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	265061
<015>	Study Area Name	CINCINNATI BELL-KY
<020>	Program Year	2015
<030>	Contact Name: Person USAC should contact with questions about this data	Patricia Rupich
<035>	Contact Telephone Number: Number of the person identified in data line <030>	5133976671 ext.
<039>	Contact Email Address: Email of the person identified in data line <030>	pat.rupich@cinbell.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	0.04	✓	✓
<420>	Mobile	0.0		
<430>	Number of Complaints per 1,000 customers (broadband)		✓	
<440>	Fixed	0.15		
<450>	Mobile	0.0		
<500>	Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	✓	✓
<510>	265061KY510.pdf	(attached descriptive document)	✓	✓
<600>	Functionality in Emergency Situations	(check to indicate certification)	✓	✓
<610>	265061KY610.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>	265061KY1010.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	265061
<015>	Study Area Name	CINCINNATI BELL-KY
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Patricia Rupich
<035>	Contact Telephone Number - Number of person identified in data line <030>	5133976671 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	pat.rupich@cinbell.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	265061
<015>	Study Area Name	CINCINNATI BELL-KY
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Patricia Rupich
<035>	Contact Telephone Number - Number of person identified in data line <030>	5133976671 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	pat.rupich@cinbell.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

-- See attached worksheet --

(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	265061
<015>	Study Area Name	CINCINNATI BELL-KY
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Patricia Rupich
<035>	Contact Telephone Number - Number of person identified in data line <030>	5133976671 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	pat.rupich@cinbell.com

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

<703>

<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<b4>	<b5>	<c>
State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fees

-- See attached worksheet --

(710) Broadband Price Offerings
Data Collection Form

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

<010>	Study Area Code	265061
<015>	Study Area Name	CINCINNATI BELL-KY
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Patricia Rupich
<035>	Contact Telephone Number - Number of person identified in data line <030>	5133976671 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	pat.rupich@cinbell.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	265061
<015>	Study Area Name	CINCINNATI BELL-KY
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Patricia Rupich
<035>	Contact Telephone Number - Number of person identified in data line <030>	5133976671 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	pat.rupich@cinbell.com

<810>	Reporting Carrier	Cincinnati Bell Telephone Company LLC
<811>	Holding Company	Cincinnati Bell Inc.
<812>	Operating Company	Cincinnati Bell Telephone Company LLC

<813>

<a1>	<a2>	<a3>
Affiliates	**SAC**	**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	265061
<015>	Study Area Name	CINCINNATI BELL-KY
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Patricia Rupich
<035>	Contact Telephone Number - Number of person identified in data line <030>	5133976671 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	pat.rupich@cinbell.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	265061
<015>	Study Area Name	CINCINNATI BELL-KY
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Patricia Rupich
<035>	Contact Telephone Number - Number of person identified in data line <030>	5133976671 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	pat.rupich@cinbell.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	265061
<015>	Study Area Name	CINCINNATI BELL-KY
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Patricia Rupich
<035>	Contact Telephone Number - Number of person identified in data line <030>	5133976671 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	pat.rupich@cinbell.com

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

265061KY1210.pdf

Name of Attached Document

<1220> Link to Public Website HTTP

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

<1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, ☑

<1222> Details on the number of minutes provided as part of the plan, ☑

<1223> Additional charges for toll calls, and rates for each such plan. ☑

(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	265061
<015>	Study Area Name	CINCINNATI BELL-KY
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Patricia Rupich
<035>	Contact Telephone Number - Number of person identified in data line <030>	5133976671 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	pat.rupich@cinbell.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	265061
<015>	Study Area Name	CINCINNATI BELL-KY
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Patricia Rupich
<035>	Contact Telephone Number - Number of person identified in data line <030>	5133976671 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	pat.rupich@cinbell.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	265061
<015>	Study Area Name	CINCINNATI BELL-KY
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Patricia Rupich
<035>	Contact Telephone Number - Number of person identified in data line <030>	5133976671 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	pat.rupich@cinbell.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: CINCINNATI BELL-KY

Signature of Authorized Officer: CERTIFIED ONLINE Date 06/30/2014

Printed name of Authorized Officer: DAVID HEIMBACH

Title or position of Authorized Officer: CHIEF OPERATING OFFICER

Telephone number of Authorized Officer: 5133971424 ext.

Study Area Code of Reporting Carrier: 265061 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 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	265061
<015>	Study Area Name	CINCINNATI BELL-KY
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Patricia Rupich
<035>	Contact Telephone Number - Number of person identified in data line <030>	5133976671 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	pat.rupich@cinbell.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

(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	265061
<015>	Study Area Name	CINCINNATI BELL-KY
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Patricia Rupich
<035>	Contact Telephone Number - Number of person identified in data line <030>	5133976671 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	pat.rupich@cinbell.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
13-22836398	08/12/2013	18:45	08/12/2013	20:35	4000	91716	Yes	Wireline (including cable) Voice (non-VoIP), 911, E911 or NG911 Services only	Yes	Restored core router to eliminate call failures	Provide additonal IP connectivity to PSAPs
13-34359204	12/09/2013	15:20	12/09/2013	16:48	50000	91716	Yes	Wireline (including cable) Voice (non-VoIP), 911, E911 or NG911 Services only	Yes	Corrected ring protection configuration to end broadcast storm	Reconfigured protection ring. Updated 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	265061
<015>	Study Area Name	CINCINNATI BELL-KY
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Patricia Rupich
<035>	Contact Telephone Number - Number of person identified in data line <030>	5133976671 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	pat.rupich@cinbell.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
KY	Alexandria		FR	24.75	0.0	0.0	0.0	24.75
KY	Boone (Florence CO)		FR	22.75	0.0	0.0	0.0	22.75
KY	Boone (Not Florence CO)		FR	24.75	0.0	0.0	0.0	24.75
KY	Butler		FR	26.75	0.0	0.0	0.0	26.75
KY	Falmouth		FR	26.75	0.0	0.0	0.0	26.75
KY	Glencoe		FR	26.75	0.0	0.0	0.0	26.75
KY	Independence		FR	24.75	0.0	0.0	0.0	24.75
KY	Kentucky Metro		FR	22.75	0.0	0.0	0.0	22.75
KY	Walton		FR	24.75	0.0	0.0	0.0	24.75
KY	Warsaw		FR	26.75	0.0	0.0	0.0	26.75
KY	Williamstown		FR	26.75	0.0	0.0	0.0	26.75
KY	Alexandria		MS	14.99	0.0	0.0	0.0	14.99
KY	Boone (Florence CO)		MS	14.99	0.0	0.0	0.0	14.99
KY	Butler		MS	14.99	0.0	0.0	0.0	14.99
KY	Falmouth		MS	14.99	0.0	0.0	0.0	14.99
KY	Glencoe		MS	14.99	0.0	0.0	0.0	14.99
KY	Independence		MS	14.99	0.0	0.0	0.0	14.99
KY	Kentucky Metro		MS	14.99	0.0	0.0	0.0	14.99
KY	Walton		MS	14.99	0.0	0.0	0.0	14.99
KY	Warsaw		MS	14.99	0.0	0.0	0.0	14.99
KY	Williamstown		MS	14.99	0.0	0.0	0.0	14.99

(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	265061
<015>	Study Area Name	CINCINNATI BELL-KY
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Patricia Rupich
<035>	Contact Telephone Number - Number of person identified in data line <030>	5133976671 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	pat.rupich@cinbell.com

<711>

<a1> State	<a2> Exchange (ILEC)	<b1> Residential Rate	<b2> State Regulated Fees	<c> Total Rates and Fees	<d1> Broadband Service - Download Speed (Mbps)	<d2> Broadband Service -Upload Speed (Mbps)	<d3> Usage Allowance (GB)	<d4> Usage Allowance Action Taken When Limit Reached {select}
KY	ALL	25.0	0.0	25.0	0.768	0.768	0.0	Other, No limit on usage allowance
KY	ALL	35.0	0.0	35.0	5.0	0.768	0.0	Other, No limit on usage allowance
KY	ALL	39.99	0.0	39.99	10.0	1.0	0.0	Other, No limit on usage allowance
KY	ALL	49.99	0.0	49.99	20.0	2.0	0.0	Other, No limit on usage allowance
KY	ALL	59.99	0.0	59.99	30.0	5.0	0.0	Other, No limit on usage allowance
KY	ALL	99.99	0.0	99.99	50.0	10.0	0.0	Other, No limit on usage allowance
KY	ALL	299.99	0.0	299.99	100.0	20.0	0.0	Other, No limit on usage allowance

(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	265061
<015>	Study Area Name	CINCINNATI BELL-KY
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Patricia Rupich
<035>	Contact Telephone Number - Number of person identified in data line <030>	5133976671 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	pat.rupich@cinbell.com

<810>	Reporting Carrier	Cincinnati Bell Telephone Company LLC
<811>	Holding Company	Cincinnati Bell Inc.
<812>	Operating Company	Cincinnati Bell Telephone Company LLC

<813>

<a1> Affiliates	<a2> SAC	<a3> Doing Business As Company or Brand Designation
Cincinnati Bell Telephone Company LLC	305062	Cincinnati Bell; CBT
Cincinnati Bell Any Distance Inc.		Cincinnati Bell; CBAD
Cincinnati Bell Wireless, LLC	269028	Cincinnati Bell; CBW; i-wireless
Cincinnati Bell Wireless, LLC	309004	Cincinnati Bell; CBW; i-wireless
Cincinnati Bell Extended Territories LLC		Cincinnati Bell; CBET
Cincinnati Bell Technology Solutions Inc.		CBTS
eVolve Business Solutions LLC		eVolve
Cincinnati Bell Telecommunications Services LLC		Cincinnati Bell; Cincinnati Bell Telephone; CBT

Cincinnati Bell Telephone Company LLC
Service Quality Standards & Consumer Protection Rules Compliance
Kentucky – SAC 265061

Service Quality Standards

CBT has established procedures to ensure compliance with applicable service quality standards established by the state utility commissions and the FCC.

Consumer Protection Rules

CBT has procedures and processes in place to ensure compliance with applicable consumer protection rules, including, but not limited to: protection of CPNI as documented in its annual CPNI certification filed in EB Docket No. 06-36; FCC's Truth-in-Billing rules (47 C.F.R. § 64.2400 *et al*); Telemarketing rules (47 C.F.R.§64.1200 *et al*); Slamming rules (47 C.F.R. §64.1100 *et al*); Open Internet rules (47 C.F.R. §8.1 *et al*), and CVAA requirements (47 47 C.F.R. Parts 6, 7 and 14). CBT also has processes and procedures in place to address consumer complaints filed with the state utility commissions as well as complaints filed under section 208 of the Communications Act in compliance with 47 C.F.R. §§1.711 through 1.736. In addition, CBT provides 911 service throughout its service area.

Cincinnati Bell Telephone Company LLC
Functionality in Emergency Situations
Kentucky – SAC 265061

807 KAR 5:061
Section 24. Emergency Operations

(1) Each telephone utility shall have a written plan to meet service emergencies resulting from failures of power service, sudden and prolonged increase in traffic, fire, storm, or acts of God. Each telephone utility shall train employees in procedure to be followed in an emergency.

(2) All central offices and toll centers shall adequately provide for emergency power. Each central and/or toll office shall have a minimum of four (4) hours of battery reserve. In exchanges exceeding 5,000 lines and in toll offices, a permanent auxiliary power unit shall be installed. In offices without installed emergency power facilities there shall be a mobile power unit available of suitable capacity which can be delivered and connected within two (2) hours, or one-half (1/2) the battery reserve time, whichever is greater.

Review of CBT KY Facilities and Processes to Remain Functional in Emergency Situations

CBT has processes and procedures in place to comply with the requirements 807 KAR 5:061 Section 24, including the following:

Batteries and Generators

All CO's (and critical ORM's) have appropriately sized generators to carry and hold the CO's for at least 18 to 24 hours and also have wet cell batteries sized to provide 6 to 8-hours of back-up power for all telecom equipment. All ORMs have wet cell batteries sized for 6 to 8-hours of back-up power and approximately 25% of the ORM building portfolio has back-up generators installed on-site. All bulk power sites (CEV's, CEC, hut and cabinets, etc.) have 10-year warranty batteries with 5-7 hours of battery back-up power. All SLC sites have recently been upgraded to 5-year warranty batteries. Finally, CBT has portable generators within the network that can be marshaled to a site if an on-site generator fails or a site without a generator needs to ride-out an emergency situation.

Diverse Facilities

CBT has circuit redundancy and route diversification built into the landline Network for all class 5 Central Offices, including Lucent 5E and Nortel DMS10 offices, as well as SS7 diversification and a robust optical SONET Transport Network. However, if/when a network outage does occur, as in the case of a cable/fiber cut that isolates segments of the Landline Network, the Network Operation Center, which monitors the entire CBT Network, is able to quickly identify the outage condition, prioritize restoration efforts, including critical circuits/customers affected, and work with other internal groups to determine alternate routing that may be required to restore service and maintain traffic flow. Specifically, the NOC first utilizes TIRKS to determine if spare cable/fiber pairs are available to roll the affected circuits. If so, the NOC works with the Central Office technicians and cable maintenance crews to utilize the spare facilities. If spare facilities are not available, the NOC then works with the planning engineering group, as well as the facilities design group to re-design the cable/fiber routes. The NOC is a 24X7 operation,

and utilizes documented callout personnel from various internal departments as necessary during off hours to ensure facilities and network traffic are re-routed as soon as possible. The Cincinnati Bell NOC acts as a Control Center during network outages and communicates progress internally during restoration efforts, including facility routing. In the case of a catastrophic network event, emergency policies/procedures are also implemented and restoration efforts are coordinated with the Disaster Recovery Team.

Congestion Management of Traffic Spikes

CBT manages network congestion resulting from emergency situations using a number of techniques including the use of call gapping and line load control features. In addition, if necessary CBT may be able access spare capacity in some areas to relieve traffic spikes resulting from emergency situations.

Cincinnati Bell Telephone Company LLC
Description of Voice Services Rate Comparability
Kentucky – SAC 265061

As shown on the attached file for Line 700 (Company Voice Telephony Service Price Offerings), Cincinnati Bell Telephone Company LLC's ("CBT") highest rate for voice service (excluding the federal SLC) in Kentucky is $26.75. CBT's federal SLC is $5.28. Therefore the highest rate for voice service (local rate plus federal SLC) in CBT's Kentucky study area is $32.03, which is below the "reasonable comparability benchmark" of $46.96.

Cincinnati Bell Telephone Company LLC
Lifeline Terms and Conditions
Kentucky – SAC 265061

Cincinnati Bell Telephone Company LLC (CBT) maintains its Lifeline terms and conditions in its General Exchange Tariff, PSCK No. 3, Section 53. A copy of this tariff section follows. This tariff is available on CBT's website, www.cincinnatibell.com. (CBT attempted to upload a link to the specific tariff section on the Form 481 but received an error message that the link contained too many characters.) The link to the Lifeline section of the tariff is:

http://www.cincinnatibell.com/aboutus/regulatory_affairs/documents/tariffs/cbt/ky/KY%20GET%20Sec%2053%20Lifeline%202012%2004%2001.pdf

CBT Lifeline customers who purchase flat rate local telephone service receive unlimited local calling as part of the monthly service price. Customers who purchase local measured service pay $0.03 per originating minute of use for all local calls. Measured service customers may receive an unlimited number of calls for no additional charge. (See CBT's Exchange Rate Tariff, PSCK No. 2 at www.cincinnatibell.com for detail regarding CBT's local exchange services.)

CBT's Lifeline service does not include any long distance usage. To place long distance calls, customers must presubscribe to an interexchange carrier (CBT is not an interexchange carrier) or use casual calling. Charges will depend on the services and carrier the customer chooses for long distance.

LIFELINE

RESERVED (C)

(D)

(D)

LIFELINE

RESERVED (C)

(D)

(D)

LIFELINE

RESERVED (T)

LIFELINE

RESERVED (T)

LIFELINE

A. LIFELINE SERVICE (T)

1. Regulations (T)

Lifeline is a government assistance program that allows qualifying low-income customers to pay reduced charges for access line service. Lifeline services and discounts are provided in accordance with Federal Communications Commission and PSCK regulations. (C)

Lifeline discounts are funded in whole or in part through application of Lifeline support provided by the federal Lifeline program and by the Commonwealth of Kentucky telecommunications service support program. The Lifeline provided benefits and discounts are:

A federally provided monthly discount of $9.25 off the customer's access line service. This discount is first applied to waive the monthly federal subscriber line charge (End User Common Line charge) with the remainder applied to the customer's monthly rate for the primary individual line service or primary bundled access line service.

A state provided monthly discount of $3.50 off the customer's monthly rate for the primary individual line service or primary bundled access line service. (C)

Free toll limitation services (e.g. toll blocking) upon customer request.

A waiver of the Company's service deposit requirement, if the customer elects to receive toll limitation services. (T)

Reductions to customer accounts through this program shall not produce a monthly rate that is below zero. (M)

Lifeline discounts may apply to any residential service plan that includes voice telephony service, including bundled packages of services. (N) (N)

Lifeline benefits are limited to one per household. (N)

Some material on this page previously appeared on 1st Revised Page 6 of this section.

LIFELINE

A. LIFELINE SERVICE (Continued) (T)

2. Eligibility (T)

Lifeline service is available to qualifying low-income residential customers who are currently participating in one of the following assistance programs:

a. Federal Public Housing Assistance (Section 8)
b. Low-Income Home Energy Assistance Program (LIHEAP)
c. Medicaid
d. National School Lunch Program's free lunch program
e. Supplemental Nutrition Assistance Program (SNAP)
f. Supplemental Security Income (SSI)
g. Temporary Assistance for Needy Families (TANF) (T)

The Company shall require, as proof of eligibility, a document signed by the Customer, certifying under (T)
penalty of perjury, that the Customer is receiving benefits from one or more of the qualifying programs (T)
listed in this part A.2, meets all qualifications to receive Lifeline service, and will comply with all federal (N)
and state regulations regarding Lifeline, including any certifications required by the FCC. Customers enrolling in Lifeline must provide appropriate documentation of program eligibility prior to receiving Lifeline benefits. Acceptable documentation of program eligibility includes the current or prior year's statement of benefits from a qualifying assistance program, a notice or letter of participation in a qualifying assistance program, program participation documents, or another official document demonstrating that the Customer, or one or more of the Customer's dependents or the prospective Customer's household receives benefits from a qualifying assistance program.

The Customer must notify the Company within 30 days if the Customer ceases to participate in any of the qualifying programs or otherwise no longer satisfies the criteria to receive Lifeline.

Customer eligibility for Lifeline shall be recertified annually. (N)

Some material previously appearing on this page now appears on 3rd Revised Page 5 of this section.

LIFELINE

B. KENTUCKY LIFELINE SUPPORT SURCHARGE (T)

The Kentucky Lifeline Support Surcharge was set up to support Lifeline Service in Kentucky. (T)

The Kentucky Lifeline Support Surcharge is imposed on each residential and nonresidential service access line of all Incumbent Local Exchange Carriers (ILECs), Competitive Local Carriers (CLECs), and Wireless Service Providers' bills, pursuant to Orders issued by the PSCK in Administrative Case No. 360. For purposes of application of this surcharge, access lines are defined as facilities which provide access to and from the telecommunications network for toll and/or local calling with the exception of payphone, remote calling forwarding, radio common carriers, interLATA foreign exchange lines, private line services, other common carriers, and company official accounts.

The surcharge will appear on each customer's bill under the line item "Kentucky Lifeline Support" and will be billed at the rate of $0.08 per month per line. (T)