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ENGINEERING CONSULTANT

**July 1, 2014**

ARTHUR BLOOSTON  
1914 – 1999

WRITER'S CONTACT INFORMATION  
sta@bloostonlaw.com  
202-828-5562

**REDACTED – FOR PUBLIC INSPECTION**

*VIA HAND DELIVERY*

Marlene H. Dortch, Secretary  
Federal Communications Commission  
Office of the Secretary  
445 12<sup>th</sup> Street, S.W.  
Washington, DC 20554

RE: Form 481 – Carrier Annual Reporting Data Collection, 2014  
WC Dockets No. 14-58, 10-90 and 11-42

Dear Ms. Dortch:

Pursuant to sections 54.313(i) and 54.422(c) of the Commission's Rules,<sup>1</sup> Wabash Telephone Cooperative, Inc. (the "Company") hereby submits a copy of its "FCC Form 481 – Carrier Annual Reporting Data Collection Form," as filed with the Universal Service Administrative Company. A copy is also being submitted to the appropriate state regulatory commission and tribal government, as further required by sections 54.313(i) and 54.422(c).

Pursuant to the Protective Order adopted by the Commission in this proceeding,<sup>2</sup> the Company requests confidential treatment for the financial information included in its report, as required by §54.313(f)(2), on the grounds that it is commercially sensitive information that is not normally released to the public. The Company also requests confidential treatment for its Five

<sup>1</sup> 47 CFR §§54.313 and 54.422.

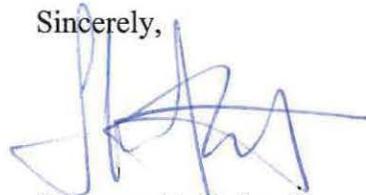
<sup>2</sup> *In the Matter of Connect America Fund, et al.*, PROTECTIVE ORDER, WC Docket No. 10-90, et al., DA 12-1857, released November 16, 2013.

Year Service Quality Plan pursuant to sections 0.457 and 0.459 of the Commission's Rules. A letter in support of the Company's request is attached hereto.

In accordance with the Protective Order and the Commission's rules, two redacted copies and one non-redacted copy have been submitted on paper via hand delivery to the Secretary's Office, two non-redacted copies have been submitted for hand delivery to Mr. Charles Tyler of the Telecommunications Access Policy Division, and a redacted copy has also been filed via the Electronic Comment Filing System.

If you have any questions, please do not hesitate to contact the undersigned.

Sincerely,

A handwritten signature in blue ink, appearing to read "Salvatore Taillefer, Jr.", with a stylized, cursive script.

Salvatore Taillefer, Jr.

Counsel to Wabash  
Telephone Cooperative, Inc.

CC:

Mr. Charles Tyler, Telecommunications Access Policy Division, Wireline Competition Bureau

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Federal Communications Commission  
445 12<sup>th</sup> Street, S.W.  
Washington, DC 20554

RE: Form 481 – Carrier Annual Reporting Data Collection, 2014  
WC Dockets No. 14-58, 10-90, and 11-42

Dear Ms. Dortch:

Pursuant to §0.457 and §0.459 of the Commission's rules, Wabash Telephone Cooperative, Inc. ("the Company"), by its attorneys, hereby requests that certain materials and information be withheld from public inspection. Specifically, the Company requests confidential treatment of the Five Year Service Quality Improvement Plan (the "Plan" or "confidential information") attached to its Form 481 filing.

In support of its request for confidential treatment and pursuant to the requirements under § 0.459(b) of the Commission's rules, the Company states the following:

1. *Identification of the specific information for which confidential treatment is sought.*

The Company seeks confidential treatment of the Five Year Service Quality Improvement Plan, attachment 341088IL112 to the Form 481 filing accompanying this letter, which contains sensitive financial information about the Company as well as information about the Company's projected network improvements and upgrades for voice and broadband services during the period from 2015 through 2019.

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

The documents are being submitted as part of the annual Eligible Telecommunications Carrier Report (Form 481) mandated by section 54.313 of the Commission's rules.

3. *Explanation of the degree to which the information is commercial or financial, or contains a trade secret or is privileged.*

The data described is highly confidential and sensitive commercial and financial information which constitutes trade secrets or sensitive commercial and financial information that "would customarily be guarded from competitors,"<sup>1</sup> and is therefore exempted from mandatory disclosure under FOIA Exemption 4 and Section 0.457(d) of the Commission's rules.<sup>2</sup>

4. *Explanation of the degree to which the information concerns a service that is subject to competition.*

The Plan relates to voice and broadband services provided by the Company that are subject to competition from competitive local exchange carriers, cable television system operators, electric power utilities, fixed and mobile wireless service providers, and/or satellite carriers.

5. *Explanation of how disclosure of the information could result in substantial competitive harm.*

Disclosure of the confidential information is likely to result in substantial competitive harm to the Company because the confidential information could provide competitors with commercially sensitive insights related to the Company's operations, service offerings, and costs.

6. *Identification of any measures taken by the submitting party to prevent unauthorized disclosure.*

The Company does not make the Five Year Service Quality Improvement Plan or any of the information contained therein publically available in any way, and further limits internal access to key employees subject to strict non-disclosure obligations.

7. *Identification of whether the information is available to the public and the extent of any previous disclosure of the information to third parties.*

The Company does not make the confidential information available to the public and it has not previously allowed disclosure of the confidential information to third parties that are not otherwise bound by confidentiality obligations.

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<sup>1</sup> *Id.* § 0.457(d)(2).

<sup>2</sup> 5 U.S.C. § 552(b)(4); 47 C.F.R. § 0.457(d).

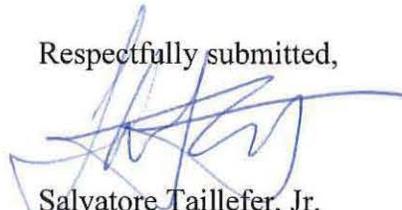
8. *Justification of the period during which the submitting party asserts that the material should not be available for public disclosure.*

The confidential information should be treated as confidential for an indefinite period, as the Company will always be subject to competition and the competitive harms associated with the disclosure of the confidential information.

In order to provide adequate protection from public disclosure, the Commission should strictly limit distribution of the confidential information within the Commission on a "need to know" basis and not allow any distribution outside of the Commission. In the event that any person or entity outside the Commission requests disclosure of the confidential information, the Company requests that it be so notified immediately so that it can oppose such request or take other action to safeguard its interests as it deems necessary.

Please direct any questions regarding this submission to the undersigned.

Respectfully submitted,

A handwritten signature in blue ink, appearing to read 'Salvatore Taillefer, Jr.', is written over the typed name.

Salvatore Taillefer, Jr.

Counsel for

Wabash Telephone Cooperative, Inc.

<010>	Study Area Code	341088
<015>	Study Area Name	WABASH TEL COOP, INC
<020>	Program Year	2015
<030>	Contact Name: Person USAC should contact with questions about this data	Cheryl Gaither
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6186653311 ext.
<039>	Contact Email Address: Email of the person identified in data line <030>	cherylga@wabash.net

<b>ANNUAL REPORTING FOR ALL CARRIERS</b>	54,313 Completion Required	54,422 Completion Required
--	----------------------------------	----------------------------------

			(check box when complete)	
<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>	<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)	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> (attach descriptive document)	<input 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)	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> (attach descriptive document)	<input 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		<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>	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> 341088IL610.pdf	(attach 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>	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> 341088IL610.pdf	(attach 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 type="checkbox"/>	<input checked="" type="checkbox"/>
<1000>	Voice Services Rate Comparability	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1010>	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> 341088IL1010.pdf	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1100>	Terrestrial Backhaul (Y/N)?	(if not, check to indicate certification)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<1110>		(complete attached worksheet)	<input 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**

<2000>	Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers	(check to indicate certification)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<2005>		(complete attached worksheet)	<input 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"/>
<3005>		(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

<b>(100) Service Quality Improvement Reporting Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	341088
<015>	Study Area Name	WABASH TEL COOP, INC
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Cheryl Gaither
<035>	Contact Telephone Number - Number of person identified in data line <030>	6186653311 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cherylga@wabash.net

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

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

<112>	Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.	<div style="border: 1px solid black; padding: 5px; min-height: 80px;"> <p style="font-size: small; margin: 0;">3410881112.pdf</p> </div>
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Name of Attached Document

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

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

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<b>(900) Tribal Lands Reporting Data Collection Form</b>	FCC Form 483 OMB Control No. 3060-0986/OMB Control No. 3050-0819 July 2013
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<010>	Study Area Code	341000
<015>	Study Area Name	WABASH TEL. COOP, INC
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Cheryl Gaither
<035>	Contact Telephone Number - Number of person identified in data line <030>	5185653311 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cheryl@wabash.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)

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REDACTED - FOR PUBLIC INSPECTION

<b>(1100) No Terrestrial Backhaul Reporting Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	341088
<015>	Study Area Name	WABASH TEL COOP, INC
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Cheryl Gaither
<035>	Contact Telephone Number - Number of person identified in data line <030>	6186653311 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cherylg@wabash.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)

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REDACTED - FOR PUBLIC INSPECTION

<b>(1200) Terms and Condition for Lifeline Customers</b>		FCC Form 481
Lifeline		OMB Control No. 3060-0986/OMB Control No. 3060-0819
Data Collection Form		July 2013

<010>	Study Area Code	341088
<015>	Study Area Name	WABASH TEL COOP, INC
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Cheryl Gaither
<035>	Contact Telephone Number - Number of person identified in data line <030>	618653311 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cherylga@wabash.net

341088TL1210.pdf

<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.

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<b>(2000) Price Cap Carrier Additional Documentation</b>	FCC Form 481
<b>Data Collection Form</b>	OMB Control No. 3060-0986/CMB Control No. 3060-0819
<i>Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers</i>	July 2013

<b>&lt;010&gt;</b>	Study Area Code	341088
<b>&lt;015&gt;</b>	Study Area Name	WABASH TEL COOP, INC
<b>&lt;020&gt;</b>	Program Year	2015
<b>&lt;030&gt;</b>	Contact Name - Person USAC should contact regarding this data	Cheryl Gaither
<b>&lt;035&gt;</b>	Contact Telephone Number - Number of person identified in data line <030>	6186653311 ext.
<b>&lt;039&gt;</b>	Contact Email Address - Email Address of person identified in data line <030>	cheryl@wabash.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.

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- 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

<b>3000 Rate Of Return Carrier Additional Documentation</b>		FCC Form 481
Data Collection Form		OMB Control No. 5067-0086, OMB Control No. 3000-0012
		JUN 2013

<010> Study Area Code	341088
<015> Study Area Name	WABASH TEL COOP, INC
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Cheryl Gaither
<035> Contact Telephone Number - Number of person identified in data line <030>	6186653311 ext.
<035> Contact Email Address - Email Address of person identified in data line <030>	cheryl@wabash.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)  Yes  No

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

(Yes/No)  Yes  No

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

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

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

(3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation

341088.IL3017.pdf

Name of Attached Document Listing Required Information

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

(Yes/No)  Yes  No

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

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

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

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

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

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

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

(3024) Underlying information subjected to an officer certification.

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

(3026) Attach the worksheet listing required information

Name of Attached Document Listing Required Information

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REDACTED - FOR PUBLIC INSPECTION

<b>Certification - Reporting Carrier</b>	FCC Form 481
<b>Data Collection Form</b>	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	341088
<015>	Study Area Name	WABASH TEL COOP, INC
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Cheryl Gaither
<035>	Contact Telephone Number - Number of person identified in data line <030>	6186653311 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cherylg@wabash.net

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

<b>Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients</b>	
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:	WABASH TEL COOP, INC
Signature of Authorized Officer:	CERTIFIED ONLINE <span style="float: right;">Date 07/01/2014</span>
Printed name of Authorized Officer:	Jeffery Williams
Title or position of Authorized Officer:	EVP/ General Manager
Telephone number of Authorized Officer:	6186653311 ext.
Study Area Code of Reporting Carrier:	341088 <span style="float: right;">Filing Due Date for this form: 07/01/2014</span>
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.	

<b>Certification - Agent / Carrier</b>	FCC Form 481
<b>Data Collection Form</b>	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010> Study Area Code	341088
<015> Study Area Name	WABASH TEL COOP, INC
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Cheryl Gaither
<035> Contact Telephone Number - Number of person identified in data line <030>	6186653311 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	cherylg@wabash.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: ext. _____	
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: ext. _____	
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

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WABASH TELEPHONE COOPERATIVE, INC.

LINE 112: RUS ANNUAL REPORTS

341088IL112

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**Certification of Compliance with Applicable Service Quality Standards and Consumer Protection Rules**

Wabash Telephone Cooperative, Inc complies with the service quality standards pursuant to Subpart A, Section 730.100 of Title 83, Chapter 1, Subchapter f of the Illinois Administrative Code. Subpart E of this section addresses "Standards of Quality of Service". Subpart A, Section 730.115 requires the quarterly reporting of various installation, repair and answer time data for Illinois Commerce Commission and public review.

Wabash Telephone Cooperative, Inc complies with the requirements of 47 CFR Part 64 Subpart U, Customer Proprietary Network Information and Subpart Y, Truth in Billing Requirements for Common Carrier, and Federal Trade Commission Red Flag rules to prevent identity theft. A manual for CPNI and Red Flags is in place and employee training is conducted annually. New hires are instructed on the programs as required by their job functions.

**Certification of Ability to Function in Emergency Situations**

Title 83 Illinois Administrative Code Section 730.325 requires an ETC to complying with provisions to meet emergencies including but not limited to the provision of emergency power. Each existing central office will contain a reserve battery supply of 5 hours where emergency power generators are not installed and 3 hours where they are in place.

Wabash Telephone Cooperative, Inc certifies that it has complied with these requirements and will continue to comply with these requirements.

Wabash Telephone Cooperative, Inc as well has implemented a redundant fiber optic ring allowing Wabash the ability to reroute traffic around damaged facilities from each of its exchanges.



<010> Study Area Code 341088  
 <015> Study Area Name WABASH TEL COOP, INC  
 <020> Program Year 2015  
 <030> Contact Name - Person USAC should contact regarding this data Cheryl Galtber  
 <035> Contact Telephone Number - Number of person identified in data line <030> 618653111 ext.  
 <039> Contact Email Address - Email Address of person identified in data line <030> cherylq@wabash.net

<a1>	<a2>	<b1>	<b2>	<c>	<d1>	<d2>	<d3>	<d4>
State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rates and Fees	Broadband Service Download Speed (Mbps)	Broadband Service Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached (select)
IL	Browns	35.0	0.0	35.0	1.5	0.375	9.999999999E10	Other, we currently do not have usage limits
IL	browns	55.0	0.0	55.0	3.0	0.5	9.999999999E10	Other, we currently do not have usage limits
IL	Louisville	35.0	0.0	35.0	1.5	0.375	9.999999999E10	Other, we currently do not have usage limits
IL	Louisville	55.0	0.0	55.0	3.0	0.5	9.999999999E10	Other, we currently do not have usage limits
IL	Louisville	75.0	0.0	75.0	6.0	1.5	9.999999999E10	Other, we currently do not have usage limits
IL	Louisville	100.0	0.0	100.0	10.0	1.5	9.999999999E10	Other, we currently do not have usage limits
IL	Louisville	180.0	0.0	180.0	20.0	2.0	9.999999999E10	Other, we currently do not have usage limits
IL	Cisne	35.0	0.0	35.0	1.5	0.375	9.999999999E10	Other, we currently do not have usage limits
IL	Cisne	55.0	0.0	55.0	3.0	0.5	9.999999999E10	Other, we currently do not have usage limits
IL	Xenia	35.0	0.0	35.0	1.5	0.375	9.999999999E10	Other, we currently do not have usage limits
IL	Xenia	55.0	0.0	55.0	3.0	0.5	9.999999999E10	Other, we currently do not have usage limits
IL	Bible Grove	35.0	0.0	35.0	1.5	0.375	9.999999999E10	Other, we currently do not have usage limits
IL	Bible Grove	55.0	0.0	55.0	3.0	0.5	9.999999999E10	Other, we currently do not have usage limits
IL	Bible Grove	75.0	0.0	75.0	6.0	1.5	9.999999999E10	Other, we currently do not have usage limits
IL	Bible Grove	100.0	0.0	100.0	10.0	1.5	9.999999999E10	Other, we currently do not have usage limits
IL	Bible Grove	180.0	0.0	180.0	20.0	2.0	9.999999999E10	Other, we currently do not have usage limits
IL	Orchardville	35.0	0.0	35.0	1.5	0.375	9.999999999E10	Other, we currently do not have usage limits
IL	Orchardville	55.0	0.0	55.0	3.0	0.5	9.999999999E10	Other, we currently do not have usage limits
IL	Mount Erie	35.0	0.0	35.0	1.5	0.375	9.999999999E10	Other, we currently do not have usage limits
IL	Mount Erie	55.0	0.0	55.0	3.0	0.5	9.999999999E10	Other, we currently do not have usage limits
IL	Geff	35.0	0.0	35.0	1.5	0.375	9.999999999E10	Other, we currently do not have usage limits

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**Voice Services Rate Comparability Information for WabashTelephone Cooperative**

As evidenced by the data provided on line 700 of FCC Form 481, the Company's voice service pricing is no more than 2 standard deviations above the national average urban rate (\$46.96) as announced by the Wireline Competition Bureau on March 20, 2014 (DA 14-384).



Wabash Telephone Cooperative, Inc

Lifeline Terms and Conditions

1. Lifeline Service includes the services and functionalities enumerated by the F.C.C. as follows: voice grade access to the public switched network; local usage; dual tone multi-frequency signaling or its functional equivalent; single-party service or its functional equivalent; access to operator services; access to interexchange service; access to directory assistance; and toll blocking for qualifying customers who request toll blocking.
2. The Company's voice lifeline plan includes unlimited local minutes of use within the same exchange and some neighboring Wabash Telephone Cooperative, Inc (WTCL) owned exchanges. The Company's voice lifeline plan does not include any free toll in its local calling plans.
3. Wabash Telephone Cooperative, Inc supports and follows the guidelines set forth by the FCC and the Illinois Commerce Commission (ICC). Individuals are eligible if they participate in one of the following programs:
  - a. Medicaid Program
  - b. Low-Income Home Energy Assistance Program (LIHEAP)
  - c. Supplemental Nutrition Assistance Program (Formerly Food Stamps)
  - d. Supplemental Security Income (SSI) Program
  - e. Federal Public Housing Assistance Program
  - f. Temporary Assistance for Needy Families (TANF)
  - g. National School Lunch Program, or
  - h. Household Income is at or below 135% of the federal poverty guidelines
4. WTCL will require a deposit from all customers with a proven history of late payments and all customers who are unable to establish credit.
5. WTCL offers the same local service option for all residential customers it serves. Those customers qualifying for the Lifeline program are not charged a Federal Universal Service Charge (FUSC), or Access Recovery Charge (ARC) due to qualifying for the Lifeline program. The Federal Communications Commission ("FCC") mandated federal credits of \$9.25 be applied towards qualified subscribers local telephone bill. The monthly charge for Lifeline service is \$17.36 plus the applicable county 911 charge.
6. Other services can be provided with the Lifeline Service at applicable rates and charges.

To get more information:

Call Wabash Telephone Cooperative's Business Office at 1-800-228-9824

Visit WTCL's Website at [www.wabashtelephone.coop](http://www.wabashtelephone.coop)

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