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P.O. BOX 96
 MONTGOMERY,
 ALABAMA
 36101-0096

June 30, 2014

Received & Inspected

JUL 01 2014

FCC Mail Room

200 COMMERCE
 STREET
 MONTGOMERY,
 ALABAMA
 36104-2591

VIA OVERNIGHT DELIVERY

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

Alabama
 Montgomery
 Dothan
 Prattville
 Tallahassee
 Wetumpka
 Mississippi
 Ridgeland
 Tennessee
 Murfreesboro

RE: Hayneville Fiber Transport, Inc.'s filing as required by 47 C.F.R. §§ 54.313 and 54.422

Dear Ms. Dortch:

In conjunction with the annual reporting requirements of 47 C.F.R. §§ 54.313 and 54.422, Hayneville Fiber Transport, Inc., rate a CETC and a recipient of high cost support, respectfully submits the enclosed Form 481 and attachments, as electronically filed via the USAC online filing system.

Questions regarding this matter should be addressed to me at 334.240.3684.

Sincerely,

Jackson Thornton


 Rich Compton

No. of Copies rec'd 0
 List ABCDE

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 DANIEL R. THOMPSON

**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	259008
<015> Study Area Name	HAYNEVILLE FIBER TRANSPORT, INC.
<020> Program Year	2015
<030> Contact Name: Person USAC should contact with questions about this data	Evelyn Causey
<035> Contact Telephone Number: Number of the person identified in data line <030>	3343713000 ext.
<039> Contact Email Address: Email of the person identified in data line <030>	ecausey@htcnet.net

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

			(check box when complete)	
<100> Service Quality Improvement Reporting	(complete attached worksheet)		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<200> Outage Reporting (voice)	(complete attached worksheet)		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<210> <input checked="" type="checkbox"/> <-- check box if no outages to report			<input type="checkbox"/>	<input checked="" type="checkbox"/>
<300> Unfulfilled Service Requests (voice)			<input type="checkbox"/>	<input checked="" type="checkbox"/>
<310> Detail on Attempts (voice)	(attach descriptive document)		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<320> Unfulfilled Service Requests (broadband)			<input type="checkbox"/>	<input checked="" type="checkbox"/>
<330> Detail on Attempts (broadband)	(attach descriptive document)		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<400> Number of Complaints per 1,000 customers (voice)			<input type="checkbox"/>	<input checked="" type="checkbox"/>
<410> Fixed	0.0		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<420> Mobile	0.0		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<430> Number of Complaints per 1,000 customers (broadband)			<input type="checkbox"/>	<input checked="" type="checkbox"/>
<440> Fixed			<input type="checkbox"/>	<input checked="" type="checkbox"/>
<450> Mobile			<input type="checkbox"/>	<input checked="" type="checkbox"/>
<500> Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<510> 259008a1510.pdf	(attached descriptive document)		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<600> Functionality in Emergency Situations	(check to indicate certification)		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<610> 259008a1610.pdf	(attached descriptive document)		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<700> Company Price Offerings (voice)	(complete attached worksheet)		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<710> Company Price Offerings (broadband)	(complete attached worksheet)		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<800> Operating Companies and Affiliates	(complete attached worksheet)		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<900> Tribal Land Offerings (Y/N)?	(if yes, complete attached worksheet)	<input type="radio"/> <input type="radio"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<1000> Voice Services Rate Comparability	(check to indicate certification)		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<1010>	(attach descriptive document)		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<1100> Terrestrial Backhaul (Y/N)?	(if not, check to indicate certification)	<input type="radio"/> <input type="radio"/>	<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 type="checkbox"/>	<input checked="" type="checkbox"/>

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

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

<2000>	(check to indicate certification)	<input 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 type="checkbox"/>	<input checked="" type="checkbox"/>
<3005>	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

(100) Service Quality Improvement Reporting Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	259008
<015> Study Area Name	HAYNEVILLE FIBER TRANSPORT, INC.
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Evelyn Causey
<035> Contact Telephone Number - Number of person identified in data line <030>	3343713000 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	ecausey@htcnet.net

<110> Has your company received its ETC certification from the FCC?	(yes / no) <input type="radio"/> <input type="radio"/>
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) <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.

Name of Attached Document

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

- <113> Maps detailing progress towards meeting plan targets
- <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.

(1100) No Terrestrial Backhaul Reporting Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	259008
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<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Evelyn Causey
<035>	Contact Telephone Number - Number of person identified in data line <030>	3343713000 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	ecausey@htcnet.net

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

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

(1200) Terms and Condition for Lifeline Customers Lifeline Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	259008
<015>	Study Area Name	HAYNEVILLE FIBER TRANSPORT, INC.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Evelyn Causey
<035>	Contact Telephone Number - Number of person identified in data line <030>	3343713000 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	ecausey@htcnet.net

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

<1220> Link to Public Website

HTTP <http://www.camelliacom.com/services/lifeline.html>

"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	259008
<015>	Study Area Name	HAYNEVILLE FIBER TRANSPORT, INC.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Evelyn Causey
<035>	Contact Telephone Number - Number of person identified in data line <030>	3343713000 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	ecausey@htcnet.net

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

Incremental Connect America Phase I reporting

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

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

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

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

- <2016> Certification Support Used to Build Broadband

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

- <2017> 3rd year Broadband Service Certification
- <2018> 5th year Broadband Service Certification
- <2019> Interim Progress Certification

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

<2021> Interim Progress Community Anchor Institutions

Name of Attached Document Listing Required Information

(3000) Rate Of Return Carrier Additional Documentation	FCC Form 481
Data Collection Form	OMB Control No. 3060-0906/OMB Control No. 3060-0819
	July 2013

<010> Study Area Code	259008
<015> Study Area Name	HAYNEVILLE FIBER TRANSPORT, INC.
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Evelyn Causey
<035> Contact Telephone Number - Number of person identified in data line <030>	3343713000 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	ecausey@htcnet.net

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

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

Name of Attached Document Listing Required Information

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

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

Name of Attached Document Listing Required Information

(3013) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2)) Yes No

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

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

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

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

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

Name of Attached Document Listing Required Information

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

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

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

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

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

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

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

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

(3024) Underlying information subjected to an officer certification.

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

(3026) Attach the worksheet listing required information

Name of Attached Document Listing Required Information

Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	259008
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<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Evelyn Causey
<035>	Contact Telephone Number - Number of person identified in data line <030>	3343713000 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	ecausey@htcnet.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
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<010> Study Area Code	259008
<015> Study Area Name	HAYNEVILLE FIBER TRANSPORT, INC.
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Evelyn Causey
<035> Contact Telephone Number - Number of person identified in data line <030>	3343713000 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	ecausey@htcnet.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) <u>Evelyn Causey</u> 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:	Evelyn Causey
Name of Reporting Carrier:	HAYNEVILLE FIBER TRANSPORT, INC.
Signature of Authorized Officer:	CERTIFIED ONLINE Date: 06/30/2014
Printed name of Authorized Officer:	Evelyn Causey
Title or position of Authorized Officer:	COO
Telephone number of Authorized Officer:	3343713008 ext.
Study Area Code of Reporting Carrier:	259008 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:	HAYNEVILLE FIBER TRANSPORT, INC.
Name of Authorized Agent or Employee of Agent:	Jackson Thornton
Signature of Authorized Agent or Employee of Agent:	CERTIFIED ONLINE Date: 06/30/2014
Printed name of Authorized Agent or Employee of Agent:	Rich Compton
Title or position of Authorized Agent or Employee of Agent:	Senior Manager
Telephone number of Authorized Agent or Employee of Agent:	3342403684 ext.
Study Area Code of Reporting Carrier:	259008 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

Response to Line 510

Pursuant to 47 C.F.R. § 54.313(a)(5) and 47 C.F.R. § 54.422(b)(3), Hayneville Fiber Transport, Inc. certifies that it is in compliance with applicable service quality standards and consumer protection rules, including those rules governing the treatment of Customer Proprietary Network Information ("CPNI") and the Red Flag rules. Hayneville Fiber Transport, Inc. provides Red Flag and CPNI training to all new employees and conducts annual reviews regarding Red Flag and CPNI procedures for all existing employees. All company employees acknowledge that they have completed CPNI and Red Flag training and understand their obligations regarding adherence to these rules. Hayneville Fiber Transport, Inc. has posted information regarding CPNI on its website and requires all subscribers to complete an authorization form and obtain a password for disclosure of customer account information.

Response to Line 610

47 CFR 54.202(a)(2) provides that, to be designated as an ETC, a carrier must demonstrate its ability to remain functional in emergency situations, including a demonstration that it has a reasonable amount of back-up power to ensure functionality without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations.

Functionality in Emergency Situations:

Pursuant to 47 C.F.R. § 54.313(a)(6) and 47 C.F.R § 54.22(b)(4), as set forth in 47 C.F.R. § 54.202(a)(2), Hayneville Fiber Transport, Inc. d/b/a Camellia Communications meets the requirements to remain functional in emergency situations and has the following capabilities: Back-up power is provided to Hayneville Fiber Transport, Inc.'s central office by a 60 kilowatt diesel fuel powered generator with fuel to run for over 5 days and battery plant capable of powering the central office for over 8 hours. Hayneville Fiber Transport, Inc.'s remote offices and field gear have emergency stand-alone capabilities that allow for customers to continue to receive dial tone during any emergency outages. Hayneville Fiber Transport, Inc. also has technology (such as redundant Fiber Path Switched Ring) deployed in its network and further has the capabilities to reroute traffic should its facilities become damaged. Hayneville Fiber Transport, Inc. is prepared and capable of managing traffic spikes resulting from emergency situations. Hayneville Fiber Transport, Inc. has developed internal emergency procedures to properly respond to emergency situations as they arise.