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FCC Mail Room

REDACTED – FOR PUBLIC INSPECTION

June 30, 2014

Via Electronic Comment Filing System (ECFS)

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

RE: WC Docket Nos. 10-90 and 11-42: Form 481 – Annual reporting Requirements for High Cost and Low Income Recipients

Pursuant to Section 54.313 and 54.422 of the Federal Communications Commission's rules[1], enclosed is a redacted version of Form 481 Annual reporting Requirements and Certifications for Cooperative Telephone Exchange, Study Area Code 351303. As further required by Sections 54.313(i) and 54.422(c), a copy has been timely filed with the Universal Service Administrative Company and the applicable state regulatory commission.

Please contact the undersigned with any questions regarding this filing.

Sincerely,

/s/ Dean Uher

Dean Uher
FARR Technologies, Director of Regulatory Affairs
(605) 630-3577
Dean.Uher@FARRTechnologies.com

Enclosures:

No. of Copies rec'd 0+1
List ABCDE

[1] 47 C.F.R. §§ 54.313, 54.422

520 Pierce Street
Suite 369
Sioux City, IA 51101

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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

Received & Inspected

JUL - 1 2014

FCC Mail Room

<010>	Study Area Code	351303
<015>	Study Area Name	COOP TEL EXCHANGE
<020>	Program Year	2015
<030>	Contact Name: Person USAC should contact with questions about this data	Dean Uher
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6056303577 ext.
<039>	Contact Email Address: Email of the person identified in data line <030>	dean.uher@farrtechnologies.com

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> 351303ia510.pdf	(attached descriptive document)	✔	✔
<600> Functionality in Emergency Situations	(check to indicate certification)	✔	✔
<610> 351303ia610.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> 351303ia1010.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	351303
<015>	Study Area Name	COOP TEL EXCHANGE
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Dean Uher
<035>	Contact Telephone Number - Number of person identified in data line <030>	6056303577 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	dean.uher@farrtechnologies.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.

3513031a112.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	351303
<015>	Study Area Name	COOP TEL EXCHANGE
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<030>	Contact Name - Person USAC should contact regarding this data	Dean Uher
<035>	Contact Telephone Number - Number of person identified in data line <030>	6056303577 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	dean.uher@farrtechnologies.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

(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	351303
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<035>	Contact Telephone Number - Number of person identified in data line <030>	6056303577 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	dean.uher@farrtechnologies.com

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

<703>

<a1> State	<a2> Exchange (ILEC)	<a3> SAC (CETC)	<b1> Rate Type	<b2> Residential Local Service Rate	<b3> State Subscriber Line Charge	<b4> State Universal Service Fee	<b5> Mandatory Extended Area Service Charge	<c> 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	351303
<015>	Study Area Name	COOP TEL EXCHANGE
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Dean Uher
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<039>	Contact Email Address - Email Address of person identified in data line <030>	dean.uher@farrtechnologies.com

<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	351303
<015>	Study Area Name	COOP TEL EXCHANGE
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Dean Uher
<035>	Contact Telephone Number - Number of person identified in data line <030>	6056303577 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	dean.uher@farrtechnologies.com

<810>	Reporting Carrier	Cooperative Telephone Exchange
<811>	Holding Company	
<812>	Operating Company	

<813>

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

(900) Tribal Lands Reporting Data Collection Form

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

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<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Dean Uher
<035>	Contact Telephone Number - Number of person identified in data line <030>	6056303577 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	dean.uher@farrtechnologies.com

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

<920> Tribal Government Engagement Obligation

Name of Attached Document

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

		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	351303
<015>	Study Area Name	COOP TEL EXCHANGE
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Dean Uher
<035>	Contact Telephone Number - Number of person identified in data line <030>	6056303577 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	dean.uher@farrtechnologies.com

<1120> Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G) ☐

<1130> Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G) ☐

(1200) Terms and Condition for Lifeline Customers
Lifeline
Data Collection Form

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

<010>	Study Area Code	351303
<015>	Study Area Name	COOP TEL EXCHANGE
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Dean Uher
<035>	Contact Telephone Number - Number of person identified in data line <030>	6056303577 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	dean.uher@farrtechnologies.com

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

3513031a1210.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. ☑

(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	351303
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<035>	Contact Telephone Number - Number of person identified in data line <030>	6056303577 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	dean.uher@farrtechnologies.com

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

Incremental Connect America Phase I reporting

<2010> 2nd Year Certification (47 CFR § 54.313(b)(1)) ☐

<2011> 3rd Year Certification (47 CFR § 54.313(b)(2)) ☐

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

<2012> 2013 Frozen Support Certification ☐

<2013> 2014 Frozen Support Certification ☐

<2014> 2015 Frozen Support Certification ☐

<2015> 2016 and future Frozen Support Certification ☐

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

<2016> Certification Support Used to Build Broadband ☐

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

<2017> 3rd year Broadband Service Certification ☐

<2018> 5th year Broadband Service Certification ☐

<2019> Interim Progress Certification ☐

<2020> Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. ☐

<2021> Interim Progress Community Anchor Institutions

Name of Attached Document Listing Required Information

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(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	351303
<015>	Study Area Name	COOP TEL EXCHANGE
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<035>	Contact Telephone Number - Number of person identified in data line <030>	6056303577 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	dean.uher@farrtechnologies.com

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

(3010) **Progress Report on 5 Year Plan**
Milestone Certification {47 CFR § 54.313(f)(1)(i)}

Name of Attached Document Listing Required Information

(3011) Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. ☐

(3012) Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}

Name of Attached Document Listing Required Information

(3013) Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)} (Yes/No) ◉ ○

(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

351303ia3017.pdf

Name of Attached Document Listing Required Information

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

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

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

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

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

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

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

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

(3024) Underlying information subjected to an officer certification. ☐

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

(3026) Attach the worksheet listing required information

Name of Attached Document Listing Required Information

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

<010>	Study Area Code	351303
<015>	Study Area Name	COOP TEL EXCHANGE
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Dean Uher
<035>	Contact Telephone Number - Number of person identified in data line <030>	6056303577 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	dean.uher@farrtechnologies.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.

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	351303
<015>	Study Area Name	COOP TEL EXCHANGE
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Dean Uher
<035>	Contact Telephone Number - Number of person identified in data line <030>	6056303577 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	dean.uher@farrtechnologies.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) Dean Uher **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: Dean Uher

Name of Reporting Carrier: COOP TEL EXCHANGE

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

Printed name of Authorized Officer: Marvin Ness

Title or position of Authorized Officer: President, Board of Directors

Telephone number of Authorized Officer: 5158263206 ext.

Study Area Code of Reporting Carrier: 351303 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: COOP TEL EXCHANGE

Name of Authorized Agent or Employee of Agent: Dean Uher

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

Printed name of Authorized Agent or Employee of Agent: Dean Uher

Title or position of Authorized Agent or Employee of Agent Consultant

Telephone number of Authorized Agent or Employee of Agent: 6056303577 ext.

Study Area Code of Reporting Carrier: 351303 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

REDACTED – FOR PUBLIC INSPECTION

ATTACHMENT – LINE 112

ATTACHMENT REDACTED IN ENTIRETY

Cooperative Telephone Exchange
SAC: 351303
State: Iowa

Form 481
Line 510: Certification of Compliance with Applicable Service Quality Standards and Consumer Protection Rules

Iowa Administrative Code §199-22.6 requires an ETC to certify in its annual report that it is complying with applicable service quality standards and consumer protection rules. The ETC will measure its service connection, held order, and service interruption performance monthly according to this section.

Cooperative Telephone Exchange certifies that it has complied with these requirements and will continue to comply with these requirements. Additionally, Cooperative Telephone Exchange is in compliance with Federal CPNI rules, Red Flag rules, and other Federal and State requirements governing the protection of Customer's privacy.

Cooperative Telephone Exchange
SAC: 351303
State: Iowa

Form 481
Line 610: Functionality in Emergency Situations

Iowa Administrative Code §199-22.6(5) requires an ETC to certify in its annual report that it is complying with provisions to meet emergencies including but not limited to the provision of emergency power. Each central office shall contain a minimum of two hours of battery reserve and for offices without permanently installed emergency power facilities, there shall be access to a mobile power unit with enough capacity to carry the load which can be delivered on reasonably short notice and readily connected.

Cooperative Telephone Exchange certifies that it has complied with these requirements and the requirements set forth in of §54.202(a)(2) of the commission's rules to provide service in emergency situations.

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(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	351303
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<039>	Contact Email Address - Email Address of person identified in data line <030>	dean.uher@farrtechnologies.com

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

<703>

<a1> State	<a2> Exchange (ILEC)	<a3> SAC (CETC)	<b1> Rate Type	<b2> Residential Local Service Rate	<b3> State Subscriber Line Charge	<b4> State Universal Service Fee	<b5> Mandatory Extended Area Service Charge	<c> Total per line Rates and Fees
IA	Kamrar		FR	15.0	0.0	0.0	0.0	15.0
IA	Stanhope		FR	14.0	0.0	0.0	0.0	14.0

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(710) Broadband Price Offerings
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
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<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	All	45.0	0.0	45.0	4.0	4.0	0.0	Other, Unlimited
IA	All	85.0	0.0	85.0	10.0	10.0	0.0	Other, Unlimited
IA	All	125.0	0.0	125.0	25.0	25.0	0.0	Other, Unlimited

Cooperative Telephone Exchange
SAC: 351303
State: Iowa

Form 481
Line 1010: Voice Services Rate Comparability Report

Pursuant to 47 C.F.R. § 54.313(a)(10) Cooperative Telephone Exchange (CTE) is in compliance with the requirement that voice service rate is no more than two standard deviations above the national average urban rate for voice service of $46.96 as specified in Public Notice DA 14-384 issued on March 20, 2014. CTE's highest residential voice service rate of $15.00 is less than the national average urban rate benchmark.

Cooperative Telephone Exchange
SAC: 351303
State: Iowa

Form 481
Line 1210: Lifeline Plans Terms and Conditions

RECEIVED
May 9, 2012
TF-2012-0240

SERVICE CHARGES

A. LIFELINE ASSISTANCE

1. The Federal Lifeline Assistance Program is a plan which assists qualified low-income applicants with reductions in their monthly local exchange service rate. The assistance applies for a single telephone line at the applicant's principal place of residence. Qualified applicants shall have their monthly local exchange service rate reduced by the federal support amount defined in 47 CFR 54.403.

2. Eligibility Requirements
To be eligible for assistance, an applicant must provide documentation showing the applicant (1) meets income-based criterion currently defined as at or below 135 percent of the Federal Poverty Guidelines, OR (2) participates in at least one of the following programs as defined by 47 CFR 54.409:

   a. Medicaid (e.g. Title XIX/Medical, state supplemental assistance)
   b. Supplemental Nutrition Assistance Program (SNAP)
   c. Supplemental Security Income (SSI)
   d. Federal public housing assistance
   e. Low-Income Home Energy Assistance Program (LHEAP)
   f. Temporary Assistance for Needy Families Program (TANF)
   g. National School Lunch Program

   The Lifeline customer is responsible for notifying the Company within 30 days if the customer ceases to participate in any of the public assistance programs listed above.

   A Lifeline customer may only receive assistance from one wireline or one wireless provider per household.

3. Application for Assistance

   An applicant shall request telephone assistance through completion of a certification form provided by the Company as governed by 47 CFR 54.410.

4. Rates

   a. The Lifeline customer will receive a monthly credit toward the customer's residential local exchange service rate. The total monthly credit identified in 47 CFR 54.403 shall be used to reduce the Lifeline customer's rate.

   b. Toll blocking shall be included with this service offering without charge. No service deposit would be required if applicant voluntarily elects toll blocking with the initiation of Lifeline Service.

ISSUED: May 9, 2012 EFFECTIVE: June 1, 2012
Date Date

BY: Roger Anderson Manager Stanhope, IA 50246
Name Title Address

REDACTED - FOR PUBLIC INSPECTION

Iowa Utilities Board

Proposed ETC Certification Reporting Form
Quality of Service Reporting due July 1, 2014
Reporting Period January 1 - December 31, 2013

USAC Study Area Code: 351303
Date: June 27, 2014

Company Name: Cooperative Telephone Exchange Address: 425 Parker Street P.O. Box 95, Stanhope, Iowa 50246
Contact Person: Roger F. Anderson Telephone: 515-826-3206 Fax: 515-826-3200
E-Mail: cooptelx@netins.net

Local Usage – 199 IAC 39.5(1). The amount of minutes of service provided each month, without any additional charge, as part of the ETC-eligible service. Each ETC shall include a description of its rate plans; a definition of the calling area associated with the plans; an explanation of bundling of local and long distance services; an explanation of free calls to government agencies or other entities; and an explanation of other issues related to the rates and terms of the plans. (Attach additional sheets as needed).

Description of Rate Plans: To add additional rows to the table, press the tab key when in the bottom right table cell.

Service Plan Name	Minutes of Service	Calling Area for service Plan	Services Included in Service Plan	Free calling Information Included in the Service Plan	Other Issues Related to the Rates and Terms of the Service Plan
Stanhope COL	43,200	Kamrar, Stanhope, Stratford	Local, E911	811, 711, 511, 211	$14.00 Monthly Service Fee
Kamrar COL	43,200	Kamrar, Stanhope, Webster City	Local, E911	811, 711, 511, 211	$15.00 Monthly Service Fee

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ATTACHMENT – LINE 3017

ATTACHMENT REDACTED IN ENTIRETY