

FCC Form 481 - Carrier Annual Reporting Data Collection Form	<small>APRIL 2013</small> FCC Form 481 <small>DATE REVISION</small> OMB Control No. 3060-0084/OMB Control No. 3060-0019 <small>July 2013</small>
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<010> Study Area Code	411847	
<015> Study Area Name	WHEAT STATE TEL, INC	Received & Inspected
<020> Program Year	2015	
<030> Contact Name: Person USAC should contact with questions about this data	Arturo Macias	JUN 26 2014
<035> Contact Telephone Number: Number of the person identified in data line <030>	6207823341 ext.	FCC Mail Room
<039> Contact Email Address: Email of the person identified in data line <030>	agmacias@wheatstate.com	

ANNUAL REPORTING FOR ALL CARRIERS	54,313 Completion Required	54,422 Completion Required
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<100> Service Quality Improvement Reporting	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<200> Outage Reporting (voice)	(complete attached worksheet)	<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"/>
<300> Unfulfilled Service Requests (voice)	0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<310> Detail on Attempts (voice)	[Redacted] (attach descriptive document)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<320> Unfulfilled Service Requests (broadband)	0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<330> Detail on Attempts (broadband)	[Redacted] (attach descriptive document)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<400> Number of Complaints per 1,000 customers (voice)			
<410> Fixed	1.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<420> Mobile		<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"/>
<440> Fixed	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<450> Mobile	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<500> Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>
<510> [Redacted] (attach descriptive document)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600> Functionality in Emergency Situations	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610> [Redacted] (attach descriptive document)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700> Company Price Offerings (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<710> Company Price Offerings (broadband)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<800> Operating Companies and Affiliates	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900> Tribal Land Offerings (Y/N)?	(if yes, complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<1000> Voice Services Rate Comparability	(check to indicate certification)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<1010> [Redacted] (attach descriptive document)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1100> Terrestrial Backhaul (Y/N)?	(if not, check to indicate certification)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<1110>	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<1200> Terms and Condition for Lifeline Customers	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

<2000>	Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers	(check to indicate certification)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<2005>		(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

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

<010>	Study Area Code	411847
<015>	Study Area Name	WHEAT STATE TEL, INC
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Arturo Macias
<035>	Contact Telephone Number - Number of person identified in data line <030>	6207823341 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	agmacias@wheatstate.com
<110>	Has your company received its ETC certification from the FCC?	(yes / no) <input type="radio"/> <input checked="" type="radio"/>
<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) <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.

411847KS112.xlsx

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	411847
<015> Study Area Name	WHEAT STATE TEL, INC
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Arturo Macias
<035> Contact Telephone Number - Number of person identified in data line <030>	6207823341 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	agmacias@wheatstate.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

<010>	Study Area Code	411847
<015>	Study Area Name	WHEAT STATE TEL, INC
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Arturo Macias
<035>	Contact Telephone Number - Number of person identified in data line <030>	6207823341 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	agmacias@wheatstate.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	411847
<015>	Study Area Name	WHEAT STATE TEL, INC
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Arturo Macias
<035>	Contact Telephone Number - Number of person identified in data line <030>	6207823341 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	agmacias@wheatstate.com

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

411847KS1210.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.

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

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

<010>	Study Area Code	411847
<015>	Study Area Name	WHEAT STATE TEL, INC
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Arturo Macias
<035>	Contact Telephone Number - Number of person identified in data line <030>	6207823341 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	aqmacias@wheatstate.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

<010> Study Area Code 411847
 <015> Study Area Name WHEAT STATE TEL, INC
 <020> Program Year 2015
 <030> Contact Name - Person USAC should contact regarding this data Arturo Macias
 <035> Contact Telephone Number - Number of person identified in data line <030> 6207823341 ext.
 <039> Contact Email Address - Email Address of person identified in data line <030> aqmacias@wheatstate.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))
 (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

411847KS3017.pdf

(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

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 JUN 2013
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<010>	Study Area Code	411847
<015>	Study Area Name	WHEAT STATE TEL, INC
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Arturo Macias
<035>	Contact Telephone Number - Number of person identified in data line <030>	6207823341 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	agmacias@wheatstate.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: WHEAT STATE TEL, INC	
Signature of Authorized Officer: CERTIFIED ONLINE	Date 06/25/2014
Printed name of Authorized Officer: Arturo Macias	
Title or position of Authorized Officer: General Manager	
Telephone number of Authorized Officer: 6207823341 ext.103	
Study Area Code of Reporting Carrier: 411847	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.	

Certification Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0985/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	411847
<015> Study Area Name	WHEAT STATE TEL, TNC
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Arturo Macias
<035> Contact Telephone Number - Number of person identified in data line <030>	6207823341 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	agmacias@wheatstate.com

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

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent: _____	
Name of Reporting Carrier: _____	
Signature of Authorized Officer: _____	Date: _____
Printed name of Authorized Officer: _____	
Title or position of Authorized Officer: _____	
Telephone number of Authorized Officer: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier: _____	
Name of Authorized Agent or Employee of Agent: _____	
Signature of Authorized Agent or Employee of Agent: _____	Date: _____
Printed name of Authorized Agent or Employee of Agent: _____	
Title or position of Authorized Agent or Employee of Agent: _____	
Telephone number of Authorized Agent or Employee of Agent: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Attachments

Response Line 112
Wheat State Telephone, Inc.
Study Area 411847

REDACTED - FOR PUBLIC INSPECTION

411847KS510

Response Line 510
Wheat State Telephone, Inc.
Study Area 411847

Pursuant to 47 C.F.R. § 54.313(a)(5) and or 47 C.F.R. § 54.422(b)(3) Wheat State Telephone, Inc. ("Wheat State") is in compliance with appropriate FCC Service Quality Standards, Consumer Protection Rules, Kansas billing practice standards and quality of service standards.

Wheat State provides CPNI training to all of its new employees and in addition trains all of its existing employees on an annual basis. Wheat State also conducts subscriber outreach regarding CPNI by periodically placing CPNI explanation messages into subscriber's bills and also has signage in its business office regarding CPNI rules and regulations. In addition Wheat State trains staff on Red Flag issues on an annual basis. All company employees are required to sign and acknowledge that they have completed CPNI and Red Flag training and understand obligations to adherence of applicable rules.

Wheat State has submitted quarterly LEC Quality of Service metrics with the Kansas Corporation Commission ("KCC") and has not had failing benchmarks. Wheat State is able to accomplish meeting the metrics by ensuring employees are properly trained, equipment is kept operational and spare equipment is available when needed. Wheat State is properly staffed to exceed quality of service benchmarks. Lastly, Wheat State is in full compliance with KCC billing practices standards including itemizing service and service charges, and taxes. Wheat State also provides alternative billing and has a link on its website where subscribers can view and pay their bills. Wheat State has updated its billing system and trained its employees to insure that it is in compliance with standards for payment, deposits, and disconnection procedures.

411847KS610

Response Line 610
Wheat State Telephone, Inc.
Study Area 411847

Functionality in Emergency Situations:

Pursuant to 47 C.F.R. § 54.313(a)(6) and 47 C.F.R. § 54.22(b)(4) as set forth in 47 C.F.R. § 54.202(a)(2) Wheat State Telephone, Inc. ("Wheat State") meets the requirements to remain functional in emergency situations and has the following capabilities: Wheat State's central office and remote offices are all equipped with batteries and natural gas generators that provide a minimum of 8 hours of uninterrupted power with an almost unlimited back up supply of fuel for generators to recharge batteries in cases of loss of power. In addition, Wheat State is in the process of upgrading its network and is deploying FTTH technology and has supplied FTTH homes with 8 hours of battery back up at the optical network terminal at the subscriber home.

Wheat State has deployed SONET and Ethernet network technologies in its network. In addition, Wheat State has properly prepared itself for any network outages by having redundant and diverse routing in place to manage any outages and has purchased spare cards for all of its core network equipment for fast replacement should there be a card failure. In instance of fiber cuts, Wheat State has its own fiber technicians and fiber splice equipment in house to assist in an expeditious repair of any fiber cuts. For added security Wheat State has connectivity with the AT&T Wichita tandem and also has connectivity to the Kansas Fiber Network. Both of these options provide Wheat State with diverse options to reroute traffic should an emergency situation arise.

Lastly, Wheat State has developed network preparedness plans in cases of emergency situations. Wheat State has sufficient capacity within its switching network to handle call spikes in emergency situations and its staff has been sufficiently trained of preparedness plans to minimize any and all outages during emergency situations.

<010>	Study Area Code	411847
<015>	Study Area Name	WHEAT STATE TEL, INC
<020>	Program Year	2015
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<035>	Contact Telephone Number - Number of person identified in data line <030>	6207823341 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	agmacias@wheatstate.com

<711>

State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rates and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached (select)
KS	All exchanges	29.95	0.0	29.95	0.768	0.256	0.0	Other, No limit on usage allowance
KS	All exchanges	18.0	0.0	18.0	0.768	0.256	0.0	Other, No limit on usage allowance
KS	All exchanges	49.95	0.0	49.95	1.54	0.384	0.0	Other, No limit on usage allowance
KS	All exchanges	30.0	0.0	30.0	1.54	0.384	0.0	Other, No limit on usage allowance
KS	All exchanges	69.95	0.0	69.95	3.0	0.512	0.0	Other, No limit on usage allowance
KS	All exchanges	45.0	0.0	45.0	3.0	0.512	0.0	Other, No limit on usage allowance
KS	All exchanges	74.95	0.0	74.95	6.0	1.0	0.0	Other, No limit on usage allowance
KS	All exchanges	49.95	0.0	49.95	6.0	1.0	0.0	Other, No limit on usage allowance
KS	Cassoday	29.99	0.0	29.99	5.0	1.0	0.0	Other, No limit on usage allowance
KS	Cassoday	19.99	0.0	19.99	5.0	1.0	0.0	Other, No limit on usage allowance
KS	Cassoday	39.99	0.0	39.99	10.0	2.0	0.0	Other, No limit on usage allowance
KS	Cassoday	29.99	0.0	29.99	10.0	2.0	0.0	Other, No limit on usage allowance
KS	Cassoday	49.99	0.0	49.99	15.0	3.0	0.0	Other, No limit on usage allowance
KS	Cassoday	39.99	0.0	39.99	15.0	3.0	0.0	Other, No limit on usage allowance
KS	Cassoday	69.99	0.0	69.99	25.0	5.0	0.0	Other, No limit on usage allowance
KS	Cassoday	59.99	0.0	59.99	25.0	5.0	0.0	Other, No limit on usage allowance
KS	Matfield Green	29.99	0.0	29.99	5.0	1.0	0.0	Other, No limit on usage allowance
KS	Matfield Green	19.99	0.0	19.99	5.0	1.0	0.0	Other, No limit on usage allowance
KS	Matfield Green	39.99	0.0	39.99	10.0	2.0	0.0	Other, No limit on usage allowance
KS	Matfield Green	29.99	0.0	29.99	10.0	2.0	0.0	Other, No limit on usage allowance
KS	Matfield Green	49.99	0.0	49.99	15.0	3.0	0.0	Other, No limit on usage allowance

411847KS1010

Response to Line 1010
Wheat State Telephone, Inc.
Study Area 411847

Voice Services Comparability Report

Pursuant to 47 C.F.R. § 54.313(a)(10) Wheat State Telephone, Inc. (Wheat State) is in compliance with the requirement that voice services is no more than two standard deviations above the national average urban rate for voice service of \$46.96 as specified in Public Notice DA 14-384 issued on March 20, 2014. Wheat State's current total local end-user rate¹ of \$18.28 (which includes a local fee of \$16.75 and mandated state fees of \$1.53) is not above the standard deviation as specified in the USF/ICC Transformation Order.²

¹ Local End User Rate as defined in USF/ICC Transformation Order 26 FCC Rcd at 17751, Para. 238

² USF/ICC Transformation Order, 26 FCC Rcd at 17694, Para. 84 (footnote included) "The standard deviation is a measure of dispersion. The sample standard deviation is the square root of the sample variance. The sample variance is calculated as the sum of the squared deviations of the individual observations in the sample of data from the sample average divided by the total number of observations in the sample minus one. In a normal distribution, about 68 percent of the observations lie within one standard deviation above and below the average and about 95 percent of the observations lie within two standard deviations above and below the average."

LOCAL EXCHANGE SERVICES

2.1 LOCAL ACCESS

- 2.11 This tariff is subject to and governed by the general rules and regulations, as they now exist or as they may be revised, added to or supplemented by superseding pages or issues.
- 2.12 The schedules of monthly rates for local access service applicable within the various exchange areas for the services offered therein are shown in this tariff. Local access service as offered in this tariff is provided by serving central office line equipment and all outside plant facilities needed to connect the serving central office with the customer premises, up to and including the network interface device (NID). The NID is the demarcation point between Company provided facilities and customer provided facilities.
- 2.13 The monthly local access rates shown in this tariff are payable in advance and entitle the customer to exchange dial telephone service through company-owned facilities.
- 2.14 Rates for Local Access Service, per month.

(C)	A. Business, 1 party.	\$19.75	(1)
	B. Residence, 1 party.	\$16.75	
(C)	C. Trunks	\$19.75	(1)

When a multi-line business customer uses their own equipment to channelize local service at a DS-1 level, the Federal End User Common Line Charge will apply at a ratio of five (5) per DS-1.

2.15. Kansas Universal Service Fund

Beginning March 1, 1997, the Company will assess a fee for funding of the Kansas Universal Service Fund (KUSF), including Kansas Lifeline Service Program (KLSP), and the Kansas Telecommunications Access Program (TAP). These funds were enacted by the Kansas Legislature in 1996, and authorized by the Kansas Corporation Commission on December 27, 1996 in Docket No. 190,492-U. The amount of the fee may vary as determined by the fund administrator.

2.16 Lifeline Service Program

- A. The Lifeline service (Lifeline) program, sponsored by the Federal Communications Commission, is a program designed to maintain and preserve universal service by providing a reduction in the price of basic residential local exchange service to qualifying low-income customers.

(T) B. General

- (T)(C)(R) 1. Lifeline is a federally funded reduction of local service charges. Eligible applicants will receive a reduction of \$9.25 on their local telephone bill.
- a. Lifeline customers will also receive additional Lifeline service reductions in intrastate local service of \$7.77.
 - b. The maximum Lifeline benefit should not exceed mandatory customer charges attributable to the provision of local service.

(T) C. Program Eligibility Requirements

- (T) 1. Lifeline will be provided for one (1) telephone line per household at the customer's principal place of residence where there is only one active local exchange access line to his/her residential premises or dwelling place.¹ A room or portion of a residence occupied exclusively by an individual not sharing equally as a member of the domestic establishment may be considered a separate dwelling unit (premises). Verification of this requirement will be through self-certification.

- (T) 2. To be eligible for Lifeline assistance, a customer may qualify under either of the following criteria:

- (T) a. The customer must show they are currently a recipient of benefits from one of the following public assistance programs:

- (T) 1. Bureau of Indian Affairs General Assistance
(N) 2. Food Distribution Program
3. Food Distribution Program on Indian Reservations
4. Free School Lunch Program
5. General Assistance
6. Low Income Energy Assistance Program (LIEAP)
7. Medicaid
8. Section 8 Federal Public Housing Program
9. Supplemental Nutrition Assistance Program
10. Supplemental Security Income (SSI)
11. Temporary Assistance for Needy Families
12. Tribally Administered Free School Lunch Program
13. Tribally Administered Head Start (only those meeting its income qualifying standard)
(T) 14. Tribally Administered Temporary Assistance for Needy Families

¹ A residential premises or dwelling place is that location where a customer resides, even if such residential premises or dwelling place is only a single room. Lifeline will not be provided if the customer has access to other local exchange telephone service within the residential premises or dwelling place, provided/owned by himself/herself or owned/provided by others. If, however, it can be determined by the Company that access to other existing local exchange telephone service owned/provided by others is virtually denied, or is inaccessible to the customer, then Lifeline service will be provided.

(T) The customer must obtain and provide to the Company a copy of a valid identification card or the appropriate documents that are issued to them by the agency administering the program.

- b. A customer shall be eligible for the Lifeline Service program if that customer's household income level is at or below 150% of the federal poverty level. Such customers may obtain a form from the Company suitable for self-certification of income level, and provide the completed form to the Company to begin service under the program. Proof of income is required. Acceptable documentation may include the prior year's federal, state, or tribal tax return, or other forms of income certification. Customers should contact the Company for specific details.

(D)

(T) D. Certification

1. The customer will certify eligibility for Lifeline Service. Recertification is required annually or at anytime the qualifying criteria for the customer changes.
2. Recipients of Lifeline service must notify the Company when they no longer qualify for Lifeline service. Upon receipt of the notification, the Company will discontinue Lifeline service.
3. If the Company discovers that conditions exist that disqualify the recipient of Lifeline service, local service will be billed at the full rate. The customer will be billed retroactively either to the date Lifeline service commenced or the date the recipient no longer qualified for the service, not to exceed twelve (12) months.

(T) E. Rules and Regulations

1. Local service for Lifeline customers may be disconnected for non-payment of toll charges.
2. Toll restriction service will be provided to Lifeline customers at no charge.
3. Lifeline customers may be required to accept toll restriction service as a condition to avoid disconnection of local service for non-payment of toll.
4. Lifeline customers are not required to pay a deposit in order to obtain local service if the customer voluntarily elects installation of toll restriction service.
5. Partial payments from Lifeline customers will be applied first to local service charges and then to toll charges.