DOCKET FILE COPY ORIGINAL

Trans-Cascades Telephone Company
PO Box 189 Estacada, Oregon. 97023
Fax (503) 630-8934
Phone (503) 630-4202

Received & Inspected
JUL - 3 2014
FCC Mail Room

Date July 1, 2014

Electronic Filing

Ms. Marlene H. Dortch
Office of Secretary
Federal Communications Commission
445 12th Street, SW
Washington, DC 20554

Re: WC Docket No. 10-90 & 11-42
Annual §54.313/54.422 Report of High-Cost and Low Income Recipient, Form 481

Dear Ms. Dortch:

Enclosed herein is the annual report for **Trans-Cascades Tel.**, Study Area Code **532378** pursuant to §54.313/54.422 of the Commission's rules. "CONFIDENTIAL FINANCIAL INFORMATION-SUBJECT TO PROTECTIVE ORDER IN WC DOCKET NOS. 10-90, 07-135, 05-337, 03-109, CC DOCKETS NOS. 01-92, 96-45, GN DOCKET NO.09-51, WT DOCKET NO.10-208, BEFORE THE FEDERAL COMMUNICATIONS COMMISSION."

Two copies of the Confidential Financial Information are REDACTED-FOR PUBLIC INSPECTION.

Please contact me with any questions at:

Phone: 503-630-8977
Email: mcphersons@cuaccess.net

Sincerely,
Summer McPherson, Revenue Lead
SMcPherson

CC:
Charles Tyler
Telecommunications Commissions
Confidential
445 12th Street, S.W. Room 5-A452
Washington, D.C. 20554

Universal Service Administrative Company
Electronic Filing, Confidential
Washington, DC 20036

Public Utility Commission
Electronic Filing Confidential & Redacted

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

<010> Study Area Code	532378	
<015> Study Area Name	TRANS-CASCADES TEL	Received & Inspected
<020> Program Year	2015	
<030> Contact Name: Person USAC should contact with questions about this data	Summer McPherson	JUL - 3 2014
<035> Contact Telephone Number: Number of the person identified in data line <030>	5036308977 ext.	FCC Mail Room
<039> Contact Email Address: Email of the person identified in data line <030>	mcpherson@cuaccess.net	

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		
<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>	532378or510.pdf	(attached descriptive document)	✓ ✓
<600>	Functionality in Emergency Situations	(check to indicate certification)	✓ ✓
<610>	532378or610.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>	532378or1010.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)	✓

(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	532378
<015>	Study Area Name	TRANS-CASCADES TEL
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Summer McPherson
<035>	Contact Telephone Number - Number of person identified in data line <030>	5036308977 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mcpherson@cuaccess.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.

532378or100.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.	☐

(220) 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	532378
<015>	Study Area Name	TRANS-CASCADES T&L
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Summer McPherson
<035>	Contact Telephone Number - Number of person identified in data line <030>	5036308977 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mcphersonsecuaccess.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

<010>	Study Area Code	532378
<015>	Study Area Name	TRANS-CASCADES TEL
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Summer McPherson
<035>	Contact Telephone Number - Number of person identified in data line <030>	5016308977 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	scpherson@cuaccess.net

<701>	Residential Local Service Charge Effective Date	1/1/2014
<702>	Single State-wide Residential Local Service Charge	14.8

<703>

State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fees

-- See attached worksheet

<010>	Study Area Code	532378
<015>	Study Area Name	TRANS-CASCADES TEL
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Summer McPherson
<035>	Contact Telephone Number - Number of person identified in data line <030>	5036308977 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mcpherson@cuaccess.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 --

<010>	Study Area Code	532378
<015>	Study Area Name	TRANS-CASCADES TEL
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Summer McPherson
<035>	Contact Telephone Number - Number of person identified in data line <030>	5036308977 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mcpherson@cuaccess.net

<810>	Reporting Carrier	Trans-Cascades Telephone Co
<811>	Holding Company	Day Management Corporation
<812>	Operating Company	Reliance Connects

<813>

Affiliates	SAC	Doing Business As Company or Brand Designation

-- See attached worksheet --

<010>	Study Area Code	512378
<015>	Study Area Name	TRANS-CASCADES TEL
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Summer McPherson
<035>	Contact Telephone Number - Number of person identified in data line <030>	5036308977 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mcphersons@cuaccess.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.	

<010>	Study Area Code	532378
<015>	Study Area Name	TRANS-CASCADES TEL
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Summer McPherson
<035>	Contact Telephone Number - Number of person identified in data line <030>	5036308977 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mcphersons@cuaccess.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)	☐

<010>	Study Area Code	532378
<015>	Study Area Name	TRANS-CASCADES TEL
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Summer McPherson
<035>	Contact Telephone Number - Number of person identified in data line <030>	5036308977 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mcpherson@cuaccess.net

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

532378or1210.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. ☑

<010>	Study Area Code	532378
<015>	Study Area Name	TRANS-CASCADES TEL
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Summer McPherson
<035>	Contact Telephone Number - Number of person identified in data line <030>	5036308977 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mcphersonsecuaccess.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

<010>	Study Area Code	532378
<015>	Study Area Name	TRANS-CASCADES TEL
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Summer McPherson
<035>	Contact Telephone Number - Number of person identified in data line <030>	5036308977 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mcphersons@cuaccess.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

532371or3017.pdf

Name of Attached Document Listing Required Information

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

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

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

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

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

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

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

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

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

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

(3026) Attach the worksheet listing required information

Name of Attached Document Listing Required Information

<010>	Study Area Code	532378
<015>	Study Area Name	TRANS-CASCADES TEL
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Summer McPherson
<035>	Contact Telephone Number - Number of person identified in data line <030>	5036308977 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mcphersons@cuaccess.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: TRANS-CASCADES TEL

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

Printed name of Authorized Officer: Brooke Wheeler

Title or position of Authorized Officer: CFO

Telephone number of Authorized Officer: 5036308952 ext.

Study Area Code of Reporting Carrier: 532378 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.

<010>	Study Area Code	532378
<015>	Study Area Name	TRANS-CASCADES TEL
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Summer McPherson
<035>	Contact Telephone Number - Number of person identified in data line <030>	5036308977 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mcphersons@cuaccess.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.

Attachments

Trans-Cascades Telephone Company
PO Box 189 Estacada, Oregon. 97023
Fax (503) 630-8934
Phone (503) 630-4202

Wednesday, June 25, 2014

5 Year Service Quality Improvement Plan

FCC Form 481

Redacted for Public View

"CONFIDENTIAL FINANCIAL INFORMATION-SUBJECT TO PROTECTIVE ORDER IN WC DOCKET NOS. 10-90, 07-135, 05-337, 03-109, CC DOCKETS NOS. 01-92, 96-45, GN DOCKET NO.09-51, WT DOCKET NO. 10-208, BEFORE THE FEDERAL COMMUNICATIONS COMMISSION."

532378or100.pdf

Trans Cascades Telephone Company

PO Box 189 Estacada, Oregon. 97023
Fax (503) 630-8934
Phone (503) 630-4202

Consumer Protection

Trans Cascades Telephone Company complies with the requirements of 47 CFR Part 64 Subpart U, Customer Proprietary Network Information and the Federal Trade Commission Red Flag rules to prevent identity theft. A manual for each of those programs is in place and is part of the employees' handbook. Employee training is conducted annually and new hairs are instructed on the programs as required by their job functions.

Service Quality Standards

Voice

Trans Cascades Telephone Company complies with the service standards of the State of Oregon as promulgated in the Oregon Administrative Rules **860-034-0390**, Retail Telecommunications Service Standards for Small Telecommunications Utilities.

Broadband

Trans Cascades Telephone Company complies with the service standards as noted in NECA Tariff #5 and is committed to provide the highest quality service to its broadband customers..

Trans Cascades Telephone Company
PO Box 189 Estacada, Oregon. 97023
Fax (503) 630-8934
Phone (503) 630-4202

Trans-Cascades Telephone Company is able to remain functional in an emergency situation. Please see the specific information below in regard to back-up power, ability to reroute traffic around damaged facilities, and the capability to manage traffic spikes resulting from emergency situations.

Redacted for Public View

532378or610.pdf

"CONFIDENTIAL FINANCIAL INFORMATION – SUBJECT TO PROTECTIVE ORDER IN WC Docket Nos. 10-90, 07-135, 05-337, 03-109, CC Docket Nos. 01-92, 96-45, GN Docket No. 09-5, WT Docket No. 10-208, BEFORE THE FEDERAL COMMUNICATIONS COMMISSION."

<010>	Study Area Code	532378
<015>	Study Area Name	TRANS-CASCADES TEL
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Summer McPherson
<035>	Contact Telephone Number - Number of person identified in data line <030>	5036308977 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mcphersonsecuaccess.net

<701>	Residential Local Service Charge Effective Date	1/1/2014
<702>	Single State-wide Residential Local Service Charge	14.8

<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
OR	Antelope		PR	14.8	6.5	0.085	0.0	21.39

<010>	Study Area Code	532370
<015>	Study Area Name	TRANS-CASCADES TEL
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Summer McPherson
<035>	Contact Telephone Number - Number of person identified in data line <030>	5036308977 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mcpherson@cuaccess.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)
OR	Antelope	44.95	0.0	44.95	1.0	0.3	0.0	Other, No Data Caps

<010>	Study Area Code	532378
<015>	Study Area Name	TRANS-CASCADES TEL
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Summer McPherson
<035>	Contact Telephone Number - Number of person identified in data line <030>	5036308977 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mcpherson@cuaccess.net

<810>	Reporting Carrier	Trans-Cascades Telephone Co
<811>	Holding Company	Day Management Corporation
<812>	Operating Company	Reliance Connects

<813>

Affiliates	SAC	Doing Business As Company or Brand Designation
Cascade Access, LLC		dba Reliance Connects

Trans-Cascades Telephone Company
PO Box 189 Estacada, Oregon. 97023
Fax (503) 630-8934
Phone (503) 630-4202

Self-Certification -Comparable Voice for Trans-Cascades Telephone Company.

REDACTED FOR PUBLIC VIEW

"CONFIDENTIAL FINANCIAL INFORMATION-SUBJECT TO PROTECTIVE ORDER IN WC DOCKET NOS. 10-90, 07-135, 05-337, 03-109, CC DOCKETS NOS. 01-92, 96-45, GN DOCKET NO.09-51, WT DOCKET NO. 10-208, BEFORE THE FEDERAL COMMUNICATIONS COMMISSION."

54.313 Lifeline customers MOU and additional toll charges

Lifeline subscribers receive the same residential service as a regular subscriber, but at a reduced monthly recurring rate. Thus, lifeline subscribers have an unlimited number of local calling minutes. As for toll, lifeline subscribers, similar to every Trans Cascades subscriber, are free to choose their own toll usage plans through IXCs that serve Trans Cascades.

Oregon Telephone Assistance Program (OTAP)/Lifeline Application

Oregon Public Utility Commission
PO Box 2148, Salem OR 97308
1-800-848-4442 or 503-373-7171
1-800-648-3458 (TTY)
971-239-5845 (Videophone)
Fax: 1-877-567-1977 or 503-378-6047
puc.rspf@state.or.us

You may qualify if you participate in one of the following programs:

Supplemental Nutrition Assistance Program; Food Stamps (SNAP)
Supplemental Security Income (SSI)
Temporary Assistance for Needy Families (TANF)
National School Lunch Program; *Free Lunch Program Only* (NSLP)
Certain State Medical Programs or Certain Medicaid Programs
at or below 135% of the federal poverty guidelines

How to apply: To apply for this program or obtain more information, please contact the OTAP staff at 1-800-848-444. Or you may complete an application online at: www.rspf.org

(1200) Data Collection 532378or1210

Oregon Telephone Assistance Program (OTAP)/Lifeline Application

You may complete an OTAP/Lifeline application online at: **www.rspf.org**

Oregon Public Utility Commission
PO Box 2148, Salem OR 97308
1-800-848-4442 or 503-373-7171
1-800-648-3458 (TTY)
971-239-5845 (Videophone)
Fax: 1-877-567-1977 or 503-378-6047
puc.rspf@state.or.us

Please **PRINT** clearly and **SIGN** on page 2.

If you have a situation that prevents you from providing certain information, please contact us for assistance.

Applicant's Legal Name (Last, First, M.I.) (Applicant's legal name MUST be on phone bill)			Applicant's Social Security No.	Applicant's Birth Date
			– –	/ /
Applicant's Home Address	Is this a temporary address? ☐ Yes ☐ No	Apt. #	City State OR	ZIP
Applicant's Mailing Address (if different from your home address)		Apt. #	City State OR	ZIP
Applicant's Phone Company (As listed on page 3)	Applicant's Phone Number ( ) –		Applicant's E-mail Address	

I participate in the following qualifying programs (Check any that apply):

_____ **SNAP** (Supplemental Nutrition Assistance Program; Food Stamps)

_____ **SSI** (Supplemental Security Income)

_____ **TANF** (Temporary Assistance for Needy Families)

_____ **Certain State Medical Programs or Certain Medicaid Programs** at or below 135% of the federal poverty guidelines

Supporting documentation is required for the following program:

_____ **NSLP*** (National School Lunch Program; *Free Lunch Program Only*)
*Please provide a copy of the official letter from your school district indicating your current participation.

Please continue to page 2 ➡

Please completely READ and SIGN this form that indicates you understand and agree to comply with the following Oregon Telephone Assistance Program (OTAP)/Lifeline rules:

- I understand that completing this application does not immediately approve me for the OTAP/Lifeline benefit. I will be notified in writing of my application status.
- I understand it may take 30-90 days for the phone company to apply the OTAP/Lifeline benefit to my phone bill.
- I give the Oregon Public Utility Commission (PUC) authority to obtain or review any required records needed to confirm my statements and to confirm that I qualify for the OTAP/Lifeline. I also authorize the phone company to release any required records for my OTAP/Lifeline benefit.
- I am head of household and no one else in my household receives landline or wireless OTAP/Lifeline service.
- I understand that the OTAP/Lifeline credit is only allowed for **ONE PHONE LINE PER HOUSEHOLD**
  - A household is defined as any persons who live together at the same address and share income and expenses.
- I understand that if I break or violate the one-per-household rule I will no longer qualify for the OTAP/Lifeline program.
- I agree to let the PUC know within 30 days if:
  - I no longer qualify for the OTAP/Lifeline benefit
  - I no longer take part in a qualifying program
  - I receive more than one OTAP/Lifeline benefit
  - Another member of my household is also receiving the OTAP/Lifeline benefit
- I understand that I have 30 days to notify the PUC if I no longer qualify for the OTAP/Lifeline benefit or I may be removed from the program.
- I agree to notify the PUC of address changes within 30 days of moving.
- I understand that my OTAP/Lifeline benefit may not be transferred or given to any other person.
- I understand that I may be required to confirm that I still qualify for the OTAP/Lifeline benefit at any time and that, if I do not comply, my OTAP/Lifeline benefits will stop.
- I understand that OTAP/Lifeline is a state and federal benefit and willfully making false statements or providing false or fraudulent documents to obtain the benefit is punishable by law and can result in fines, imprisonment, disqualification or being permanently removed from the program.

By signing this application I certify under penalty of perjury that the information contained in this application is true and correct and that I meet the eligibility criteria for the OTAP/Lifeline benefit.

Applicant Signature _____

Print Name _____ Date _____

Please Mail Application to: PUC, PO Box 2148, Salem OR 97308
or Fax to: 1-877-567-1977 or 503-378-6047

Do you have questions? Call us at **1-800-848-4442** or 503-373-7171