



Direct Dial: 605-271-0594
Email: pat_mastel@mimi.net

3901 North Louise Avenue
Sioux Falls, South Dakota 57107

CONFIDENTIAL – NOT FOR PUBLIC INSPECTION

June 30, 2014

Marlene H. Dortch, Esquire
Office of the Secretary
Federal Communications Commission
445 12th Street, S.W.
Suite TW-A325
Washington, D.C. 20554

Re: Midcontinent Communications
WC Docket No. 10-90
2014 Form 481 Filings

Dear Ms. Dortch:

Pursuant to Sections 54.313 and 54.422 of the Commission's rules and the Commission's August 6, 2013, public notice, Midcontinent Communications ("Midcontinent"), by its attorney, hereby submits its Form 481 reports for 2014 for the states listed below.

Filings are being submitted for the following states:

- Minnesota
- North Dakota
- South Dakota

These filings were submitted to the Universal Service Administrative Company via electronic filing on June 27 and 30, 2014, and were submitted to the relevant state regulators on or before June 30, 2014.

Please inform me if any questions should arise in connection with this submission.

Respectfully submitted,

A handwritten signature in blue ink, appearing to read "Patrick J. Mastel", is written over a horizontal line.

Patrick J. Mastel
Corporate Counsel

Attachments

<010> Study Area Code	399005
<015> Study Area Name	MIDCONTINENT COMMUNICATIONS
<020> Program Year	2015
<030> Contact Name: Person USAC should contact with questions about this data	Mary Lohnes
<035> Contact Telephone Number: Number of the person identified in data line <030>	6053575459 ext.
<039> Contact Email Address: Email of the person identified in data line <030>	mary_lohnes@rmi.net

ANNUAL REPORTING FOR ALL CARRIERS	54.313 Completion Required	54.422 Completion Required
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			<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 type="checkbox"/>
<200> Outage Reporting (voice)	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<210> <input type="checkbox"/> <-- check box if no outages to report		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<300> Unfulfilled Service Requests (voice)	<input type="text" value="0"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<310> Detail on Attempts (voice)	<input type="text" value=""/> <i>(attach descriptive document)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<320> Unfulfilled Service Requests (broadband)	<input type="text" value="0"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<330> Detail on Attempts (broadband)	<input type="text" value=""/> <i>(attach descriptive document)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<400> Number of Complaints per 1,000 customers (voice)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<410> Fixed	<input type="text" value="0.2"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<420> Mobile	<input type="text" value="0.0"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<430> Number of Complaints per 1,000 customers (broadband)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<440> Fixed	<input type="text" value="0.02"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<450> Mobile	<input type="text" value="0.0"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<500> Service Quality Standards & Consumer Protection Rules Compliance	<i>(check to indicate certification)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<510> <input type="text" value="399005SD510.pdf"/> <i>(attached descriptive document)</i>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<600> Functionality in Emergency Situations	<i>(check to indicate certification)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<610> <input type="text" value="399005SD610.pdf"/> <i>(attached descriptive document)</i>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<700> Company Price Offerings (voice)	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<710> Company Price Offerings (broadband)	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<800> Operating Companies and Affiliates	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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 type="checkbox"/>
<1000> Voice Services Rate Comparability	<i>(check to indicate certification)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<1010> <input type="text" value=""/> <i>(attach descriptive document)</i>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<1100> Terrestrial Backhaul (Y/N)? <input type="radio"/> <input checked="" type="radio"/>	<i>(if not, check to indicate certification)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<1110>	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<1200> Terms and Condition for Lifeline Customers	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

<i>Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers</i>			
<2000>	<i>(check to indicate certification)</i>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" type="checkbox"/>
<3005>	<i>(complete attached worksheet)</i>	<input 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

<010> Study Area Code	399005
<015> Study Area Name	MIDCONTINENT COMMUNICATIONS
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Mary Lohnes
<035> Contact Telephone Number - Number of person identified in data line <030>	6053575459 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	mary_lohnes@mml.net

<110> Has your company received its ETC certification from the FCC? (yes / no)

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.

399005SD112.pdf

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

Name of Attached Document

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

<113> Maps detailing progress towards meeting plan targets	<input type="checkbox"/>
<114> Report how much universal service (USF) support was received	<input checked="" 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 checked="" type="checkbox"/>

**(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	399005
<015>	Study Area Name	MIDCONTINENT COMMUNICATIONS
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Mary Lohnes
<035>	Contact Telephone Number - Number of person identified in data line <030>	6053575459 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mary_lohnes@mml.net

<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

<010>	Study Area Code	399005
<015>	Study Area Name	MIDCONTINENT COMMUNICATIONS
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Mary Lohnes
<035>	Contact Telephone Number - Number of person identified in data line <030>	6053575459 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mary_lohnes@mml.net

<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	399005
<015>	Study Area Name	MIDCONTINENT COMMUNICATIONS
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Mary Lohnes
<035>	Contact Telephone Number - Number of person identified in data line <030>	6053575459 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mary.lohnes@mml.net

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

<1220> Link to Public Website

HTTP

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

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

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

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

(2000) Price Cap Carrier Additional Documentation

Data Collection Form

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	399005
<015>	Study Area Name	MIDCONTINENT COMMUNICATIONS
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Mary Lohnes
<035>	Contact Telephone Number - Number of person identified in data line <030>	6053575459 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mary.lohnes@mml.net

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

Incremental Connect America Phase I reporting

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

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

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

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

- <2016> Certification Support Used to Build Broadband

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

- <2017> 3rd year Broadband Service Certification
- <2018> 5th year Broadband Service Certification
- <2019> Interim Progress Certification
- <2020> Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e){3}(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

- <2021> Interim Progress Community Anchor Institutions

Name of Attached Document Listing Required Information

(3000) Rate Of Return Carrier Additional Documentation

FCC Form 481

Data Collection Form

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010> Study Area Code	399005
<015> Study Area Name	MIDCONTINENT COMMUNICATIONS
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Mary Johnson
<035> Contact Telephone Number - Number of person identified in data line <030>	6053975459 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	mary.johnson@mmi.net

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
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<010> Study Area Code	399005
<015> Study Area Name	MIDCONTINENT COMMUNICATIONS
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Mary Lohnes
<035> Contact Telephone Number - Number of person identified in data line <030>	6053575459 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	mary.lohnes@ccni.net

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:	MIDCONTINENT COMMUNICATIONS
Signature of Authorized Officer:	CERTIFIED ONLINE Date 06/29/2014
Printed name of Authorized Officer:	Tom Simmons
Title or position of Authorized Officer:	VP of Public Policy
Telephone number of Authorized Officer:	6053575491 ext.
Study Area Code of Reporting Carrier:	399005 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
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<010> Study Area Code	399005
<015> Study Area Name	MIDCONTINENT COMMUNICATIONS
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Mazy Lohnes
<035> Contact Telephone Number - Number of person identified in data line <030>	6053575459 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	mazy_lohnes@mi.net

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

CONFIDENTIAL

Midcontinent Communications

Form 481, Line 112

Quality Improvement Plan

CONFIDENTIAL

Midcontinent Communications

Form 481, Line 220

Outage Reporting

Midcontinent Communications

Form 481, Line 510 Service Quality Standards

and

Consumer Protection Rules Compliance

Service Quality Standards and Consumer Protection Rules

Midcontinent Communications certifies that it complies with the applicable service quality standards and consumer protection in accordance with 47 § 54.313(a)(5). Midcontinent provides extensive training along with written policies and procedures to all its employees to meet the standards.

MIDCONTINENT COMMUNICATIONS
Telephony Policies, Procedures, Processes

Table of Contents

Basic Phone Line

- Features/Benefits/How To
- Offers Eligibility
- Order Entry
- Service Codes
- Trouble Call Staging Charts
- Troubleshooting

Additional Phone Line

- Features/Benefits/How To
- Order Entry
- Service Codes
- Trouble Call Staging Charts
- Troubleshooting

Digital Phone Package

- Features/Benefits/Hot To
- Feature Removal
- Offers Eligibility
- Order Entry
- Trouble Call Staging Charts
- Troubleshooting

3PV/LOA

- When to Use
- Preparing 3PV
- Preparing our Customer
- 3PV for Minnesota & North Dakota
- 3PV for South Dakota
- 3PV Error Handling
- LOA/ELOA

CPNI

- Requirements
- Call Records
- Telephone Account Information

- Information Customer CPNI
- Address Change
- CPNI Tutorial

Directory / 411

- Listing Options
- Close Schedule
- Directory Assistance Exemption
- Disputes – 411
- Listing Change – One Time Charge
- Online Directory
- Order Entry
- Phonebook requests
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- Publication Locations
- Reference Guide
- Service Codes
- Troubleshooting

Telephone Features & Feature Blocks

- Features
- Feature Blocks
- Feature Groups
- X Market Discontinued Features
- Troubleshooting

Lifeline

- Features/Benefits/How To
- Customer Information – Application Process
- Options for Receiving Applications
- Order Entry

Long Distance

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- Calling Cards
- Disputes
- Excessive Long Distance Usage
- International
- Local Calling Areas
- PIC/PLIC/IPIC

- Troubleshooting
- Unbilled Charges

Toll-Free Numbers

- Features/Benefits/How To
- Order Entry

Midcontinent Communications

Form 481, Line 610

Functionality In Emergency Situations

Functionality in Emergency Situations

Midcontinent Communications certifies that it complies with the requirements to be able to remain functional in emergency situations as set in 47 § 54.202(a)(2). Midcontinent utilizes power supplies within its network which converts commercial power to network nodes, amplifiers and customer premise equipment. Each power supply unit shall have battery backup in order to continue to provide network power in the event of a commercial power failure. Portable generators shall be deployed to provide continuous uninterrupted power augmenting the battery power life cycle. Midcontinent is able to reroute traffic around damaged facilities and is capable of managing traffic spikes:

Midcontinent Communications

Form 481, Line 703

Voice Price Rate Offerings

Midcontinent Communications

Form 481, Line 1210

Terms & Conditions of Voice Telephony Lifeline Plans



MYMIDCO LOGIN forgot password? USERNAME LOGIN

SEARCH GO

Bundle & Save

Video

MidcoNet Xstream*

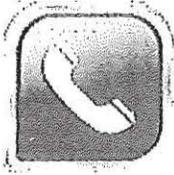
Digital Phone

Resource Center

MyMidco

Digital Phone Home

Features & Options



DIGITAL PHONE

Security. Affordability. Crystal Clarity.

Home phone service doesn't get any easier than this!

Our digital phone service works just like your current phone service. You dial the same way. You use the same phone equipment you always have. But with our crystal clear digital signal, it'll sound like you're standing right next to the person on the other end of the line!

Our Digital Phone package is packed full of features. We give you unlimited* long distance - plus eight of our most requested calling features - all for one great price!

Talk all you want - there's no need to watch the clock. No complicated calling plans. And no dropped calls. Midcontinent Digital Phone service gives you much more, for much less. It's the new way to talk.

Digital Phone Package*

\$32.95 per mo.

ORDER NOW!

Includes local phone line, unlimited calling to any U.S. State, Canada, the Virgin Islands, Puerto Rico and Guam plus Call Waiting ID, 3-Way Calling, Call Forwarding Universal, Last Call Return, Continuous Redial, Speed Call 30, Distinctive Ringing, Caller ID Name & Number (Includes Anonymous Call Rejection. Caller ID equipment not included) and Voicemail with eVOICE.

Basic Digital Phone Line

\$20.00 per mo.

ORDER NOW!

MY LOCATION 57105 Change

RESOURCE CENTER SERVICES AND FEATURES

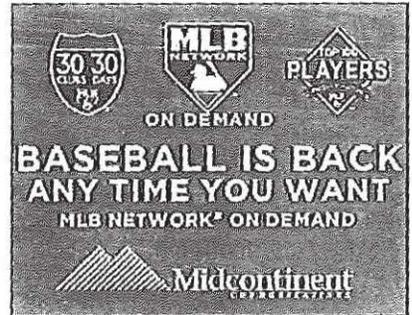
- All The Fun Stuff
Digital Phone Brochure
Digital Phone User Guide
How It All Works
Telecommunications Relay Service

TROUBLESHOOTING / FAQ'S Service Impacting Events

- FORMS & POLICY MANUALS
Application for Exemption from Directory Assistance Charges - Online Form
Lifeline Application

TUTORIALS Voicemail Guide

VISIT THE RESOURCE CENTER



Unlimited Local and Long Distance Calling Package*

\$10.95
per mo.

ORDER NOW!

[Click here for International Rates](#)

Long Distance Calling Per Minute

\$0.079
per min.

ORDER NOW!

VoiceMail

\$5.95
per mo.

ORDER NOW!

All Other Phone Features (each)

\$3.95
per mo.

ORDER NOW!**

- Call Waiting ID
- 3-Way Calling
- Call Forwarding Universal
- Last Call Return
- Continuous Redial
- Speed Call 30
- Distinctive Ringing
- Caller ID Name & Number**

Telephone 8 Feature Group

\$9.95
per mo.

ORDER NOW!

Includes Call Waiting ID, 3-Way Calling, Call Forwarding, Speed Call 30, Distinctive Ringing, Continuous Redial, Last Call Return, Caller ID Name & Number

Telephone 3 Feature Group

\$7.95
per mo.

ORDER NOW!

Select any 3 of the features available in the 8 Feature Group.



Communications — All Rights Reserved.

\$9.95
per mo.

[Privacy](#) | [Visitor Agreement](#) | [Closed Captioning](#)

ORDER NOW!
[Inquiries](#) | [Special Needs](#) | [Site Map](#)

[View our Service & Price Guide.](#)

**Unlimited and local and long distance calling (up to 5,000 minutes per month) to the continental U.S., Alaska, Hawaii, Canada, U.S. Virgin Islands, Puerto Rico and Guam. Other locations are considered International and charged at per minute calling rates. Calling card calls, collect calls, 900 number calls, operator assisted calls, and directory assistance are not included. Digital Phone service is subject to Terms and Conditions.*

***Includes Anonymous Call Rejection. Caller ID equipment not included. All services are per month unless otherwise indicated.*

All services are per month unless otherwise indicated. Services not available in all areas. Some restrictions may apply.

A

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Lifeline Assistance



Stay
connected

We're Here To Help

For some people, especially the homebound, the telephone is a lifeline to the outside world. Low-income telephone subscribers can apply for aid to help with their phone bill through Lifeline Assistance program. If you have any questions, please call 1-800-888-1300 and we'll be happy to assist you.

Lifeline Assistance

Lifeline provides eligible subscribers home telephone service at a reduced monthly rate.

Lifeline subscribers may receive long distance blocking on their telephone line at no charge.

Telephone service must be in the eligible participant's name. *(Only ONE credit per household for all telecommunication services.)*

To Apply, complete form on other side, attach proof then mail to:
ATTN: Telecom Services
Midcontinent Communications
3901 N. Louise Ave.
Sioux Falls, SD 57117-9908

Important to Remember

- Lifeline is a federal benefit and that willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment or being barred from the program.
- Only one Lifeline service is available per household.
- A household is defined, for purposes of the Lifeline program, as any individual or group of individuals who live together at the same address and share income and expenses and is not permitted to receive Lifeline benefits from multiple providers.
- Violation of the one-per-household limitation will result in the subscriber's de-enrollment from the program.
- Lifeline is a non-transferable benefit and the subscriber may not transfer his/her benefit to any other person.



Lifeline Assistance Form

(please print)

Last Name _____ First Name _____ Middle _____

Street Address _____ City _____ State _____ Zip _____

Billing Address _____ City _____ State _____ Zip _____

(Fill in only if different than service address)

Is this a permanent or temporary residence for you? Permanent Temporary* Your date of birth: Month _____ Day _____ Year _____

Last four digits of your Social Security #: _____ Check the box that best describes where you live: I live on Tribal Land I do not live on Tribal Land

Telephone Number _____ Telephone Number _____ Telephone Company _____

(If an existing customer and service is in your name)

(Where you can be reached if you don't have our phone service)

Number of people living in your household: _____

*a temporary address will need to be verified every 90 days

Qualifications and Instructions:

People who are currently participating in at least one of the following or have an annual income at or below 135%** of the Federal Poverty Guideline can qualify for the Lifeline Assistance program. Telephone service must be in the name of the eligible participant. And, to the best of your knowledge, the household is not already receiving a Lifeline service. You may need to re-certify eligibility at any time – failure to re-certify will result in de-enrollment and termination of benefits.

1. I receive benefits from the following program(s):

(Check all that apply and attach proof)

- Medicaid/Medical Assistance
- Federal Public Housing (FPHA) or Section 8 Assistance
- Supplemental Security Income (SSI)
- Supplemental Nutrition Assistance Program (SNAP) formerly known as Food Stamps
- Low-Income Home Energy Assistance Program (LIHEAP)
- National School Free Lunch Program
- Minnesota Family Investment Program (MFIP)
- Temporary Assistance for Needy Families (TANF)
- Tribally Administered Head Start (for those meeting income qualifying standard)
- Bureau of Indian Affairs General Assistance
- Tribally Administered Temporary Assistance for Needy Families (TTANF)

2. I do not receive benefits from any of the programs listed under Part 1, however my income is at or below 135% of Federal Poverty Guideline. (Please attach one of the documents below if you did not check any boxes in #1.)

- Last year's State, Federal or Tribal Tax Return
- A Federal or Tribal notice letter of participation in General Assistance Program
- Three consecutive months of most recent paycheck stub
- Veterans Administration Benefits Statement
- Unemployment/Workmen's Compensation Statement
- Child Support Document (if proves income)
- Current annual income statement from employer
- Social Security Benefits Statement
- Retirement/Pension Benefits Statement
- Divorce Decree (if proves income)
- Other _____

I agree to notify the telephone company within 30 days should any of the following become true: (1) if I no longer participate in any of the above qualifying programs (2) my income rises above 135% of the Federal Poverty Guideline (3) if my address changes, I will provide the new address. I have read the information on this application and understand I must meet one of the criteria above to receive telephone service discounts on my home telephone line. Failure to provide the required information and documentation will result in termination of Lifeline benefits. I further understand that my household may apply for only ONE credit for all telecommunication services. Midcontinent will provide my name, telephone number, and address to USAC (Universal Service Administrative Company) and/or its agents for the purpose of verifying that the subscriber does not receive more than one Lifeline benefit. I certify under penalty of perjury all preceding information is true to the best of my knowledge.

Applicant Signature _____

Print Authorized Representative Name† _____

Date _____

Day Phone Number† _____ Date† _____

†Fill in only if you are an "Authorized Representative" for the applicant; are submitting this form on behalf of this customer and are willing to assist the applicant in seeking telephone service discounts.

To Apply, complete form and attach proof then mail to:
 ATTN: Telecom Services
 Midcontinent Communications
 3901 N. Louise Ave.
 Sioux Falls, SD 57117-9908

1.800.888.1300 | midcocomm.com



**Federal Poverty Guideline x 1.35 = Qualifying Income Level. The percentage is subject to change. Services not available in all areas. Some restrictions may apply.

Midcontinent DIGITAL PHONE



Talk about easy.



Talk all you want

Dial it up!

Home phone service doesn't get any easier than this.

Our digital phone service works just like your current phone service. You dial the same way. You use the same phone equipment you always have. But with our crystal clear digital signal, it'll sound like you're standing right next to the person on the other end of the line.

Our Digital Phone Package is packed full of features. We give you unlimited[†] long distance – plus eight of our most requested calling features – all for one great price!

Talk all you want – there's no need to watch the clock. No complicated calling plans. And no dropped calls. Midcontinent Digital Phone service gives you much more, for much less.

It's the new way to talk.

[†] Midcontinent Digital Phone Package is available to residential customers only and includes one phone line with direct-dialed, unlimited local- and long-distance calling, up to 5,000 minutes per billing cycle, to the continental U.S., Alaska, Hawaii, Canada, U.S. Virgin Islands, Puerto Rico, and Guam. Other locations are considered International and charged at per minute calling rates (please check our website). Calling card calls, collect calls, 900 number calls, operator assisted calls, and directory assistance are not included. Caller ID equipment not included: Digital Phone Service is subject to Terms and Conditions as outlined on our website at www.midcocomm.com.

Five Great Reasons to Switch

1. It's Easy!

Seriously. Really easy. Keep your same number, and use your same phone. We provide the equipment that connects it all – free of charge. You don't need to rent or purchase any new hardware.

2. It's On Your Terms.

We know you'll love your new Midcontinent Digital Phone service, but we don't want to tie you down. Stay with us as long as you like. There's no annual contract for you to sign.

3. It's All-in-One.

One company for local. One company for long distance. One convenient bill. After all, who wants to be bothered with bills and statements from multiple carriers?

4. It's Midcontinent.

We deliver the best technology products to the region – and we do it with pride. We've been serving our customers for more than 80 years running.

5. It's Flexible.

Don't need unlimited long distance and calling features? Our "a la carte" Digital Phone service allows you to pick just the features you need. Call us at 1.800.888.1300 for pricing.



It's for you

Fabulous FREE Features with our Digital Phone Package:

Caller ID* Name and Number (with Anonymous Call Rejection)

Screen your calls – answer the ones you want.

Call Waiting ID*

Never miss an important call. And screen who's calling before you click over.

3-Way Calling

Planning a night out with friends? Need to conference someone in? Talk to two people at the same time with a couple of clicks.

Speed Call 30

Don't feel like dialing 10 digits all the time? Program up to 30 of your most frequently dialed numbers – and call with just the push of a button.

Distinctive Ringing

Want to know who's calling just by the sound of their ringtone? Have a unique ring per caller for up to 10 special people.

Last Call Return

Missed a call while you were in the shower? Hit *69 to see who it was.

Call Forwarding Universal

Stuck at home because you're expecting a call? Not anymore! Forward your calls to another number – even your cell phone.

Continuous Redial

Need to get through to somebody, but still need to make and receive other calls? With Continuous Redial, automatically redial the number – even while you're talking to someone else.

Voicemail

Check your messages from anywhere day and night with voicemail. Included is eVOICE which allows you to get your voicemails sent to a preferred email address, so you can see when a message comes in and listen to it straight from your email inbox.

† Midcontinent Digital Phone Package is available to residential customers only and includes one phone line with direct-dialed, unlimited local- and long-distance calling, up to 5,000 minutes per billing cycle, to the continental U.S., Alaska, Hawaii, Canada, U.S. Virgin Islands, Puerto Rico, and Guam. Other locations are considered International and charged at per minute calling rates (please check our website). Calling card calls, collect calls, 900 number calls, operator assisted calls, and directory assistance are not included. Caller ID equipment not included. Digital Phone Service is subject to Terms and Conditions as outlined on our website at www.midcocomm.com.

Hearing & Speech Assistance

Support for everyone.

We provide hearing and speech support assistance to disabled customers throughout our region. With Telecommunications Relay Service (TRS) – commonly known as Relay Calling – operators help facilitate communication between the calling and receiving parties.

For more information, please contact our Customer Care Team at 1.800.888.1300.

Lifeline Assistance

We're here to help.

For some people, the telephone is their lifeline to the outside world. Low and fixed income telephone subscribers can apply for financial aid to help with their phone bill through Lifeline Assistance.

For questions and information on how to apply, please call 1.800.888.1300.



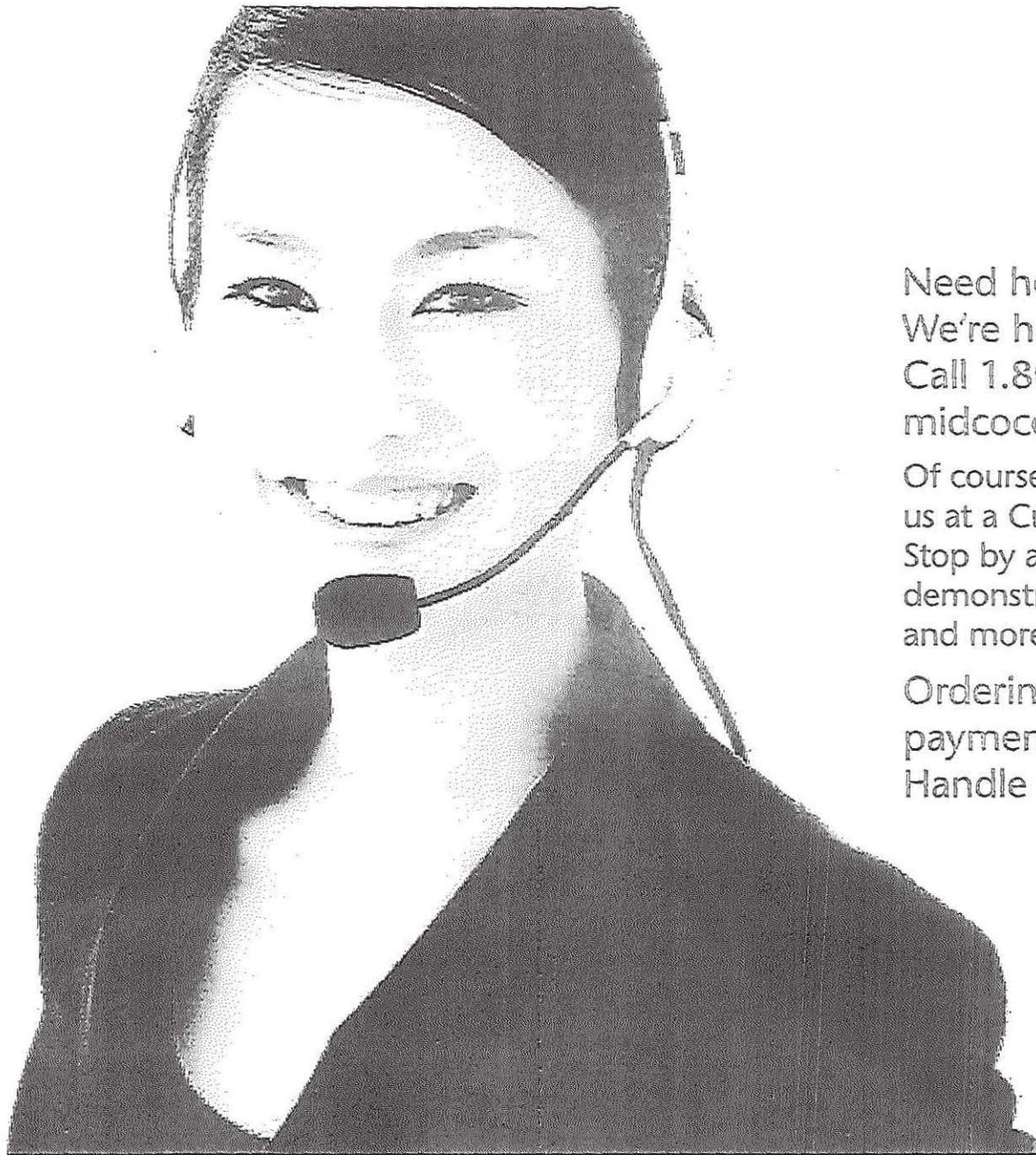
Smart phone

So ... get talking!

And feel free to talk all you want – whenever you want! We give you unlimited local and long distance calling. Crystal clear voice quality. Nine of our most requested calling features. And you won't have to purchase or rent any new equipment.

With Midcontinent Digital Phone Service, you'll have the most advanced phone technology available today – backed by the 24/7 support of our friendly Customer Care Team.

So when you're ready for a new way to talk, talk to us.



Need help? Have a question?
We're here for you 24/7.
Call 1.800.888.1300 or visit
midcocomm.com.

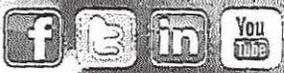
Of course, you're always welcome to visit
us at a Customer Service Center near you.
Stop by and set up services, get a personal
demonstration, check out our other services,
and more!

Ordering service and making
payments has never been easier.
Handle it all online at mymidco.com.



Midcontinent DIGITAL PHONE

1.800.888.1300 | midcocomm.com



Midcontinent
COMMUNICATIONS

MT24-0912



<<FullName>>
<<AddressLine1>>
<<AddressLine2>>

Thank you for choosing us to be your service provider. We know you have options and we're happy to have you as a customer.

Dear <<NAME>>:

Thank you for choosing Midcontinent Communications. We hope you've been enjoying your new service(s). Now that you have had a chance to experience them, we thought we would take some time and introduce you to a few important items regarding your monthly billing, plus how to get the most out of the many features and extras that are included with your new service(s).

Understanding Your Statement

First Bill:

Your first bill may include installation charges, any equipment purchases made during installation and charges for a full month's service (since we bill a month in advance).

Ongoing Bill:

Your monthly bill may include all promotional discounts applied to your order. These discounts are offered for a limited time. Charges will revert to standard pricing at the end of the discount period allowed with the promotion.

Do More With Your Service

Our current library of step-by-step tutorials includes information on understanding your Midcontinent set-top box interactive guide, On Demand, and setting up email and wireless connections on multiple devices in your home. Find out more at midcocomm.com/TechTips.

Assistance Programs

Assistance programs are available for low-income telephone and data subscribers. Visit midcocomm.com or call 1.800.888.1300 for program qualifications and to get an application.

If you have any questions or concerns regarding your account or service(s) we would be happy to assist you. Visit with us online via chat or email at midcocomm.com/contactus, by phone at 1.800.888.1300 or stop by if you live near one of our local Customer Service Centers.

Thank you for choosing us as your service provider. We look forward to serving you for many years to come.

Midcontinent Communications

Important Account Information:

Account Number: <<AccountNumber>>

Payment Due Date: <<PaymentDueDate>>

(Billing cycle: <<BillingCycle>>)

Connect-A-Friend: <<CAFCode>>¹

1 Share code with your friends and family to receive \$25 off.

Wireless Network Information:

Network Name (SSID):

<<NetworkName>>

Default Network Key:^{*}

<<DefaultNetworkKey>>

* This is the default network key assigned to your account. If you requested a personalized key you will need to contact us at 1.800.888.1300.

ALERT: Caller Identification or "Caller ID" allows you to identify a caller before you answer your telephone. This service, however, is susceptible to fraud. Using a practice known as "Caller ID Spoofing," disreputable parties can deliberately falsify the telephone number relayed as the Caller ID number to disguise the identity and originator of the call. For more information visit: fcc.gov/egh/consumers/callerid.



Client: Midcontinent
Spot Number: MC-TELE 812-1sf
Title: Telephone Assistance Plan 2012
Length: :30



Video	AUDIO
<p>CG: Animate words of the script on the screen with a telephone graphic.</p> <p>Use flowing typography style throughout.</p> <p>Add Midco logo.</p>	<p>For some people, especially the homebound, the telephone is a lifeline to the outside world.</p> <p>Midcontinent offers assistance programs to help low-income subscribers stay connected. Customers can easily apply for aid to help reduce their monthly phone bill.</p> <p>Qualified applicants are allowed one credit per household and will be asked to re-qualify annually.</p> <p>To find out if you qualify, call 1-800-8-8-8-1300 (thirteen-hundred), or go to our website at midco comm dot com.</p> <p>Midcontinent telephone assistance program, helping you stay connected.</p>

Approved By: _____ Date: _____

By signing this you are agreeing the script is approved and ready for voice. If revisions are needed afterwards, a \$30 charge will be required.

<010> Study Area Code	389011
<015> Study Area Name	MIDCONTINENT COMMUNICATIONS
<020> Program Year	2015
<030> Contact Name: Person USAC should contact with questions about this data	Mary Lohnes
<035> Contact Telephone Number: Number of the person identified in data line <030>	6053575459 ext.
<039> Contact Email Address: Email of the person identified in data line <030>	mary_lohnes@vni.net

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

			(check box when complete)	
			54,313	54,422
			Completion Required	Completion Required
<100>	Service Quality Improvement Reporting	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<200>	Outage Reporting (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210>	Unfulfilled Service Requests (voice)	<input checked="" type="checkbox"/> <- check box if no outages to report	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<300>	Unfulfilled Service Requests (voice)	0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<310>	Detail on Attempts (voice)	[Redacted] (attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<320>	Unfulfilled Service Requests (broadband)	0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<330>	Detail on Attempts (broadband)	[Redacted] (attach descriptive document)	<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"/>
<410>	Fixed	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<420>	Mobile	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<430>	Number of Complaints per 1,000 customers (broadband)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<440>	Fixed	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<450>	Mobile	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<500>	Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510>	[Redacted]	(attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600>	Functionality in Emergency Situations	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610>	[Redacted]	(attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700>	Company Price Offerings (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<710>	Company Price Offerings (broadband)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<800>	Operating Companies and Affiliates	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900>	Tribal Land Offerings (Y/N)?	(if yes, complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1000>	Voice Services Rate Comparability	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1010>	[Redacted]	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1100>	Terrestrial Backhaul (Y/N)?	(if not, check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1110>		(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1200>	Terms and Condition for Lifeline Customers	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<2005>		(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

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

<010> Study Area Code	389011
<015> Study Area Name	MIDCONTINENT COMMUNICATIONS
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Mary Lohnes
<035> Contact Telephone Number - Number of person identified in data line <030>	6053575459 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	mary_lohnes@mni.net

<110> Has your company received its ETC certification from the FCC? (yes / no)

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.

389011ND112.pdf

<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.

✓
✓
✓
✓
✓

**(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	389011
<015>	Study Area Name	MIDCONTINENT COMMUNICATIONS
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Mary Lohnes
<035>	Contact Telephone Number - Number of person identified in data line <030>	6053575459 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mary_lohnes@mml.net

<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

<010>	Study Area Code	389011
<015>	Study Area Name	MIDCONTINENT COMMUNICATIONS
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Mary Lohnes
<035>	Contact Telephone Number - Number of person identified in data line <030>	6053575459 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mary_lohnes@mni.net

<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	389011
<015>	Study Area Name	MIDCONTINENT COMMUNICATIONS
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Mary Lehnec
<035>	Contact Telephone Number - Number of person identified in data line <030>	6053575459 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mary.lehnec@mmi.net

389011ND1210.pdf

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

<1220> Link to Public Website HTTP www.midcoomm.com

"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

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

July 2013

<010>	Study Area Code	389011
<015>	Study Area Name	MIDCONTINENT COMMUNICATIONS
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Mary Lohnes
<035>	Contact Telephone Number - Number of person identified in data line <030>	6053575459 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mary.lohnea@mm1.net

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

- Incremental Connect America Phase I reporting
 - <2010> 2nd Year Certification {47 CFR § 54.313(b)(1)}
 - <2011> 3rd Year Certification {47 CFR § 54.313(b)(2)}
- Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}
 - <2012> 2013 Frozen Support Certification
 - <2013> 2014 Frozen Support Certification
 - <2014> 2015 Frozen Support Certification
 - <2015> 2016 and future Frozen Support Certification
- Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}
 - <2016> Certification Support Used to Build Broadband
- Connect America Phase II Reporting {47 CFR § 54.313(e)}
 - <2017> 3rd year Broadband Service Certification
 - <2018> 5th year Broadband Service Certification
 - <2019> Interim Progress Certification
 - <2020> Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

Name of Attached Document Listing Required Information

<2021> Interim Progress Community Anchor Institutions

<010> Study Area Code	389011
<015> Study Area Name	MTDCONTINENT COMMUNICATIONS
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Mary Lohman
<035> Contact Telephone Number - Number of person identified in data line <030>	6053575459 ext
<039> Contact Email Address - Email Address of person identified in data line <030>	mary_lohman@mmi.net

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)(4)(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))
(3014) If yes, does your company file the RUS annual report

(Yes/No)
(Yes/No)

Please check those 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
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<010> Study Area Code	389011
<015> Study Area Name	MIDCONTINENT COMMUNICATIONS
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Mary Lohnes
<035> Contact Telephone Number - Number of person identified in data line <030>	6053575459 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	wary.lohnes@comcast.net

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:	MIDCONTINENT COMMUNICATIONS
Signature of Authorized Officer:	CERTIFIED ONLINE Date 06/27/2014
Printed name of Authorized Officer:	Tom Simmons
Title or position of Authorized Officer:	Senior VP of Public Policy
Telephone number of Authorized Officer:	6053575491 ext.
Study Area Code of Reporting Carrier:	389011 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>	

Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0985/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	389011
<015> Study Area Name	MIDCONTINENT COMMUNICATIONS
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Mary Lohnes
<035> Contact Telephone Number - Number of person identified in data line <030>	6053575459 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	mary_lohnes@cmi.net

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:
<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	
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:
<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

CONFIDENTIAL

Midcontinent Communications

Form 481, Line 112

Quality Improvement Plan