

<b>FCC Form 481 - Carrier Annual Reporting Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	522451
<015> Study Area Name	WESTERN WAHAKIAKUM
<020> Program Year	2014
<030> Contact Name: Person USAC should contact with questions about this data	Carol Larson
<035> Contact Telephone Number: Number of the person identified in data line <030>	360 465-2211
<039> Contact Email Address: Email of the person identified in data line <030>	clarson@wwest.net

<b>ANNUAL REPORTING FOR ALL CARRIERS</b>	<b>54.313</b>	<b>54.422</b>
	Completion Required	Completion Required

			(check box when complete)	
<100> Service Quality Improvement Reporting	(complete attached worksheet)		<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				
<300> Unfulfilled Service Requests (voice)		0	<input checked="" type="checkbox"/>	
<310> Detail on Attempts (voice)	(attach descriptive document)			
<320> Unfulfilled Service Requests (broadband)				
<330> Detail on Attempts (broadband)	(attach descriptive document)			
<400> Number of Complaints per 1,000 customers (voice)			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<410> Fixed		0.0		
<420> Mobile				
<430> Number of Complaints per 1,000 customers (broadband)				
<440> Fixed				
<450> Mobile				
<500> Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510> 522451wa510	(attached 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> 522451wa610	(attached descriptive document)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700> Company Price Offerings (voice)	(complete attached worksheet)			
<710> Company Price Offerings (broadband)	(complete attached worksheet)			
<800> Operating Companies and Affiliates	(complete attached worksheet)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900> Tribal Land Offerings (Y/N)? <input type="radio"/> <input checked="" type="radio"/>	(if yes, complete attached worksheet)		<input checked="" type="checkbox"/>	
<1000> Voice Services Rate Comparability	(check to indicate certification)			
<1010>	(attach descriptive document)			
<1100> Terrestrial Backhaul (Y/N)? <input checked="" type="radio"/> <input type="radio"/>	(if not, check to indicate certification)			
<1110>	(complete attached worksheet)			
<1200> Terms and Condition for Lifeline Customers	(complete attached worksheet)			<input checked="" type="checkbox"/>

**Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet**

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

<2000>	(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 522451

<015> Study Area Name WESTERN WAHIAKUM

<020> Program Year 2014

<030> Contact Name - Person USAC should contact regarding this data Carol Larson

<035> Contact Telephone Number - Number of person identified in data line <030> 360 465-2211

<039> Contact Email Address - Email Address of person identified in data line <030> clarson@west.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 "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.

Name of Attached Document (.pdf)

Please check these boxes below to confirm that the attached PDF, 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.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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- <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.



**(700) Price Offerings including Voice Rate Data  
Data Collection Form**

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

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 <030> Contact Name - Person USAC should contact regarding this data Carol Larson  
 <035> Contact Telephone Number - Number of person identified in data line <030> 360 465-2211  
 <039> Contact Email Address - Email Address of person identified in data line <030> cl Larson@west.net

1/1/2013
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<701> Residential Local Service Charge Effective Date  
 <702> Single State-wide Residential Local Service Charge

<a1> State	<a2> Exchange (ILEC)	<a3> SAC (CETC)	<b1> Rate Type	<b2> Residential Local Service Rate	<b3> State Subscriber Line Charge	<b4> State Universal Service Fee	<b5> Mandatory Extended Area Service Charge	<C> Total per line Rates and Fees



**(800) Operating Companies  
Data Collection Form**

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

<010> Study Area Code

522451

<015> Study Area Name

WESTERN WAHIAKUM

<020> Program Year

2014

<030> Contact Name - Person USAC should contact regarding this data

Carol Larson

<035> Contact Telephone Number - Number of person identified in data line <030>

360 465-2211

<039> Contact Email Address - Email Address of person identified in data line <030>

clarson@west.net

<810> Reporting Carrier

Western Wahkiakum County Telephone Company

<811> Holding Company

Wahkiakum West, Inc.

<812> Operating Company

Western Wahkiakum County Telephone Company

<813>

<a1>

**Affiliates**

<a2>

SAC

<a3>

Doing Business As Company or Brand Designation

-- See attached worksheet --

**(900) Tribal Lands Reporting  
Data Collection Form**

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

<010>	Study Area Code	522451
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<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Carol Larson
<035>	Contact Telephone Number - Number of person identified in data line <030>	360 465-2211
<039>	Contact Email Address - Email Address of person identified in data line <030>	clarson@wweet.net

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

<920> 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 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.

**(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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<039>	Contact Email Address - Email Address of person identified in data line <030>	clarson@wvest.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)



**(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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<030>	Contact Name - Person USAC should contact regarding this data	Carol Larson
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<039>	Contact Email Address - Email Address of person identified in data line <030>	clarson@west.net

<1210>	Terms & Conditions of Voice Telephony Lifeline Plans	522451wa1210	Name of attached document (.pdf)
<1220>	Link to Public Website		HTTP

"Please check these boxes below to confirm that the attached PDF, 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	522451
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<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Carol Larson
<035>	Contact Telephone Number - Number of person identified in data line <030>	360 465-2211
<039>	Contact Email Address - Email Address of person identified in data line <030>	clarson@west.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.**

<2010>	<b>Incremental Connect America Phase I reporting</b>	<input type="checkbox"/>
	2nd Year Certification (47 CFR § 54.313(b)(1))	<input type="checkbox"/>
<2011>	3rd Year Certification (47 CFR § 54.313(b)(2))	<input type="checkbox"/>
<2012>	<b>Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))</b>	<input type="checkbox"/>
	2013 Frozen Support Certification	<input type="checkbox"/>
<2013>	2014 Frozen Support Certification	<input type="checkbox"/>
<2014>	2015 Frozen Support Certification	<input type="checkbox"/>
<2015>	2016 and future Frozen Support Certification	<input type="checkbox"/>
<2016>	<b>Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))</b>	<input type="checkbox"/>
	Certification Support Used to Build Broadband	<input type="checkbox"/>
<2017>	<b>Connect America Phase II Reporting (47 CFR § 54.313(e))</b>	<input type="checkbox"/>
<2018>	3rd year Broadband Service Certification	<input type="checkbox"/>
<2019>	5th year Broadband Service Certification	<input type="checkbox"/>
<2020>	Interim Progress Certification	<input type="checkbox"/>
	Please check the box to confirm that the attached PDF, 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	<input type="checkbox"/>
	Name of Attached Document Listing Required Information	<input type="checkbox"/>

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

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

<010> Study Area Code 522451  
 <015> Study Area Name WESTERN WAHIAKUM  
 <020> Program Year 2014  
 <030> Contact Name - Person USAC should contact regarding this data Carol Lazson  
 <035> Contact Telephone Number - Number of person identified in data line <030> 360 465-2211  
 <039> Contact Email Address - Email Address of person identified in data line <030> clarson@west.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.

**Progress Report on 5 Year Plan**

	Name of Attached Document Listing Required Information	<input type="checkbox"/>	<input type="checkbox"/>	(Yes/No)
(3010)	Milestone Certification (47 CFR § 54.313(f)(1)(i)) Please check this box to confirm that the attached PDF, on line 3012, contains the required information pursuant to § 54.313 (f)(1)(i), 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.	<input type="checkbox"/>	<input type="checkbox"/>	(Yes/No)
(3011)	Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii)) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2)) If yes, does your company file the RUS annual report Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires: Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	(Yes/No)
(3012)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	(Yes/No)
(3013)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	(Yes/No)
(3014)	If the response is no on line 3014, is your company audited?	<input type="checkbox"/>	<input type="checkbox"/>	(Yes/No)
(3015)	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: Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications PDF of Balance Sheet, Income Statement and Statement of Cash Flows	<input type="checkbox"/>	<input type="checkbox"/>	(Yes/No)
(3016)	Management letter issued by the independent certified public accountant that performed the company's financial audit.	<input type="checkbox"/>	<input type="checkbox"/>	(Yes/No)
(3017)	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: 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.	<input type="checkbox"/>	<input type="checkbox"/>	(Yes/No)
(3018)	Underlying information subjected to a review by an independent certified public accountant	<input type="checkbox"/>	<input type="checkbox"/>	(Yes/No)
(3019)	Underlying information subjected to an officer certification.	<input type="checkbox"/>	<input type="checkbox"/>	(Yes/No)
(3020)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows	<input type="checkbox"/>	<input type="checkbox"/>	(Yes/No)
(3021)	Attach the worksheet listing required information	<input type="checkbox"/>	<input type="checkbox"/>	(Yes/No)

<b>Certification - Reporting Carrier Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<030> Contact Name - Person USAC should contact regarding this data	Carol Larson
<035> Contact Telephone Number - Number of person identified in data line <030>	360 465-2211
<039> Contact Email Address - Email Address of person identified in data line <030>	clarson@west.net

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

<b>Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients</b>	
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:	WESTERN WAHAKIAKUM
Signature of Authorized Officer:	CERTIFIED ONLINE <span style="float: right;">Date</span>
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	522451 <span style="float: right;">Filing Due Date for this form: 10/15/2013</span>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

**Certification - Agent / Carrier  
Data Collection Form**

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

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<039> Contact Email Address - Email Address of person identified in data line <030>	clarson@wwest.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: WESTERN WAHIAKUM	
Signature of Authorized Officer: CERTIFIED ONLINE	Date: _____
Printed name of Authorized Officer: _____	
Title or position of Authorized Officer: _____	
Telephone number of Authorized Officer: _____	
Study Area Code of Reporting Carrier: 522451	Filing Due Date for this form: 10/15/2013
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: WESTERN WAHIAKUM	
Name of Authorized Agent or Employee of Agent: _____	
Signature of Authorized Agent or Employee of Agent: CERTIFIED ONLINE	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: 522451	Filing Due Date for this form: 10/15/2013
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

**(800) Operating Companies  
Data Collection Form**

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

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<035> Contact Telephone Number - Number of person identified in data line <030>	360 465-2211
<039> Contact Email Address - Email Address of person identified in data line <030>	clarson@west.net
<810> Reporting Carrier	Western Wahkiakum County Telephone Company
<811> Holding Company	Wahkiakum West, Inc.
<812> Operating Company	Western Wahkiakum County Telephone Company

<a1>	<a2>	<a3>
Affiliates	SAC	Doing Business As Company or Brand Designation
Wahkiakum West Television, Inc		Wahkiakum West Internet
Wahkiakum West Long Distance, Inc.		Wahkiakum West Long Distance, Inc.

**FCC Form 481 (October 2013), Line 510**  
**Description of Processes and Procedures to Ensure**  
**Compliance with Service Quality Standards and**  
**Consumer Protection Rules Per Instructions**  
**for Completing FCC Form 481 Instructions**

This document details the processes and procedures that Western Wahkiakum County Telephone Company (the "Company") follows to ensure compliance with service quality standards and consumer protection rules as set forth in the Instructions for Completing FCC Form 481.

For service quality standards that are affected by plant issues, the Company engineers and installs its plant and other facilities in such a way as to ensure, to the greatest extent possible, compliance with service quality standards that exist at the time that the plant and facilities are constructed. Plant is augmented, upgraded and/or reconfigured as needed.

In addition, Company employees are periodically briefed on issues involving service quality standards and consumer protection rules. In particular, if any set of issues appear to be prevalent, employees are given briefings on how to handle such issues. A recent example is the call completion problems that have arisen and the customer calls that are generated as a result. Although this is not a service quality problem caused by the Company, it does affect customers of the Company and, therefore, deserves the attention of Company employees.

The Company also periodically reviews its operating procedures to be sure that those operating procedures are in compliance with service quality standards and that the operating procedures are not in violation of consumer protection rules. If questions arise, legal counsel is sought as needed.

If a complaint pertaining to the Company's compliance with service quality standards or consumer protection rules is received by the Company, the complaint is promptly investigated, the matter tracked and any corrective action noted. This process ensures that issues involved in the matter are addressed and corrections made, if needed. It should be noted that the Company has received no customer complaints in the past five years regarding service quality standards or consumer protection rules as they relate to the service offered by the Company other than call completion issues, which, as noted above, are not caused by the Company.



**FCC Form 481 (October 2013), Line 610**  
**Statement Describing Ability to Function**  
**in Emergency Situations Per Instructions**  
**for Completing FCC Form 481**

At line 600 of FCC Form 481, Western Wahkiakum County Telephone Company the "Company") certified that it is able to function in emergency situations as set forth in 47 C.F.R § 54.202(a)(2). This means that the Company has a reasonable amount of back-up power to ensure functionality without an external source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations. This statement describes how the Company is prepared to provide continued service in an emergency situation.

The Company's network providing voice telephony service includes two (2) central offices and twenty-two (22) digital loop carrier sites ("DLCs"). The two central offices are equipped with back-up batteries having a capacity to provide reserve power in the event of a power outage for up to approximately eight (8) days, while the DLCs are equipped with batteries having a capacity to provide reserve power in the event of a power outage for up to approximately two (2) days. The Company also maintains fixed back-up power generators at its two central office locations and at the locations of three of its more significant DLCs. There are automatic power transfer switches at each of those five locations, so in the event of a commercial power failure, the transfer to back-up power should occur seamlessly. The Company also maintains three (3) portable generators to be transported to the remaining locations, if needed. All locations are subject to status alarm monitoring that is connected to the Company's principal central office.

The Company has three (3) fiber cable rings that provide redundancy and diversity connecting the Company's principal switching facilities with one another and connecting a number of the remote DLC locations with their serving switching facility.

Each of the Company's fiber-connected sites has built in redundancy for fiber transceivers. Most of the Company's switching and other electronic/optronic equipment has some redundancy built in, and the Company keeps critical-spare replacement components on hand. The Company also subscribes to support service from the principal vendors of its switching and transmission equipment.

The Company has system redundancy for interexchange access service circuits (including as utilized by its affiliate to provide long distance service), E-911 trunking and SS7 signaling circuits.

Most of the Company's outside plant cable and wire is buried and thus protected from most weather events. The Company's central office switch capacity is engineered to accommodate traffic spikes, and its interexchange facilities also have the capacity to provide additional circuits for interexchange carriers should the need arise. The existing

120 interexchange trunks serving interexchange carriers provide a substantial margin of safety for traffic spikes and may be utilized for the traffic of all interexchange carriers to whom the Company provides switched access service.

In the case of isolated groups of customers that may suffer damage due to a cable cut, the Company maintains sufficient staff and other resources to be able to put customers back in service in a very short amount of time, subject to road accessibility and environmental limitations. The Company's emergency service equipment is located within its service area and requires very little time to dispatch.

**FCC Form 481 (October 2013), Line 1210**  
**Terms and Conditions of Voice Telephony Service Plan**  
**Offered to Lifeline Subscribers**  
**Per Instructions for Completing FCC Form 481**

## **Discounted Telephone Service Available**

**Wahkiakum West Telephone provides Lifeline and Washington Telephone Assistance Program (WTAP) Benefits to qualified subscribers in Grays River, Naselle and Rosburg.**

You may qualify for WTAP and/or Lifeline Service if you meet certain low-income eligibility requirements. WTAP benefits include a discount of \$3.25 per month on basic residential telephone service. Lifeline benefits include a discount of \$9.25 per month.

Customers of Wahkiakum West receiving both Lifeline and WTAP credits pay only \$8.00 per month for basic local telephone service not including taxes and surcharges.

WTAP benefits also include discounting one half of the connection fee up to \$22 when activating or moving service.

### **Line 1222 Details on the number of minutes provided as part of the plan.**

The Company provides flat rate local exchange service to its Lifeline subscribers. It does not offer measured local exchange service or measured Extended Area Service ("EAS"), so the number of local exchange service and EAS minutes that are provided as part of the Lifeline plan is essentially unlimited. EAS exists between the Company's Grays River and Naselle exchanges.

### **Line 1223 Additional charges for toll calls, and rates for such plan.**

The Company does not provide toll services to its Lifeline subscribers, but does provide access to toll service providers. Company Lifeline subscribers have to choose their own toll service providers. Accordingly, subscribers to the Company's Lifeline service do not incur any Company toll charges. No Company charges, other than those for the local exchange service and EAS that is included in the Company's Lifeline plan are required in order for a qualifying low-income consumer to receive Lifeline service from the Company.



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## CONFIRMATION

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**Congratulations. Your filing has been successfully certified.**

Filing 3 was successfully certified on 2013-09-18 14:01:37.0 by clarson@wahkiakumwest.com .

SAC : 522451

SPIN : 143002607

Carrier Name : WESTERN WAHAKIAKUM

Program Year : 2014

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