OKLAHOMA WESTERN TELEPHONE COMPANY

DBA OKLAHOMA WESTERN CELLULAR

103 EAST CHOCTAW STREET

CLAYTON, OKLAHOMA 74536

June 27, 2014

Pauline Van Horn
President
Oklahoma Western Telephone Company
dba Oklahoma Western Cellular
103 East Choctaw Street
Clayton, OK 74536
(918)569-4111

Marlene H. Dortch
Secretary
Federal Communications Commission
445 12th Street, SW
Washington, D.C. 20554

RE: REQUEST FOR CONFIDENTIAL TREATMENT:
Connect America Fund; High Cost Universal Service Support 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:

Please find attached with this letter a request for confidential treatment for portions of information submitted with our company Form 481 along with four copies. Contemporaneously, we are filing a copy of the redacted Form 481, with redacted attachments, via ECFS. This information has also been filed with our state commission and electronically submitted, and certified, with the Universal Service Administration Company. If you have any questions or concerns with the attachments, please contact Charles Curtis at Charles.curtis@contaegis.com or by phone at 252-514-2203.

Sincerely,

Pauline Van Horn

Cc: file

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Before the
FEDERAL COMMUNICATIONS COMMISSION
Washington, D.C. 20554

In the Matter of	)	
Connect America Fund	)	WC Docket No. 10-90
	)	WC Docket No. 07-135
High-Cost Universal Service Support	)	WC Docket No. 11-42
	)	WC Docket No. 05-337
Lifeline and Link Up Reform	)	WC Docket No. 03-109
	)	CC Docket No. 01-92
	)	CC Docket No. 96-45
	)	GN Docket No. 09-51
	)	WT Docket No. 10-208

REQUEST FOR CONFIDENTIAL TREATMENT

Oklahoma Western Telephone Company, dba Oklahoma Western Cellular ("Filer") requests that the portions of its Form 481 pertaining to its Tribal Land Offerings documentation and its Broadband Company Price Offerings be granted confidential, non-public treatment pursuant to Sections 0.457 and 0.459 of the Commission's rules, 47 C.F.R. Sections 0.457, 0.459, and related provisions of the Freedom of Information Act ("FOIA"), including 5 U.S.C. Section 552(b)(4) ("Exemption 4"). Form 481 contains information regarding the Filer's strategic service offerings with Tribal Governments as well as sensitive retail pricing information. Release of such information would supply its competition sensitive commercial information that would undermine its ability to serve its customers effectively. Such information is not customarily disclosed to the public or made available within the telecommunications industry. Therefore, the Filer requests confidentiality of these respective portions of its Form 481 filing be granted. Support for the Filer's request for confidential treatment pursuant to FCC rules in Section 0.459(b) is provided as follows:

I. **FILER'S FORM 481 SATISFY THE REQUIREMENTS OF SECTION 0.459 OF THE COMMISSION'S RULES**

The material the Filer seeks confidentiality qualifies for the requirements outlined in Section 0.459 if the FCC's rules. As will be demonstrated, the Filer has satisfied all the elements of this section, concluding that disclosure of this information would be harmful to the Filer.

(1) **Identification of the specific information for which confidential treatment is sought.** The Filer requests confidential treatment for the portions of the Form 481 required by 47 C.F.R. Section 54.313(a)(2) and (4). The Form bears the legend "CONFIDENTIAL INFORMATION SUBJECT TO PROTECTIVE ORDER IN WC DOCKET NO.'S 10-90, 07-135, 05-337, 03-109, CC DOCKETS 01-92, 96-45, GN DOCKET NO. 09-51, WT DOCKET NO. 10-208, BEFORE THE FEDERAL COMMUNICATION COMMISSION." The specific information considered confidential include: 1) Tribal Land Offerings documentation (900) and 2) Company Price Offerings – Broadband (710).

(2) **Identification of the Commission proceeding in which the information was submitted or a description of the circumstances giving rise to the submission.** The information is

required to be produced annually in accordance with 47 C.F.R. Section 54.313(a). The proceedings are WC Docket No. 10-90 and WC Docket No. 11-42.

(3) **Explanation of the degree to which the information is commercial or financial, or contains a trade secret or is privileged.** The information requested for confidential treatment is information not customarily released to the public. Release of this information would have the effect of substantial harm to the competitive position of the Filer.

(4) **Explanation of the degree to which the information concerns a service that is subject to competition.** All of the services provided by the Filer are subject to competition.

(5) **Explanation of how disclosure of the information could result in substantial competitive harm.** Competitive entities in the Filer's area would have access to sensitive retail price offerings that would hamper the Filer's ability to effectively compete.

(6) **Identification of any measures taken by the submitting party to prevent unauthorized disclosure.** The information filed is not customarily released to the public or publically made available within the telecommunications industry. The information is also only released within internal circulation, including its attorneys, consultants and engineers, held to confidentiality agreements. The request as well as the associated documents subject to it, are filed both paper copy as well as electronically.

(7) **Identification of whether the information is available to the public and the extent of any previous disclosure of the information to third parties.** None of the information requesting confidential treatment is available to the public and have not been disclosed to parties unless those parties are engaged to perform services for the Filer, under non-disclosure.

(8) **Justification of the period during which the submitting party asserts that material should not be available for public disclosure.** Due to the fact that the nature of the information being filed is sensitive in terms of competitive concerns, the Filer requests that confidential treatment be granted indefinitely.

II. CONCLUSION

For these reasons, pursuant to Sections 0.457 and 0.459 of the Commission's rules, the Filer requests that the portions of Form 481 relating to those particular items listed in I.1, above, be treated as confidential under the Commission's rules and precedent and withheld from public inspection and that any distribution of them within the Commission should be limited, in accordance with the reasons stated for confidential request. In the case where any person, party or entity wishes to access any of this information, the Filer requests immediate notification so it can have the opportunity to oppose the request or consider any other action it deems necessary to protect both its network, strategic and financial interests and the interest of the customers it continues to serve.

Respectfully Submitted,

Pauline Van Horn
President
Oklahoma Western Telephone
Company
dba Oklahoma Western Cellular
103 East Choctaw Street
Clayton, OK 74536
(918)569-4111

June 27, 2014

Form 481 - Part A Annual Report

Data Collection Form

<010>	Study Area Code	439024
<015>	Study Area Name	OKLAHOMA WESTERN TELEPHONE CO., DBA OKLAHOMA WESTERN CELLULAR - CL
<020>	Program Year	2015
<030>	Contact Name: Person USAC should contact with questions about this data	Stephanie Curtis
<035>	Contact Telephone Number: Number of the person identified in data line <030>	2025142203 ext.
<039>	Contact Email Address: Email of the person identified in data line <030>	stephanie@santaegia.com

ANNUAL REPORTING FOR ALL CARRIERS

			<10> Data Collection Required	<5427> Certification Required
			(check box when complete)	
<100>	Service Quality Improvement Reporting	(complete attached worksheet)		
<200>	Outage Reporting (voice)	(complete attached worksheet)	✔	✔
<210>	✔ <- check box if no outages to report		✔	
<300>	Unfulfilled Service Requests (voice)	0		
<310>	Detail on Attempts (voice)	(attach descriptive document)		
<320>	Unfulfilled Service Requests (broadband)	0	✔	
<330>	Detail on Attempts (broadband)	(attach descriptive document)		
<400>	Number of Complaints per 1,000 customers (voice)			
<410>	Fixed	0.0	✔	✔
<420>	Mobile	0.0		
<430>	Number of Complaints per 1,000 customers (broadband)		✔	
<440>	Fixed	0.0		
<450>	Mobile	0.0		
<500>	Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	✔	✔
<510>	439024nk510.pdf (attached descriptive document)		✔	✔
<600>	Functionality in Emergency Situations	(check to indicate certification)	✔	✔
<610>	439024nk610.pdf (attached descriptive document)		✔	✔
<700>	Company Price Offerings (voice)	(complete attached worksheet)	✔	
<710>	Company Price Offerings (broadband)	(complete attached worksheet)	✔	
<800>	Operating Companies and Affiliates	(complete attached worksheet)	✔	✔
<900>	Tribal Land Offerings (Y/N)? ◉ ○	(if yes, complete attached worksheet)	✔	
<1000>	Voice Services Rate Comparability	(check to indicate certification)	✔	
<1010>	439024nk1010.pdf (attach descriptive document)		✔	
<1100>	Terrestrial Backhaul (Y/N)? ◉ ○	(if not, check to indicate certification)	✔	
<1110>		(complete attached worksheet)		
<1200>	Terms and Condition for Lifeline Customers	(complete attached worksheet)		✔

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

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

<2000>		(check to indicate certification)	
<2005>		(complete attached worksheet)	

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

<3000>		(check to indicate certification)	
<3005>		(complete attached worksheet)	

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(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	039024
<015>	Study Area Name	OKLAHOMA WESTERN TELEPHONE CO., DBA OKLAHOMA WESTERN CELLULAR - CL
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Stephanie Curtis
<035>	Contact Telephone Number - Number of person identified in data line <030>	2525142201 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	stephanie@coolsoftle.com

<110>	Has your company received its ETC certification from the FCC?	(yes / no) ○ ◉
<111>	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes / no) ○ ○

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

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

Name of Attached Document

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

<113> Maps detailing progress towards meeting plan targets ☐
<114> Report how much universal service (USF) support was received ☐
<115> How (USF) was used to improve service quality ☐
<116> How (USF)was used to improve service coverage ☐
<117> How (USF) was used to improve service capacity ☐
<118> Provide an explanation of network improvement targets not met in the prior calendar year. ☐

(200) Service Outage Reporting (Voice)
Data Collection Form

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

<010>	Study Area Code	429034
<015>	Study Area Name	OKLAHOMA WESTERN TELEPHONE CO., DBA OKLAHOMA WESTERN CELLULAR - CL
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Stephanie Gustin
<035>	Contact Telephone Number - Number of person identified in data line <030>	2525143203 ext.
<038>	Contact Email Address - Email Address of person identified in data line <030>	stephanie@okcontacopie.com

<220>

<a> NORS Reference Number	<b1> Outage Start Date	<b2> Outage Start Time	<b3> Outage End Date	<b4> Outage End Time	<c1> Number of Customers Affected	<c2> Total Number of Customers	<d> 911 Facilities Affected (Yes / No)	<e> Service Outage Description (Check all that apply)	<f> Did This Outage Affect Multiple Study Areas (Yes / No)	<g> Service Outage Resolution	<h> Preventative Procedures

[redacted]

<010>	Study Area Code	439024
<015>	Study Area Name	OKLAHOMA WESTERN TELEPHONE CO., DBA OKLAHOMA WESTERN CELLULAR - C
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Stephanie Ocello
<035>	Contact Telephone Number - Number of person identified in data line <030>	2525143203 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	stephanie@pottawatomie.com

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

<703>

State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fees

-- See attached worksheet

REDACTED-FOR PUBLIC INSPECTION

[redacted]

<010>	Study Area Code	439024
<015>	Study Area Name	OKLAHOMA WESTERN TELEPHONE CO., DBA OKLAHOMA WESTERN CELLULAR - CL
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Stephanie Curtis
<035>	Contact Telephone Number - Number of person identified in data line <030>	2525) 12203 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	stephanie@contawgin.com

<071> [redacted]

State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rate and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached (select)
			See attached worksheet					

<010>	Study Area Code	439024
<015>	Study Area Name	OKLAHOMA WESTERN TELEPHONE CO., DBA OKLAHOMA WESTERN CELLULAR - CL
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Stephanie Carlile
<035>	Contact Telephone Number - Number of person identified in data line <030>	2823142200 ext.
<039>	Contact Email Address - Email Address of person identified in data line <040>	stephanie@pentamis.com

<810>	Reporting Carrier	Oklahoma Western Telephone Company dba Oklahoma Western Cellular-CLEC
<811>	Holding Company	
<812>	Operating Company	

<813>

Affiliates	SAC	Doing Business As Company or Brand Designation

– See attached worksheet –

[redacted]

<010>	Study Area Code	439024
<015>	Study Area Name	OKLAHOMA WESTERN TELEPHONE CO., DBA OKLAHOMA WESTERN CELLULAR - CL
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Stephanie Curtis
<035>	Contact Telephone Number - Number of person identified in data line <030>	2525142203 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	stephanie@contaogle.com

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

Choctaw Nation of Oklahoma

<920> Tribal Government Engagement Obligation

439024ek920.pdf

Name of Attached Document

If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

		Select (Yes,No, NA)
<921>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions.	Yes
<922>	Feasibility and sustainability planning;	Yes
<923>	Marketing services in a culturally sensitive manner;	Yes
<924>	Compliance with Rights of way processes	Yes
<925>	Compliance with Land Use permitting requirements	Yes
<926>	Compliance with Facilities Siting rules	Yes
<927>	Compliance with Environmental Review processes	Yes
<928>	Compliance with Cultural Preservation review processes	Yes
<929>	Compliance with Tribal Business and Licensing requirements.	Yes

[illegible] Non-Terrestrial Backhaul Reporting [illegible]
Data Collection Form [illegible] OMB Control No. 3060-0986 [illegible]

<010>	Study Area Code	139024
<015>	Study Area Name	OKLAHOMA WESTERN TELEPHONE CO., DBA OKLAHOMA WESTERN CELLULAR - CT
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Stephanie Curtis
<035>	Contact Telephone Number - Number of person identified in data line <030>	2129142203 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	stephanie@contooglio.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 Conditions for Lifeline Customers

Data Collection Form

<010>	Study Area Code	439024
<015>	Study Area Name	OKLAHOMA WESTERN TELEPHONE CO., DBA OKLAHOMA WESTERN CELLULAR - OK
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Stephanie Garcia
<035>	Contact Telephone Number - Number of person identified in data line <030>	2525142202 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	stephanie@roctaegle.com

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

439024ok1210.pdf

Name of Attached Document

<1220> Link to Public Website HTTP

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

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

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

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

[redacted]

<010>	Study Area Code	439024
<015>	Study Area Name	OKLAHOMA WESTERN TELEPHONE CO., DBA OKLAHOMA WESTERN CELLULAR - OL
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Stephanie Sudik
<035>	Contact Telephone Number - Number of person identified in data line <030>	3525142303 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	stephanie@contnerds.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)(iv), 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

[redacted]

<030>	Study Area Code	439024
<015>	Study Area Name	[illegible]
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	[illegible]
<035>	Contact Telephone Number - Number of person identified in data line <030>	[illegible]
<045>	Contact Email Address - Email Address of person identified in data line <030>	[illegible]

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) 88

(3014) If yes, does your company file the RUS annual report (Yes/No) 88

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) 00

If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3020 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 3024 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

[redacted]

<010>	Study Area Code	330024
<015>	Study Area Name	OKLAHOMA WESTERN TELEPHONE CO., DBA OKLAHOMA WESTERN CELLULAR - CL
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Stephanie Curtis
<035>	Contact Telephone Number - Number of person identified in data line <030>	2528112203 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	stephanie@centracomm.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.

Name of Reporting Carrier:

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

REDACTED-FOR PUBLIC INSPECTION

[redacted]

<010>	Study Area Code	439024
<015>	Study Area Name	OKLAHOMA WESTERN TELEPHONE CO., DBA OKLAHOMA WESTERN CELLULAR - CL
<070>	Program Year	2015
<080>	Contact Name - Person USAC should contact regarding this data	Stephanie Curtis
<085>	Contact Telephone Number - Number of person identified in data line <030>	9525142203 ext.
<085>	Contact Email Address - Email Address of person identified in data line <030>	stephanie@pcoutsegis.com

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

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

I certify that (Name of Agent) Pauline Van Horn 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: Pauline Van Horn

Name of Reporting Carrier: OKLAHOMA WESTERN TELEPHONE CO., DBA OKLAHOMA WESTERN CELLULAR - CL

Signature of Authorized Officer: CERTIFIED ONLINE Date: 06/27/2014

Printed name of Authorized Officer: Pauline Van Horn

Title or position of Authorized Officer: Chairperson

Telephone number of Authorized Officer: 9185594111 ext.

Study Area Code of Reporting Carrier: 439024 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.

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: OKLAHOMA WESTERN TELEPHONE CO., DBA OKLAHOMA WESTERN CELLULAR

Name of Authorized Agent or Employee of Agent: Pauline Van Horn

Signature of Authorized Agent or Employee of Agent: CERTIFIED ONLINE Date: 06/27/2014

Printed name of Authorized Agent or Employee of Agent: Pauline Van Horn

Title or position of Authorized Agent or Employee of Agent: Chairperson

Telephone number of Authorized Agent or Employee of Agent: 9185594111 ext.

Study Area Code of Reporting Carrier: 439024 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.

REDACTED-FOR PUBLIC INSPECTION

Attachments

REDACTED-FOR PUBLIC INSPECTION

[redacted]

<010>	Study Area Code	439024
<015>	Study Area Name	OKLAHOMA WESTERN TELEPHONE CO., DBA OKLAHOMA WESTERN CELLULAR - CL
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Stephanie Costello
<035>	Contact Telephone Number - Number of person identified in data line <030>	2535142403 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	stephanie@cochavista.com

<701>	Residential Local Service Charge Effective Date	1/1/2015
<702>	Single State-wide Residential Local Service Charge	

<703>

State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fees
[redacted]								

REDACTED-FOR PUBLIC INSPECTION

[redacted]

<010>	Study Area Code	435024
<015>	Study Area Name	OKLAHOMA WESTERN TELEPHONE CO., DBA OKLAHOMA WESTERN TELECOM - CL
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Stephanie Curtin
<035>	Contact Telephone Number - Number of person identified in data line <030>	2525102293 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	stephanie@cpatacoip.com

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

<703>

[redacted]

State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fees
[redacted]								

REDACTED-FOR PUBLIC INSPECTION

[redacted]

<010>	Study Area Code	430024
<015>	Study Area Name	OKLAHOMA WESTERN TELEPHONE CO., DBA OKLAHOMA WESTERN CELLULAR - CE
<020>	Program Year	2013
<030>	Contact Name - Person USAC should contact regarding this data	Stephanie Garcia
<035>	Contact Telephone Number - Number of person identified in data line <030>	2625142203 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	stephanie@conrugarcia.com

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

<703>

[redacted]

State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fees
[redacted]								

REDACTED-FOR PUBLIC INSPECTION

[redacted]

<010>	Study Area Code	435826
<015>	Study Area Name	OKLAHOMA WESTERN TELEPHONE CO., DBA OKLAHOMA WESTERN CELLULAR - OK
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Stephanie Curtis
<035>	Contact Telephone Number - Number of person identified in data line <030>	252>142202 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	stephanie@conquestia.com

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

<703>

State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fees
[redacted]								

REDACTED-FOR PUBLIC INSPECTION

[redacted]

<010>	Study Area Code	433024
<015>	Study Area Name	OKLAHOMA WESTERN TELEPHONE CO., DBA OKLAHOMA WESTERN CELLULAR - OC
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Stephanie Curtis
<035>	Contact Telephone Number - Number of person identified in data line <030>	2525141235 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	scephanie@centurytel.com

<711> [redacted]

State	Exchange (NEC)	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)
[redacted]								

REDACTED-FOR PUBLIC INSPECTION

[redacted]

<010>	Study Area Code	439024
<015>	Study Area Name	OKLAHOMA WESTERN TELEPHONE CO., DBA OKLAHOMA WESTERN CELLULAR - CI
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Stephanie Cupitt
<035>	Contact Telephone Number - Number of person identified in data line <030>	2528142203 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	stephanie@cupitaegis.com

<810>	Reporting Carrier	Oklahoma Western Telephone Company dba Oklahoma Western Cellular-CUTO
<811>	Holding Company	
<812>	Operating Company	

<813> [redacted]

Affiliates	SAC	Doing Business As Company or Brand Designation
Oklahoma Western Telephone Company	432016	Oklahoma Western Cellular

Oklahoma Western Telephone Company dba Oklahoma Western Cellular

Study Area Code: 439024

Response to Line 510 – Service Quality Standards and Consumer Protection Rules

Surpasses PUC minimum service quality standards – Oklahoma Western Telephone Company dba Oklahoma Western Cellular ("Filer") hereby certifies that its voice service surpasses the minimum standards required by the Oklahoma Corporation Commission ("OCC") for eligible telecommunications carriers. Over the history of the Filer's provision of voice services to its customer, it has consistently exceeded those minimum standards.

Publically available rates, terms and conditions - The Filer's rates, terms and conditions for voice service are available through its retail offices and agents throughout its licensed service territory.

Protection of consumer information - The Filer complies with the Federal Communications Commission Consumer Proprietary Network Information ("CPNI") rules (47 C.F.R. Sections 64.2001-64.2011). The compliance is assured through certification for CPNI compliance by March 1 of each year, in addition to its own internal company procedures. The Filer also complies with all consumer protection rules applicable by State law.

Broadband service rates, quality service standards - The Filer offers broadband internet service to its customers through service plans made available through its retail offices and company agents throughout its licensed serving area. Speeds are based on a 'best effort' basis, due to the fact there are several aspects of the broadband network, outside of the Filer's control, that can effect throughput speeds. Therefore, although there are no current broadband service quality standards and consumer protection rules, the Filer discloses its rates, terms and conditions of service to its customers. Lastly, the Filer complies with applicable federal and state customer protection standards for all businesses in Oklahoma.

Oklahoma Western Telephone Company dba Oklahoma Western Cellular

Study Area Code: 439024

Response to Line 610 – Ability to Function in Emergency Situations for Voice and Broadband

Oklahoma Western Telephone Company dba Oklahoma Western Cellular ("Filer") certifies that it is able to function in emergency situations as set forth in both federal and state regulations.

Power - The Filer's network is designed to remain functional in emergency situations where no external power is available. In such cases, the Filer has eight hours of battery backup power for each of its wire centers and field electronics locations. Each wire center is also equipped with backup power generators and automatic transfer switches. In addition, the Filer has access to mobile backup generators in case of backup power failure.[1]

Routing and Spikes – The Filer has alternate routes configured in each of its local switches to assure that when the primary routes are down, traffic is re-routed to alternate routes and facilities. In addition, the Filer has overflow routes where traffic spikes may compromise the primary route traffic flows.

Procedures for voice and data - The Filer has internal procedures for emergency situations which includes emergency operations planning. Such procedures and network infrastructure utilized for emergency situations is offered as such for both voice and broadband services.

[1] Section 54.202(a)(2)

REDACTED-FOR PUBLIC INSPECTION

OKLAHOMA WESTERN TELEPHONE COMPANY

P.O. Box 399
Clayton, OK 74536

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

REDACTED-FOR PUBLIC INSPECTION

[redacted]

[redacted]

[redacted]

[redacted]

ACRS
817 N.E. 63rd Street
Oklahoma City, OK 73105

REDACTED-FOR PUBLIC INSPECTION

[redacted]

[redacted]

[redacted]

[redacted]

www.acrsokc.com
(405) 843-9966 office (405) 843-9852 fax

ACRS
817 N.E. 63rd Street
Oklahoma City, OK 73105

REDACTED-FOR PUBLIC INSPECTION

[redacted]

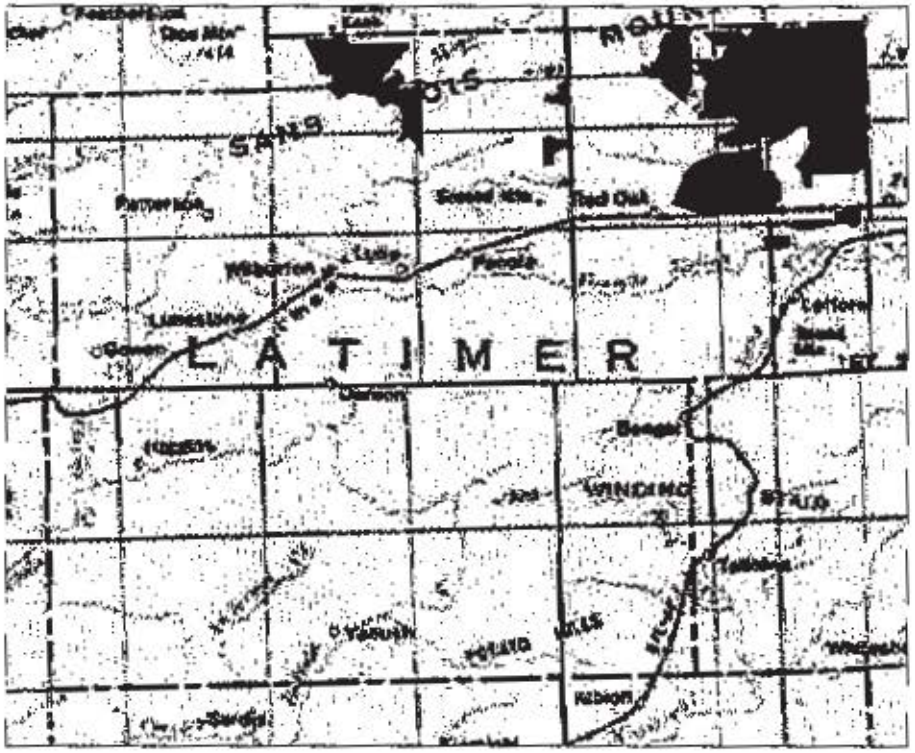
[redacted]

[redacted]

www.acrsokc.com
(405) 843-9966 office (405) 843-9852 fax

PHASE ONE MOBILITY FUND - FCC 901 AUCTION

FCC ITEM # : T40077087100-5590



LEGEND

AUCTION BID AREA OBTAINED

POPULATION : 241
SQUARE MILES : 51.51
ROAD MILES COVERED : 101.49

REV	DATE	DESCRIPTION	DRN	CHK
A	08/16/2012	INITIAL DRAFT	LC	TW

DRAWN BY: LANCE CANTRICH
CHECKED BY: TERRY WRIGHT
APPROVED BY: JAMES LIGHTHORT

PREPARED BY:

ACRS
Telecommunications Engineers
817 NE 63rd Street
Oklahoma City, Oklahoma 73105
Phone (405) 843-9996
www.acrsokc.com

ORIENTATION:

N

PREPARED FOR:

OKLAHOMA WESTERN TELEPHONE COMPANY

PROJECT: FCC 901 AUCTION

PROJECT / FILE NO: OK555-200

COMPANY ADDRESS: 103 CHOCTAW ST. CLAYTON, OK 74536

EXCHANGE:

SCALE:

SHEET: 1

Oklahoma Western Telephone Company dba Oklahoma Western Cellular

Study Area Code: 439024

Response to Line 1010 – Voice Services Rate Comparability

The Wireline Competition Bureau has released its reasonably comparable voice benchmark rate including local residential rate, interstate end user common line charge, any applicable state end user common line charges, mandatory extended area service charges and state universal service charges. The Filer certifies that the combination of all applicable charges stated herein fall below the federal benchmark rate. The Filer discloses its rates, by exchange, in line 700 of the Form 481, demonstrating its rate levels compared to the federal benchmark.

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SAC 439024

Oklahoma Western Telephone Company dba Oklahoma Western Cellular

State	Exchange	SVC	Rate	Local Usage	Toll Usage
OK	Albion	MS	[redacted]	Unlimited	[redacted]
OK	Albion	MS	[redacted]	Unlimited	[redacted]
OK	Albion	MS	[redacted]	Unlimited	[redacted]
OK	Albion	MS	[redacted]	Unlimited	[redacted]
OK	Buffalo Valley	MS	[redacted]	Unlimited	[redacted]
OK	Buffalo Valley	MS	[redacted]	Unlimited	[redacted]
OK	Buffalo Valley	MS	[redacted]	Unlimited	[redacted]
OK	Buffalo Valley	MS	[redacted]	Unlimited	[redacted]
OK	Clayton	MS	[redacted]	Unlimited	[redacted]
OK	Clayton	MS	[redacted]	Unlimited	[redacted]
OK	Clayton	MS	[redacted]	Unlimited	[redacted]
OK	Clayton	MS	[redacted]	Unlimited	[redacted]
OK	Fanshawe	MS	[redacted]	Unlimited	[redacted]
OK	Fanshawe	MS	[redacted]	Unlimited	[redacted]
OK	Fanshawe	MS	[redacted]	Unlimited	[redacted]
OK	Fanshawe	MS	[redacted]	Unlimited	[redacted]
OK	Leflore	MS	[redacted]	Unlimited	[redacted]
OK	Leflore	MS	[redacted]	Unlimited	[redacted]
OK	Leflore	MS	[redacted]	Unlimited	[redacted]
OK	Leflore	MS	[redacted]	Unlimited	[redacted]
OK	McAlester	MS	[redacted]	Unlimited	[redacted]
OK	McAlester	MS	[redacted]	Unlimited	[redacted]
OK	McAlester	MS	[redacted]	Unlimited	[redacted]
OK	McAlester	MS	[redacted]	Unlimited	[redacted]
OK	Muse	MS	[redacted]	Unlimited	[redacted]
OK	Muse	MS	[redacted]	Unlimited	[redacted]
OK	Muse	MS	[redacted]	Unlimited	[redacted]
OK	Muse	MS	[redacted]	Unlimited	[redacted]
OK	Nashoba	MS	[redacted]	Unlimited	[redacted]
OK	Nashoba	MS	[redacted]	Unlimited	[redacted]
OK	Nashoba	MS	[redacted]	Unlimited	[redacted]
OK	Nashoba	MS	[redacted]	Unlimited	[redacted]
OK	Red Oak	MS	[redacted]	Unlimited	[redacted]
OK	Red Oak	MS	[redacted]	Unlimited	[redacted]
OK	Red Oak	MS	[redacted]	Unlimited	[redacted]
OK	Red Oak	MS	[redacted]	Unlimited	[redacted]
OK	Summerfield	MS	[redacted]	Unlimited	[redacted]
OK	Summerfield	MS	[redacted]	Unlimited	[redacted]
OK	Summerfield	MS	[redacted]	Unlimited	[redacted]
OK	Summerfield	MS	[redacted]	Unlimited	[redacted]

OKLAHOMA WESTERN TELEPHONE COMPANY
dba PHOENIX COMMUNICATIONS
LIFELINE/LINKUP AMERICA ON TRIBAL LANDS PROGRAM
AUTHORIZATION AND CERTIFICATION FORM

You are required to complete and sign this certification form in order to enroll you in Oklahoma Western Telephone Company's dba Phoenix Communications "Tribal" Lifeline and/or "Expanded" Link Up programs. Lifeline is a federal benefit and willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment or being barred from the program. Lifeline service is a non-transferable benefit, and a Lifeline subscriber is prohibited from transferring the Lifeline service to another, including another person eligible for Lifeline service. This authorization and certification is only for the purpose of enrolling you in these programs and will not be used for any other purpose.

A. YOU MUST MEET PROGRAM PARTICIPATION REQUIREMENTS *OR* HOUSEHOLD INCOME REQUIREMENTS

I hereby certify that I participate in at least one of the following programs **(CHECK ALL THAT APPLY)** OR my household income is at or less than 135% of the federal poverty level:

___ Supplemental Nutrition Assistance Program (SNAP a/k/a Food Stamps)
___ Temporary Assistance for Needy Families (TANF)
___ Supplemental Security Income (SSI)
___ Medical Assistance (Medicaid/*SoonerCare*)
___ Vocational Rehabilitation (including aid to the hearing impaired)
___ Oklahoma Sales Tax Relief
___ National School Lunch Program (only applicant or customer who satisfies the income standard of the program for free meals)
___ Federal Public Housing
___ Low Income Energy Assistance Program
___ My income is at or less than 135% of the federal poverty level. Customer has provided sufficient proof of income as set forth in 47 C.F.R. §54.400(f). There are __ individuals in my household.
___ Bureau of Indian Affairs General Assistance
___ Temporary Assistance for Needy Families (TANF) Tribally-administered block grant programs;
___ Head Start Programs (only applicant or customer who satisfies the income qualifying eligibility provision)
___ Food Distribution Program on Indian Reservations ("FDPIR")

B. YOU MUST READ AND INITIAL ALL STATEMENTS BELOW TO ACKNOWLEDGE YOU UNDERSTAND YOUR OBLIGATIONS

___ I certify that my residential telephone service address listed on the front of this form is my permanent/temporary (circle one) residential service address, and to the best of my knowledge this residential service address is located on former tribal land/reservation (as defined in title 25- Code of Federal Regulation, section 20.1, paragraph (v)).

___ I certify that if the residential telephone service address listed on the front of this form is a temporary one, upon request by the Company approximately every 90 days, I will recertify that I still live at that address. I understand that if I do not respond to the Company's verification request within 30 days I may be de-enrolled and will lose my benefits under the Lifeline program.

___ I certify that if in the future, I no longer live at the residential telephone service address listed on the front of this form, I will notify the Company within 30 days after moving.

___ I certify that I will notify the Company within 30 days if:

1) I no longer participate in at least one of the programs listed on the front of this form; or
2) if I am receiving more than one Lifeline-supported service; or
3) if I for any reason no longer satisfy the criteria for receiving Lifeline support.

___ I certify that the telephone service which I am requesting receipt of Lifeline and/or Linkup programs for is listed in my name.

___ **I certify that I have provided documentation of eligibility**, if required to do so and that such documentation was returned to me.

___ I certify that my household will receive only one Lifeline service and, to the best of my knowledge, my household is not already receiving a Lifeline service. My household is defined as any individual or group of individuals who live together at the same address and share income

and expenses.

Do you live at an address at which there are multiple households (for example, a nursing home or group home)?

____ Yes (If yes, you must complete a supplemental form to determine your eligibility.)
____ No

___ I certify that I understand that Lifeline is a federal benefit and willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment or being barred from the program.

___ I certify that I understand that Lifeline service is a non-transferable benefit, and a Lifeline subscriber is prohibited from transferring the Lifeline service to another, including another person eligible for Lifeline service.

___ I authorize my provider to transmit to the authorized Governmental entity or its designee handling the Lifeline Accountability Database my full name, my full residential address, my date of birth, and the last four digits of my Social Security Number, the telephone number to be associated with Lifeline Program benefits, the date on which Lifeline service is begun, the date on which Lifeline Program benefits end, the amount of support sought by the Company and the means through which I qualify for Program benefits. I understand that transmission of this information is required to ensure the proper administration of the Lifeline Program. I also understand that if I refuse to have this information transmitted to the Administrator, I will be denied Program benefits.

C. CUSTOMER/APPLICANT INFORMATION

Print Applicant's Name _____

Applicant's Date of Birth_____

The last four digits of Applicant's Social Security Number or Tribal identification number if you do not have a SSN

_____

Applicant's Telephone Service Address_____

(CANNOT be a post office box)

Phone Number for which Lifeline service is requested for (_____) _____

Contact number during weekdays between 8 a.m. and 5 p.m. (_____) _____

_____

Signature of benefit recipient Date

For Company Use Only

Name of Employee Who Verified Eligibility: _____

Type of Documentation Reviewed: _____

If the customer qualifies under the Federal Poverty Guidelines refer to the Federal Poverty Guideline Form.