DOCKET FILE COPY ORIGINAL 10-90 + 11-42

FCC Form 481 - Carrier Annual Reporting Data Collection Form

REDACTED FOR PUBLIC DISCLOSURE

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

Received & Inspected

JUN 27 2014

FCC Mail Room

<010>	Study Area Code	341087
<015>	Study Area Name	VIOLA HOME TEL CO
<020>	Program Year	2015
<030>	Contact Name: Person USAC should contact with questions about this data	Carol Peterson
<035>	Contact Telephone Number: Number of the person identified in data line <030>	3095962222 ext.
<039>	Contact Email Address: Email of the person identified in data line <030>	carol@violatel.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>	341087il510.pdf	(attached descriptive document)	✓	✓
<600>	Functionality in Emergency Situations	(check to indicate certification)	✓	✓
<610>	341075il610.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>		(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)	✓	

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

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(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	341087
<015>	Study Area Name	VIOLA HOME TEL CO
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Carol Peterson
<035>	Contact Telephone Number - Number of person identified in data line <030>	3095962222 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	carol@violatel.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.

34108711112.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.	☐

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(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	341087
<015>	Study Area Name	VIOLA HOME TEL CO
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Carol Peterson
<035>	Contact Telephone Number - Number of person identified in data line <030>	3095962222 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	carol@violatel.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 FOR PUBLIC DISCLOSURE

(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	341087
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<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Carol Peterson
<035>	Contact Telephone Number - Number of person identified in data line <030>	3095962222 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	carol@violatel.com

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

<703>

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

-- See attached worksheet

(710) Broadband Price Offerings
Data Collection Form

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

<010>	Study Area Code	341087
<015>	Study Area Name	VIOLA HOME TEL CO
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<030>	Contact Name - Person USAC should contact regarding this data	Carol Peterson
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<039>	Contact Email Address - Email Address of person identified in data line <030>	carol@violatel.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 --					

REDACTED FOR PUBLIC DISCLOSURE

(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	341087
<015>	Study Area Name	VIOLA HOME TEL CO
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Carol Peterson
<035>	Contact Telephone Number - Number of person identified in data line <030>	3095962222 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	carol@violatel.com

<810>	Reporting Carrier	Viola Home Telephone Company
<811>	Holding Company	Viola Communications Inc.
<812>	Operating Company	Viola Home Telephone Company

<813>

<a1> Affiliates	<a2> SAC	<a3> Doing Business As Company or Brand Designation
	-- See attached worksheet --	

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(900) Tribal Lands Reporting Data Collection Form

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

<010>	Study Area Code	341087
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<030>	Contact Name - Person USAC should contact regarding this data	Carol Peterson
<035>	Contact Telephone Number - Number of person identified in data line <030>	3095962222 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	carol@violatel.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.	

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(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	341087
<015>	Study Area Name	VIOLA HOME TEL CO
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Carol Peterson
<035>	Contact Telephone Number - Number of person identified in data line <030>	3095962222 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	carol@violatel.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) ☐

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(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	341087
<015>	Study Area Name	VIOLA HOME TEL CO
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Carol Peterson
<035>	Contact Telephone Number - Number of person identified in data line <030>	3095962222 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	carol@violatel.com

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

341087il1210.pdf

Name of Attached Document

<1220> Link to Public Website HTTP

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

<1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, ☑

<1222> Details on the number of minutes provided as part of the plan, ☑

<1223> Additional charges for toll calls, and rates for each such plan. ☑

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(2000) Price Cap Carrier Additional Documentation
Data Collection Form
Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

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

<010>	Study Area Code	341087
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<030>	Contact Name - Person USAC should contact regarding this data	Carol Peterson
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<039>	Contact Email Address - Email Address of person identified in data line <030>	carol@violatel.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

(3000) Rate Of Return Carrier Additional Documentation

Data Collection Form

REDACTED FOR PUBLIC DISCLOSURE

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	341087
<015>	Study Area Name	VIOLA HOME TEL CO
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<039>	Contact Email Address - Email Address of person identified in data line <030>	carol@violatel.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

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

341087113026.pdf

Name of Attached Document Listing Required Information

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

<010>	Study Area Code	341087
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<030>	Contact Name - Person USAC should contact regarding this data	Carol Peterson
<035>	Contact Telephone Number - Number of person identified in data line <030>	3095962222 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	carol@violatel.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	341087
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<030>	Contact Name - Person USAC should contact regarding this data	Carol Peterson
<035>	Contact Telephone Number - Number of person identified in data line <030>	3095962222 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	carol@violatel.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) Kiesling Associates LLP **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: Kiesling Associates LLP

Name of Reporting Carrier: VIOLA HOME TEL CO

Signature of Authorized Officer: CERTIFIED ONLINE Date: 06/25/2014

Printed name of Authorized Officer: Carol Peterson

Title or position of Authorized Officer: Manager

Telephone number of Authorized Officer: 3095962222 ext.

Study Area Code of Reporting Carrier: 341087 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: VIOLA HOME TEL CO

Name of Authorized Agent or Employee of Agent: Kiesling Associates LLP

Signature of Authorized Agent or Employee of Agent: CERTIFIED ONLINE Date: 06/25/2014

Printed name of Authorized Agent or Employee of Agent: Robert R. Abrams

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

Telephone number of Authorized Agent or Employee of Agent: 6086649110 ext.

Study Area Code of Reporting Carrier: 341087 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 DISCLOSURE

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

FCC Form 481
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July 2013

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<035>	Contact Telephone Number - Number of person identified in data line <030>	3095962222 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	carol@violatel.com

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

<703>

<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<b4>	<b5>	<c>
State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fees
IL	Viola		FR	12.46	7.93	0.0	0.0	20.39

REDACTED FOR PUBLIC DISCLOSURE

(710) Broadband Price Offerings
Data Collection Form

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

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<035>	Contact Telephone Number - Number of person identified in data line <030>	3095962222 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	carol@violatel.com

<711>

<a1>	<a2>	<b1>	<b2>	<c>	<d1>	<d2>	<d3>	<d4>
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}
IL	Viola	34.95	0.0	34.95	2.0	1.0	0.0	Other, None; No Data Limits
IL	Viola	49.95	0.0	49.95	7.0	2.0	0.0	Other, None; No Data Limits
IL	Viola	69.95	0.0	69.95	12.0	4.0	0.0	Other, None; No Data Limits

REDACTED FOR PUBLIC DISCLOSURE

(800) Operating Companies
Data Collection Form

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OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

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<039>	Contact Email Address - Email Address of person identified in data line <030>	carol@violatel.com

<810>	Reporting Carrier	Viola Home Telephone Company
<811>	Holding Company	Viola Communications Inc.
<812>	Operating Company	Viola Home Telephone Company

<813>

<a1> Affiliates	<a2> SAC	<a3> Doing Business As Company or Brand Designation
Tri Rural Independent Operations, LLC dba TRIO, LLC		Trio Long Distance Service

REDACTED – FOR PUBLIC INSPECTION

VIOLA HOME TELEPHONE COMPANY (SAC 341087)

ATTACHMENT - LINE 112

FIVE YEAR SERVICE QUALITY IMPROVEMENT PLAN

ATTACHMENT REDACTED IN ENTIRETY

REDACTED FOR PUBLIC DISCLOSURE

FCC Form 481 – Line 510 Service Quality Standards & Consumer Protection Compliance

SAC: **341087**
State: **IL**
Name: **Viola Home Telephone Company**
Submission: **7/1/2014**

47 CFR §54.313(a)(5) requires an ETC to certify that it complies with applicable service quality standards and consumer protection rules.

Viola Home Telephone Company complies with applicable service quality standards for local exchange telecommunications carriers in Title 83 the Illinois Administrative Code *(ILGA §730, Subpart E)* which includes adequacy of service, answer time, service interruptions, outages and notifications.

Viola complies with applicable service quality standards for local exchange telecommunications carriers in Title 83 the Illinois Administrative Code *(ILGA §730, Subpart E)* which includes adequacy of service, answer time, service interruptions, outages and notifications.

Viola complies with consumer protection requirements including those found in federal Customer Proprietary Network Information *(CPNI; WC Docket No. 04-36)*, and those of the Title 83 the Illinois Administrative Code *(ILGA §732)*, covering local exchange service obligations, payment and billing practices, procedures for timely reimbursement of customer credits, customer education programs, and *(ILGA §755)* meeting state requirements regarding telecommunications access for persons with disabilities.

Viola certifies it has complied with these requirements and will continue to comply with these requirements.

State of Illinois
REDACTED FOR PUBLIC DISCLOSURE
Illinois Commerce Commission
Service Quality for Telecommunications Carriers
Code Part 730.115
Quarterly Filing

Received & Inspected
JUN 27 2014
FCC Mail Room

Viola Home Telephone Company
for quarter ending December 31, 2013

Performance Data	October	November	December	Quarterly Average
A. Operator Answering Time - Toll and Assistance [730.510(a)(1)]	4.50	8.60	9.90	7.67
B. Operator Answer Time - Information [730.510(a)(1)]	3.00	3.60	4.00	3.53
C. Repair Office Answer Time [730.510(b)(1)]	1.00	1.00	1.00	1.00
D. Business or Customer Service Answer Time [730.510(b)(1)]	1.00	1.00	1.00	1.00
E. Percent of Service Installations [730.540(a)]	100.00%	100.00%	100.00%	100.00%
F. Percent of Out of Service Lines Repaired in < 30 Hours [730.535(a)]	100.00%	100.00%	100.00%	100.00%
G. Trouble Reports per 100 Access Lines [730.545(a)]	0.00	0.00	0.00	0.00
H. Percent Repeat Trouble Reports [730.545(c)]	0.00%	0.00%	0.00%	0.00%
I. Percent of Installation Trouble Reports [730.545(f)]	0.00%	0.00%	0.00%	0.00%
J. Missed Repair Appointments [730.545(h)]	0	0	0	0
K. Missed Installation Appointments [730.540(d)]	0	0	0	0

Comments

State of Illinois
REDACTED FOR PUBLIC DISCLOSURE
Illinois Commerce Commission
Customer Credits for Telecommunications Carriers
Code Part 732.30
Quarterly Filing

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Viola Home Telephone Company
for quarter ending December 31, 2013

Out of Service More Than 30 Hours	October	November	December	Totals
A. Total dollar amount of all customer credits paid	$0.00	$0.00	$0.00	$0.00
B. Number of credits issued for repairs - 30 - 48 hours	0	0	0	0
C. Number of credits issued for repairs - 48 - 72 hours	0	0	0	0
D. Number of credits issued for repairs - 72 - 96 hours	0	0	0	0
E. Number of credits issued for repairs - 96 - 120 hours	0	0	0	0
F. Number of credits issued for repairs > 120 hours	0	0	0	0
G. Number of exemptions claimed for each of the categories identified in Section 732.30(e)	0	0	0	0
H. Number of customers receiving alternate phone service rather than receiving a credit	0	0	0	0

Failure to Install Basic Local Exchange Service	October	November	December	Totals
A. Total dollar amount of all customer credits paid	$0.00	$0.00	$0.00	$0.00
B. Number of installations after 5 business days	0	0	0	0
C. Number of installations after 10 business days	0	0	0	0
D. Number of installations after 11 business days	0	0	0	0
E. Number of exemptions claimed for each of the categories identified in Section 732.30(e)	0	0	0	0
F. Number of customers receiving alternate phone service rather than receiving a credit	0	0	0	0

Missed Appointments	October	November	December	Totals
A. Total dollar amount of all customer credits paid	$0.00	$0.00	$0.00	$0.00
B. Number of customers receiving credits	0	0	0	0
C. Number of exemptions claimed for each of the categories identified in Section 732.30(e)	0	0	0	0

Comments

REDACTED FOR PUBLIC DISCLOSURE

FCC Form 481 – Line 610 Ability To Remain Functional In An Emergency Situation

SAC: **341087**
State: **IL**
Name: **Viola Home Telephone Company**
Submission: **7/1/2014**

47 CFR §54.313(a)(6) requires an ETC to certify that it is able to function in emergency situation as set forth in 47 CFR §54.202 (a)(2).

Viola Home Telephone Company complies with relevant sections for wireless ETCs in Title 83 the Illinois Administrative Code *(ILGA §730, Subpart C)* requiring it to make provisions to meet emergencies resulting from failures of commercial or power service, sudden and prolonged increases in traffic, illness of personnel, fire, storm, or other natural disasters. The company informs employees as to procedures to be followed in the event of emergency in order to prevent or minimize interruption or impairment of telecommunications service, and maintains at least 3 hours of reserve battery power.

Central Office batteries are maintained in accordance with Institute of Electrical and Electronic Engineers (IEEE) standards as adopted in Section 730.340 of the Illinois Administrative Code, and generators are tested each week.

Viola Home Telephone Company certifies it has complied with, and will continue to comply with applicable requirements regarding its ability to remain functional in an emergency situation as set forth in 47 CFR §54.202 (a)(2).

REDACTED FOR PUBLIC DISCLOSURE

FCC Form 481 – Line 1210 Lifeline Service Terms & Conditions

SAC: **341087**
State: **IL**
Name: **Viola Home Telephone Company**
Submission: **7/1/2014**

Viola Home Telephone Company offers Lifeline service to qualifying subscribers.

- Qualifying subscribers receive Lifeline credits of $9.25 against the regular $12.46 monthly rate (not including applicable state surcharges) for residential local telephone service. This benefit is limited to one per qualifying household, and for service received from a single provider.

- Number of Local Minutes/Calls Provided: Unlimited local calling.

- Additional Charges for Toll Calls: Toll calls and services for Lifeline subscribers are available and are billed at toll carriers' standard rates.

- Federal program eligibility for Lifeline service must be confirmed before the credit is issued. All subscribers must be recertified at least once each year.

Lifeline eligibility requires that income be no higher than 135% of the federal Poverty Guideline level, and/or participation in at one of the following programs, verified at least once each year:

- Medicaid
- Supplemental Security Income (SSI)
- Supplemental Nutritional Assistance Programs (SNAP) – Food Stamps
- Low Income Home Energy Assistance Program (LIHEAP)
- Temporary Assistance for Needy Families (TANF)
- Federal Public Housing Assistance (FPHA)/Section 8
- National School Lunch – Free Lunch Program
- Head Start (if income eligibility criteria are met)

Additional Terms & Conditions:

- Lifeline service shall not be disconnected for non-payment of toll charges.

- Qualifying low-income subscribers who voluntarily elect toll blocking, where available, will not be required to pay a service deposit in order to initiate Lifeline Service. This service will only be provided at the customer's request.

- Qualifying Lifeline customers will not be charged a monthly number-portability charge.

- Annual verification, either through the Department of Human Services or, in lieu of electronic verification, applicants will sign the form contained in Illinois Administrative Code Part 757 Exhibit E, as proof of their income eligibility.

Viola Home Telephone Company's local tariff Terms and Conditions for Lifeline Service are attached.

Telephone Assistance Programs

1. Reserved For Future Use (D)

   1.1 Reserved For Future Use

(D)

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Applies to Viola, Illinois

Telephone Assistance Programs

1.2 Supplemental Link Up Telephone Assistance Program

A. A one-time supplemental credit of up to $12.00, not to exceed 50% of the total connection charge, will be applied to each new eligible subscriber.

B. The supplemental Link Up Program is funded through voluntary contributions from Illinois customers as described in 3.A. following.

2. Lifeline Program

2.1 General

A. The Lifeline Program is a federally funded program established to provide monthly assistance to low income households. Eligible subscribers may receive a discount of $9.25 for the monthly Federal Subscriber Line Charge and monthly local exchange access service or a bundled service that includes local exchange access service. (I)(C) (C)

B. To qualify for the program, the Lifeline applicant must participation in any of the following assistance programs. The Illinois Department of Human Services may certify the applicant's participation in assistance programs (a) through (x) below for purposes of determining eligibility.

(a) Medicaid
(b) Supplemental Nutrition Assistance Program
(c) Supplemental Security Income (SSI)
(d) Federal Housing Assistance (Section 8)
(e) Low Income Home Energy Assistance (LIHEAP)
(f) National School Lunch Program's free lunch program
(g) Temporary Assistance to Needy Families (TANF)
(h) Head Start
(i) Customer household income is at or below 135% of the National Poverty Guidelines, for a household of that size (C)

C. Lifeline service shall not be disconnected for nonpayment of toll charges.

D. Qualifying low-income subscribers who voluntarily elect toll blocking, where available, will not be required to pay a service deposit in order to initiate Lifeline service. This service will only be provided at the customer's request.

E. Qualifying Lifeline customers will not be charged a monthly number-portability charge.

Telephone Assistance Programs

2. Lifeline Program (Cont'd) (N)

2.1 General

F. The Telephone Company's verification of income eligibility will be through the Department of Human Services or, in lieu of electronic verification, applicants will sign a form certifying that the applicant qualifies under the program criteria, and provide program participation or income documentation to the Company for review and verification of eligibility.

G. The Lifeline program credit shall be limited to one credit per low income household or economic unit (N)

3. Universal Telephone Assistance Program (UTSAP) Voluntary Funding

A. Customers wishing to participate in the funding of UTSAP may do so by electing to contribute on a monthly basis a fixed amount to be included by the Company on the customer's monthly bill. The voluntary contribution shall not reduce the customer's total monthly bill amount due the Company for telephone services or other charges.

Residential customers may elect to contribute:

(a) $0.50
(b) $1.00
(c) $2.00
(d) $5.00

Business customers may elect to contribute:

(a) $1.00
(b) $5.00
(c) $10.00
(d) $25.00

A. Customers may elect to discontinue or change the amount of monthly contribution on their bill any time upon providing at least 30 days notice to the Company.

B. Failure by the customer in any month to remit the entire billed shall reduce the UTSAP contributions accordingly.

REDACTED – FOR PUBLIC INSPECTION

VIOLA HOME TELEPHONE COMPANY (SAC 341087)

ATTACHMENT - LINE 3026

ATTACHMENT REDACTED IN ENTIRETY