

REDACTED- FOR PUBLIC INSPECTION

June 27, 2014

VIA OVERNIGHT DELIVERY

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

RE: **Confidential Financial Information Subject to Protective Order in WC Docket Nos. 10-90, 07-135, 05-337, 03-109, CC Docket Nos. 01-92, 96-45, GN Docket No. 09-51, WT Docket No. 10-208, Before the Federal Communications Commission**

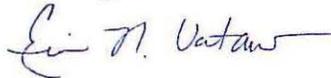
Dear Ms. Dortch:

Direct Communications Rockland ("Direct Communications"), a privately-held rate of return carrier receiving high cost support, has electronically submitted FCC Form 481 to the Commission with redacted financial data, in compliance with 47 C.F.R. §§ 54.313 and 54.422

As specified in the Protective Order issued on November 16, 2012 by the Commission, two copies of the redacted confidential information are being filed simultaneously with the non-redacted confidential information. The redacted information for this filing and each page of the file where confidential information has been omitted is marked "REDACTED - FOR PUBLIC INSPECTION"

Please feel free to contact me with any questions regarding this particular matter.

Sincerely,



Eric N. Votaw, Senior Manager for
Moss Adams LLP

Enclosures

cc Mr. Charles Tyler, FCC Telecommunications Access Policy Division
Brian Lee, Direct Communications Rockland

<010>	Study Area Code	47222
<015>	Study Area Name	DIRECT CONNECT-BACKLASH
<020>	Program Year	2015
<030>	Contact Name: Person USAC should contact with questions about this data	Robin Strand
<035>	Contact Telephone Number: Number of the person identified in data line <030>	2083402443 ext.
<039>	Contact Email Address: Email of the person identified in data line <030>	rostrand@nytdia.com

ANNUAL REPORTING FOR ALL CARRIERS		54,313 Completion Required	54,422 Completion Required
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		(check box when complete)	
<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 type="checkbox"/>	<input type="checkbox"/>
<210>	<input type="checkbox"/> 4 <input type="checkbox"/> 0 <i>(check box if no outages to report)</i>	<input type="checkbox"/>	<input type="checkbox"/>
<300>	Unfulfilled Service Requests (voice)	<input 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)	<input 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 type="checkbox"/>	<input type="checkbox"/>
<410>	Fixed	<input type="checkbox"/>	<input type="checkbox"/>
<420>	Mobile	<input type="checkbox"/>	<input type="checkbox"/>
<430>	Number of Complaints per 1,000 customers (broadband)	<input type="checkbox"/>	<input type="checkbox"/>
<440>	Fixed	<input type="checkbox"/>	<input type="checkbox"/>
<450>	Mobile	<input type="checkbox"/>	<input type="checkbox"/>
<500>	Service Quality Standards & Consumer Protection Rules Compliance <i>(check to indicate certification)</i>	<input type="checkbox"/>	<input type="checkbox"/>
<510>	<i>(attach descriptive document)</i>	<input type="checkbox"/>	<input type="checkbox"/>
<600>	Functionality in Emergency Situations <i>(check to indicate certification)</i>	<input type="checkbox"/>	<input type="checkbox"/>
<610>	<i>(attach descriptive document)</i>	<input type="checkbox"/>	<input type="checkbox"/>
<700>	Company Price Offerings (voice) <i>(complete attached worksheet)</i>	<input 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 type="checkbox"/>	<input type="checkbox"/>
<900>	Tribal Land Offerings (Y/N)? <input checked="" type="radio"/> <input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
<1000>	Voice Services Rate Comparability <i>(check to indicate certification)</i>	<input type="checkbox"/>	<input type="checkbox"/>
<1010>	<i>(attach descriptive document)</i>	<input type="checkbox"/>	<input type="checkbox"/>
<1100>	Terrestrial Backhaul (Y/N)? <input checked="" type="radio"/> <input type="radio"/> <i>(if not, check to indicate certification)</i>	<input 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 type="checkbox"/>
Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet			
<i>Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers</i>			
<2000>	<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	172030
<015>	Study Area Name	DISPECT COBT-RDORLAND
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Bruce Steed
<035>	Contact Telephone Number - Number of person identified in data line <030>	2085402345 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	accounting@directcom.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.	<div style="border: 1px solid black; width: 100%; height: 40px; margin-bottom: 5px;">47203210112.pdf</div> Name of Attached Document
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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	<input type="checkbox"/>
<114>	Report how much universal service (USF) support was received	<input type="checkbox"/>
<115>	How (USF) was used to improve service quality	<input type="checkbox"/>
<116>	How (USF) was used to improve service coverage	<input type="checkbox"/>
<117>	How (USF) was used to improve service capacity	<input type="checkbox"/>
<118>	Provide an explanation of network improvement targets not met in the prior calendar year.	<input type="checkbox"/>

(900) Tribal Lands Reporting Data Collection Form	FCC Form 481 OMB Control No. 3060-0985 / OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	472232
<015>	Study Area Name	SUBJECT: COHEN-ROCKLAND
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Bruce Steed
<035>	Contact Telephone Number - Number of person identified in data line <030>	2065401345 ext.:
<039>	Contact Email Address - Email Address of person identified in data line <030>	steed@comcast.net

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

Fort Hall Reservation

<920> Tribal Government Engagement Obligation

472232.0420.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 Right 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)
NA

**(1100) No Terrestrial Backhaul Reporting
Data Collection Form**FCC Form 481
OMB Control No. 3060-0986/CMB Control No. 3060-0819
July 2013

<010>	Study Area Code	172232
<015>	Study Area Name	DIRECT CSTM-POULAVR
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Bruce Speed
<035>	Contact Telephone Number - Number of person identified in data line <030>	2483182343 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	accounting@directcom.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	472232
<015>	Study Area Name	DIRECT COMMUNICATIONS
<020>	Program Year	2012
<030>	Contact Name - Person USAC should contact regarding this data	Bruce Seid
<035>	Contact Telephone Number - Number of person identified in data line <030>	208502145 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	bruce@directcom.com

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

472232141210.pdf

Name of Attached Document

<1220> Link to Public Website

HTTP <http://www.puc.idaho.gov/files/room/tariff/title61/direct%20communications.pdf>

*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 FCCs 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, 4
- <1222> Details on the number of minutes provided as part of the plan, 4
- <1223> Additional charges for toll calls, and rates for each such plan. 4

(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/ CMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	472032
<015>	Study Area Name	DIPNET 0281-BROCKLAND
<020>	Program Year	2012
<030>	Contact Name - Person USAC should contact regarding this data	Bruce Breed
<035>	Contact Telephone Number - Number of person identified in data line <030>	2035412345 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	b Breed@usac.fcc.gov

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)(iii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

<2021> Interim Progress Community Anchor institutions

Name of Attached Document Listing Required Information

(3000) Rate Of Return Carrier Additional Documentation Data Collection Form	FCC Form 481 OMB Control No. 3040-0985/CMB Control No. 3060-0819 July 2013
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(410)	Study Area Code	472217
(415)	Study Area Name	DIRECT COMM-ROCKLAND
(420)	Program Year	2013
(430)	Contact Name - Person USAC should contact regarding the data	Bruce Steed
(435)	Contact Telephone Number - Number of person identified in data line (430)	7045467145 ext.
(435)	Contact Email Address - Email Address of person identified in data line (430)	bsteed@usac.fcc.gov

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.301(f)) 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))

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)(a), 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)(b))

Name of Attached Document Listing Required Information

(3013) Is your company a Privately Held RGR 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 (1) 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 (1) 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		FCC Form 481 OMB Control No. 3050-0186/OMB Control No. 3050-0019 July 2013
<010> Study Area Code	472232	
<015> Study Area Name	DIRECT COST-HOURLAND	
<020> Program Year	2013	
<030> Contact Name - Person USAC should contact regarding this data	Bruce Steed	
<035> Contact Telephone Number - Number of person identified in data line <030>	2085482345 ext.	
<039> Contact Email Address - Email Address of person identified in data line <030>	accounting@direct.com.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 U 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:	DIRECT COST-HOURLAND
Signature of Authorized Officer:	CHRISTOPH POKING Date 06/26/2014
Printed name of Authorized Officer:	Jeremy Smith
Title or position of Authorized Officer:	General Manager
Telephone number of Authorized Officer:	2085482345 ext. 53271
Study Area Code of Reporting Carrier:	472232 Filing Due Date for this form: 07/01/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1974, 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. J060-0086/ OMB Control No. 3070-0819 July 2013
<010> Study Area Code	472230	
<015> Study Area Name	DIRECT CARE PROGRAM	
<020> Program Year	2015	
<030> Contact Name - Person USAC should contact regarding this data	Brian Stued	
<035> Contact Telephone Number - Number of person identified in data line <030>	208512345 ext.	
<039> Contact Email Address - Email Address of person identified in data line <030>	aaccount@nhdhaz.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 U 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 this 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(a), 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 U Recipients on Behalf of Reporting Carrier	
As agent for the reporting carrier, I 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(a), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Attachments

LINE 100 INITIAL FIVE-YEAR SERVICE QUALITY IMPROVEMENT PLAN

REDACTED FOR PUBLIC INSPECTION

Local Communications Rockland understands and complies with the Idaho Public Utilities Commission's Telephone Customer Relations Rules, IDAPA 31.41.01, adopted under the general legal authority of the Public Utilities Law, Chapters 1 through 7, Title 61, Idaho Code, and the Telecommunications Act of 1998, Chapter 6, Title 62, Idaho Code, with regards to service. These telephone customer relations rules provide a set of fair, just, reasonable, and non-discriminatory rules regarding deposits, guarantees, billing, application for service, denial of service, termination of service, complaints to telephone companies, delayed or interrupted service, and provisions of certain information about customer to

Direct Communications Rockland provides CPNI and Redflag training on a regular annual basis for all employees. Training is also provided for all new employees.

Direct Communications Rockland has CPNI signage posted for customer awareness purposes.

Pursuant to 47 C.F.R. § 54.313(a)(6) and/or 47 C.F.R § 54.422(b)(4) as set forth in 47 C.F.R. § 54.202(a)(2) Direct Communications Rockland meets the requirements to remain functional in emergency situations and has the following capabilities: Back-up power is provided to Direct Communications Rockland's central and or remote office(s) by use of fixed generator and batteries that provide it with XX hours of emergency power service. In addition, Direct Communications Rockland's field electronics have 6-8 hours of back-up power by use of fixed/mobile generators and batteries. Direct Communications Rockland has no SONET technology in its network. Direct Communications Rockland has no redundant paths within its network to provide for the capability to reroute traffic Direct Communications Rockland has equipped its remote offices/or field gear with Emergency Stand Alone technology that will provide for call completion and access to 911 in emergency situations. Direct Communications Rockland is capable of managing traffic spikes resulting from emergency situations.

As pertaining to Form 481 line 920:

Direct Communications has contacted the tribal council through various letters and emails pertaining to compliance with tribal law pertaining to our services on the outskirts of their tribal reservation boundaries but have never received feedback or acknowledgement to our attempts.

Direct Communications serves the outer boundaries of the Fort Hall Reservation to a few homes that are located on the boundary of tribal land.

According to Direct Communication's knowledge, all laws and compliances have been met while serving these few customers.

Response to Line 1000
Direct Communications Rockland
Study Area 472232

Voice Services Comparability Report

Pursuant to 47 C.F.R. § 54.313 (a) (10) Direct Communications Rockland ("DCR") is in compliance with the requirement that voice services is no more than two standard deviations above the national average urban rate for voice service of \$46.96 as specified in Public Notice DA 14-384 issued on March 20, 2014. DCR's current total local end-user rate¹ of \$27.17 (which includes a local fee of \$25.76, mandated state fees of \$1.41 and mandatory extended area service charges of \$0.00) is not above the standard deviation as specified in the USF/ICC Transformation Order.²

¹ Local End User Rate as defined in USF/ICC Transformation Order 26 FCC Rcd at 17751, Para. 238

² USF/ICC Transformation Order, 26 FCC Rcd at 17694, Para. 84 (footnote included) "The standard deviation is a measure of dispersion. The sample standard deviation is the square root of the sample variance. The sample variance is calculated as the sum of the squared deviations of the individual observations in the sample of data from the sample average divided by the total number of observations in the sample minus one. In a normal distribution, about 68 percent of the observations lie within one standard deviation above and below the average and about 95 percent of the observations lie within two standard deviations above and below the average."

Direct Communications, Inc.

Lifeline Assistance Program

1. The lifeline Assistance Program is a plan that assists qualified low-income applicants with reductions in their monthly local exchange service rate. The assistance applies for a single telephone line at the applicant's principal place of residence. Qualified applicants shall have their monthly local exchange service rate reduced up to \$12.75
2. Eligibility Requirements: You must contact the Idaho Department of Health and Welfare to determine eligibility and to obtain an application.
3. Application for Assistance: To apply for Lifeline, contact the Idaho Department of Health and Welfare to obtain an application. If you are eligible, your name and telephone number will be forwarded to the telephone company. The monthly discount will begin within 60 days if your name and telephone number match the telephone company's records.
4. The lifeline Assistance Program is a plan that assists qualified low-income applicants with reductions in their monthly local exchange service rate. The assistance applies for a single telephone line at the applicant's principal place of residence. Qualified applicants shall have their monthly local exchange service rate reduced up to \$12.75
5. Eligibility Requirements: You must contact the Idaho Department of Health and Welfare to determine eligibility and to obtain an application.
6. Application for Assistance: To apply for Lifeline, contact the Idaho Department of Health and Welfare to obtain an application. If you are eligible, your name and telephone number will be forwarded to the telephone company. The monthly discount will begin within 60 days if your name and telephone number match the telephone company's records.

Rates: The Lifeline customer will receive a monthly credit up to \$12.75 toward their local exchange service rate.

LINE 3005 RATE OF RETURN DATA

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