

AUG 11 2014

DOCKET FILE COPY ORIGINAL

Mobility Fund
Phase 1 - \$54.1009 Annual Reporting
Data Collection Form

FCC Mail Room

FCC Form
Approved by OMB
OMB 3060-1185
Avg. Burden Estimate per Respondent: 18 Hours

| | |
|--|-------------------------|
| <010> Study Area Code | 518003 |
| <015> Study Area Name | Union Telephone Company |
| <020> Program Year | 2014 |
| <030> Contact Name: Person USAC should contact with questions about this data | CHRIS RENO |
| <035> Contact Telephone Number: Number of the person identified in data line <030> | 3077826131 ext. |
| <039> Contact Email: Email of the person identified in data line <030> | CRENO@UNIONWIRELESS.COM |

(check box when complete)

| | |
|---|--|
| <040> Has the information required pursuant to §54.1009 been provided with a Form 481 filing (Y/N) | <input checked="" type="radio"/> <input type="radio"/> |
| <041> Attach a description of the documents filed with the Form 481 reporting | <041> Form481UnionWireless519905.pdf |
| <042> Cite the Study Area Code (SAC) for the Form 481 reporting | <042> 519905 |
| <043> Cite the date of the Form 481 reporting | <043> 06/26/2014 |
| <050> Carrier Contact Information (has the contact info. changed since prior filing? Yes or No) | <input checked="" type="radio"/> <input type="radio"/> |
| (if yes, complete the attached worksheet) | <050> <input checked="" type="checkbox"/> |
| <060> Coverage and Performance Report (complete attached worksheet) | <060> <input checked="" type="checkbox"/> |
| <070> Urban Rate Comparability Certification (complete attached certification) | <070> <input checked="" type="checkbox"/> |
| <080> Tribal Lands Reporting (y/n?) (Does this study area cover tribal lands? Yes or No) | <input type="radio"/> <input checked="" type="radio"/> |
| (if yes, complete the attached worksheet) | <080> <input type="checkbox"/> |
| <090> Project Update Information (complete attached worksheet) | <090> <input checked="" type="checkbox"/> |
| <100> Certifications | |
| <101> Reporting Carrier Certification (complete attached certification) | <101> <input checked="" type="checkbox"/> |
| <102> Agent Certification (complete attached certification) | <102> <input type="checkbox"/> |

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements)

Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

No. of Copies rec'd 0
List ABCDE

| | | |
|-------|---|-------------------------|
| <010> | Study Area Code | 518003 |
| <015> | Study Area Name | Union Telephone Company |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | CHRIS RENO |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 3077826131 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | CRENO@UNIONWIRELESS.COM |

Reporting Carrier / Mobility Fund Phase 1 Winning Bidder

| | | |
|-------|-----------------------------|-------------------------|
| <110> | FCC Registration Number | 0001630201 |
| <111> | Filing Carrier Name | UNION TELEPHONE COMPANY |
| <112> | Winning Bidder Carrier Name | UNION TELEPHONE COMPANY |
| <113> | Street Address (or PO Box) | PO BOX 160 |
| <114> | City | MOUNTAIN VIEW |
| <115> | State | WY |
| <116> | Zip-Code | 82939 |
| <117> | Telephone Number | 3077826131 ext. |
| <118> | Fax Number | 3077826913 |
| <119> | Email Address | CRENO@UNIONWIRELESS.COM |

Contact Information

if same as above, indicate in this box



| | | |
|-------|--------------------------------|-------------------------|
| <120> | Name (First, MI, Last, Suffix) | CHRIS RENO |
| <121> | Filing Carrier Name | UNION TELEPHONE COMPANY |
| <122> | Street Address (or PO Box) | PO BOX 160 |
| <123> | City | MOUNTAIN VIEW |
| <124> | State | WY |
| <125> | Zip-Code | 82939 |
| <126> | Telephone Number | 3077826131 ext. |
| <127> | Fax Number | 3077826913 |
| <128> | Email Address | CRENO@UNIONWIRELESS.COM |

Authorized Agent Information

if no agent, indicate in this box



| | | |
|-------|--------------------------------|--|
| <120> | Name (First, MI, Last, Suffix) | |
| <121> | Company | |
| <122> | Street Address (or PO Box) | |
| <123> | City | |
| <124> | State | |
| <125> | Zip-Code | |
| <126> | Telephone Number | |
| <127> | Fax Number | |
| <128> | Email Address | |

| | | |
|-------|---|-------------------------|
| <010> | Study Area Code | 518003 |
| <015> | Study Area Name | Union Telephone Company |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | CHRIS RENO |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 3077826131 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | CRENO@UNIONWIRELESS.COM |
| <140> | Coverage and Performance Report Year | 07/2013 - 12/2013 |

Electronic Shapefiles attachments

518003_CPRdef_WY_AR_2014-07-31_4-49-40-pm.zip

Name of Attached Document (.zip)

Drive Test Results attachments

Name of Attached Document (.zip)

Scattered Site Test Results attachments

Name of Attached Document (.zip)

| <a1> | <a2> | <a3> | <b1> | <b2> | <b3> | <c1> | <c2> | <c3> | <d> | <e> | <f> |
|-------|--------|--------------|--------------------------------------|--|--|-----------------------------|---|---|--|---|---|
| State | County | Census Block | Resident Population per Census Block | Resident Population Newly Reached by Service | Total Resident Population Reached by Service | Road Miles per Census Block | Road Miles per Census Block Newly Reached | Total Road Miles covered per Census Block | Certify that Electronic Shapefiles are uploaded (yes/no) | Certify that Drive Test Results are uploaded (yes/no) | Certify that Scattered Site Tests are uploaded (yes/no) |
| | | | | | | | | | | | |
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-- See attached worksheet

Percentage of Total Population Reached by Service

0

Percentage of Total Road Miles covered by Service

93

| | |
|---|-------------------------|
| <010> Study Area Code | 518003 |
| <015> Study Area Name | Union Telephone Company |
| <020> Program Year | 2014 |
| <030> Contact Name - Person USAC should contact regarding this data | CHRIS RENO |
| <035> Contact Telephone Number - Number of person identified in data line <030> | 3077826131 ext. |
| <039> Contact Email Address - Email Address of person identified in data line <030> | CRENO@UNIONWIRELESS.COM |

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

Certification of Officer or Employee as to Compliance with 47 CFR §54.1009(a)(4)

I certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this form and in any attachments is accurate.

Name of Reporting Carrier: Union Telephone Company

Signature of Authorized Officer: CERTIFIED ONLINE Date 07/31/2014

Printed name of Authorized Officer: Chris Reno

Title or position of Authorized Officer: Director of Accounting

Telephone number of Authorized Officer: 3077826131 ext.

Study Area Code of Reporting Carrier: 518003 Filing Due Date for this form: 07/31/2014

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 REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to authorize an Agent to file Compliance with 47 CFR §54.1009(a)(4) 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 or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported 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 or Employee: Date:

Printed name of Authorized Officer or Employee:

Title or position of Authorized Officer or Employee:

Telephone number of Authorized Officer or Employee:

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 Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier

I, as agent for the reporting carrier, certify that I am authorized to submit the certification 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.

| | | |
|-------|---|-------------------------|
| <010> | Study Area Code | 518003 |
| <015> | Study Area Name | Union Telephone Company |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | CHRIS RENO |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 3077826131 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | CRENO@UNIONWIRELESS.COM |

<142> State _____

<143> County _____

<144> Tribal Land(s) on which ETC Serves _____

<145> Tribal Government Engagement Obligation

Name of Attached Document (.pdf)

If your company serves Tribal lands, please select (Yes, No, NA) for each of these boxes to confirm the status described on the attached PDF, on line 145, demonstrates coordination with the Tribal government pursuant to § 54.1004 includes:

- <146> Needs assessment and deployment planning with a focus on Tribal community anchor institutions;
- <147> Feasibility and sustainability planning;
- <148> Marketing services in a culturally sensitive manner;
- <149> Compliance with Rights of way processes
- <150> Compliance with Land Use permitting requirements
- <151> Compliance with Facilities Siting rules
- <152> Compliance with Environmental Review processes
- <153> Compliance with Cultural Preservation review processes
- <154> Compliance with Tribal Business and Licensing requirements.

| Select (Yes, No, NA) |
|-------------------------|
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|---|-------------------------|
| <010> Study Area Code | 518003 |
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| <039> Contact Email Address - Email Address of person identified in data line <030> | CRENO@UNIONWIRELESS.COM |

| | |
|---|--|
| <200> Date Authorized to Receive Support | 07/29/2013 |
| <201> Targeted Completion Date | 12/31/2014 |
| <202> Total Mobility Fund Support Awarded | 4227360.0 |
| <203> Total Mobility Fund Support Disbursed | 1409120.0 |
| <204> Support Applied to Network Design | 3583.89 |
| <205> Support Applied to Construction | 923380.63 |
| <206> Support Applied to Deployment | 482155.48 |
| <207> Support Applied to Maintenance | 0.0 |
| <208> Certify Network will Support 3G Mobile Service (Yes / No) | <input checked="" type="radio"/> <input type="radio"/> |
| <209> Certify Network will Support 4G Mobile Service (Yes / No) | <input type="radio"/> <input checked="" type="radio"/> |
| <210> Actual Completion Date | |
| <211> Project Status Description (attached) | 518003_PSD_WY.pdf <i>{Name of PDF attached}</i> |

Please check these boxes below to confirm that the attached PDF, on line 211, contains a project status pursuant to §54.1005(b)(2)(v). The information shall be submitted as appropriate.

| | |
|---|-------------------------------------|
| <212> Status of Network Deployment - Network Design | <input checked="" type="checkbox"/> |
| <213> Status of Network Deployment - Construction | <input checked="" type="checkbox"/> |
| <214> Status of Network Deployment - Deployment | <input checked="" type="checkbox"/> |
| <215> Status of Network Deployment - Maintenance | <input checked="" type="checkbox"/> |
| <216> Project Budget Status | <input checked="" type="checkbox"/> |
| <217> Project Plan Status | <input checked="" type="checkbox"/> |

| | |
|---|-------------------------|
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| <015> Study Area Name | Union Telephone Company |
| <020> Program Year | 2014 |
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| <035> Contact Telephone Number - Number of person identified in data line <030> | 3077826131 ext. |
| <039> Contact Email Address - Email Address of person identified in data line <030> | CRENO@UNIONWIRELESS.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 Mobility Fund Recipients

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

| | | |
|--|-------------------------|---|
| Name of Reporting Carrier: | Union Telephone Company | |
| Signature of Authorized Officer: | CERTIFIED ONLINE | Date 07/31/2014 |
| Printed name of Authorized Officer: | Chris Reno | |
| Title or position of Authorized Officer: | Director of Accounting | |
| Telephone number of Authorized Officer: | 3077826131 ext. | |
| Study Area Code of Reporting Carrier: | 518003 | Filing Due Date for this form: 07/31/2014 |

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.

| | |
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| <010> Study Area Code | 518003 |
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| <035> Contact Telephone Number - Number of person identified in data line <030> | 3077826131 ext. |
| <039> Contact Email Address - Email Address of person identified in data line <030> | CRENO@UNIONWIRELESS.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 Mobility Fund 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: _____ |
| <small>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.</small> | |

TO BE COMPLETED BY THE AUTHORIZED AGENT:

| | |
|--|--------------------------------------|
| Certification of Agent Authorized to File Annual Reports for Mobility Fund Recipients on Behalf of Reporting Carrier | |
| I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for Mobility Fund 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: _____ |
| <small>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.</small> | |

Attachments

| | |
|--|--|
| <010> Study Area Code | 519905 |
| <015> Study Area Name | UNION TELEPHONE CO. DBA UNION CELLULAR |
| <020> Program Year | 2015 |
| <030> Contact Name: Person USAC should contact with questions about this data | Chris Reno |
| <035> Contact Telephone Number: Number of the person identified in data line <030> | 3077824159 ext. |
| <039> Contact Email Address: Email of the person identified in data line <030> | creno@unionwireless.com |

| | | |
|--|---------------------|---------------------|
| ANNUAL REPORTING FOR ALL CARRIERS | 54.313 | 54.422 |
| | Completion Required | Completion Required |

| | | | <i>(check box when complete)</i> | |
|---|---|-------------------------------------|----------------------------------|--------------------------|
| <100> Service Quality Improvement Reporting | <i>(complete attached worksheet)</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <200> Outage Reporting (voice) | <i>(complete attached worksheet)</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <210> <input checked="" type="checkbox"/> <-- check box if no outages to report | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <300> Unfulfilled Service Requests (voice) | <input type="text" value="0"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input 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 type="checkbox"/> | <input type="checkbox"/> |
| <320> Unfulfilled Service Requests (broadband) | <input type="text" value="0"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input 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 type="checkbox"/> | <input type="checkbox"/> |
| <400> Number of Complaints per 1,000 customers (voice) | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <410> Fixed | <input type="text" value="0.0"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <420> Mobile | <input type="text" value="0.0"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <430> Number of Complaints per 1,000 customers (broadband) | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <440> Fixed | <input type="text" value="0.0"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <450> Mobile | <input type="text" value="0.0"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <500> Service Quality Standards & Consumer Protection Rules Compliance | <i>(check to indicate certification)</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <510> <div style="border: 1px solid black; padding: 2px;">S19905WY510.pdf</div> | <i>(attached descriptive document)</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <600> Functionality in Emergency Situations | <i>(check to indicate certification)</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <610> <div style="border: 1px solid black; padding: 2px;">S19905W610.pdf</div> | <i>(attached descriptive document)</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <700> Company Price Offerings (voice) | <i>(complete attached worksheet)</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <710> Company Price Offerings (broadband) | <i>(complete attached worksheet)</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <800> Operating Companies and Affiliates | <i>(complete attached worksheet)</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <900> Tribal Land Offerings (Y/N)? <input checked="" type="radio"/> <input type="radio"/> | <i>(if yes, complete attached worksheet)</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <1000> Voice Services Rate Comparability | <i>(check to indicate certification)</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <1010> <div style="border: 1px solid black; padding: 2px;">S19905WY1010.pdf</div> | <i>(attach descriptive document)</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <1100> Terrestrial Backhaul (Y/N)? <input checked="" type="radio"/> <input type="radio"/> | <i>(if not, check to indicate certification)</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <1110> | <i>(complete attached worksheet)</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <1200> Terms and Condition for Lifeline Customers | <i>(complete attached worksheet)</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input 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 | <i>(check to indicate certification)</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| <2005> | <i>(complete attached worksheet)</i> | <input type="checkbox"/> | <input type="checkbox"/> |

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

| | | | |
|--------|--|--------------------------|--------------------------|
| <3000> | <i>(check to indicate certification)</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| <3005> | <i>(complete attached worksheet)</i> | <input type="checkbox"/> | <input 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 | 519905 |
| <015> Study Area Name | UNION TELEPHONE CO. DBA UNION CELLULAR |
| <020> Program Year | 2015 |
| <030> Contact Name - Person USAC should contact regarding this data | Chris Reno |
| <035> Contact Telephone Number - Number of person identified in data line <030> | 3077824159 ext. |
| <039> Contact Email Address - Email Address of person identified in data line <030> | creno@unionwireless.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.

519905WY112.pdf

| | |
|--|--|
| <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. | |
|--|--|

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 | <table border="1" style="width: 100%; height: 15px;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> </table> | | |
| | | | |
| <115> How (USF) was used to improve service quality | <table border="1" style="width: 100%; height: 15px;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> </table> | | |
| | | | |
| <116> How (USF) was used to improve service coverage | <table border="1" style="width: 100%; height: 15px;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> </table> | | |
| | | | |
| <117> How (USF) was used to improve service capacity | <table border="1" style="width: 100%; height: 15px;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> </table> | | |
| | | | |
| <118> Provide an explanation of network improvement targets not met in the prior calendar year. | <table border="1" style="width: 100%; height: 15px;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> </table> | | |
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| (900) Tribal Lands Reporting Data Collection Form | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
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| | |
|---|--|
| <010> Study Area Code | 519905 |
| <015> Study Area Name | UNION TELEPHONE CO. DBA UNION CELLULAR |
| <020> Program Year | 2015 |
| <030> Contact Name - Person USAC should contact regarding this data | Chris Reno |
| <035> Contact Telephone Number - Number of person identified in data line <030> | 3077824159 ext. |
| <039> Contact Email Address - Email Address of person identified in data line <030> | creno@unionwireless.com |

<910> Tribal Land(s) on which ETC Serves

Northern Arapahoe and Eastern Shoshone

<920> Tribal Government Engagement Obligation

519905WY920.pdf

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) |
| Yes |
| |
| Yes |

| | |
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| (1100) No Terrestrial Backhaul Reporting Data Collection Form | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
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|-------|---|--|
| <010> | Study Area Code | 519905 |
| <015> | Study Area Name | UNION TELEPHONE CO. DBA UNION CELLULAR |
| <020> | Program Year | 2015 |
| <030> | Contact Name - Person USAC should contact regarding this data | Chris Reno |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 3077824159 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | creno@unionwireless.com |

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

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

| | |
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| (1200) Terms and Condition for Lifeline Customers Lifeline Data Collection Form | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
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|---|--|
| <010> Study Area Code | 519905 |
| <015> Study Area Name | UNION TELEPHONE CO. DBA UNION CELLULAR |
| <020> Program Year | 2015 |
| <030> Contact Name - Person USAC should contact regarding this data | Chris Reno |
| <035> Contact Telephone Number - Number of person identified in data line <030> | 3077824159 ext. |
| <039> Contact Email Address - Email Address of person identified in data line <030> | creno@unionwireless.com |

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

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 <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 | 519905 |
| <015> | Study Area Name | UNION TELEPHONE CO. DBA UNION CELLULAR |
| <020> | Program Year | 2015 |
| <030> | Contact Name - Person USAC should contact regarding this data | Chris Reno |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 3077824159 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | creno@unionwireless.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. 3060-0986/OMB Control No. 3060-0819 July 2013 |
|---|--|

| | |
|---|--|
| <010> Study Area Code | 519905 |
| <015> Study Area Name | UNION TELEPHONE CO. DBA UNION CELLULAR |
| <020> Program Year | 2015 |
| <030> Contact Name - Person USAC should contact regarding this data | Chris Reno |
| <035> Contact Telephone Number - Number of person identified in data line <030> | 3077824159 ext. |
| <039> Contact Email Address - Email Address of person identified in data line <030> | creno@unionwireless.com |

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

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

Name of Attached Document Listing Required Information

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

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

Name of Attached Document Listing Required Information

(3013) Is your company a Privately Held ROR Carrier [47 CFR § 54.313(f)(2)] Yes No
 (3014) If yes, does your company file the RUS annual report Yes No

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

(3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)
 (3016) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

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

Name of Attached Document Listing Required Information

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

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

(3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications
 (3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows
 (3021) Management letter issued by the independent certified public accountant that performed the company's financial audit.

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

(3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,
 (3023) Underlying information subjected to a review by an independent certified public accountant
 (3024) Underlying information subjected to an officer certification.
 (3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

(3026) Attach the worksheet listing required information

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 | 519905 |
| <015> | Study Area Name | UNION TELEPHONE CO. DBA UNION CELLULAR |
| <020> | Program Year | 2015 |
| <030> | Contact Name - Person USAC should contact regarding this data | Chris Reno |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 3077824159 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | creno@unionwireless.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: UNION TELEPHONE CO. DBA UNION CELLULAR | |
| Signature of Authorized Officer: CERTIFIED ONLINE | Date 06/26/2014 |
| Printed name of Authorized Officer: Chris Reno | |
| Title or position of Authorized Officer: Director of Accounting | |
| Telephone number of Authorized Officer: 3077826131 ext. | |
| Study Area Code of Reporting Carrier: 519905 | 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. | |

| | |
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| Certification - Agent / 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 | 519905 |
| <015> Study Area Name | UNION TELEPHONE CO. DBA UNION CELLULAR |
| <020> Program Year | 2015 |
| <030> Contact Name - Person USAC should contact regarding this data | Chris Reno |
| <035> Contact Telephone Number - Number of person identified in data line <030> | 3077824159 ext. |
| <039> Contact Email Address - Email Address of person identified in data line <030> | creno@unionwireless.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

