REDACTED – FOR PUBLIC INSPECTION

June 30, 2014

Via Electronic Filing

Marlene H. Dortch, Secretary
Federal Communications Commission
Office of the Secretary
445 12th Street, SW
Washington, DC 20554

Re: WC Docket No. 10-90, WC Docket No. 11-42
2014 ETC Annual Report of Clarence Telephone Company
Study Area Code 351130

Dear Secretary:

On behalf of Clarence Telephone Company ("Clarence"), we have attached for filing confidential and redacted versions of the FCC Form 481 ETC annual reporting information pursuant to 47 CFR 54.313 and 47 CFR 54.422 of the Commission's rules. Clarence seeks confidential treatment under the FCC's Protective Order for the information filed pursuant to Section 54.313(f)(2) of the Commission's regulations[1]. Clarence also seeks confidential treatment under the Commission's existing confidentiality rules at 47 CFR 0.457 and 47 CFR 0.459 for the information filed pursuant to Section 54.313(a)(1). The redacted version is also being filed this date via the FCC's Electronic Comment Filing System.

Sincerely,

/s/ *Leah Richter*
Telco Consultant
Phone: (605) 995-1793
Fax: (605) 995-1778
Leah.Richter@Vantagepnt.com

Enclosure(s)

cc: Mr. Curtis Eldred, Manager, Clarence Telephone Company
Mr. Charles Tyler, Telecommunications Access Policy Division

[1] *Connect America Fund et al.*, WC Docket No. 10-90 *et al.*, Protective Order, DA 12-1857 rel. Nov. 16, 2012 (Protective Order).

REDACTED - FOR PUBLIC INSPECTION

FCC Form 481 - Carrier Annual Reporting Data Collection Form

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

<010>	Study Area Code	351130
<015>	Study Area Name	CLARENCE TEL CO
<020>	Program Year	2015
<030>	Contact Name: Person USAC should contact with questions about this data	Curtis Eldred
<035>	Contact Telephone Number: Number of the person identified in data line <030>	5634523852 ext.
<039>	Contact Email Address: Email of the person identified in data line <030>	cpeldre@netins.net

ANNUAL REPORTING FOR ALL CARRIERS

			54.313 Completion Required	54.422 Completion Required
			(check box when complete)	
<100>	Service Quality Improvement Reporting	(complete attached worksheet)	✔	
<200>	Outage Reporting (voice)	(complete attached worksheet)	✔	✔
<210>	✔ <-- check box if no outages to report		✔	
<300>	Unfulfilled Service Requests (voice)	0		
<310>	Detail on Attempts (voice)	(attach descriptive document)		
<320>	Unfulfilled Service Requests (broadband)	0	✔	
<330>	Detail on Attempts (broadband)	(attach descriptive document)		
<400>	Number of Complaints per 1,000 customers (voice)			
<410>	Fixed	0.0	✔	✔
<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>	351130ia510.pdf	(attached descriptive document)	✔	✔
<600>	Functionality in Emergency Situations	(check to indicate certification)	✔	✔
<610>	351130ia610.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>	351130ia1010.pdf	(attach descriptive document)	✔	
<1100>	Terrestrial Backhaul (Y/N)? ● ○	(if not, check to indicate certification)		
<1110>		(complete attached worksheet)		
<1200>	Terms and Condition for Lifeline Customers	(complete attached worksheet)		✔

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

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

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

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

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

(100) Service Quality Improvement Reporting
Data Collection Form

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

<010>	Study Area Code	351130
<015>	Study Area Name	CLARENCE TEL CO
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Curtis Eldred
<035>	Contact Telephone Number - Number of person identified in data line <030>	5634523852 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cpeldre@netins.net

<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.

351130ia100.pdf

Name of Attached Document

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

<113>	Maps detailing progress towards meeting plan targets	☐
<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	351130
<015>	Study Area Name	CLARENCE TEL CO
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Curtis Eldred
<035>	Contact Telephone Number - Number of person identified in data line <030>	5634523852 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cpeldre@netins.net

<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

(700) Price Offerings including Voice Rate Data
Data Collection Form

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

<010>	Study Area Code	351130
<015>	Study Area Name	CLARENCE TEL CO
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Curtis Eldred
<035>	Contact Telephone Number - Number of person identified in data line <030>	5634523852 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cpeldre@netins.net

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

<703>

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

-- See attached worksheet --

(710) Broadband Price Offerings
Data Collection Form

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

<010>	Study Area Code	351130
<015>	Study Area Name	CLARENCE TEL CO
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Curtis Eldred
<035>	Contact Telephone Number - Number of person identified in data line <030>	5634523852 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cpeldre@netins.net

<711>

<a1>	<a2>	<b1>	<b2>	<c>	<d1>	<d2>	<d3>	<d4>
State	**Exchange (ILEC)**	**Residential Rate**	**State Regulated Fees**	**Total Rate and Fees**	**Broadband Service - Download Speed (Mbps)**	**Broadband Service - Upload Speed (Mbps)**	**Usage Allowance (GB)**	**Usage Allowance Action Taken When Limit Reached {*select*}**

-- See attached worksheet --

(800) Operating Companies
Data Collection Form

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

<010>	Study Area Code	351130
<015>	Study Area Name	CLARENCE TEL CO
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Curtis Eldred
<035>	Contact Telephone Number - Number of person identified in data line <030>	5634523852 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cpeldre@netins.net

<810>	Reporting Carrier	Clarence Telephone Company, Inc.
<811>	Holding Company	N/A
<812>	Operating Company	N/A

<813>

<a1>	<a2>	<a3>
Affiliates	**SAC**	**Doing Business As Company or Brand Designation**

-- See attached worksheet --

(900) Tribal Lands Reporting
Data Collection Form

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

<010>	Study Area Code	351130
<015>	Study Area Name	CLARENCE TEL CO
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Curtis Eldred
<035>	Contact Telephone Number - Number of person identified in data line <030>	5634523852 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cpeldre@netins.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:

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

(1100) No Terrestrial Backhaul Reporting Data Collection Form

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

<010>	Study Area Code	351130
<015>	Study Area Name	CLARENCE TEL CO
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Curtis Eldred
<035>	Contact Telephone Number - Number of person identified in data line <030>	5634523852 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cpeldre@netins.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	351130
<015>	Study Area Name	CLARENCE TEL CO
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Curtis Eldred
<035>	Contact Telephone Number - Number of person identified in data line <030>	5634523852 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cpeldre@netins.net

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

351130ia1210.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. ✔

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(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	351130
<015>	Study Area Name	CLARENCE TEL CO
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Curtis Eldred
<035>	Contact Telephone Number - Number of person identified in data line <030>	5634523852 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cpeldre@netins.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

REDACTED - FOR PUBLIC INSPECTION

(3000) Rate Of Return Carrier Additional Documentation

Data Collection Form

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

<010>	Study Area Code	351130
<015>	Study Area Name	CLARENCE TEL CO
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Curtis Eldred
<035>	Contact Telephone Number - Number of person identified in data line <030>	5634523852 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cpeldre@netins.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

351130ia3026.pdf

Name of Attached Document Listing Required Information

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

<010>	Study Area Code	351130
<015>	Study Area Name	CLARENCE TEL CO
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Curtis Eldred
<035>	Contact Telephone Number - Number of person identified in data line <030>	5634523852 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cpeldre@netins.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:

Signature of Authorized Officer: Date

Printed name of Authorized Officer:

Title or position of Authorized Officer:

Telephone number of Authorized Officer:

Study Area Code of Reporting Carrier: Filing Due Date for this form:

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification - Agent / Carrier
Data Collection Form

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

<010>	Study Area Code	351130
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<035>	Contact Telephone Number - Number of person identified in data line <030>	5634523852 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cpeldre@netins.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) Curtis Eldred **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: Curtis Eldred

Name of Reporting Carrier: CLARENCE TEL CO

Signature of Authorized Officer: CERTIFIED ONLINE Date: 07/01/2014

Printed name of Authorized Officer: Curtis Eldred

Title or position of Authorized Officer: Manager

Telephone number of Authorized Officer: 5634523852 ext.

Study Area Code of Reporting Carrier: 351130 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: CLARENCE TEL CO

Name of Authorized Agent or Employee of Agent: Leah Richter

Signature of Authorized Agent or Employee of Agent: CERTIFIED ONLINE Date: 07/01/2014

Printed name of Authorized Agent or Employee of Agent: Leah Richter

Title or position of Authorized Agent or Employee of Agent Telco Consultant

Telephone number of Authorized Agent or Employee of Agent: 6059951793 ext.

Study Area Code of Reporting Carrier: 351130 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.

Attachments

(700) Price Offerings including Voice Rate Data
Data Collection Form

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

<010>	Study Area Code	351130
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<030>	Contact Name - Person USAC should contact regarding this data	Curtis Eldred
<035>	Contact Telephone Number - Number of person identified in data line <030>	5634523852 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cpeldre@netins.net

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

<703>

<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<b4>	<b5>	<c>
State	**Exchange (ILEC)**	**SAC (CETC)**	**Rate Type**	**Residential Local Service Rate**	**State Subscriber Line Charge**	**State Universal Service Fee**	**Mandatory Extended Area Service Charge**	**Total per line Rates and Fees**
IA	Clarence		FR	15.95	0.0	0.0	0.0	15.95

(710) Broadband Price Offerings
Data Collection Form

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

<010>	Study Area Code	351130
<015>	Study Area Name	CLARENCE TEL CO
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<035>	Contact Telephone Number - Number of person identified in data line <030>	5634523852 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cpeldre@netins.net

<711>

<a1> State	<a2> Exchange (ILEC)	<b1> Residential Rate	<b2> State Regulated Fees	<c> Total Rates and Fees	<d1> Broadband Service - Download Speed (Mbps)	<d2> Broadband Service -Upload Speed (Mbps)	<d3> Usage Allowance (GB)	<d4> Usage Allowance Action Taken When Limit Reached {select}
IA	Clarence	43.95	0.0	43.95	5.0	2.0	100.0	Other, The service is unlimited
IA	Clarence	63.0	0.0	63.0	10.0	2.0	100.0	Other, The service is unlimited
IA	Clarence	91.95	0.0	91.95	15.0	2.0	100.0	Other, The service is unlimited

(800) Operating Companies
Data Collection Form

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

<010>	Study Area Code	351130
<015>	Study Area Name	CLARENCE TEL CO
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<039>	Contact Email Address - Email Address of person identified in data line <030>	cpeldre@netins.net

<810>	Reporting Carrier	Clarence Telephone Company, Inc.
<811>	Holding Company	N/A
<812>	Operating Company	N/A

<813>

<a1>	<a2>	<a3>
Affiliates	**SAC**	**Doing Business As Company or Brand Designation**
Cedar County PCS, LLC	359046	
Cedar Communications, LLC		

REDACTED - FOR PUBLIC INSPECTION

CLARENCE TELEPHONE COMPANY (SAC 351130)

ATTACHMENT LINE 100

ATTACHMENT REDACTED IN ENTIRETY

Attachment Line 510

CERTIFICATION OF CLARENCE TELEPHONE COMPANY, INC.

Reporting Period January 1 – December 31, 2013

Sec. 54.313(a)(5) Service Quality Standards and Consumer Protection Rules Compliance

Pursuant to § 54.313(a)(5) for High-cost Recipients, Carrier hereby certifies that it is in compliance with applicable service quality standards and consumer protection rules.

Carrier completes installation requests and responds to service orders from existing and new locations within 2 business days of the request. Carrier provides bill notification 30 days in advance of any customer rate changes. Carrier provides notice to customers of their billing practices through their terms and conditions located on their Carrier's website and in their retail office. An annual Lifeline Notice is also printed in the local newspaper annually. Carrier's procedures for receiving emergency calls during non-business hours include having a technician on call 24 hours a day, 7 days a week. Any after hour calls are directed to a voicemail which is sent via wave file to the technician on call. The technician then responds to all service related calls.

Carrier follows Customer Proprietary Network Information (CPNI) rules and also files the annual CPNI certification with the FCC pursuant to the FCC's current CPNI rules and regulations. Attached is an annual notice to customers on matters related to customer privacy. Carrier has also implemented an Identity Theft Prevention Program in accordance with the federal Red Flags Rule.

I verify that the foregoing is true and correct. Executed on June 26, 2014.

/s/Curtis Eldred

Curtis Eldred, Manager, Clarence Telephone Company, Inc.

SAC: 351130

Attachment Line 610

CERTIFICATION OF CLARENCE TELEPHONE COMPANY, INC.

Reporting Period January 1 – December 31, 2013

Sec. 54.313(a)(6) Service Quality Standards and Consumer Protection Rules Compliance

Pursuant to § 54.313(a)(6) for High-cost Recipients, Carrier hereby certifies that it is able to function in emergency situations as set forth in § 54.202(a)(2). Carrier is able to remain functional in an emergency situation through the use of back-up power to ensure functionality without an external power source. Carrier has backup battery (or equivalent power) reserve in it central office, which enables it to maintain a minimum of two hours of backup power to ensure functionality without an external power source if external power is lost. Carrier's network is engineered to handle reasonable excess traffic in the event of traffic spikes resulting from emergency situations. Carrier has redundancy in its network for use in re-routing traffic when facilities are damaged.

I verify that the foregoing is true and correct. Executed on June 26, 2014.

/s/Curtis Eldred

Curtis Eldred, Manager, Clarence Telephone Company, Inc.

SAC: 351130

Attachment Line 1010

CERTIFICATION OF CLARENCE TELEPHONE COMPANY, INC.

Reporting Period January 1 – December 31, 2013

47 CFR 54.313(a)(10) - Voice Services Rate Comparability

Pursuant to 47 CFR 54.313(a)(10) for High-cost Recipients, Carrier hereby certifies that the pricing of Carrier's voice services is no more than two standard deviations above the applicable national average urban rate for voice service, as specified in the most recent public notice issued by the Wireline Competition Bureau and Wireless Telecommunications Bureau.

On March 20, 2014, the WCB announced that the average local end-user rate plus state regulated fees of the surveyed incumbent LECs in urban areas is $20.46. This was also published in the FCC's Report and Order, Declaratory Ruling, Order, Memorandum Opinion and Order, Seventh Order on Reconsideration, and Further Notice of Proposed Rulemaking Adopted April 23, 2014 and Released June 10, 2014. Carrier's voice service rates are less than two standard deviations in relation to the applicable 2014 national average urban rate as established by the WCB.

I verify that the foregoing is true and correct. Executed on June 26, 2014.

/s/Curtis Eldred

Curtis Eldred, Manager, Clarence Telephone Company, Inc.

SAC: 351130

Attachment Line 1210

(1200) Terms and Conditions for Lifeline Program Consumers

Study Area Code: 351130

Study Area Name: Clarence Telephone Company, Inc.

Clarence Telephone Company, Inc. publishes Lifeline Information on their website, in their phone directory, advertises in the local newspapers and also publishes information within their yearly newsletter.

Clarence Telephone Company, Inc.'s Rates and Pricing http://www.clarencetelinc.com/#

Low-Income Telephone Assistance Program

Lifeline

Lifeline is a plan that assists qualified low-income Iowans by providing a monthly reduction of $9.25 on their local telephone bill.

You may only receive low-income assistance from one wireline or wireless telephone provider per household.*

NOTE:
A "Household" is defined as any individual or group of individuals who are living together at the same address as one economic unit. An "economic unit" consists of all adult individuals contributing to and sharing in the income and expenses of a household.

Eligibility Requirements

To be eligible for Lifeline assistance, you must meet income-based criterion currently defined as at or below 135 % of the Federal Poverty Guidelines (see table inside) OR participate in at least one of the following programs:

- Medicaid
- Supplemental Nutrition Assistance Program (SNAP)
- Supplemental Security Income (SSI)
- Federal Public Housing Assistance
- Low-Income Home Energy Assistance Program (LIHEAP)
- Temporary Assistance to Needy Families Program (TANF)
- National School Lunch Program (NSL)

In addition, you must not currently be receiving Lifeline assistance, and no other person in your household can be subscribed to the Lifeline program.

To Apply for Lifeline:

1. Complete the certification form attached to this brochure, (please include any supporting documents) and submit it to your local telecommunications provider's business office. This address can be found in your local telephone directory.

2. Apply when becoming certified for LIHEAP Assistance.

3. Re-certification forms are mailed to all subscribers every year. When you receive a re-certification form, complete and return it to your local telecommunications provider within 30 days. Your telecommunications provider will suspend your eligibility for low- income assistance if you do not return the re-certification form.

Federal Government Lifeline Program for Low-Income Telephone Assistance

Revised: June 2012

Courtesy of:
Iowa Telecommunications Association,
Iowa Utilities Board,
Rural Iowa Independent Telephone Association, and
your Local Telephone Company
Company Name _____

135 percent of federal poverty guidelines

(As of May 2012)

Number of people Living in Home	Household Income (at or below)
1	$15,080
2	$20,426
3	$25,772
4	$31,118
5	$36,464
6	$41,810
7	$47,156
8	$52,502
* For each additional Person	Add $5,346

Application Checklist

Please provide the following information:

1. A signed and completed Lifeline assistance certification form.

2. A copy of one of the following if applying based on the size and income level of a customer's household:

- Last year's federal or state income tax return
- Current annual income statement from employer
- Paycheck stubs for most recent three consecutive months
- Social Security statement of benefits
- Veteran's Administration statement of benefits
- Retirement or pension statement of benefits
- Unemployment or worker's compensation statement of benefits
- Letter of participation in general assistance
- Divorce decree or child support documentation

3. Supporting documentation of program-based eligibility if applying based on participation in any programs listed on the back of this brochure, if requested by your telecommunications provider.

Acceptable documentation of program eligibility includes the current or prior year's statement of benefits from a qualifying assistance program, a notice, letter or documents of participation in a qualifying assistance program, or another official document demonstrating that you, or one or more of your dependents, or your household receives benefits from a qualifying assistance program.

These documents will not be kept or stored by the local telecommunications provider.

For questions, please call your local telecommunications provider.

Company Name: _____

Iowa Lifeline Assistance Certification Form

The information on this application is strictly confidential and will only be used to assess your eligibility for Lifeline Assistance. Any documentation received will not be kept, shared or stored.

(Please print)

Name: _____

(Last) (First) Middle)

Residential Address: (may not be a P.O. Box) _____

(Street) (City) (State) (Zip)

Check one below:

Permanent Address Temporary Address (must verity address every 90 days)

Billing Address (if different than Residential Address): _____

(Street) (City) (State) (Zip)

Telephone, number or existing account number:

Date of Birth:(mm/dd/yyyy)_____**Last 4 digits of Social Security #:**_____

Please answer the following questions:

1. Are you currently participating in any of the following programs? *(Check & attach documentation for all that apply)*

- ☐ Medicaid (e.g. Title XIX/Medical, State Supplemental Assistance)
- ☐ Supplemental Nutrition Assistance
- ☐ Supplemental Security Income (SSI)
- ☐ Federal Public Housing Assistance Section 8
- ☐ Low-Income Home Energy Assistance Program (LIHEAP)
- ☐ Temporary Assistance to Needy Families Program (TANF)
- ☐ National School Lunch Program (NSL) Free Lunch Program; OR

2. Is your income at or below 135 percent of the Federal Poverty Guidelines?

_____Yes _____No (**Proof of income is required)*,

If yes, how many persons are in your household?_____

3. Are you or anyone else in your household currently receiving any low-income assistance from any other wireline or wireless telephone provider?

_____Yes _____No

**NOTE: Any documentation received with the certification form will not be kept or stored by the local telecommunications provider.*

By signing below, I certify under penalty of perjury the information contained within this certification form is true and correct to the best of my knowledge:

- I have read the information on this certification form and understand that I must meet the qualifications listed on this form to receive assistance from this program.
- I understand that I must be a part of the household in which Lifeline-supported service is provided.
- I understand that willfully providing false or fraudulent Information to receive a Lifeline benefit is punishable by law.
- I understand that Lifeline is a government benefit program and willfully making false statements in order to obtain that benefit can be punished by fine or imprisonment, or that I can be barred from the program.
- I agree to provide documentation of my eligibility, when required to do so.
- By participating in this government program, I agree to provide my personal information to the national database. I understand that failure to comply will deny me the Lifeline benefit
- I certify that my household is receiving no more than one Lifeline-supported service and understand that violation of this requirement will result in de-enrollment from the program and could result in criminal prosecution.
- I understand that I may not transfer my service to any other individual.
- I acknowledge that I may be required to re-certify my eligibility for Lifeline at any time and failure to re-certify my continued eligibility will result in de-enrollment and termination of Lifeline benefits.
- I understand that I must notify my telecommunications provider within 30 days if I no longer quality for Lifeline service and may be subject to penalties if I fail to do so.
- If I move to a new address, I agree to provide my new address to my telephone provider within 30 days.
- I understand completion of this certification form does not constitute immediate acceptance into this program.

Signature: _____ Date: _____

Prompt return of this certification form to your local telephone provider is necessary to ensure proper credits to your account Certified low-income telephone assistance subscribers will receive a re-certification form annually from their local telecommunications provider and must return that form to their telecommunications provider <u>within 30 days to ensure the continuation of assistance benefits.</u>

SERVICE PROVIDER USE ONLY

Telephone # Associated with Lifeline service: _____

Initiation Date: _____ De-enrollment Date: _____

Type of documentation Reviewed: ○ Award Letter ○ Voucher ○ Benefits card ○ Income Statement ○ Other

Identifying Information of Document Submitted: _____

Documentation Expiration date (if applicable): _____

Name on Documentation (if different from name of applicant): _____

Method documentation was provided: ○ in Person ○ Fax ○ Mail ○ Electronically

Reviewed by: _____ Date Reviewed: _____

Eligibility documentation destroyed by: _____ Date destroyed: _____

REDACTED - FOR PUBLIC INSPECTION

CLARENCE TELEPHONE COMPANY (SAC 351130)

ATTACHMENT LINE 3026

ATTACHMENT REDACTED IN ENTIRETY