, 2011 Bristol Bay Cellular phones will work in Anchorage and the Lower 48!

All Local calls, Long Distance and Texting will be one flat monthly rate. Please stop by or call our office for all the details.

If you receive state or federal assistance from certain programs, or if your household qualifies as low-income, you may be eligible to apply for the federal *lifeline* and *link-up* program. This program offers service for just \$1 a month and greatly reduced installation charges. Included with your lifeline

service is Unlimited local calling; Touch tone capability; Access to operator services; Directory assistance; Access to emergency 9-1-1 and 800 or 800-like toll free services; One free directory listing; One free white page telephone directory; Free toll blocking for lifeline; Free access to the telephone relay service; and Free access to our business office. The application has a list of all the qualifying programs.

Lifeline is a federal government assistance benefit that provides a monthly discount on home or mobile telephone services. Only ONE Lifeline discount is allowed per household. Members of a household are not permitted to receive Lifeline service from multiple companies. Lifeline is a non-transferable benefit. Willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment, and/or being barred from the program. Violation of the one-per-household limitation constitutes a violation of the FCC's rules and will result in de-enrollment and, potentially, prosecution by the U.S. government. Lifeline is a federal government benefit program and only qualified persons may participate.

Your household is everyone who lives together at your physical address as one economic unit (including children and people who are not related to you). The adults you live with are part of your economic unit if they contribute to and share in the income and expenses of the household. An adult is any person 18 years of age or older, or an emancipated minor. Household expenses include food, health care expenses and the cost of renting or paying a mortgage on your place of residence, and utilities. Income includes salary, public assistance benefits, social security payments, pensions, unemployment compensation, veteran's benefits, inheritances, alimony, child support payments, worker's compensation benefits, gifts, and lottery winnings.

Spouses and domestic partners are considered to be part of the same household. Children under the age of 18 living with their parents or guardians are considered to be part of the same household as their parents and guardians. If an adult has no income, or minimal income, and lives with someone who provides financial support to that adult, both people are considered part of the same household.

Lifeline Application

A service agreement is required for all plans. All calls are rounded up to the next full minute. A deposit may be required. Long Distance (toll) fees may not be included and may incur additional charges due on your monthly bill. Plans, activation fees, and long distance charges are subject to taxes and surcharges and subject to change without notice.

Your privacy is of utmost importance to BBCP. Therefore we require a password for all accounts. Our customer service representatives will not be able to discuss or provide any information in regards to your account without a password on file. For your convenience we have attached an **Establishment of Account Password** form to all service applications

* Offices & Dealers:

King Salmon

Dillingham

BBCP Main Office

1 Main Street
P.O. Box 456
King Salmon, AK
99613
907-246-6399

800-478-6399
fax: 246-1115

Bristol Bay Micro

15 D Street East
907-842-3966

Norman Heyano's
Dillingham Marina

105 B Street East
907-842-5564
fax: 842-3050

J&B Enterprises

540 Gauthier Way
or seasonally at
the Boat Harbor
907-842-5814
fax: 842-3917

BBCP Offers Hearing Aid Compatible Cellular Phones.
Information

Models And

BBCP Universal Services Offerings

In accordance with the FCC Rule 47 C.F.R. 54.401, Bristol Bay Cellular Partnership, (BBCP) herein provides the following information regarding its universal services offerings: BBCP offers single party local voice services.

Included with the service above, Touch Tone dialing is available to all customers.

Local emergency service may be reached by dialing "9-1-1."

Long Distance, operator service and directory assistance are available.

BBCP offers limited Toll Services to qualifying low-income consumers.

Customer Complaint Procedure:

We would hope to achieve a satisfactory resolution to a customer complaint or dispute regarding service or billing. In the event, after a

reasonable time, the complainant is not satisfied with Managements disposition of the complaint, he may then contact the Regulatory Commission of Alaska at 701 W. Eighth Avenue, Suite 300, Anchorage, AK 99501 or by calling 907-276-6222.

Rights & Responsibility:

Your service and equipment may be used for legal purposes only and may not be used in a way that interferes with the service or equipment of others. Equipment that you may connect to our service must be in compliance with our tariffs and Federal Communications Commission regulations.

[Telephone](#) | [Cable TV](#) | [Internet](#) | [Favorite Links](#) | [Home](#)

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[Contact Bristol Bay Cellular](#)

P.O. Box 456 • 1 Main Street

King Salmon, Alaska 99613

907-246-6399 Fax:

907-246-1115

800-478-6399

Contact the [webmaster](#)

BRISTOL BAY CELLULAR PARTNERSHIP
Lifeline and Link-Up Assistance Program



Application and Certification
Annual Certification Is Required

Telephone Number: _____

Applicant Information

First Name _____ Last _____ M.I. _____

Physical Address _____ Check here if this is your permanent address:

Mailing Address _____

Birthdate _____ Last 4 Digits of Social Security # _____

Lifeline is a federal government assistance benefit that provides a monthly discount on home *or* mobile telephone services. Only **ONE** Lifeline discount is allowed per household. Members of a household are not permitted to receive Lifeline service from multiple companies. Lifeline is a non-transferable benefit. Willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment, and/or being barred from the program. Violation of the one-per-household limitation constitutes a violation of the FCC's rules and will result in de-enrollment and, potentially, prosecution by the U.S. government. Lifeline is a federal government benefit program and only qualified persons may participate.

Your **household** is everyone who lives together at your physical address as one economic unit (including children and people who are not related to you). The **adults** you live with are part of your **economic unit** if they contribute to and share in the income and expenses of the household. An adult is any person 18 years of age or older, or an emancipated minor. Household **expenses** include food, health care expenses and the cost of renting or paying a mortgage on your place of residence, and utilities. **Income** includes salary, public assistance benefits, social security payments, pensions, unemployment compensation, veteran's benefits, inheritances, alimony, child support payments, worker's compensation benefits, gifts, and lottery winnings.

Spouses and domestic partners are considered to be part of the same household. Children under the age of 18 living with their parents or guardians are considered to be part of the same household as their parents and guardians. If an adult has no income, or minimal income, and lives with someone who provides financial support to that adult, both people are considered part of the same household.

Eligibility Requirements – Assistance Program Participation or Household Income Level (Check A *or* B)

A. I currently participate in or receive benefits from one or more of the following programs:
(For each program checked, you will need to provide proof of participation)

Assistance Program Participation

- | | |
|--|---|
| <input type="checkbox"/> Medicaid (not Medicare) | <input type="checkbox"/> Low Income Home Energy Assistance |
| <input type="checkbox"/> Food Stamps | <input type="checkbox"/> Temporary Assistance for Needy Families (TANF) |
| <input type="checkbox"/> Supplemental Security Income | <input type="checkbox"/> Alaska Temporary Assistance Program |
| <input type="checkbox"/> Denali Kid Care | <input type="checkbox"/> Child Care Assistance Program |
| <input type="checkbox"/> Alaska Adult Public Assistance Program | <input type="checkbox"/> Senior Care |
| <input type="checkbox"/> Veterans Administration (VA) Disability Pension | <input type="checkbox"/> Woman, Infants, and Children's Program (WIC) |

___ State of Alaska Heating Assistance Program

___ Federal Public Housing Assistance (Section 8)

___ National School Lunch Program (income based)

___ Alaska State Housing Corporation Programs

B. ___ There are ___ members of my household and my household income is at or below 135% of the Federal Income Eligibility Thresholds. (Note: You must provide documentation verifying your household income. When providing documents pertaining to monthly benefits or wages, customer must provide 3 consecutive months of proof.)

Income Eligibility Thresholds

Size of Household	Lifeline Eligibility Level For 2013 for Alaska	Documentation of "household" income must be provided in one of The following form:
1	\$19,373	* A previous year's state of federal tax return * A current income statement from an employer or 3 months of paycheck stubs * A statement of benefits from the U.S. Social Security Admin. * A statement of benefits from the U.S. Dept. of Veterans Affairs * A retirement or pension statement of benefits * An unemployment or worker's compensation statement of benefits * A federal or tribal notice of letter of participation in general assistance * A divorce decree or child support document * Any other official documentation to substantiate income
2	\$26,163	
3	\$32,954	
4	\$39,744	
5	\$46,535	
6	\$53,325	
7	\$60,116	
8	\$66,906	
For each additional person, add	\$6,791	

Subscriber Responsibilities & Acknowledgements

I acknowledge and certify under penalty of perjury that (1) I have read the information in this application; (2) the information contained in this application is true and correct; and (3) I understand that I must meet the above qualifications to receive Lifeline and Link-Up assistance.

- 1) I understand that Lifeline support is only available for a single telephone line at my principle residence. Initial here: _____
- 2) I understand that I may not receive Link-Up assistance more than once at the same principle residence.
- 3) I understand that completion of this application does not constitute immediate enrollment in this program.
- 4) I understand service will be provided subject to the terms and conditions of service explained by the customer service agent and BBCP terms and conditions.
- 5) I agree to notify BBCP within (30) calendar days if (A) my household income exceeds 135% of the federal poverty guidelines or (B) I no longer participate in the program(s) identified above.
- 6) I further consent to the release of the information on this application internally pursuant to the administration of this program.
- 7) I understand that providing false statements in order to receive a federal government program is punishable by law.
- 8) I understand that at any time, I will be required to provide continued proof of eligibility, and if I fail to provide that information, it will result in my de-enrollment and the termination of my benefit of Lifeline. Initial here: _____
- 9) I give consent for my information to be shared with the Universal Service Administration Company (USAC) and/or its agents for the purpose of verifying that I do not receive more than one Lifeline benefit.
- 10) The information contained in this certification is true and correct to the best of my knowledge.

Printed Name of Applicant

Date of Application

Signature of Applicant

Relationship to Applicant