



Depend on our people. Count on our advice.SM

REDACTED - FOR PUBLIC INSPECTION

July 1, 2014

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

Received & Inspected
JUL 1 - 2014
FCC Mail Room

ATTENTION: WIRELINE COMPETITION BUREAU

RE: Form 481 ETC filing pursuant to Sections 54.313 and 54.422
SAC 361412, MN, Kasson & Mantorville Telephone Company
Connect America Fund WC Dockets 10-90, 11-42 and 14-58

Dear Ms. Dortch:

Pursuant to Sections 54.313 and 54.422 of Commission's Rules, Kasson & Mantorville Telephone Company, MN, SAC 361412 is filing its Form 481 High Cost and Low-Income Annual Report.

Kasson & Mantorville Telephone Company seeks confidential treatment under the Protective Order in this proceeding for Section 54.313(f)(2) financial information in the 481 filing¹ and for Section 54.202(a) 5 Year Service Quality Improvement Plan portion of the 481 filing pursuant to the Request for Confidential Treatment attached to this filing. Pursuant to the Protective Order, one copy of the confidential document and two copies of the redacted version are provided. The Redacted version is also being filed on the Electronic Comment Filing System.

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

Sincerely,

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

Enclosures

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

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

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

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

*Received & Inspected
JUL 1 - 2014
FCC Mail Room*

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

REQUEST FOR CONFIDENTIAL TREATMENT

Kasson & Mantorville Telephone Company, SAC 361412, ("the company") requests that the portion of its Form 481 pertaining to the 5-Year Service Quality Improvement Plan be granted confidential, non-public treatment pursuant to Sections 0.457 and 0.459 of the Commission's rules, 47 C.F.R. §§ 0.457, 0.459, and related provisions of the Freedom of Information Act ("FOIA"), including 5 U.S.C. § 552(b)(4) ("Exemption 4"). Form 481 contains information regarding the company's Section 54.202(a) 5- Year Service Quality Improvement Plan including capital expenditures and operating expenses. Release of such information would supply a roadmap to competitors regarding confidential build out plans and study area demographics. In addition, the document contains confidential information that is not customarily disclosed to the public or made available within the telecommunications industry. Information in support of the company's request for confidential treatment pursuant to Section 0.459(b) of the Commission's Rules, 47 C.F.R. § 0.459(b), is provided below.

I. KASSON & MANTORVILLE TELEPHONE COMPANY'S FORM 481 SATISFIES THE REQUIREMENTS OF § 0.459 OF THE COMMISSION'S RULES

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

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

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

(3) Explanation of the degree to which the information is commercial or financial, or contains a trade secret or is privileged. The information for which confidentiality is requested is “financial” and commercial¹ in nature. The information is “confidential” in that it “would customarily not be released to the public.”² The courts have elaborated that material “is ‘confidential’ . . . if disclosure of the information is likely to have either the following effects: (1) to impair the government’s ability to obtain necessary information in the future; or (2) to cause substantial harm to the competitive position of the person from whom the information was obtained.”³ Both of the considerations apply in this instance, as further explained in point (5) below.

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

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

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

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

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

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

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

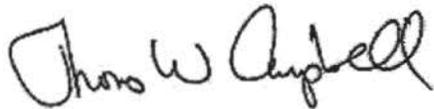
(7) Identification of whether the information is available to the public and the extent of any previous disclosure of the information to third parties. The documents and information for which confidentiality is sought are not made available to the public and have not been disclosed to third parties,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

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

II. CONCLUSION

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

Sincerely,

A handwritten signature in black ink that reads "Tom Campbell". The signature is written in a cursive style with a large, stylized initial 'T'.

Tom Campbell

Telecommunications Consultant

tcampbell@otcpas.com

651-621-8511 (v)

651-483-2467 (f)

<010> Study Area Code	361412
<015> Study Area Name	KASSON & MANTORVILLE
<020> Program Year	2015
<030> Contact Name: Person USAC should contact with questions about this data	Tom Campbell
<035> Contact Telephone Number: Number of the person identified in data line <030>	6516218511 ext.
<039> Contact Email Address: Email of the person identified in data line <030>	tcampbell@otcpas.com

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 FCC Mail Room

ANNUAL REPORTING FOR ALL CARRIERS	54,313 Completion Required	54,422 Completion Required
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			<i>(check box when complete)</i>	
<100> Service Quality Improvement Reporting	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<200> Outage Reporting (voice)	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210> <input checked="" type="checkbox"/> <-- check box if no outages to report		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<300> Unfulfilled Service Requests (voice)	0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<310> Detail on Attempts (voice)	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> <i>(attach descriptive document)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<320> Unfulfilled Service Requests (broadband)	0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<330> Detail on Attempts (broadband)	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> <i>(attach descriptive document)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<400> Number of Complaints per 1,000 customers (voice)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<410> Fixed	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<420> Mobile	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<430> Number of Complaints per 1,000 customers (broadband)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<440> Fixed	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<450> Mobile	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<500> Service Quality Standards & Consumer Protection Rules Compliance	<i>(check to indicate certification)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	<i>(attached descriptive document)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600> Functionality in Emergency Situations	<i>(check to indicate certification)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	<i>(attached descriptive document)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700> Company Price Offerings (voice)	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<710> Company Price Offerings (broadband)	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<800> Operating Companies and Affiliates	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900> Tribal Land Offerings (Y/N)?	<input type="radio"/> <input checked="" type="radio"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1000> Voice Services Rate Comparability	<i>(check to indicate certification)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1010> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	<i>(attach descriptive document)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1100> Terrestrial Backhaul (Y/N)?	<input checked="" type="radio"/> <input type="radio"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1110>	<i>(complete attached worksheet)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1200> Terms and Condition for Lifeline Customers	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

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

<2000>	<i>(check to indicate certification)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<2005>	<i>(complete attached worksheet)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

<3000>	<i>(check to indicate certification)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<3005>	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

(100) Service Quality Improvement Reporting Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	361412
<015> Study Area Name	KASSON & MANTORVILLE
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Tom Campbell
<035> Contact Telephone Number - Number of person identified in data line <030>	6516218511 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	tcampbell@otcpas.com
<110> Has your company received its ETC certification from the FCC?	(yes / no) <input type="radio"/> <input checked="" type="radio"/>
If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes / no) <input type="radio"/> <input type="radio"/>

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

361412mn112.pdf

Name of Attached Document

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

- <113> Maps detailing progress towards meeting plan targets
- <114> Report how much universal service (USF) support was received
- <115> How (USF) was used to improve service quality
- <116> How (USF) was used to improve service coverage
- <117> How (USF) was used to improve service capacity
- <118> Provide an explanation of network improvement targets not met in the prior calendar year.

✓
✓
✓
✓

(900) Tribal Lands Reporting Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	361412
<015> Study Area Name	KASSON & MANTORVILLE
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Tom Campbell
<035> Contact Telephone Number - Number of person identified in data line <030>	6516210511 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	tcampbell@otcpas.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:

- <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.

Select (Yes, No, NA)

(1100) No Terrestrial Backhaul Reporting Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	361412
<015> Study Area Name	KASSON & MANTORVILLE
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Tom Campbell
<035> Contact Telephone Number - Number of person identified in data line <030>	6516218511 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	tcampbell@otcpas.com

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

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

(1200) Terms and Condition for Lifeline Customers Lifeline Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	361412
<015> Study Area Name	KASSON & MANTORVILLE
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Tom Campbell
<035> Contact Telephone Number - Number of person identified in data line <030>	6516218511 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	tcampbell@otcpas.com

<1210> Terms & Conditions of Voice Telephony Lifeline Plans	361412mn1210.pdf
	Name of Attached Document

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

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

(2000) Price Cap Carrier Additional Documentation Data Collection Form <i>Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers</i>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	361412
<015>	Study Area Name	KASSON & MANTORVILLE
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Tom Campbell
<035>	Contact Telephone Number - Number of person identified in data line <030>	6516218511 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tcampbell@otcpas.com

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

Incremental Connect America Phase I reporting

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

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

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

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

- <2016> Certification Support Used to Build Broadband

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

- <2017> 3rd year Broadband Service Certification
- <2018> 5th year Broadband Service Certification
- <2019> Interim Progress Certification
- <2020> Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

- <2021> Interim Progress Community Anchor Institutions

Name of Attached Document Listing Required Information

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(3000) Rate Of Return Carrier Additional Documentation
Data Collection Form

FCC Form 481
OMB Control No. 3060-0985/OMB Control No. 3060-0819
July 2013

<010> Study Area Code	361412
<015> Study Area Name	KASSON & MANTORVILLE
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Tom Campbell
<035> Contact Telephone Number - Number of person identified in data line <030>	6516218511 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	tcampbell@otcpaa.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) (Yes) (No)

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

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

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

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

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

Name of Attached Document Listing Required Information

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

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

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

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

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

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

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

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

(3024) Underlying information subjected to an officer certification.

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

(3026) Attach the worksheet listing required information

361412mn3026.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
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<010> Study Area Code	361412
<015> Study Area Name	KASSON & MANTORVILLE
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Tom Campbell
<035> Contact Telephone Number - Number of person identified in data line <030>	6516218511 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	tcampbell@otcpas.com

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. 3960-0819 July 2013
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<010> Study Area Code	361412
<015> Study Area Name	KASSON & MANTORVILLE
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Tom Campbell
<035> Contact Telephone Number - Number of person identified in data line <030>	6516218511 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	tcampbell@otcpas.com

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

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) <u>TOM CAMPBELL</u> is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	TOM CAMPBELL
Name of Reporting Carrier:	KASSON & MANTORVILLE
Signature of Authorized Officer:	CERTIFIED ONLINE Date: 06/27/2014
Printed name of Authorized Officer:	BETH TOLLEFSON
Title or position of Authorized Officer:	CFO
Telephone number of Authorized Officer:	5076342511 ext.
Study Area Code of Reporting Carrier:	361412 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:	KASSON & MANTORVILLE
Name of Authorized Agent or Employee of Agent:	Tom Campbell
Signature of Authorized Agent or Employee of Agent:	CERTIFIED ONLINE Date: 06/27/2014
Printed name of Authorized Agent or Employee of Agent:	Tom Campbell
Title or position of Authorized Agent or Employee of Agent:	Consultant
Telephone number of Authorized Agent or Employee of Agent:	6516218511 ext.
Study Area Code of Reporting Carrier:	361412 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

Attachments

REDACTED – FOR PUBLIC INSPECTION

SAC: 361412

State: MN

Kasson & Mantorville

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

ATTACHMENT REDACTED IN ENTIRETY

SAC: 361412

State: MN

Kasson & Mantorville

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

As required by MN. Rule "7812.0700 Minnesota General Service Quality Requirements. Subpart 1" the local services provided by Kasson & Mantorville are provided under internal company operating procedures and publically available tariffs which are in compliance with applicable Minnesota Public Utility Commission orders and rules including:

7810.0100 DEFINITIONS.

7810.0200 SCOPE.

7810.0300 STATUTORY AUTHORITY.

RECORDS AND REPORTS

7810.0400 RETENTION OF RECORDS.

7810.0500 DATA TO BE FILED WITH THE COMMISSION.

7810.0600 REPORT TO COMMISSION ON SERVICE DISRUPTION.

7810.0900 LOCATION OF RECORDS.

CUSTOMER RELATIONS

7810.1000 INFORMATION AVAILABLE TO CUSTOMER AND PUBLIC.

7810.1100 COMPLAINT PROCEDURES.

7810.1200 RECORD OF COMPLAINT.

CUSTOMER BILLING; DEPOSIT AND GUARANTEE REQUIREMENTS

7810.1400 CUSTOMER BILLING.

7810.1500 DEPOSIT AND GUARANTEE REQUIREMENTS.

7810.1600 DEPOSIT.

7810.1700 GUARANTEE OF PAYMENT.

DISCONNECTION OF SERVICE; SERVICE DELAY

7810.1800 PERMISSIBLE SERVICE DISCONNECTIONS WITH NOTICE.

7810.1900 PERMISSIBLE SERVICE DISCONNECTIONS WITHOUT NOTICE.

7810.2000 NONPERMISSIBLE REASONS TO DISCONNECT SERVICE.

7810.2100 MANNER OF DISCONNECTION.

7810.2200 RECONNECTION OF SERVICE.

7810.2300 NOTICE REQUIREMENTS.

7810.2400 BILL DISPUTES.

7810.2500 ESCROW PAYMENTS.

7810.2600 WAIVING RIGHT TO DISCONNECT; EMERGENCY STATUS.

7810.2800 DELAY IN INITIAL SERVICE OR UPGRADE.

DIRECTORIES

7810.2900 CONTENT OF DIRECTORIES.

7810.3000 DIRECTORY ASSISTANCE.

7810.3100 CHANGES OR ERROR OF LISTED NUMBER.

ENGINEERING

7810.3200 CONSTRUCTION OF TELEPHONE PLANT.

7810.3300 MAINTENANCE OF PLANT AND EQUIPMENT.

7810.3900 EMERGENCY OPERATIONS.

SAC: 361412

State: MN

Kasson & Mantorville

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

INSPECTIONS, TESTS, SERVICE REQUIREMENTS

7810.4100 ACCESS TO TEST FACILITIES.

7810.4300 ACCURACY REQUIREMENTS.

7810.4900 ADEQUACY OF SERVICE.

7810.5000 UTILITY OBLIGATIONS.

7810.5100 TELEPHONE OPERATORS.

7810.5200 ANSWERING TIME.

7810.5300 DIAL SERVICE REQUIREMENTS.

7810.5400 INTEROFFICE TRUNKS.

7810.5500 TRANSMISSION REQUIREMENTS.

7810.5800 INTERRUPTIONS OF SERVICE.

7810.5900 CUSTOMER TROUBLE REPORTS.

7810.6000 PROTECTIVE MEASURES.

7810.6100 SAFETY PROGRAM.

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