FCC For	rm 481 - Carrier Annual Reporting Data Collection Form			FCC Form 481 OMB Control No. 3060-0 July 2013	0986/OMB Control N	lo. 3060-0819
<010>	Study Area Code	522423				
<015>	Study Area Name	INLAND TEL CO -WA				
<020>	Program Year	2015				
<030>	Contact Name: Person USAC should contact with questions about this data	James K. Brooks				
<035>	Contact Telephone Number: Number of the person identified in data line <030>	5096492211 ext.				
<039>	Contact Email Address: Email of the person identified in data line <030>	jbrooks@inlandnet.co	om			
ANNUA	AL REPORTING FOR ALL CARRIERS				54.313 Completion Required	54.422 Completion Required
<100>	Service Quality Improvement Reporting		(complete attached wo	rksheet)	~	
<200>	Outage Reporting (voice)		(complete attached wo	rksheet)	~	~
<210>		outages to report		[	~	(IIII)
<300>	Unfulfilled Service Requests (voice)					
<310>	Detail on Attempts (voice)					
				(attach descriptive doo	cument)	
<320>	Unfulfilled Service Requests (broadband)			_	~	
<330>	Detail on Attempts (broadband)			(attach descriptive de	ocument)	
<400>	Number of Complaints per 1,000 customers (voice)					
<410>	Fixed 0.0				~	~
<420> <430>	Mobile 0.0 Number of Complaints per 1,000 customers (broadb	and)				
<440>	Fixed 0.0	Jundy				
<450>	Mobile 0.0 Service Quality Standards & Consumer Protection R	ules Compliance	(check to indicate certi	(fication)		
<500>	140630 522423 AFFIDAVIT CONTAINING CERTIFICAT	TIONS.pdf, 140212		Jication		
<510>	ITC 802299 CPNI CERTIFICATION.pdf, 140212 ITC PROCEDURES.pdf	2 802299 CPNI OP	(attached descriptiv	e document)	~	~
<600>	Functionality in Emorgancy Situations		(			
<000>	Functionality in Emergency Situations 140630 522423 EMERGENCIES CERTIFICATION.pdf		(check to indicate cert	fication)		
			(attached descriptive do	ocument)	~	~
<610>						
<700>	Company Price Offerings (voice)		(complete attached wo	orksheet)	~ ·	
<710>	Company Price Offerings (broadband)		(complete attached wo			
<800>	Operating Companies and Affiliates		(complete attached wo	orksheet)		~
	Tribal Land Offerings (Y/N)?	(if y	es, complete attached wo			
10002			(check to indicate cert	jication	»(لــــــــــــــــــــــــــــــــــــ	
<1010>			(attach descriptive do	cument)		
<1100>	> Terrestrial Backhaul (Y/N)?	lif		tification)		11111
	00	19				
<1110> <1200>	. • Terms and Condition for Lifeline Customers		(complete attached we (complete attached we			~
	Price Cap Carriers, Proceed to Price Cap Additional	Documentation Works				<u>.                                    </u>
	Including Rate-of-Return Carriers affiliated with Pr	ice Cap Local Exchange			л — — т	
<2000> <2005>			(check to indicate certi			
	Rate of Return Carriers, Proceed to ROR Additional	Documentation Works			·	
<3000>			(check to indicate certi		· ·	
<3005>			(complete attached wo	rksheet)	~	

-	ervice Quality Improvement Reporting Illection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	522423	
<015>	Study Area Name	INLAND TEL CO -WA	
<020>	Program Year	2015	
<030>	Contact Name - Person USAC should contact regarding this data	James K. Brooks	
<035>	Contact Telephone Number - Number of person identified in data line <030>	5096492211 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	jbrooks@inlandnet.com	
<110>	Has your company received its ETC certification from the FCC?	(yes / no ) 🔘 💽	
<111>	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes / no ) O O	
<112>	voice telephony service. 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 of CETC which only receives frozen support, your progress report is only required to address voice telephony service.	company is a	-YEAR FORECAST.pdf
	Please check these boxes below to confirm that the attached documents(s), on li 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.	ne	Name of Attached Document
<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.		

(200) Service Outage Reporting (Voice)	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	522423
<015>	Study Area Name	INLAND TEL CO -WA
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	James K. Brooks
<035>	Contact Telephone Number - Number of person identified in data line <030>	5096492211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jbrooks@inlandnet.com

<220>	<a></a>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<c1></c1>	<c2></c2>	<d></d>	<e></e>	<f></f>	<g></g>	<h></h>
	NORS									Did This Outage		
	Reference	Outage Start	Outage Start	Outage End	Outage End	Number of		911 Facilities	Service Outage	Affect Multiple		
	Number	Date	Time	Date	Time	<b>Customers Affected</b>	Total Number of		Description (Check	Study Areas	Service Outage	Preventative
							Customers	(Yes / No)	all that apply)	(Yes / No)	Resolution	Procedures
						、	See attached					
						wo	rksheet					

#### (700) Price Offerings including Voice Rate Data FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 Data Collection Form July 2013

<010> Study Area Code 522423 <015> Study Area Name INLAND TEL CO -WA <020> Program Year 2015 Contact Name - Person USAC should contact regarding this data <030> James K. Brooks 5096492211 ext. <035> Contact Telephone Number - Number of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030> <039>

jbrooks@inlandnet.com

1/1/2014

Residential Local Service Charge Effective Date <701>

<702> Single State-wide Residential Local Service Charge

<703>	<a1></a1>	<a2></a2>	<a3></a3>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<b5></b5>	<c></c>
					Residential Local			Mandatory Extended Area	
	State	Exchange (ILEC)	SAC (CETC)	Rate Type	Service Rate	State Subscriber Line Charge	State Universal Service Fee	Service Charge	Total per line Rates and Fees
					0				
					See at	tached worksheet			

Page 4

(710) Broadband Price Offerings Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010> Study Area Code	522423	

.010.		
<015>	Study Area Name	INLAND TEL CO -WA
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	James K. Brooks
<035>	Contact Telephone Number - Number of person identified in data line <030>	5096492211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jbrooks@inlandnet.com

711>	<a1></a1>	<a2></a2>	<b1></b1>	<b2></b2>	<c></c>	<d1></d1>	<d2></d2>	<d3></d3>	<d4></d4>
	State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rate and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached { <i>select</i> }
								X- 7	
				0	I				
				- See attacl worksheet -	nea				
			,	WOIKSHEEL -					

	erating Companies lection Form				FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code		522423		
<015>	Study Area Name		INLAND TEL CO	172	
<020>	Program Year		2015	-114	
<030>	-	USAC should contact regarding this data		ika	
<035>		nber - Number of person identified in dat			
<039>		Email Address of person identified in da		ndnet.com	
<810>	Reporting Carrier	Inland Telephone Company			
<811>	Holding Company	Western Elite Incorporated Serv	ices		
<812>	Operating Company	Inland Telephone Company			
<813>		<a1></a1>		<a2></a2>	<a3></a3>
		Affiliates		SAC	Doing Business As Company or Brand Designation
			See atta	ched worksheet	-
				<b>├</b> ─── <b>├</b> ─	
				├	
				├	

	bal Lands Reporting			FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0		
ata Col	lection Form					
				July 2013		
<010>	Study Area Code		522423			
<015>	Study Area Name		INLAND TEL CO -WA			
<020>	Program Year		2015			
<030>	Contact Name - Person USAC should contact regarding this data		James K. Brooks			
<035>	Contact Telephone Number - Number of person identified in data line	<030>	5096492211 ext.			
<039>	Contact Email Address - Email Address of person identified in data line	e <030>	jbrooks@inlandnet.com			
<910>	Tribal Land(s) on which ETC Serves					
<920>	Tribal Government Engagement Obligation					
		L	Name of Att	ached Document		
to confi demons	company serves Tribal lands, please select (Yes,No, NA) for each these boxes irm the status described on the attached document(s), on line 920, strates coordination with the Tribal government pursuant to 3(a)(9) includes:	(Yes	ect ,No, A)			
<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					
	Compliance with Tribal Business and Licensing requirements.					

	o Terrestrial Backhaul Reporting ection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	522423
<015>	Study Area Name	INLAND TEL CO -WA
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	James K. Brooks
<035>	Contact Telephone Number - Number of person identified in data line <030>	5096492211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jbrooks@inlandnet.com
<1120>	Please check this box to confirm no terrestrial backhaul poptions 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)	

Lifeline	ection Form Study Area Code Study Area Name Program Year	522423 INLAND TEL CO -WA 2015	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<030>	Contact Name - Person USAC should contact regarding this data	James K. Brooks	
<035>	Contact Telephone Number - Number of person identified in data line <030	> 5096492211 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030	> jbrooks@inlandnet.com	
<1210>	Terms & Conditions of Voice Telephony Lifeline Plans		140130 522423 FCC FORM 555 ANNUAL CERT.pdf Name of Attached Document
<1220>	Link to Public Website HTTP	inlandnet.com	
or the we	neck these boxes below to confirm that the attached document(s), on line 1210, bsite listed, on line 1220, contains the required information pursuant to (a)(2) annual reporting for ETCs receiving low-income support, carriers must 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) Pr	ice Cap Carrier Additional Documentation	FCC Form 481	
Data Coll	ection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819
Including	Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers		July 2013
<010>	Study Area Code	522423	
<015>	Study Area Name	INLAND TEL CO -WA	
<020>	Program Year	2015	
<030>	Contact Name - Person USAC should contact regarding this data	James K. Brooks	
<035>	Contact Telephone Number - Number of person identified in data line <030>	5096492211 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	jbrooks@inlandnet.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)}	ï==-1
<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 require pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, na addresses of community anchor institutions to which began providing access to broadband servic preceding calendar year.	ed information mes, and e in the
<2021>	Interim Progress Community Anchor Institutions	
		Name of Attached Document Listing Required Information

Page 10

(3000) Rate Of Return Carrier Additional Documentation

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	522423
<015>	Study Area Name	INLAND TEL CO -WA
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	James K. Brooks
<035>	Contact Telephone Number - Number of person identified in data line <030>	5096492211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jbrooks@inlandnet.com
CHECK t		nt to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 he 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
	Please check this box to confirm that the attached document(s), on line $3$ § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addre providing access to broadband service in the preceding calendar year.	
(3012)	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	Name of Attached Document Listing Required Information (Yes/No) (Yes/No)
Please	check these boxes to confirm that the attached document(s), on line 301	7, 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 Ca	ash Flows
		140630 ITC RUS OPERATING STATEMENT.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) I
()	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 fi	ormat comparable to RUS Operating Report for Telecommunications
(3020)	Document(s) for Balance Sheet, Income Statement and Statement of C	
(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) (3025)	Underlying information subjected to an officer certification. Document(s) for Balance Sheet, Income Statement and Statement of C	ash Flows
(3026)	Attach the worksheet listing required information	
	L	Name of Attached Document Listing Required Information

	tion - Reporting Carrier lection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	522423
<015>	Study Area Name	INLAND TEL CO -WA
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	James K. Brooks
<035>	Contact Telephone Number - Number of person identified in data line <030>	5096492211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jbrooks@inlandnet.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: INLAND TEL CO -WA							
Signature of Authorized Officer: CERTIFIED ONLINE	Signature of Authorized Officer: CERTIFIED ONLINE Date						
Printed name of Authorized Officer: James Brooks							
Title or position of Authorized Officer: Treasurer/Controller							
Telephone number of Authorized Officer: 5096492211 ext.							
tudy Area Code of Reporting Carrier: 522423 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.							

	ion - Agent / Carrier ection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	522423
<015>	Study Area Name	INLAND TEL CO -WA
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	James K. Brooks
<035>	Contact Telephone Number - Number of person identified in data line <030>	5096492211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jbrooks@inlandnet.com

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

certify that (Name of Agent) is authorized to submit the information reported on behalf of the reporting carrier. Iso 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 gent; 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 forn	n 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 Age	ent:						
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 Communicatio 18 of the United States Code, 18 U.S.C. § 10	ons Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 001.					

1

Attachments

(200) Service Outage Reporting (Voice) Data Collection Form									FCC Form 481 OMB Control N July 2013	No. 3060-0986/OMB Cont	rol No. 3060-0819
<010> S	tudy Area Code	2				Ę	522423				
<015> S	tudy Area Nam	ie					INLAND TEL	CO -WA			
	rogram Year					:	2015				
<030> C	ontact Name -	Person US	AC should cont	tact regardi	ng this data		Tames K. B				
					ntified in data li		5096492211				
	ontact Email A	ddress - En	nail Address of	person ide	ntified in data l	ine <030>	brooks@in	landnet.com			
<220>			4.2.	.1. 4.	4.				.6		
<a></a>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<c1></c1>	<c2></c2>	<d> 911</d>	<e></e>	<f> Did This Outage</f>	<g></g>	<h></h>
NORS Reference		Outage		Outage	Number of	Total	Facilities	Service Outage	Affect Multiple		
Number	Outage Star		Outage End	End	Customers	Number of	Affected	Description (Check all that apply)	Study Areas	Service Outage	Preventative
	Date	Time	Date	Time	Affected	Customers	(Yes / No)		(Yes / No)	Resolution	Procedures
	05/03/2013	17:42	05/03/2013	20:21	555	555	No	Wireline (including cable) Voice (non-VoIP)	Yes	SG1200 card (controls SS7) and alarm card reseated.	No measures that the Company is aware of that will preven cards from becoming unseated
	06/03/2013	11:50	06/03/2013	12:40	10	555	No		No	Reconnected power to fiber MUX connected to interexchange facilities carrying special access.	Cautioned technician to be wary of other equipment when performing routine maintenance.

### (700) Price Offerings including Voice Rate Data FCC Form 481 Data Collection Form OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013

522423

<010> Study Area Code <015> Study Area Name INLAND TEL CO -WA Program Year <020> 2015 Contact Name - Person USAC should contact regarding this data <030> James K. Brooks Contact Telephone Number - Number of person identified in data line <030> <035> 5096492211 ext. Contact Email Address - Email Address of person identified in data line <030> <039> jbrooks@inlandnet.com

Residential Local Service Charge Effective Date <701>

Single State-wide Residential Local Service Charge <702>

<703>

<a1></a1>	<a2></a2>	<a3></a3>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<b5></b5>	<c></c>
State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fees
WA	Dewatto		FR	22.0	0.0	0.0	0.0	22.0
WA	Dewatto		MS	14.0	0.0	0.0	0.0	14.0
WA	Prescott		FR	16.5	0.0	0.0	0.0	16.5
WA	Prescott		MS	14.0	0.0	0.0	0.0	14.0
WA	Roslyn		FR	14.0	0.0	0.0	0.0	14.0
WA	Roslyn		MS	14.0	0.0	0.0	0.0	14.0
WA	Uniontown		FR	15.0	0.0	0.0	0.0	15.0
WA	Uniontown		MS	14.0	0.0	0.0	0.0	14.0

1/1/2014

(710) Broadband Price Offerings		FCC Form 481
Data Collection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819
		July 2013
<010> Study Area Code	522423	

<015>	Study Area Name	INLAND TEL CO -WA
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	James K. Brooks
<035>	Contact Telephone Number - Number of person identified in data line <030>	5096492211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jbrooks@inlandnet.com

<711>	<a1></a1>	<a2></a2>	<b1></b1>	<b2></b2>	<c> <d1></d1></c>	<d2></d2>	<d3></d3>		<d4></d4>
	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}
	WA	Dewatto	45.95	0.0	45.95	4.0	1.0	500.0	Other, None
	WA	Dewatto	55.95	0.0	55.95	6.0	1.0	500.0	Other, None
	WA	Dewatto	95.95	0.0	95.95	10.0	1.0	500.0	Other, None
	WA	Prescott	45.95	0.0	45.95	4.0	1.0	500.0	Other, None
	WA	Prescott	55.95	0.0	55.95	6.0	1.0	500.0	Other, None
	WA	Prescott	95.95	0.0	95.95	10.0	1.0	500.0	Other, None
	WA	Roslyn	38.0	0.0	38.0	4.0	1.0	500.0	Other, None
	WA	Roslyn	48.0	0.0	48.0	6.0	1.0	500.0	Other, None
	WA	Roslyn	95.95	0.0	95.95	10.0	1.0	500.0	Other, None
	WA	Uniontown	38.0	0.0	38.0	4.0	1.0	500.0	Other, None
	WA	Uniontown	48.0	0.0	48.0	6.0	1.0	500.0	Other, None
	WA	Uniontown	95.95	0.0	95.95	10.0	1.0	500.0	Other, None

• • •	erating Companies lection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819
Data con			July 2013
<010>	Study Area Code		522423
<010>	Study Area Code		INLAND TEL CO -WA
<020>	Program Year		2015
<030>	Contact Name - Person U	SAC should contact regarding this data	James K. Brooks
<035>	Contact Telephone Numb	per - Number of person identified in data line <030>	5096492211 ext.
<039>	Contact Email Address - E	mail Address of person identified in data line <030>	jbrooks@inlandnet.com
<810>	Reporting Carrier	Inland Telephone Company	
<811>	Holding Company	Western Elite Incorporated Services	
<812>	Operating Company	Inland Telephone Company	

<813>	<a1></a1>	<a2></a2>	<a3></a3>
	Affiliates	SAC	Doing Business As Company or Brand Designation
	Inland Telephone Company	472423	Inland Telephone Company dba Inland Networks
	Inland Cellular LLC (fka Washington RSA No.8 Limited Partnership)	479007	Inland Cellular
	Inland Cellular LLC (fka Washington RSA No.8 Limited Partnership)	529003	Inland Cellular
	Inland Cellular LLC (fka Eastern Sub-RSA Limited Partnership	529004	Inland Cellular
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