

REDACTED- FOR PUBLIC INSPECTION

June 30, 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**

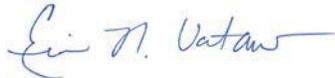
Dear Ms. Dortch:

Clay County Rural Telephone Cooperative dba Endeavor Communications (“Endeavor”), 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
Indiana Utility Regulatory Commission
Endeavor Communications

**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	320753
<015> Study Area Name	Clay County Rural Tel Coop d/b/a Endeavor Communications
<020> Program Year	2015
<030> Contact Name: Person USAC should contact with questions about this data	Jodie Hamm
<035> Contact Telephone Number: Number of the person identified in data line <030>	7657954261 ext.225
<039> Contact Email Address: Email of the person identified in data line <030>	Jhamm@weendeavor.com

ANNUAL REPORTING FOR ALL CARRIERS	54.313	54.422
	Completion Required	Completion Required

			<i>(check box when complete)</i>	
<100> Service Quality Improvement Reporting	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<200> Outage Reporting (voice)	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210> <input type="checkbox"/> <-- check box if no outages to report		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<300> Unfulfilled Service Requests (voice)	<input type="text" value="0"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<310> Detail on Attempts (voice)	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> <i>(attach descriptive document)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<320> Unfulfilled Service Requests (broadband)	<input type="text" value="0"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<330> Detail on Attempts (broadband)	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> <i>(attach descriptive document)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<400> Number of Complaints per 1,000 customers (voice)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<410> Fixed	<input type="text" value="1.0999E-4"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<420> Mobile	<input type="text" value="0.0"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<430> Number of Complaints per 1,000 customers (broadband)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<440> Fixed	<input type="text" value="0.0"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<450> Mobile	<input type="text" value="0.0"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<500> Service Quality Standards & Consumer Protection Rules Compliance	<i>(check to indicate certification)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510> <div style="border: 1px solid black; padding: 2px;">320753IN510.pdf</div>	<i>(attached descriptive document)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600> Functionality in Emergency Situations	<i>(check to indicate certification)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610> <div style="border: 1px solid black; padding: 2px;">320753IN610.pdf</div>	<i>(attached descriptive document)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700> Company Price Offerings (voice)	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<710> Company Price Offerings (broadband)	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<800> Operating Companies and Affiliates	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900> Tribal Land Offerings (Y/N)?	<input type="radio"/> <input checked="" type="radio"/> <i>(if yes, complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1000> Voice Services Rate Comparability	<i>(check to indicate certification)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1010> <div style="border: 1px solid black; padding: 2px;">320753IN1010.pdf</div>	<i>(attach descriptive document)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1100> Terrestrial Backhaul (Y/N)?	<input checked="" type="radio"/> <input type="radio"/> <i>(if not, check to indicate certification)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1110>	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1200> Terms and Condition for Lifeline Customers	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

<2000> <i>Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers</i>	<i>(check to indicate certification)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<2005>	<i>(complete attached worksheet)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

<3000>	<i>(check to indicate certification)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<3005>	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" 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	320753
<015>	Study Area Name	Clay County Rural Tel Coop d/b/a Endeavor Communications
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Jodie Hamm
<035>	Contact Telephone Number - Number of person identified in data line <030>	7657954261 ext.225
<039>	Contact Email Address - Email Address of person identified in data line <030>	Jhamm@weendeavor.com

<110>	Has your company received its ETC certification from the FCC?	(yes / no) <input type="radio"/> <input checked="" type="radio"/>
<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) <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.

320753IN112.pdf

Name of Attached Document

Please check these boxes below to confirm that the attached documents(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

<113>	Maps detailing progress towards meeting plan targets	<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 checked="" type="checkbox"/>
<116>	How (USF) was used to improve service coverage	<input checked="" type="checkbox"/>
<117>	How (USF) was used to improve service capacity	<input checked="" 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. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	320753
<015>	Study Area Name	Clay County Rural Tel Coop d/b/a Endeavor Communications
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Jodie Hamm
<035>	Contact Telephone Number - Number of person identified in data line <030>	7657954261 ext. 225
<039>	Contact Email Address - Email Address of person identified in data line <030>	Jhamm@weendeavor.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:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select (Yes, No, NA)

(1100) No Terrestrial Backhaul Reporting Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	320753
<015>	Study Area Name	Clay County Rural Tel Coop d/b/a Endeavor Communications
<020>	Program Year	2015
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<039>	Contact Email Address - Email Address of person identified in data line <030>	Jhamm@weendeavor.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	320753
<015>	Study Area Name	Clay County Rural Tel Coop d/b/a Endeavor Communications
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Jodie Hamm
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<039>	Contact Email Address - Email Address of person identified in data line <030>	Jhamm@weendeavor.com

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

<1220> Link to Public Website

HTTP www.weendeavor.com/memex-care/

"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	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
<i>Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers</i>	July 2013

<010>	Study Area Code	320753
<015>	Study Area Name	Clay County Rural Tel Coop d/b/a Endeavor Communications
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Jodie Hamm
<035>	Contact Telephone Number - Number of person identified in data line <030>	7657954261 ext. 225
<039>	Contact Email Address - Email Address of person identified in data line <030>	Jhamm@weendeavor.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	<div style="border: 1px solid black; width: 100%; height: 100%;"></div> <p>Name of Attached Document Listing Required Information</p>
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(3000) Rate Of Return Carrier Additional Documentation	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	320753
<015>	Study Area Name	Clay County Rural Tel Coop d/b/a Endeavor Communications
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Jodie Hamm
<035>	Contact Telephone Number - Number of person identified in data line <030>	7657954261 ext. 225
<039>	Contact Email Address - Email Address of person identified in data line <030>	jhamm@weendeavor.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) Yes No

(3014) If yes, does your company file the RUS annual report (Yes/No) Yes No

Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:

(3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)

(3016) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

(3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation Name of Attached Document Listing Required Information

(3018) If the response is no on line 3014, is your company audited? (Yes/No) Yes No

If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

(3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications

(3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

(3021) Management letter issued by the independent certified public accountant that performed the company's financial audit.

If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

(3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,

(3023) Underlying information subjected to a review by an independent certified public accountant

(3024) Underlying information subjected to an officer certification.

(3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

(3026) Attach the worksheet listing required information Name of Attached Document Listing Required Information

Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	320753
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<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Jodie Hamm
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<039> Contact Email Address - Email Address of person identified in data line <030>	Jhamm@weendeavor.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	
<p>I certify that (Name of Agent) <u>Chris Geimer</u> is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.</p>	
Name of Authorized Agent:	Chris Geimer
Name of Reporting Carrier:	Clay County Rural Tel Coop d/b/a Endeavor Communications
Signature of Authorized Officer:	CERTIFIED ONLINE Date: 06/30/2014
Printed name of Authorized Officer:	Chris Geimer
Title or position of Authorized Officer:	Director of Finance
Telephone number of Authorized Officer:	7657954261 ext.
Study Area Code of Reporting Carrier:	320753 Filing Due Date for this form: 07/01/2014
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>	

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	
<p>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.</p>	
Name of Reporting Carrier:	Clay County Rural Tel Coop d/b/a Endeavor Communications
Name of Authorized Agent or Employee of Agent:	Moss Adams LLP
Signature of Authorized Agent or Employee of Agent:	CERTIFIED ONLINE Date: 06/30/2014
Printed name of Authorized Agent or Employee of Agent:	Eric N. Votaw
Title or position of Authorized Agent or Employee of Agent:	Senior Manager
Telephone number of Authorized Agent or Employee of Agent:	2099556116 ext.
Study Area Code of Reporting Carrier:	320753 Filing Due Date for this form: 07/01/2014
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>	

Attachments

LINE 100 INITIAL FIVE-YEAR SERVICE QUALITY IMPROVEMENT PLAN

REDACTED FOR PUBLIC INSPECTION

LINE 200 SERVICE QUALITY OUTAGE REPORTING

REDACTED FOR PUBLIC INSPECTION

Response Line 510

Clay County Rural Telephone Cooperative, Inc. dba Endeavor Communications
Study Area 320753

Pursuant to 47 C.F.R. § 54.313(a)(5) and or 47 C.F.R. § 54.422(b)(3) Clay County Rural Telephone Cooperative, Inc. dba Endeavor Communications (“Endeavor”) is in compliance with appropriate FCC Service Quality Standards and Consumer Protection Rules. Endeavor provides CPNI training to all of its new employees and in addition trains all of its existing employees on an annual basis. Endeavor also conducts subscriber outreach regarding CPNI by periodically placing CPNI explanation messages onto its website informing subscribers on CPNI rules and regulations. All company employees are required to sign and acknowledge that they have completed CPNI training and understand obligations to adherence of applicable rules.

Endeavor also outlines its rates, terms, and conditions under which Endeavor offers service in its Terms & Conditions Documents. The tariff explains customer rights and obligations, customer service, dispute resolution, deposits, billing and payment options, disconnection of service as well as cancellation of service options. Endeavor keeps its tariffs available for public inspection at its business offices.

Response Line 610
Clay County Rural Telephone Cooperative, Inc. dba Endeavor Communications
Study Area 320753

Functionality in Emergency Situations:

Pursuant to 47 C.F.R. § 54.313(a)(6) and 47 C.F.R § 54.22(b)(4) as set forth in 47 C.F.R. § 54.202(a)(2)) Clay County Rural Telephone Cooperative, Inc. dba Endeavor Communications (“Endeavor”) meets the requirements to remain functional in emergency situations and has the following capabilities: Back-up power is provided to central offices by use of a fixed generator and batteries that provide 8 hours of emergency power. In addition, Endeavor’s field electronics have 8 hours of back-up power by use of mobile generators and batteries. Endeavor also has SONET technology deployed in its core fiber optic network that is a self-healing and will automatically reroute traffic should a fiber cut occur. In addition, Endeavor has connectivity to the neighboring exchanges to pass traffic and also has connectivity to the LATA Tandem which further provides capabilities of handling traffic in emergency situations. Lastly, Endeavor is prepared and capable of managing traffic spikes resulting from emergency situations and has developed procedures for employees to follow during emergency situations.

**(710) Broadband Price Offerings
Data Collection Form**

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

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<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)
	IN	Atlanta	49.95	0.0	49.95	1.5	0.5	0.0	Other, No Limits on usage Allowance
		Atlanta	54.95	0.0	54.95	3.0	0.5	0.0	Other, No Limits on usage Allowance
		Atlanta	39.95	0.0	39.95	3.0	1.0	0.0	Other, No Limits on usage Allowance
		Patricksburg	49.95	0.0	49.95	1.5	0.5	0.0	Other, No Limits on usage Allowance
		Patricksburg	54.95	0.0	54.95	3.0	0.5	0.0	Other, No Limits on usage Allowance
		Patricksburg	39.95	0.0	39.95	3.0	1.0	0.0	Other, No Limits on usage Allowance
		Poland	49.95	0.0	49.95	1.5	0.5	0.0	Other, No Limits on usage Allowance
		Poland	54.95	0.0	54.95	3.0	0.5	0.0	Other, No Limits on usage Allowance
		Poland	39.95	0.0	39.95	3.0	0.5	0.0	Other, No Limits on usage Allowance
		Poland	64.95	0.0	64.95	6.0	1.0	0.0	Other, No Limits on usage Allowance
		Poland	69.95	0.0	69.95	15.0	3.0	0.0	Other, No Limits on usage Allowance
		Poland	84.95	0.0	84.95	25.0	10.0	0.0	Other, No Limits on usage Allowance
		Poland	109.95	0.0	109.95	50.0	25.0	0.0	Other, No Limits on usage Allowance
		Coatesville	64.95	0.0	64.95	6.0	1.0	0.0	Other, No Limits on usage Allowance
		Coatesville	69.95	0.0	69.95	15.0	3.0	0.0	Other, No Limits on usage Allowance
		Coatesville	84.95	0.0	84.95	25.0	10.0	0.0	Other, No Limits on usage Allowance
		Coatesville	109.95	0.0	109.95	50.0	25.0	0.0	Other, No Limits on usage Allowance
		Mt. Meridian	64.95	0.0	64.95	6.0	1.0	0.0	Other, No Limits on usage Allowance
		Mt. Meridian	69.95	0.0	69.95	15.0	3.0	0.0	Other, No Limits on usage Allowance
		Mt. Meridian	84.95	0.0	84.95	25.0	10.0	0.0	Other, No Limits on usage Allowance
		Mt. Meridian	109.95	0.0	109.95	50.0	25.0	0.0	Other, No Limits on usage Allowance

Response to Line 1000
Clay County Rural Telephone Cooperative
Study Area 320753

Voice Services Comparability Report

Pursuant to 47 C.F.R. § 54.313 (a) (10) Clay County Rural Telephone Cooperative, Inc. d/b/a Endeavor Communications (“Endeavor”) 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. For the exchanges of Atlanta, Coatesville, Mt. Meridian, Eminence, Reelsville, Cloverdale, Patricksburg, and Poland the current total local end-user rate¹ of \$17.22 (which includes a local fee of \$12.15, mandated state fees of 5.00 for State SLC and \$.07 for State USF) and for the exchange of Monrovia the local end-user rate of \$22.97 (which includes a local fee of \$12.15, mandated state fees of \$5.00 for State SLC, \$0.07 for State USF and a Mandatory EAS service charge of \$5.75) are 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.”