10-90, 11-42

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DOCKET FILE COPY ORIGINAL

<010> Study Area Code	421901	
<015> Study Area Name	KINGDOM TELEPHONE CO	Received & Inspected
<020> Program Year	2015	
<030> Contact Name: Person USAC should contact with questions about this data	Marla McCowan	JUL 01 2014
<035> Contact Telephone Number: Number of the person identified in data line <030>	5733862241 ext.	
<039> Contact Email Address: Email of the person identified in data line <030>	mkmccowan@ktis.net	FCC Mail Room

ANNUAL REPORTING FOR ALL CARRIERS			(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> 421901N0510.pdf	(attached descriptive document)	✓	✓
<600> Functionality in Emergency Situations	(check to indicate certification)	✓	✓
<610> 421901N0610.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> 421901N01010.pdf	(attach descriptive document)	✓	
<1100> Terrestrial Backhaul (Y/N)? ◉ ○	(if not, check to indicate certification)		
<1110>	(complete attached worksheet)		
<1200> Terms and Condition for Lifeline Customers	(complete attached worksheet)		✓

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

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

<2000>	(check to indicate certification)		
<2005>	(complete attached worksheet)		

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

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

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	421901
<015>	Study Area Name	KINGDOM TELEPHONE CO
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Marla McCowan
<035>	Contact Telephone Number - Number of person identified in data line <030>	5733862241 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mkmccowan@ktis.net
<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.

421901M0112.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. 3060-0819 / OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	421901
<015>	Study Area Name	KINGDOM TELEPHONE CO
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Marla McCowan
<035>	Contact Telephone Number - Number of person identified in data line <030>	5733862241 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mkmccowan1ktis.net

<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

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<010>	Study Area Code	421901
<015>	Study Area Name	KINGDOM TELEPHONE CO
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Marla McCowan
<035>	Contact Telephone Number - Number of person identified in data line <030>	5733862241 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mkmccowan@ktis.net

<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

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<010>	Study Area Code	421901
<015>	Study Area Name	KINGDOM TELEPHONE CO
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Marla McCowan
<035>	Contact Telephone Number - Number of person identified in data line <030>	573862241 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mkmccowan@ktis.net

<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 FOR PUBLIC INSPECTION

<010>	Study Area Code	421901
<015>	Study Area Name	KINGDOM TELEPHONE CO
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Marla McCowan
<035>	Contact Telephone Number - Number of person identified in data line <030>	5733862241 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mkmccowan@ktis.net

<810>	Reporting Carrier	Kingdom Telephone Company
<811>	Holding Company	
<812>	Operating Company	Kingdom Telephone Company

<813>

Affiliates	SAC	Doing Business As Company or Brand Designation

-- See attached worksheet --

<010>	Study Area Code	421901
<015>	Study Area Name	KINGDOM TELEPHONE CO
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Marla McCowan
<035>	Contact Telephone Number - Number of person identified in data line <030>	5733862241 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mkmccowan@ktis.net

<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.	

REDACTED FOR PUBLIC INSPECTION

REDACTED FOR PUBLIC INSPECTION

<010>	Study Area Code	421901
<015>	Study Area Name	KINGDOM TELEPHONE CO
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Marla McCowan
<035>	Contact Telephone Number - Number of person identified in data line <030>	5733862241 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mkmccowan@ktis.net

<1120>	Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G)	☐
<1130>	Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G)	☐

REDACTED FOR PUBLIC INSPECTION

<010>	Study Area Code	421901
<015>	Study Area Name	KINGDOM TELEPHONE CO
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Marla McCowen
<035>	Contact Telephone Number - Number of person identified in data line <030>	5733862241 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mkmccowan@ktis.net

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

421901M01210.pdf

Name of Attached Document

<1220> Link to Public Website HTTP http://www.kingdomtelco.com/phone_home_assistance.php

*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. ☑

<010>	Study Area Code	421901
<015>	Study Area Name	KINGDOM TELEPHONE CO
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Marla McCowan
<035>	Contact Telephone Number - Number of person identified in data line <030>	5713862241 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mkmccowan@ktis.net

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

Incremental Connect America Phase I reporting

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

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

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

<2012> 2013 Frozen Support Certification ☐

<2013> 2014 Frozen Support Certification ☐

<2014> 2015 Frozen Support Certification ☐

<2015> 2016 and future Frozen Support Certification ☐

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

<2016> Certification Support Used to Build Broadband ☐

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

<2017> 3rd year Broadband Service Certification ☐

<2018> 5th year Broadband Service Certification ☐

<2019> Interim Progress Certification ☐

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

<2021> Interim Progress Community Anchor Institutions

Name of Attached Document Listing Required Information

REDACTED FOR PUBLIC INSPECTION

REDACTED FOR PUBLIC INSPECTION

<010>	Study Area Code	421901
<015>	Study Area Name	KINGDOM TELEPHONE CO
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Marla McCowan
<035>	Contact Telephone Number - Number of person identified in data line <030>	5733662241 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mkmccowan@ktia.net

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

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

Name of Attached Document Listing Required Information

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

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

Name of Attached Document Listing Required Information

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

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

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

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

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

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

Name of Attached Document Listing Required Information

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

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

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

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

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

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

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

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

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

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

(3026) Attach the worksheet listing required information

421901M03026.pdf

Name of Attached Document Listing Required Information

REDACTED FOR PUBLIC INSPECTION

<010>	Study Area Code	421901
<015>	Study Area Name	KINGDOM TELEPHONE CO
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Marla McCowan
<035>	Contact Telephone Number - Number of person identified in data line <030>	5733862241 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mkmccowan@ktia.net

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

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.

Name of Reporting Carrier: KINGDOM TELEPHONE CO

Signature of Authorized Officer: CERTIFIED ONLINE Date 06/29/2014

Printed name of Authorized Officer: Marla McCowan

Title or position of Authorized Officer: Controller

Telephone number of Authorized Officer: 5733862241 ext.

Study Area Code of Reporting Carrier: 421901 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 FOR PUBLIC INSPECTION

[redacted]

<010>	Study Area Code	421901
<015>	Study Area Name	KINGDON TELEPHONE CO
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Marla McCowan
<035>	Contact Telephone Number - Number of person identified in data line <030>	5733862241 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mkmccowan@ktis.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

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

I certify that (Name of Agent)_____ 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.

REDACTED FOR PUBLIC INSPECTION

Attachments

REDACTED FOR PUBLIC INSPECTION

<010>	Study Area Code	621901
<015>	Study Area Name	KINGDOM TELEPHONE CO
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Marla McCowan
<035>	Contact Telephone Number - Number of person identified in data line <030>	5733462241 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mkmccowan@ktis.net

<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
MO	Auxvasse		FR	14.0	0.0	0.02	0.0	14.02
MO	Big Spring		FR	14.0	0.0	0.02	0.0	14.02
MO	Hatton		FR	14.0	0.0	0.02	0.0	14.02
MO	Mokane		FR	14.0	0.0	0.02	0.0	14.02
MO	Rhineland		FR	14.0	0.0	0.02	0.0	14.02
MO	Tebbetts		FR	14.0	0.0	0.02	0.0	14.02
MO	Williamsburg		FR	14.0	0.0	0.02	0.0	14.02

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<010>	Study Area Code	421901
<015>	Study Area Name	KINGDOM TELEPHONE CO
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Marla McCowan
<035>	Contact Telephone Number - Number of person identified in data line <030>	5733862241 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mkmccowan@ktis.net

<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)
MO	ALL	49.95	0.0	49.95	4.0	1.0	0.0	Other, No Usage allowance
MO	ALL	79.95	0.0	79.95	6.0	1.0	0.0	Other, No Usage allowance, based on availability
MO	ALL	179.0	0.0	179.0	15.0	3.0	0.0	Other, No Usage Allowance, based on availablity
MO	ALL	43.0	0.0	43.0	6.0	1.0	0.0	Other, no usage allowance, bundle

REDACTED FOR PUBLIC INSPECTION

<010>	Study Area Code	421901
<015>	Study Area Name	KINGDOM TELEPHONE CO
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Marla McCowan
<035>	Contact Telephone Number - Number of person identified in data line <030>	5703862241 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mkmccowan@ktis.net

<810>	Reporting Carrier	Kingdom Telephone Company
<811>	Holding Company	
<812>	Operating Company	Kingdom Telephone Company

<813>

Affiliates	SAC	Doing Business As Company or Brand Designation
Kingdom Telecommunications Inc.	.	KTIS
Kingdom Telephone Company	421901	Kingdom Long Distance
Kingdom Telephone Company	421901	KLD
Kingdom Telephone Company	421901	Galva-Kingdom Skitter TV
Kingdom Telephone Company	421901	Kingdom

REDACTED FOR PUBLIC INSPECTION

Kingdom Telephone Company (Kingdom)

SAC 421901

Missouri

FCC Form 481 – Line 510

Kingdom hereby certifies that it is complying with applicable service quality standards and consumer protection rules.

Description of Service Quality Standards and Consumer Protection Rules Compliance

1) Kingdom complies with the consumer protection, quality of service standard, service objective level, customer inquiry and customer dispute provisions of the state of Missouri as promulgated in Missouri Code of State Regulations 4 CSR 240 Chapters 32 and 33 (even though compliance with these regulations has been waived by the Missouri Public Service Commission). Kingdom is committed to providing the highest quality service to its customers.

2) For the protection of consumer privacy, Kingdom complies with the requirements of 47 CFR Part 64 Subpart U, Customer Proprietary Network Information and Subpart Y, Truth in Billing Requirements for Common Carriers, and Federal Trade Commission Red Flag rules to prevent identity theft. A company manual for CPNI and Red Flags is in place, and employee training is conducted annually and new hires are instructed on the programs as required by their job functions.

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Kingdom Telephone Company (Kingdom)

SAC 421901

Missouri

FCC Form 481 – Line 610

Kingdom hereby certifies that it is able to function in emergency situations as set forth in the Code of Federal Regulations, Title 47, Part 54, Subpart C, §54.202(a)(2)1 and the Missouri Code of State Regulations.

Description of Functionality in Emergency Situations

1) Kingdom maintains a Disaster Recovery manual, which has been filed with the Missouri Public Service Commission.
2) Kingdom has a reasonable amount of back-up power to ensure functionality without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations.
3) Specifically, each of Kingdom's Digital Loop Carriers, fiber fed NIDs, and switches are equipped with a 48 volt battery system capable of powering the equipment for 8 hours with no outside power source. A backup generator capable of running for an extended number of days is also located at each switch.
   Kingdom has built redundant facilities between its exchanges and also back to its toll facilities which exit to the public switch telephone network. This redundant facility is in the form of SONET and Ethernet ring architecture. The Company can change call routing translations as needed to reroute traffic around damaged facilities. Changing call routing translations will also allow the Company to manage traffic spikes throughout its network, as emergency situations require. Kingdom takes no responsibility for the capabilities of interconnected networks to manage traffic spikes resulting from emergency situations, but will continue its best efforts for its own network during such events.

REDACTED FOR PUBLIC INSPECTION

Kingdom Telephone Company (Kingdom)

SAC 421901

Missouri

FCC Form 481 – Line 1010

Description of Voice Services Rate Comparability:

1) As evidenced by the data provided in line 700 of this Form 481 (showing a $14.00 per month local rate), Kingdom Telephone's voice service pricing is no more than 2 standard deviations above the national average urban rate ($46.96) as announced by the Wireline Competition Bureau on March 20, 2014 (DA 14-384).

REDACTED FOR PUBLIC INSPECTION

Kingdom Telephone Company (Kingdom)

SAC 421901

Missouri

FCC Form 481 – Line 1210

Description of Lifeline Terms and Conditions

1) See below for Kingdom's Customer Application for Lifeline customers.
2) See below for the applicable pages from Kingdom's local tariff explaining the terms and conditions for Lifeline service.
3) All of Kingdom's Lifeline customers receive unlimited local calling minutes.
4) Kingdom provides toll calling equal access for all Lifeline customers to 28 interexchange carriers (IXCs). The rates, terms and conditions of their toll carrier offerings are made by the IXCs, not by Kingdom.

REDACTED FOR PUBLIC INSPECTION

#1

Federal and State of Missouri Lifeline Program

What kind of assistance can I receive?
Eligible low-income or disabled consumers can receive up to $12.75 in reductions on their telephone bill in the form of a credit against their monthly recurring dial tone charges billed by Kingdom Telephone. This reduction may vary depending on each consumer's eligibility and applies only to a single telephone line at the qualifying consumer's principal place of residence.

How do I qualify?
To qualify for Low-Income Lifeline in Missouri, a consumer or dependent must either have an income that is at or below 135% of the federal Poverty Guidelines or participate in one of the following programs: Medicaid; Food Stamps; Supplemental Security Income; Federal Public Housing Assistance; Low-Income Home Energy Assistance; National School Free Lunch Program; or Temporary Assistance for Needy Families.

To qualify for Disabled Lifeline in Missouri, a consumer or dependent must participate in one of the following programs: Federal Social Security Disability Benefits; Federal Supplemental Security Income Benefits; Veterans' Administration Benefits; State Blind Pension (pursuant to Section 209.020 to 209.610 RSMo); State Aid to the Blind (pursuant to Section 209.240 RSMo); or State Supplemental Payments (pursuant to Section 208.030 RSMo, Section 660.100.2 RSMo 2000).

What services qualify for assistance?
Qualifying consumers will receive this assistance on the following services: voice grade access to the public switched network; single-party service; access to emergency services; access to operator services; access to inter-exchange service; access to directory assistance; bundled service plans combining voice and broadband or packages including optional calling features; and voluntary total toll blocking, which prevents the placement of any long-distance calls.

Carriers, like Kingdom, providing Lifeline may not collect a service deposit in order to initiate Lifeline services if the qualifying low-income or disabled consumer voluntarily elects toll blocking.

What else do I need to know?
The FCC will also require that all current Lifeline recipients be "re-certified" annually. Consumers who willfully make false statements in order to obtain program benefits can be punished with a fine or imprisonment or barred from the program.

For additional details, call our office at 800-487-4811.

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#1

Kingdom Telephone Company
Missouri Application for the Lifeline or Disabled Programs

Consumers meeting certain eligibility criteria are able to receive monthly discounts for voice telephony service through the Lifeline program or the Disabled program. Lifeline service offers a monthly discount of $12.75. The Disabled program offers a $3.50 monthly discount. To apply complete this form and also submit **proof of eligibility**.

Eligibility Criteria	
Lifeline Program	**Disabled Program**
___ MO HealthNet (f/k/a Medicaid) ___ Supplemental Nutrition Assistance (Food Stamps) ___ Supplemental Security Income ___ Low-Income Home Energy Assistance (LIHEAP) ___ Federal Public Housing Assistance (Section 8) ___ National School Free Lunch Program ___ Temporary Assistance for Needy Families (TANF) ___ 135% of the Federal Poverty Level *(See next page for income threshold requirements)*	___ Veteran Administration Disability Benefits ___ State Blind Pension ___ State Aid to Blind Persons ___ State Supplemental Disability Assistance ___ Federal Social Security Disability ___ Federal Supplemental Security Income

Applicant's Full Name:	**Birth Date:**	**Social Security # *(last 4 digits)*:**	**DCN:***
Name on Voice Service Account *(If different from Applicant)*:		**Customer Contact Telephone Number:**	
Customer's Full Residential Service Address *(no P.O. Boxes)*: Street: City, Town, Zip:		**Is this address a temporary address?** Yes / No *(circle the appropriate response)* *(If "yes" then must verify address every 90 days.)*	
Is this address also my billing address? ___ Yes ___ No *(If "no" please provide billing address)*:			

**This number is assigned to program participants of MO HealthNet, LIHEAP, Food Stamps and TANF.*

I understand the following obligations and provisions about the Lifeline and Disabled programs:

- The Lifeline and Disabled programs are government benefit programs and that willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment or being barred from the program.
- Only one Lifeline or Disabled 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 or Disabled benefits from multiple providers or combine Lifeline and Disabled program benefits.
- Violation of the one-per-household limitation constitutes a violation of rules and will result in the subscriber's de-enrollment from the program.
- Lifeline and the Disabled program are non-transferable benefits and the subscriber may not transfer his or her benefit to any other person.

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#1

I CERTIFY UNDER PENALTY OF PERJURY EACH OF THE FOLLOWING:

- I meet the eligibility criteria for the Lifeline program or the Disabled program.
- I will provide notification to my voice service provider within 30 days if for any reasons I no longer satisfy the criteria for receiving Lifeline or Disabled benefits including, as relevant, if I no longer meet the income-based or program-based criteria for receiving Lifeline or Disabled support, I receive more than one Lifeline or Disabled benefit, or another member of my household is receiving a Lifeline or Disabled benefit.
- If I move to a new address I will provide that new address to my voice service provider within 30 days.
- If I have a temporary residential address then I will be required to verify my address with my voice service provider every 90 days.
- My household will receive only one Lifeline or Disabled service and, to the best of my knowledge, my household is not already receiving a Lifeline or Disabled service.
- I acknowledge the obligation to re-certify my continued eligibility for Lifeline or Disabled benefits at any time and failure to re-certify my continued eligibility will result in de-enrollment and the termination of Lifeline or Disabled benefits.
- I consent to providing my name, telephone number and address to the Universal Service Administrative Company for the purpose of verifying I do not receive more than one Lifeline benefit. I also consent to sharing my account information with the Federal Communications Commission and Missouri Public Service Commission who oversee and administer the Lifeline or Disabled programs.

_____ I certify I have _____individuals in my household.
(Initial and complete only if qualifying under income threshold.)

The information supplied on this form is true and correct.

I acknowledge providing false or fraudulent information to receive Lifeline or Disabled benefits is punishable by law.

_____ _____
Signature of Customer **Date**

Submit a completed signed form and proof of eligibility.

Annual Income Thresholds for Meeting 135% of Federal Poverty Level (Based on Household Size)								
1	2	3	4	5	6	7	8	Each add'l person
$15,755	$21,236	$26,717	$32,198	$37,679	$43,160	$48,641	$54,122	+ $5,481/person

Acceptable documentation for meeting the criteria of 135% of the federal poverty level includes: a copy of prior year's state or federal tax return; paycheck stub (three consecutive months); a statement of benefits for Social Security, Veterans Administration, retirement/pension or Unemployment/Workmen's Compensation; or other legal documents showing current income (e.g. divorce decree, child support award). Any documentation must cover a full year or three consecutive months within the previous twelve months.

[redacted]

Kingdom Telephone Company, 1-800-487-4811

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#2

LOCAL EXCHANGE SERVICE

4. Local Exchange Service

4.10 Lifeline Service (Cont'd)

B. Eligibility Requirements

1. An applicant must meet all of the following criteria in order to qualify for Lifeline Service.

   a. To qualify for Lifeline the consumer must participate in one of the following programs:

      1) Mo HealthNet (f/k/a Medicaid) (T)
      2) Food stamps
      3) Supplemental Security Income (SSI)
      4) Federal Public Housing Assistance or Section 8
      5) Low Income Home Energy Assistance Program
      6) National School Free Lunch Program (T)
      7) Temporary Assistance for Needy Families, or (T)
      8) The customer's income, as defined in 47 CFR §54.400(f), is at or below 135% of the Federal Poverty Guideline (effective June 1, 2012). (N) (N)

2. The customer must sign, under penalty of perjury a document certifying:

   a. He/she is receiving benefits from one of the programs in 1.a. above.
   b. Name of the program(s) from which they are receiving benefits.
   c. That he/she will notify the company if he/she no longer participates in the program(s) named in a. preceding.

3. The premises at which the residence service is requested must be the applicant's principal place of residence.

4. There is only one telephone line serving the residence premises. The residence premises household (dwelling unit) shall consist of that portion of an individual house or building or one flat or apartment occupied by a single family or individuals functioning as one domestic establishment.

Tom Young
Kingdom Telephone Company
211 South Main Street
Auxvasse, MO 65231

FILED
Missouri Public
Service Commission
JI-2012-0464

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#2

LOCAL EXCHANGE SERVICE

4. Local Exchange Service (Cont'd)

4.11 Missouri Universal Service Fund Low-Income Assistance

A. General-A low-income customer is any customer who requests or received residential essential local telecommunications service and who has been certified by the Department of Social Services (DSS) as economically disadvantaged. Qualified individuals will receive discounted services under either the low-income assistance or the disabled assistance program.

B. Regulations-Low income assistance is available to all residential customers who demonstrate, by self certifying with the company under penalty of perjury, that they are eligible for support by participation in:

1) Mo HealthNet (f/k/a Medicaid) (T)
2) Food Stamps
3) Supplemental Security Income (SSI)
4) Federal Public Housing Assistance or Section 8
5) Low Income Home Energy Assistance Program
6) National School Free Lunch Program (T)
7) Temporary Assistance for Needy Families, or (T)
8) The customer's income, as defined in 47 CFR §54.400(f), is at or below 135% of the Federal Poverty Guideline (effective June 1, 2012). (N) | (N)

C. Eligible Services – Essential local telecommunications service is defined as two (2) way switched voice residential service within a local calling scope as determined by the commission, comprised of the following services and their recurring charges: (T)

1) Single line residential service, including touch-tone dialing and any applicable mileage or zone charges
2) Access to local emergency service, including, but not limited to, 911 service established by local authorities
3) Access to basic local operator services
4) Access to basic local directory assistance
5) Standard intercept service
6) Equal access to Inter-Exchange Carriers consistent with rules and regulations of the FCC
7) One (1) standard white pages directory listing
8) Toll blocking or toll control for qualifying low-income customers

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Missouri Public
Service Commission
JI-2012-0464

#2

LOCAL EXCHANGE SERVICE

A. Support Amount – Customers eligible under the established criteria can receive a Discount from their bill for essential local telecommunications service equal to the amounts approved by the Missouri Public Service Commission and the Federal Communication Commission. The amount of combined federal and state lifeline support for any customer will not exceed the sum of the federal Subscriber Line Charge (SLC) and the recurring charges for essential total telecommunications services (including the basic service rate, Touch-Tone calling charge, extended area service additive, and mileage additives, if any).

4.12 Missouri Universal Service Fund Disabled Assistance

A. General – A disabled customer, or a dependent, is a customer who requests or receives residential essential local telecommunications service, as defined in section 4.11(C) of this tariff, and meets the eligibility requirements set forth in this tariff.

B. Regulations – Disabled assistance is available to all residential customers who demonstrate, by self certifying with the company under penalty of perjury, that they, or a dependent, are totally and permanently disabled or blind and receiving any of the following:

1) Federal Social Security Disability benefits
2) Federal Supplemental Security income benefits
3) Veterans Administration benefits
4) State blind pension pursuant to Section 209.010 to 209.160, RSMo
5) State aid to blind persons pursuant to Section 209.240 RSMo
6) State Supplemental payments pursuant to Section 208.030, RSMo Section 660.100.2 RSMo 2000.

C. Support Amount – Customers eligible under the established criteria can receive a discount equal to the amount approved by the Missouri Public Service Commission from their bill for essential local telecommunications service. The amount of state lifeline support for any customer will not exceed the recurring charges for essential local telecommunications services (including the basic service rate, Touch-Tone calling charge, extended area service additive, and mileage additives, if any).

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MO PSC

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ATTACHMENT – LINE 112

Kingdom Telephone Company
("Kingdom" or "Company")
FIVE YEAR SERVICE QUALITY IMPROVEMENT PLAN
Due July 1, 2014
Study Area Code 42-1901

ATTACHMENT REDACTED IN ENTIRETY

REDACTED FOR PUBLIC INSPECTION

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ATTACHMENT – LINE 3026

ATTACHMENT REDACTED IN ENTIRETY

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Kiesling
foresight for your future

INDEPENDENT AUDITOR'S REPORT

To the Board of Directors
Kingdom Telephone Company and Subsidiary
Auxvasse, Missouri

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Kiesling Associates LLP

West Des Moines, Iowa
April 7, 2014

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KINGDOM TELEPHONE COMPANY
AUXVASSE, MISSOURI

CONSOLIDATED BALANCE SHEETS
December 31, 2013 and 2012

ASSETS	2013	2012
CURRENT ASSETS		
Cash and cash equivalents	[redacted]	[redacted]
Temporary investments	[redacted]	[redacted]
Accounts receivable:		
Due from customers	[redacted]	[redacted]
Interexchange carriers	[redacted]	[redacted]
Other	[redacted]	[redacted]
Prepaid income taxes	[redacted]	[redacted]
Notes receivable	[redacted]	
Interest receivable	[redacted]	[redacted]
Materials and supplies at average cost	[redacted]	[redacted]
Prepayments	[redacted]	[redacted]
OTHER NONCURRENT ASSETS		
Cellular partnership investments	[redacted]	[redacted]
Prepayments	[redacted]	[redacted]
Investment in MNA Holdings, LLC	[redacted]	[redacted]
Other investments	[redacted]	[redacted]
Deferred charges	[redacted]	[redacted]
Intangibles		[redacted]
Goodwill	[redacted]	[redacted]
PROPERTY, PLANT AND EQUIPMENT		
Telephone plant in service	[redacted]	[redacted]
Video plant in service	[redacted]	[redacted]
Internet plant in service	[redacted]	[redacted]
Wireless plant in service	[redacted]	[redacted]
Other	[redacted]	[redacted]
	[redacted]	[redacted]
Less accumulated depreciation	[redacted]	[redacted]
	[redacted]	[redacted]
Plant under construction	[redacted]	[redacted]
	[redacted]	[redacted]
TOTAL ASSETS	$ [redacted]	

The accompanying notes are an integral part of these consolidated financial statements.

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KINGDOM TELEPHONE COMPANY
AUXVASSE, MISSOURI

CONSOLIDATED BALANCE SHEETS
December 31, 2013 and 2012

	2013	2012
LIABILITIES AND MEMBERS' EQUITY		
CURRENT LIABILITIES		
Accounts payable:		
Interexchange carriers	[redacted]	[redacted]
Other	[redacted]	[redacted]
Advance billing and payments	[redacted]	[redacted]
Customer deposits	[redacted]	[redacted]
Accrued taxes	[redacted]	[redacted]
Other	[redacted]	[redacted]
OTHER NONCURRENT LIABILITIES AND DEFERRED CREDITS		
Deferred income taxes	[redacted]	[redacted]
Other deferred credits	[redacted]	[redacted]
Other	[redacted]	[redacted]
MEMBERS' EQUITY		
Memberships - $10 par value, 3,637 and 3,738 issued and outstanding, respectively	[redacted]	[redacted]
Patronage capital assigned	[redacted]	[redacted]
Other capital	[redacted]	[redacted]
Accumulated Other Comprehensive Income:		
Unrecognized post-retirement obligation	[redacted]	[redacted]
Margins assignable	[redacted]	[redacted]
TOTAL LIABILITIES AND MEMBERS' EQUITY	$ [redacted]	

The accompanying notes are an integral part of these consolidated financial statements.

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KINGDOM TELEPHONE COMPANY AUXVASSE, MISSOURI

CONSOLIDATED STATEMENTS OF OPERATIONS
Years ended December 31, 2013 and 2012

	2013	2012
OPERATING REVENUES		
Local network services	[redacted]	[redacted]
Network access services	[redacted]	[redacted]
Long distance services	[redacted]	[redacted]
Internet, sales and other services	[redacted]	[redacted]
Video services	[redacted]	
Miscellaneous revenue	[redacted]	[redacted]
	[redacted]	[redacted]
OPERATING EXPENSES		
Plant specific operations	[redacted]	[redacted]
Plant nonspecific operations	[redacted]	[redacted]
Cost of long distance services	[redacted]	[redacted]
Cost of internet, sales and other services	[redacted]	[redacted]
Cost of video services	[redacted]	[redacted]
Depreciation and amortization	[redacted]	[redacted]
Customer operations	[redacted]	[redacted]
Corporate operations	[redacted]	[redacted]
General taxes	[redacted]	[redacted]
	[redacted]	[redacted]
OPERATING MARGINS	[redacted]	[redacted]
OTHER INCOME (EXPENSE)		
Interest and dividend income	[redacted]	[redacted]
Gain from disposition of Crossroads Wireless, Inc.	[redacted]	[redacted]
Other, net	[redacted]	[redacted]
Gain (loss) on sale of assets	[redacted]	[redacted]
Equity earnings in unconsolidated affiliates	[redacted]	[redacted]
Interest expense	[redacted]	[redacted]
	[redacted]	[redacted]
MARGINS BEFORE INCOME TAXES	[redacted]	[redacted]
INCOME TAXES	[redacted]	[redacted]
NET MARGINS	[redacted]	[redacted]

The accompanying notes are an integral part of these consolidated financial statements.

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KINGDOM TELEPHONE COMPANY
AUXVASSE, MISSOURI

CONSOLIDATED STATEMENTS OF COMPREHENSIVE INCOME
Years ended December 31, 2013 and 2012

	2013	2012
Net Margins	$ [redacted]	
Other comprehensive income, net of tax:		
Post-retirement benefit plans:		
Amortization of actuarial loss and prior service costs	[redacted]	[redacted]
COMPREHENSIVE INCOME	$ [redacted]	

The accompanying notes are an integral part of these consolidated financial statements.

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KINGDOM TELEPHONE COMPANY
AUXVASSE, MISSOURI

CONSOLIDATED STATEMENTS OF CASH FLOWS
Years ended December 31, 2013 and 2012

	2013	2012
CASH FLOWS FROM OPERATING ACTIVITIES		
Net margins	[redacted]	[redacted]
Adjustments to reconcile net margins to net cash provided by operating activities:		
Depreciation and amortization	[redacted]	[redacted]
Deferred income taxes	[redacted]	[redacted]
Patronage in business conducted with cooperatives	[redacted]	[redacted]
Patronage distributions received from business conducted with cooperatives	[redacted]	[redacted]
Equity income in unconsolidated affiliates	[redacted]	[redacted]
Distributions received from unconsolidated affiliates	[redacted]	[redacted]
Realized loss (gain) on sale of assets	[redacted]	[redacted]
Deferred debt issuance costs		[redacted]
Gain on disposition of Crossroads wireless	[redacted]	[redacted]
Changes in assets and liabilities:		
(Increase) Decrease in:		
Receivables	[redacted]	[redacted]
Materials and supplies	[redacted]	[redacted]
Prepayments and deferred charges	[redacted]	[redacted]
Increase (Decrease) in:		
Accounts payable	[redacted]	[redacted]
Accrued taxes	[redacted]	[redacted]
Other	[redacted]	[redacted]
Net cash provided by operating activities	[redacted]	[redacted]
CASH FLOWS FROM INVESTING ACTIVITIES		
Capital expenditures	[redacted]	[redacted]
Purchase of investments	[redacted]	[redacted]
Purchases of equity investments	[redacted]	
Proceeds from sale of investments	[redacted]	[redacted]
Issuance of notes receivable for sale of phone system operations	[redacted]	
Collections of notes receivable	[redacted]	[redacted]
Salvage, net of cost of removing plant	[redacted]	[redacted]
Proceeds from sales of assets		[redacted]
Proceeds from Crossroads Wireless	[redacted]	[redacted]
Net cash used in investing activities	[redacted]	[redacted]
CASH FLOWS FROM FINANCING ACTIVITIES		
Patronage capital retired	[redacted]	[redacted]
Excise tax refund	[redacted]	[redacted]
Unclaimed capital credits	[redacted]	[redacted]
Other, net	[redacted]	[redacted]
Net cash used in financing activities	[redacted]	[redacted]
Net Decrease in Cash and Cash Equivalents	[redacted]	[redacted]
Cash and Cash Equivalents at Beginning of Year	[redacted]	[redacted]
Cash and Cash Equivalents at End of Year	[redacted]	[redacted]

The accompanying notes are an integral part of these consolidated financial statements.