



Depend on our people. Count on our advice.<sup>SM</sup>

**REDACTED - FOR PUBLIC INSPECTION**

June 30, 2014

Marlene H. Dortch  
Secretary  
Federal Communications Commission  
445 12th Street, S.W.  
Washington, DC 20554

Received & Inspected  
JUN 30 2014  
FCC Mail Room

ATTENTION: WIRELINE COMPETITION BUREAU

RE: Form 481 ETC filing pursuant to Sections 54.313 and 54.422  
SAC 351230, IA, Northeast Iowa Telephone Company  
*Connect America Fund WC Dockets 10-90, 11-42 and 14-58*

Dear Ms. Dortch:

Pursuant to Sections 54.313 and 54.422 of Commission's Rules, Northeast Iowa Telephone Company, IA, SAC 351230 is filing its Form 481 High Cost and Low-Income Annual Report.

Northeast Iowa Telephone Company seeks confidential treatment under the Protective Order in this proceeding for Section 54.313(f)(2) financial information in the 481 filing<sup>1</sup> and for Section 54.202(a) 5 Year Service Quality Improvement Plan portion of the 481 filing pursuant to the Request for Confidential Treatment attached to this filing. Pursuant to the Protective Order, one copy of the confidential document and two copies of the redacted version are provided. The Redacted version is also being filed on the Electronic Comment Filing System.

Please address any correspondence regarding this transmittal to the attention of Tom Campbell at the following address, e-mail or telephone number.

Sincerely,

Tom Campbell  
Telecommunications Consultant  
[tcampbell@otcpas.com](mailto:tcampbell@otcpas.com)  
651-621-8511 (v)  
651-483-2467 (f)

No. of Copies rec'd 04  
List ABCDE

Enclosures

CC: Mr. Charles Tyler, FCC Telecommunications Access Policy Division (two copies confidential)

<sup>1</sup> See Protective Order 27, WC Docket Nos. 10-90 et al, Rec 14231 rel. November 16 ("Order")

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

*Received & Inspected  
JUN 30 2014  
FCC Mail Room*

In the Matter of	)	
	)	
Connect America Fund	)	WC Docket No. 10-90
	)	
Lifeline and Link Up Reform	)	WC Docket No. 11-42
	)	
ETC Annual Reports and Certifications	)	WC Docket No. 14-58

**REQUEST FOR CONFIDENTIAL TREATMENT**

Northeast Iowa Telephone Company, SAC 351230, (“the company”) requests that the portion of its Form 481 pertaining to the 5-Year Service Quality Improvement Plan be granted confidential, non-public treatment pursuant to Sections 0.457 and 0.459 of the Commission’s rules, 47 C.F.R. §§ 0.457, 0.459, and related provisions of the Freedom of Information Act (“FOIA”), including 5 U.S.C. § 552(b)(4) (“Exemption 4”). Form 481 contains information regarding the company’s Section 54.202(a) 5- Year Service Quality Improvement Plan including capital expenditures and operating expenses. Release of such information would supply a roadmap to competitors regarding confidential build out plans and study area demographics. In addition, the document contains confidential information that is not customarily disclosed to the public or made available within the telecommunications industry. Information in support of the company’s request for confidential treatment pursuant to Section 0.459(b) of the Commission’s Rules, 47 C.F.R. § 0.459(b), is provided below.

**I. NORTHEAST IOWA TELEPHONE COMPANY’S FORM 481 SATISFIES THE REQUIREMENTS OF § 0.459 OF THE COMMISSION’S RULES**

The material for which the company seeks confidentiality falls squarely within the requirements of Section 0.459 of the Commission’s rules. As demonstrated below, the company has satisfied each of the elements of Section 0.459, and disclosure of this information would result in competitive harm to the company.

**(1) Identification of the specific information for which confidential treatment is sought.** The company requests confidential treatment for the portion of Form 481 required by 47 C.F.R. § 54.313 related to the Section 54.202(a) 5- Year Service Quality Improvement Plan. The information bears the legend “Confidential Financial Information. The specific information falls into the categories of: 1. Capital Expenditures, 2. Operating Expenses and 3. Area Demographics

**(2) Identification of the Commission proceeding in which the information was submitted or a description of the circumstances giving rise to the submission.** The information is required to be produced annually by 47 C.F.R. § 54.313. The proceedings are WC Docket No. 10-90 and WC Docket No. 11-42. The documents will also be submitted in WC Docket NO. 14-58

**(3) Explanation of the degree to which the information is commercial or financial, or contains a trade secret or is privileged.** The information for which confidentiality is requested is “financial” and commercial<sup>1</sup> in nature. The information is “confidential” in that it “would customarily not be released to the public.”<sup>2</sup> The courts have elaborated that material “is ‘confidential’ . . . if disclosure of the information is likely to have either the following effects: (1) to impair the government’s ability to obtain necessary information in the future; or (2) to cause substantial harm to the competitive position of the person from whom the information was obtained.”<sup>3</sup> Both of the considerations apply in this instance, as further explained in point (5) below.

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

<sup>1</sup> See *Board of Trade of the City of Chicago v. Commodity Futures Trading Comm’n*, 627 F.2d 392, 403 & n.78 (D.C. Cir. 1980) (courts have given the terms “commercial” and “financial, as used in Section 552(b)(4), their ordinary meanings).

<sup>2</sup> *Critical Mass Energy Project v. NRC*, 975 F.2d 871, 873 (D.C. Cir. 1992) (citing the Senate Committee Report).

<sup>3</sup> *Nat’l Parks and Conservation Ass’n v. Morton*, 498 f.2d 764, 770 (D.C. Cir. 1974) (footnote omitted); see also *Critical Mass Energy*, 975 F.2d at 873.

**(5) Explanation of how disclosure of the information could result in substantial competitive harm.** If the information were publicly available, it would supply competitors with financial information not ordinarily available to the public. Specifically, rural telephone service has historically lent itself to “cherry picking” by competitors that choose to only serve low cost areas. Release of this specific build out and operating expense information would allow competitors to gain an unfair advantage.

**(6) Identification of any measures taken by the submitting party to prevent unauthorized disclosure.** The information for which the company seeks confidential treatment is information that the company does not customarily release to the public. The company also limits the internal circulation of this information to only those with a need to know.

Consistent with 47 C.F.R. § 0.459(a), the items for which confidentiality is requested are being submitted with, and are covered by, this request. This request for confidentiality - as well as the documents subject to this request - are being filed in hard copy and/or electronic copy.

**(7) Identification of whether the information is available to the public and the extent of any previous disclosure of the information to third parties.** The documents and information for which confidentiality is sought are not made available to the public and have not been disclosed to third parties, except to those entities identified in 47 C.F.R. § 54.313(i). For those disclosures, the company has requested confidential treatment by the entities for the same information.

**(8) Justification of the period during which the submitting party asserts that material should not be available for public disclosure.** Given the sensitive nature of the information for which confidentiality is requested, the prospect of serious competitive harm, the company requests that confidential treatment apply indefinitely.

## II. CONCLUSION

For these reasons, pursuant to Sections 0.457 and 0.459 of the Commission's Rules, the company requests that the portion of Form 481 relating to the Section 54.202(a) 5 - Year Service Quality Improvement Plan be treated as confidential under the Commission's rules and precedent and withheld in their entirety from public inspection, and that any distribution of them within the Commission should be limited to a "need to know" basis. In the event that any person or entity requests access to the documents or seeks to make any or all of them part of the public record, the company requests to be notified immediately so that it can oppose such request or take other action as necessary to safeguard its interests and the interests of consumers.

Sincerely,

A handwritten signature in black ink that reads "Tom W Campbell". The signature is written in a cursive, slightly slanted style.

Tom Campbell

Telecommunications Consultant

[tcampbell@otcpas.com](mailto:tcampbell@otcpas.com)

651-621-8511 (v)

651-483-2467 (f)

<b>&lt;010&gt; Study Area Code</b>	351230	Received & Inspected JUN 30 2014 FCC Mail Room
<b>&lt;015&gt; Study Area Name</b>	NORTHEAST IOWA TEL	
<b>&lt;020&gt; Program Year</b>	2015	
<b>&lt;030&gt; Contact Name: Person USAC should contact with questions about this data</b>	Tom Campbell	
<b>&lt;035&gt; Contact Telephone Number: Number of the person identified in data line &lt;030&gt;</b>	6516218511 ext.	
<b>&lt;039&gt; Contact Email Address: Email of the person identified in data line &lt;030&gt;</b>	tcampbell@otcpas.com	

ANNUAL REPORTING FOR ALL CARRIERS	54.313 Completion Required	54.422 Completion Required
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			(check box when complete)	
<b>&lt;100&gt;</b>	Service Quality Improvement Reporting <span style="float: right;"><i>(complete attached worksheet)</i></span>	<input checked="" type="checkbox"/>		
<b>&lt;200&gt;</b>	Outage Reporting (voice) <span style="float: right;"><i>(complete attached worksheet)</i></span>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>&lt;210&gt;</b>	<input checked="" type="checkbox"/> <- check box if no outages to report	<input checked="" type="checkbox"/>		
<b>&lt;300&gt;</b>	Unfulfilled Service Requests (voice) <input style="width: 50px; text-align: center;" type="text" value="0"/>	<input checked="" type="checkbox"/>		
<b>&lt;310&gt;</b>	Detail on Attempts (voice) <div style="border: 1px solid black; height: 40px; width: 100%; margin-top: 5px;"></div> <span style="float: right;"><i>(attach descriptive document)</i></span>	<input type="checkbox"/>		
<b>&lt;320&gt;</b>	Unfulfilled Service Requests (broadband) <input style="width: 50px; text-align: center;" type="text" value="0"/>	<input checked="" type="checkbox"/>		
<b>&lt;330&gt;</b>	Detail on Attempts (broadband) <div style="border: 1px solid black; height: 40px; width: 100%; margin-top: 5px;"></div> <span style="float: right;"><i>(attach descriptive document)</i></span>	<input type="checkbox"/>		
<b>&lt;400&gt;</b>	Number of Complaints per 1,000 customers (voice)			
<b>&lt;410&gt;</b>	Fixed <input style="width: 50px; text-align: center;" type="text" value="0.0"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>&lt;420&gt;</b>	Mobile <input style="width: 50px; text-align: center;" type="text" value="0.0"/>			
<b>&lt;430&gt;</b>	Number of Complaints per 1,000 customers (broadband)	<input checked="" type="checkbox"/>		
<b>&lt;440&gt;</b>	Fixed <input style="width: 50px; text-align: center;" type="text" value="0.0"/>			
<b>&lt;450&gt;</b>	Mobile <input style="width: 50px; text-align: center;" type="text" value="0.0"/>			
<b>&lt;500&gt;</b>	Service Quality Standards & Consumer Protection Rules Compliance <span style="float: right;"><i>(check to indicate certification)</i></span>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>&lt;510&gt;</b>	<div style="border: 1px solid black; padding: 5px; margin-top: 5px;">351230ia510.pdf</div> <span style="float: right;"><i>(attached descriptive document)</i></span>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>&lt;600&gt;</b>	Functionality in Emergency Situations <span style="float: right;"><i>(check to indicate certification)</i></span>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>&lt;610&gt;</b>	<div style="border: 1px solid black; padding: 5px; margin-top: 5px;">351230ia610.pdf</div> <span style="float: right;"><i>(attached descriptive document)</i></span>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>&lt;700&gt;</b>	Company Price Offerings (voice) <span style="float: right;"><i>(complete attached worksheet)</i></span>	<input checked="" type="checkbox"/>		
<b>&lt;710&gt;</b>	Company Price Offerings (broadband) <span style="float: right;"><i>(complete attached worksheet)</i></span>	<input checked="" type="checkbox"/>		
<b>&lt;800&gt;</b>	Operating Companies and Affiliates <span style="float: right;"><i>(complete attached worksheet)</i></span>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>&lt;900&gt;</b>	Tribal Land Offerings (Y/N)? <input type="radio"/> <input checked="" type="radio"/> <span style="float: right;"><i>(if yes, complete attached worksheet)</i></span>	<input type="checkbox"/>		
<b>&lt;1000&gt;</b>	Voice Services Rate Comparability <span style="float: right;"><i>(check to indicate certification)</i></span>	<input checked="" type="checkbox"/>		
<b>&lt;1010&gt;</b>	<div style="border: 1px solid black; padding: 5px; margin-top: 5px;">351230ia1010.pdf</div> <span style="float: right;"><i>(attach descriptive document)</i></span>	<input checked="" type="checkbox"/>		
<b>&lt;1100&gt;</b>	Terrestrial Backhaul (Y/N)? <input checked="" type="radio"/> <input type="radio"/> <span style="float: right;"><i>(if not, check to indicate certification)</i></span>	<input type="checkbox"/>		
<b>&lt;1110&gt;</b>	<span style="float: right;"><i>(complete attached worksheet)</i></span>			
<b>&lt;1200&gt;</b>	Terms and Condition for Lifeline Customers <span style="float: right;"><i>(complete attached worksheet)</i></span>		<input checked="" type="checkbox"/>	

**Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet**

<b>&lt;2000&gt;</b>	Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers <span style="float: right;"><i>(check to indicate certification)</i></span>			
<b>&lt;2005&gt;</b>	<span style="float: right;"><i>(complete attached worksheet)</i></span>			

**Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet**

<b>&lt;3000&gt;</b>	<span style="float: right;"><i>(check to indicate certification)</i></span>			
<b>&lt;3005&gt;</b>	<span style="float: right;"><i>(complete attached worksheet)</i></span>	<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

<010> Study Area Code 351230  
 <015> Study Area Name NORTHEAST IOWA TEL  
 <020> Program Year 2015  
 <030> Contact Name - Person USAC should contact regarding this data Tom Campbell  
 <035> Contact Telephone Number - Number of person identified in data line <030> 6516218511 ext.  
 <039> Contact Email Address - Email Address of person identified in data line <030> tcampbell@otcpas.com

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

3512301a112.pdf

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.

✓
✓
✓
✓











<b>(1100) No Terrestrial Backhaul Reporting Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
--	--

<010> Study Area Code	351230
<015> Study Area Name	NORTHEAST IOWA TEL
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Tom Campbell
<035> Contact Telephone Number - Number of person identified in data line <030>	6516218511 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	tcampbell@otcpas.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)

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

<b>&lt;010&gt;</b>	Study Area Code	351230
<b>&lt;015&gt;</b>	Study Area Name	NORTHEAST IOWA TEL
<b>&lt;020&gt;</b>	Program Year	2015
<b>&lt;030&gt;</b>	Contact Name - Person USAC should contact regarding this data	Tom Campbell
<b>&lt;035&gt;</b>	Contact Telephone Number - Number of person identified in data line <030>	6516218511 ext.
<b>&lt;039&gt;</b>	Contact Email Address - Email Address of person identified in data line <030>	tcampbell@otcpas.com

351230ia1210.pdf

**<1210>** Terms & Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

**<1220>** Link to Public Website HTTP

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

- <1221>** Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,
- <1222>** Details on the number of minutes provided as part of the plan,
- <1223>** Additional charges for toll calls, and rates for each such plan.

<b>(2000) Price Cap Carrier Additional Documentation</b> <b>Data Collection Form</b> <i>Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers</i>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	351230
<015> Study Area Name	NORTHEAST IOWA TEL
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Tom Campbell
<035> Contact Telephone Number - Number of person identified in data line <030>	6516218511 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	tcampbell@otcpas.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

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	351230
<015> Study Area Name	NORTHEAST IOWA TEL
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Tom Campbell
<035> Contact Telephone Number - Number of person identified in data line <030>	6516218511 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	tcampbell@otcpas.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))

[Redacted box for document listing]

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))

[Redacted box for document listing]

Name of Attached Document Listing Required Information

(3013) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))  
(3014) If yes, does your company file the RUS annual report

(Yes/No)  (Yes)  (No)

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

(3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)   
(3016) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

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

[Redacted box for document listing]

Name of Attached Document Listing Required Information

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

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

(3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications   
(3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows   
(3021) Management letter issued by the independent certified public accountant that performed the company's financial audit.

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

(3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,   
(3023) Underlying information subjected to a review by an independent certified public accountant   
(3024) Underlying information subjected to an officer certification.

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

3512301a3026.pdf

(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	351230
<015> Study Area Name	NORTHEAST IOWA TEL
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Tom Campbell
<035> Contact Telephone Number - Number of person identified in data line <030>	6516218511 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	tcampbell@ot.cpas.com

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

<b>Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients</b>	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	
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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<b>&lt;010&gt;</b>	Study Area Code	351230
<b>&lt;015&gt;</b>	Study Area Name	NORTHEAST IOWA TEL
<b>&lt;020&gt;</b>	Program Year	2015
<b>&lt;030&gt;</b>	Contact Name - Person USAC should contact regarding this data	Tom Campbell
<b>&lt;035&gt;</b>	Contact Telephone Number - Number of person identified in data line <030>	6516218511 ext.
<b>&lt;039&gt;</b>	Contact Email Address - Email Address of person identified in data line <030>	tcampbell@otcpas.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) <u>Tom Campbell</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:	Tom Campbell
Name of Reporting Carrier:	NORTHEAST IOWA TEL
Signature of Authorized Officer:	CERTIFIED ONLINE Date: 06/19/2014
Printed name of Authorized Officer:	David Byers
Title or position of Authorized Officer:	Assistant Secretary
Telephone number of Authorized Officer:	5635392122 ext.
Study Area Code of Reporting Carrier:	351230 Filing Due Date for this form: 06/30/2014
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:	NORTHEAST IOWA TEL
Name of Authorized Agent or Employee of Agent:	Tom Campbell
Signature of Authorized Agent or Employee of Agent:	CERTIFIED ONLINE Date: 06/19/2014
Printed name of Authorized Agent or Employee of Agent:	Tom Campbell
Title or position of Authorized Agent or Employee of Agent:	Consultant
Telephone number of Authorized Agent or Employee of Agent:	6516218511 ext.
Study Area Code of Reporting Carrier:	351230 Filing Due Date for this form: 06/30/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

REDACTED – FOR PUBLIC INSPECTION

Attachments







**REDACTED – FOR PUBLIC INSPECTION**

SAC: 351230

State: IA

Northeast Iowa Tel.

Form 481 Line No. 112 Five Year Service Quality Improvement Plan

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ATTACHMENT REDACTED IN ENTIRETY

SAC: 351230

State: IA

Northeast Iowa Tel.

Form 481 Line No. 510 Compliance with Service Quality Standards and Consumer Protection

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**FCC 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. Northeast Iowa Telephone Company certifies that it has complied with these requirements and will continue to comply with these requirements.

Northeast Iowa Tel. is in compliance with Federal CPNI rules, Red Flag Rules and other Federal and State requirements governing the protection of Customer's privacy.

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Page 1 of 1

SAC: 351230

State: IA

Northeast Iowa Tel.

Form 481 Line No. 610 Description of Functionality in Emergency Situations

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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. Northeast Iowa Telephone Company certifies that it has complied with these requirements and will continue to comply with these requirements.

- Northeast Iowa Tel. has informed employees as to the procedures to be followed, including reasonable rerouting of traffic around damaged facilities and the deployment of emergency power, in the event of emergency in order to prevent or mitigate interruption or impairment of telecommunications service.

SAC: 351230

State: IA

Northeast Iowa Tel.

Form 481 Line No. 1010 Descriptive document for Voice Services Rate Comparability

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Line 1010 – Description of Voice Services Rate Comparability: Provide a detailed description of how your pricing of fixed voice services is no more than two standard deviations above the applicable national average urban rate for voice service, as published annually by the Wireline Competition Bureau, as required in 47 C.F.R. § 54.313(a)(10).

On March 20, 2014 the Wireline Competition Bureau announced results of the Urban Rate Survey for Voice Services; as part the FCC Public Notice DA 14-384. Referenced in this public notice are the results required to meet the rate comparability as noted:

“Based on the survey responses, the Bureau also calculated the reasonable comparability benchmark for voice services to be \$46.96. 9

9. Id. at 17694, para. 84.”

As required Northeast Iowa Tel. hereby certifies that its current fixed voice services for residential subscribers as defined in the USF/ICC Transformation Order is below \$46.96.

SAC: 351230

State: IA

Northeast Iowa Tel.

Form 481 Line No. 1210 Lifeline Plans Terms and Conditions

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**Lifeline Telephone Assistance Program**

Financial assistance through the Lifeline program is available to help eligible Iowans afford and maintain basic telephone service. Lifeline participation enables Iowans to stay connected to jobs, family, community resources, and government and emergency services. Lifeline is a federal government program that assists qualified Iowans by providing a monthly credit of \$9.25 on the local telephone bill.

The Lifeline program has recently been streamlined by the Federal Communications Commission. Lifeline benefits are now limited to one wire line or wireless phone per qualified household. Households currently receiving more than one Lifeline service must select a single Lifeline service provider and de-enroll from the program with any other provider(s). Households eligible for or already receiving Medicaid, the Supplemental Nutrition Assistance Program, Supplemental Security Income Program, Federal Public Housing Assistance Program, Low-Income Home Energy Assistance Program, Temporary Assistance to Needy Families Program, or the National School Lunch Program may qualify. Consumers may also qualify based on their level of income. For more information, please see the 2013 Lifeline Week news release.

A Lifeline application form is available from your local telephone service provider, the Iowa Utilities Board, or most Community Action Agencies in the state. To apply, simply complete the application form and then return it to your chosen participating provider. Additionally, residents of Tribal lands who are eligible for Lifeline, should check with their local telecommunications provider to inquire about additional benefits, including potential Link-Up Telephone installation benefits.

Information about the number of customers receiving Lifeline assistance is reported by each Iowa telephone company. For more information, call the Iowa Utilities Board (IUB) toll free at 1-877-565-4450, or visit [www.fcc.gov/lifeline](http://www.fcc.gov/lifeline) or [www.usac.org](http://www.usac.org)

Number of local minutes provided: Unlimited local calling

Additional charges for toll calls: Toll calls are billed at carriers' standard rates

**REDACTED – FOR PUBLIC INSPECTION**

SAC: 351230  
State: IA  
Northeast Iowa Tel.  
Form 481 Line No. 3026

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ATTACHMENT REDACTED IN ENTIRETY