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JUL 08 2014

FCC Mail Room

June 26, 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 Piedmont Telephone Membership Corp
Study Area Code 230497

Dear Secretary:

On behalf of Piedmont Telephone Membership Corp. ("Piedmont"), 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. Piedmont 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]. Piedmont 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/ Heath Koth
Telco Consultant
Phone: (605) 995-1832
Fax: (605) 995-1778
Heath.Koth@Vantagepnt.com

Enclosure(s)

cc: Amy R. Hanson, Chief Operating Officer, Piedmont Telephone Membership Corp.
Charles Tyler, Telecommunications Access Policy Division

No. of Copies rec'd 0
List ABCDE

[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]

<010>	Study Area Code	230497
<015>	Study Area Name	PIEDMONT MEMBERSHIP
<020>	Program Year	2015
<030>	Contact Name: Person USAC should contact with questions about this data	Heath Koth
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6059951832 ext.
<039>	Contact Email Address: Email of the person identified in data line <030>	Heath.Koth@vantagepnt.com

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[redacted]

			(check box when complete)	
<100>	Service Quality Improvement Reporting	(complete attached worksheet)	✓	[redacted]
<200>	Outage Reporting (voice)	(complete attached worksheet)	✓	✓
<210>	✓ <-- check box if no outages to report			[redacted]
<300>	Unfulfilled Service Requests (voice) 0			[redacted]
<310>	Detail on Attempts (voice)	(attach descriptive document)		[redacted]
<320>	Unfulfilled Service Requests (broadband) 0		✓	[redacted]
<330>	Detail on Attempts (broadband)	(attach descriptive document)		[redacted]
<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)		✓	[redacted]
<440>	Fixed 0.0			
<450>	Mobile 0.0			
<500>	Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	✓	✓
<510>	230497nc510.pdf	(attached descriptive document)	✓	✓
<600>	Functionality in Emergency Situations	(check to indicate certification)	✓	✓
<610>	230497nc610.pdf	(attached descriptive document)	✓	✓
<700>	Company Price Offerings (voice)	(complete attached worksheet)	✓	[redacted]
<710>	Company Price Offerings (broadband)	(complete attached worksheet)	✓	[redacted]
<800>	Operating Companies and Affiliates	(complete attached worksheet)	✓	✓
<900>	Tribal Land Offerings (Y/N)? ○ ◉	(if yes, complete attached worksheet)	✓	[redacted]
<1000>	Voice Services Rate Comparability	(check to indicate certification)	✓	[redacted]
<1010>	230497NC1010.pdf	(attach descriptive document)	✓	[redacted]
<1100>	Terrestrial Backhaul (Y/N)? ◉ ○	(if not, check to indicate certification)		[redacted]
<1110>		(complete attached worksheet)		[redacted]
<1200>	Terms and Condition for Lifeline Customers	(complete attached worksheet)	[redacted]	✓

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)		[redacted]
<2005>		(complete attached worksheet)		[redacted]

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

<3000>		(check to indicate certification)	✓	[redacted]
<3005>		(complete attached worksheet)	✓	[redacted]

[100] Service Quality Improvement Reporting Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2015

<010>	Study Area Code	230497
<015>	Study Area Name	PIEDMONT MEMBERSHIP
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Heath Koth
<035>	Contact Telephone Number - Number of person identified in data line <030>	6059951832 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	Heath.Koth@vantagepnt.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.

230497NC112.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 2012

<010>	Study Area Code	230497
<015>	Study Area Name	PIEDMONT MEMBERSHIP
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Heath Koth
<035>	Contact Telephone Number - Number of person identified in data line <030>	6059951832 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	Heath.Koth@vantagepnt.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

[redacted]

<010>	Study Area Code	230497
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<039>	Contact Email Address - Email Address of person identified in data line <030>	Heath.Koth@vantagepnt.com

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

<703>

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

<010>	Study Area Code	230497
<015>	Study Area Name	PIEDMONT MEMBERSHIP
<020>	Program Year	2015
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<035>	Contact Telephone Number - Number of person identified in data line <030>	6059951832 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	Heath.Koth@vantagepnt.com

<711>

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 --					

[redacted]

<010>	Study Area Code	230497
<015>	Study Area Name	PIEDMONT MEMBERSHIP
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<810>	Reporting Carrier	Piedmont Telephone Membership Corp
<811>	Holding Company	N/A
<812>	Operating Company	N/A

<813> [redacted]

Affiliates	SAC	Doing Business As Company or Brand Designation

[redacted]

<010>	Study Area Code	230497
<015>	Study Area Name	PIEDMONT MEMBERSHIP
<020>	Program Year	2015
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<039>	Contact Email Address - Email Address of person identified in data line <030>	Heath.Koth@vantagepnt.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.	[redacted]
<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.	

[redacted]

<010>	Study Area Code	230497
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<039>	Contact Email Address - Email Address of person identified in data line <030>	Heath.Koth@vantagepnt.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) ☐

<010>	Study Area Code	230497
<015>	Study Area Name	PIEDMONT MEMBERSHIP
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Heath Koth
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<039>	Contact Email Address - Email Address of person identified in data line <030>	Heath.Koth@vantagepnt.com

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

230497nc1210.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. ☑

[redacted]

<010>	Study Area Code	230497
<015>	Study Area Name	PIEDMONT MEMBERSHIP
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Heath Koth
<035>	Contact Telephone Number - Number of person identified in data line <030>	6059951832 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	Heath.Koth@vantagepnt.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]

<010>	Study Area Code	230497
<015>	Study Area Name	PIEDMONT MEMBERSHIP
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<039>	Contact Email Address - Email Address of person identified in data line <030>	Heath.Koth@vantagepnt.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

230497nc3017.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

[redacted]

<010>	Study Area Code	230497
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<039>	Contact Email Address - Email Address of person identified in data line <030>	Heath.Koth@vantagepnt.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: PIEDMONT MEMBERSHIP

Signature of Authorized Officer: CERTIFIED ONLINE Date 06/26/2014

Printed name of Authorized Officer: Amy Hanson

Title or position of Authorized Officer: Chief Operating Officer

Telephone number of Authorized Officer: 3363745021 ext.4517

Study Area Code of Reporting Carrier: 230497 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.

[redacted]

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<039>	Contact Email Address - Email Address of person identified in data line <030>	Heath.Koth@vantagepnt.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)_____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.

Name of Authorized Agent:

Name of Reporting Carrier:

Signature of Authorized Officer: Date:

Printed name of Authorized Officer:

Title or position of Authorized Officer:

Telephone number of Authorized Officer:

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

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

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier

I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.

Name of Reporting Carrier:

Name of Authorized Agent or Employee of Agent:

Signature of Authorized Agent or Employee of Agent: Date:

Printed name of Authorized Agent or Employee of Agent:

Title or position of Authorized Agent or Employee of Agent

Telephone number of Authorized Agent or Employee of Agent:

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

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

Attachments

REDACTED - FOR PUBLIC INSPECTION

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

<703>

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
NC	336-787		FR	14.0	6.5	1.07	0.0	21.57
NC	336-752		FR	14.0	6.5	1.07	0.0	21.57

[redacted]

<010>	Study Area Code	230497
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<039>	Contact Email Address - Email Address of person identified in data line <030>	Heath.Koth@vantagepnt.com

<711>

State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rates and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service -Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached (select)
NC	336-787	34.95	0.0	34.95	4.0	1.0	100.0	Other, Unlimited Usage Allowance
NC	336-752	34.95	0.0	34.95	4.0	1.0	100.0	Other, Unlimited Usage Allowance
NC	336-787	24.95	0.0	24.95	1.5	0.5	100.0	Other, Unlimited Usage Allowance
NC	336-752	24.95	0.0	24.95	1.5	0.5	100.0	Other, Unlimited Usage Allowance
NC	336-787	44.9	0.0	44.9	8.0	1.0	100.0	Other, Unlimited Usage Allowance
NC	336-752	44.9	0.0	44.9	8.0	1.0	100.0	Other, Unlimited Usage Allowance
NC	336-787	54.9	0.0	54.9	12.0	1.0	100.0	Other, Unlimited Usage Allowance
NC	336-752	54.9	0.0	54.9	12.0	1.0	100.0	Other, Unlimited Usage Allowance
NC	336-787	99.9	0.0	99.9	24.0	2.0	100.0	Other, Unlimited Usage Allowance
NC	336-752	99.9	0.0	99.9	24.0	2.0	100.0	Other, Unlimited Usage Allowance
NC	336-787	199.9	0.0	199.9	50.0	5.0	100.0	Other, Unlimited Usage Allowance
NC	336-752	199.9	0.0	199.9	50.0	5.0	100.0	Other, Unlimited Usage Allowance

REDACTED – FOR PUBLIC INSPECTION

Piedmont Telephone Membership Corp (SAC 230497)

ATTACHMENT – LINE 112

ATTACHMENT REDACTED IN ENTIRETY

CERTIFICATION OF PIEDMONT TELEPHONE MEMBERSHIP CORP

Reporting Period January 1 – December 31, 2013

Sec. 54.313(a)(5) and Sec. 54.422 Service Quality Standards and Consumer Protection Rules Compliance

Pursuant to § 54.313(a)(5) for High-cost Recipients and §54.422 for Lifeline Support Recipients, Piedmont Telephone Membership Corp hereby certifies that it is in compliance with applicable service quality standards and consumer protection rules. Piedmont Telephone Membership Corp 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.

I verify that the foregoing is true and correct. Executed on June 25, 2014.

/s/ Amy R. Hanson

Amy R. Hanson

Chief Operating Officer

Piedmont Telephone Membership Corp.

CERTIFICATION OF PIEDMONT TELEPHONE MEMBERSHIP CORP

Reporting Period January 1 – December 31, 2013

Sec. 54.313(a)(6) and Sec 54.422 Ability to Function in an Emergency Situation

Pursuant to § 54.313(a)(6) for High-cost Recipients and § 54.422 for Lifeline Support Recipients, Piedmont Telephone Membership Corp hereby certifies that it is able to function in emergency situations as set forth in § 54.202(a)(2). Piedmont Telephone Membership Corp is able to remain functional in an emergency situation through the use of back-up power to ensure functionality without an external power source. All Piedmont Telephone Membership Corp electronic equipment locations are equipped with battery backup facilities which are designed for eight hours of reserve power. Critical locations such as central offices also are equipped with stand-by generators. This equipment enables it to provide service for a reasonable period of time if external power is lost. Piedmont Telephone Membership Corp's network is engineered to handle reasonable excess traffic in the event of traffic spikes resulting from emergency situations. Piedmont Telephone Membership Corp has redundancy in its network for use in re-rerouting traffic when facilities are damaged.

I verify that the foregoing is true and correct. Executed on June 25, 2014.

/s/ Amy R. Hanson

Amy R. Hanson

Chief Operating Officer

Piedmont Telephone Membership Corp.

CERTIFICATION OF PIEDMONT TELEPHONE MEMBERSHIP CORP

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 25, 2014.

/s/ Amy R. Hanson

Amy R. Hanson

Chief Operating Officer

Piedmont Telephone Membership Corp

Surry Telephone North Carolina Lifeline Application

Application for Lifeline

- Lifeline is a federal benefit and willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment or being barred from the program
- Only one Lifeline service is available per household
- A household is defined, for purposes of the Lifeline program, as any individual or group of individuals who live together at the same address and share income and expenses
- A household is not permitted to receive Lifeline benefits from multiple providers
- Violation of the one-per-household limitation constitutes a violation of the Federal Communications Commission's (or "FCC") rules and will result in the subscriber's de-enrollment from the program
- Lifeline is a non-transferable benefit and the subscriber may not transfer his or her benefit to any other person.

How to apply: four steps

1. Choose whether you will apply because you participate in a qualifying program or because your total household income falls within the guidelines.
2. Fill out the form. You must indicate your service address as well as your billing address (if not the same as your service address), as well as your SSN and your date of birth.
3. You must provide photocopies of either the program or income documents.
4. You must sign the bottom of the application indicating that you are complying with the Lifeline benefit rules.

Qualifying Methods

You may qualify for Lifeline either because you participate in one of the following programs or because your income is within the following guidelines. **NOTE: You may receive Social Security and Medicare benefits, but to qualify for Lifeline, you must receive benefits from one of the following programs or your income must fall within the guidelines.**

You MUST send photocopies of any qualifying documentation. NOTE: SEND PHOTOCOPIES ONLY; WE WILL NOT RETURN ANY DOCUMENTATION.

Program Eligibility

- Supplemental Nutrition Assistance Program (SNAP)
- Federal Public Housing/Section 8
- Medicaid
- Supplemental Security Income (SSI)
- National School Lunch (NSL) free lunch program
- Low Income Home Energy Assistance Program (LIHEAP)
- Temporary Assistance for Needy Families (TANF) or *Work First*

Documentation includes a photocopy of a card or an award letter.

Income Eligibility

Annual Income 135% Thresholds Based on Household Size								
1	2	3	4	5	6	7	8	For each add'l person
$15,080	$20,426	$25,772	$31,118	$36,464	$41,810	$47,156	$52,502	+ $5,346/person

Documentation needed to qualify for Lifeline through income is noted on next page.

Surry Telephone North Carolina Lifeline Application

When completed, mail or fax form to:
Surry Telephone P.O. Box 385, Dobson, NC 27017
Fax to 336-374-5080

Customer Name:_____
Customer Service Address: _____Temporary**(required):** Yes:__No:__
City:_____ State:_____ Zip Code:_____
Customer Bill Address: _____
City:_____ State:_____ Zip Code:_____
Customer's Home Telephone:_____
Customer's Social Security Number : _____
Customer's Date of Birth xx/xx/xxx: _____

Please choose 1 OR 2.

1. I certify that I participate in at least one of the following programs (check all that apply) and I am providing a photocopy of a document that demonstrates my participation in one of these programs. NOTE: SEND PHOTOCOPIES ONLY; WE WILL NOT RETURN ANY DOCUMENTATION.

☐ Supplemental Nutrition Assistance Program (SNAP)	☐ Low Income Home Energy Assistance Program (LIHEAP)
☐ National School Lunch – Free Lunch Program	
☐ Medicaid	☐ Temporary Assistance for Needy Families (TANF)
☐ Federal Public Housing/Section 8	☐ Supplemental Security Income (SSI)

2. I certify that my total household income falls within the guidelines listed on Page 1 and I also certify that this is how many people live in my household **(required):** Adults ____ Children _____. I am providing a photocopy of the following qualifying documents:

☐ Prior year's state or federal tax return	☐ Retirement / pension statement of benefits
☐ Current income statement from an employer	☐ Unemployment/Workmen's Compensation statement of benefits
☐ Paycheck stubs for most recent 3 months	☐ Federal notice letter of participation in General Assistance
☐ Social Security statement of benefits	☐ Veterans Administration Statement of Benefits
☐ Child Support document	☐ Other official document containing income information
☐ Divorce decree	

I certify, under penalty of perjury, that:

1. I meet the income-based or program-based eligibility criteria for receiving Lifeline, shown above.
2. I will notify the carrier within 30 days if for any reason I no longer satisfy the criteria for receiving Lifeline including, as relevant, if I no longer meet the income-based or program-based criteria for receiving Lifeline support, I am receiving more than one Lifeline benefit, or another member of my household is receiving a Lifeline benefit.
3. If I move to a new address, I will provide that new address to Surry Telephone within 30 days.
4. My household will receive only one Lifeline service and, to the best of my knowledge, my household is not already receiving a Lifeline service.
5. The information contained in this certification form is true and correct to the best of my knowledge.
6. I acknowledge that providing false or fraudulent information to receive Lifeline benefits is punishable by law.
7. I acknowledge that I may be required to re-certify my continued eligibility for Lifeline at any time, and my failure to re-certify my continued eligibility will result in de-enrollment and the termination of my Lifeline benefits.

I hereby authorize Surry Telephone to release any of my information contained in this Lifeline Application required for the administration of the Lifeline program to the FCC or its designee, including the Universal Service Administrative Company, and to any state and federal agency, as required by law.

Applicant's Signature:_____Date:_____

For agent use only:
Type of document for program eligibility: Type of document for income eligibility:

REDACTED – FOR PUBLIC INSPECTION

Piedmont Telephone Membership Corp (SAC 230497)

ATTACHMENT – LINE 3017

ATTACHMENT REDACTED IN ENTIRETY