DOCKET NO. UM 1688

Cover Sheet for Submission of
2014 Annual ETC Certification Reports

Name of Eligible Telecommunications Carrier: ComSpan Communications, Inc.

Filing date: 6/30/2014

Is this: Original submission? X
OR
Revised submission? _____

Person to contact for questions:

Name Michelle Elkins

Phone number 541-229-2133

E-mail address MichelleE@comspancomm.com

Documents included in this filing (please check applicable items):

_____ CAF/ICC Support (47 CFR § 54.304)

_____ Rate Floor Data (47 CFR § 54.313(h))

X Form 481 (High-cost per 47 CFR § 54.313, Low-income per 54.422)[1]

_____ Form 690 (Mobility Fund per 47 CFR § 54.1009)

_____ Affidavit for High-Cost Support

Filing deadlines: The deadlines for filing items required by 47 CFR § 54 are the same as the deadlines for filing with the FCC. The notarized affidavit for high-cost support must be filed no later than the due date for the FCC Form 481. Based on current information, it appears that all items other than CAF/ICC support data are due by July 1, 2014. The CAF/ICC support data are due the same day as the ETC's interstate access tariff filing.

If revisions to an original submission are filed with the FCC or USAC, a copy of the revisions must be filed with the Oregon Commission no later than five business days following submission to the FCC or USAC.

[1] Lifeline-only ETCs must provide all information specified in 47 CFR § 54.422(b) even if the ETC does not submit this information to the FCC.

AFFIDAVIT CERTIFYING USE OF UNIVERSAL SERVICE FUNDS

I, Mark Scully, being of lawful age and duly sworn, on my oath, state that I am the President of ComSpan Communications, Inc., and that I am authorized to execute this Affidavit on behalf of the Company, and the facts set forth in this Affidavit are true to the best of my knowledge, information and belief.

Pursuant to the requirements of the Federal Communications Commission, 47 C.F.R. § 54.314, ComSpan Communications, Inc. hereby certifies to the Public Utility Commission of Oregon that it is eligible to receive federal high-cost support for the program years cited.

I attest that all federal high-cost support provided to ComSpan Communications, Inc., in Oregon was used in the preceding calendar year (2013) and will be used in the coming calendar year (2015) only for the provision, maintenance and upgrading of facilities and services for which the support is intended.

DATED this 6 day of JUNE, 2014.

By: _____ (*Officer's Name*)

Its: PRESIDENT (*Officer's Title*)

SUBSCRIBED AND SWORN to before me this 6 day of June, 2014.

_____

Notary public in and for the State of Oregon

My Commission Expires: June 03, 2016

OFFICIAL SEAL
JOANNA L TRIGG
NOTARY PUBLIC - OREGON
COMMISSION NO. 468895
MY COMMISSION EXPIRES JUNE 03, 2016

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	539005
<015>	Study Area Name	COMSPANUSA.
<020>	Program Year	2015
<030>	Contact Name: Person USAC should contact with questions about this data	Michelle Elkins
<035>	Contact Telephone Number: Number of the person identified in data line <030>	54:2292133 ext.
<039>	Contact Email Address: Email of the person identified in data line <030>	michellee@comspancomm.com

ANNUAL REPORTING FOR ALL CARRIERS

			54.313 Completion Required	54.422 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>	539005or510.pdf	(attached descriptive document)	✔	✔
<600>	Functionality in Emergency Situations	(check to indicate certification)	✔	✔
<610>	539005or610.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>	539005or1010.pdf	(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)	

(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	539005
<015>	Study Area Name	COMSPANUSA.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Michelle Elkins
<035>	Contact Telephone Number - Number of person identified in data line <030>	5412292133 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	michellee@comspancomm.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.

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.	☐

(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	539005
<015>	Study Area Name	COMSPANUSA.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Michelle Elkins
<035>	Contact Telephone Number - Number of person identified in data line <030>	5412292133 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	michellee@comspancomm.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

(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	539005
<015>	Study Area Name	COMSPANUSA.
<020>	Program Year	2013
<030>	Contact Name - Person USAC should contact regarding this data	Michelle Elkins
<035>	Contact Telephone Number - Number of person identified in data line <030>	5412292133 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	michellee@comspancomm.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

-- 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	539005
<015>	Study Area Name	COMSPANUSA.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Michelle Elkins
<035>	Contact Telephone Number - Number of person identified in data line <030>	5412292133 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	michellee@comspancomm.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 --					

(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	539005
<015>	Study Area Name	COMSPANUSA.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Michelle Elkins
<035>	Contact Telephone Number - Number of person identified in data line <030>	5412292133 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	michellee@comspancomm.com

<810>	Reporting Carrier	ComSpan Communication, Inc.
<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	539005
<015>	Study Area Name	COMSPANUSA.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Michelle Elkins
<035>	Contact Telephone Number - Number of person identified in data line <030>	5412292133 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	michellee@comspancomm.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	539005
<015>	Study Area Name	COMSPANUSA.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Michelle Elkins
<035>	Contact Telephone Number - Number of person identified in data line <030>	5412292133 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	michellee@comspancomm.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	539005
<015>	Study Area Name	COMSPANUSA.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Michelle Elkins
<035>	Contact Telephone Number - Number of person identified in data line <030>	5412292133 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	michellee@comspancomm.com

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

<1220> Link to Public Website HTTP http://www.puc.state.or.us/Pages/rspf/otap.aspx

"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
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	539005
<015>	Study Area Name	COMSPANUSA.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Michelle Elkins
<035>	Contact Telephone Number - Number of person identified in data line <030>	5412292133 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	michellee@comspancorm.com

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

Incremental Connect America Phase I reporting

<2010> 2nd Year Certification {47 CFR § 54.313(b)(1)} ☐
<2011> 3rd Year Certification {47 CFR § 54.313(b)(2)} ☐

Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}

<2012> 2013 Frozen Support Certification ☐
<2013> 2014 Frozen Support Certification ☐
<2014> 2015 Frozen Support Certification ☐
<2015> 2016 and future Frozen Support Certification ☐

Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}

<2016> Certification Support Used to Build Broadband ☐

Connect America Phase II Reporting {47 CFR § 54.313(e)}

<2017> 3rd year Broadband Service Certification ☐
<2018> 5th year Broadband Service Certification ☐
<2019> Interim Progress Certification ☐

<2020> Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. ☐

<2021> Interim Progress Community Anchor Institutions

Name of Attached Document Listing Required Information

(3000) Rate Of Return Carrier Additional Documentation Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013

<010>	Study Area Code	539005
<015>	Study Area Name	COMSPANUSA.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Michelle Elkins
<035>	Contact Telephone Number - Number of person identified in data line <030>	5412292133 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	michellee@comspancomm.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

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	539005
<015>	Study Area Name	COMSPANUSA.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Michelle Elkins
<035>	Contact Telephone Number - Number of person identified in data line <030>	5412292133 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	michellee@comspancomm.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: COMSPANUSA.

Signature of Authorized Officer: CERTIFIED ONLINE Date

Printed name of Authorized Officer:

Title or position of Authorized Officer:

Telephone number of Authorized Officer:

Study Area Code of Reporting Carrier: 539C05 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.

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	539005
<015>	Study Area Name	COMSPANUSA.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Michelle Elkins
<035>	Contact Telephone Number - Number of person identified in data line <030>	5412292133 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	michellee@comspancomm.com

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

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier

I certify that (Name of Agent)_____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.

Name of Authorized Agent:

Name of Reporting Carrier:

Signature of Authorized Officer: Date:

Printed name of Authorized Officer:

Title or position of Authorized Officer:

Telephone number of Authorized Officer:

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

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

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier

I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.

Name of Reporting Carrier:

Name of Authorized Agent or Employee of Agent:

Signature of Authorized Agent or Employee of Agent: Date:

Printed name of Authorized Agent or Employee of Agent:

Title or position of Authorized Agent or Employee of Agent

Telephone number of Authorized Agent or Employee of Agent:

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

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

Attachments

(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	539005
<015>	Study Area Name	COMSPANUSA.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Michelle Elkins
<035>	Contact Telephone Number - Number of person identified in data line <030>	5412292133 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	michellee@comspancomm.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
OR			FR	26.0	6.5	0.12	3.5	36.12

(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	539005
<015>	Study Area Name	COMSPANUSA.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Michelle Elkins
<035>	Contact Telephone Number - Number of person identified in data line <030>	5412292133 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	michellee@comspancomm.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)
OR	0	0.0	0.0	0.0	0.0	0.0	0.0	Other, CETC not required to report broadband data

(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	539005
<015>	Study Area Name	COMSPANUSA.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Michelle Elkins
<035>	Contact Telephone Number - Number of person identified in data line <030>	5412292133 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	michellee@comspancomm.com

<810>	Reporting Carrier	ComSpan Communication, Inc.
<811>	Holding Company	
<812>	Operating Company	

<813>

<a1> Affiliates	<a2> SAC	<a3> Doing Business As Company or Brand Designation
Wantel, Inc.	539005	ComSpan Communications, Inc.

comspan
communications

Providing Business
and Residential
Telecommunication
Services to Communities
throughout Oregon

June 13, 2014

FCC
Re: Form 481/Line item 1010

This letter is to certify that the pricing of Comspan's voice services is no more than two standard deviations above the applicable national average urban rate for voice service which has been set at $46.95; as specified in the most recent public notice issued by the Wireline Competition Bureau and Wireless Telecommunications Bureau.

Regards,

Michelle Elkins

Michelle Elkins
ComSpan Communications
Regulatory Dept.
541-229-2133
MichelleE@comspancomm.com

278 Garden Valley Blvd
Roseburg, OR 97470
Phone 541-229-0229
E-mail info@mycomspan.com
www.mycomspan.com