FCC Foi	rm 481 - Carrier Annual Reporting Data Collection Form		FCC Form 481 OMB Control No. 3060-09 July 2013	986/OMB Control No. 3060-0819
<010>	Study Area Code	522423		
<015>	Study Area Name	INLAND TEL CO -WA		
<020>	Program Year	2016		
<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.com		
ANNUA	AL REPORTING FOR ALL CARRIERS			54.313 54.422 Completion Completion Required Required (check box when complete)
<100>	Service Quality Improvement Reporting	(complete at	ttached worksheet)	v
<200>	Outage Reporting (voice)	(complete at	ttached worksheet)	v v
<210>		outages to report	Γ	v
<300>	Unfulfilled Service Requests (voice)			
<310>	Detail on Attempts (voice)		[
			(attach descriptive docu	ument)
<320>	Unfulfilled Service Requests (broadband)			·
<330>	Detail on Attempts (broadband)		(attach descriptive doc	cument)
<400>	Number of Complaints per 1,000 customers (voice)			
<410>	Fixed 0.0			
<420>	Mobile 0.0			
<430> <440>	Number of Complaints per 1,000 customers (broads	pand)		· ///////
<450>	Mobile 0.0			
<500>	Service Quality Standards & Consumer Protection R		dicate certification)	<i>v v</i>
<510>	150629 522423 AFFIDAVIT CONTAINING CERTIFICA: 802299 ITC CPNI CERT AND OP PROC.pdf		d descriptive document)	V V
<600>	Functionality in Emergency Situations	(check to in	dicate certification)	
1000	150629 522423 EMERGENCIES CERTIFICATION.pdf	(circuit o iii	dicate certification,	
<610>		(attached de	escriptive document)	V
	Company Price Off Live (viv.)			
	Company Price Offerings (voice) Company Price Offerings (broadband)		ittached worksheet) ittached worksheet)	
	Operating Companies and Affiliates		ittached worksheet)	<i>V V</i>
	Tribal Land Offerings (Y/N)?		ttached worksheet)	<u> </u>
<1000>	Voice Services Rate Comparability Certification	Yes		
<1010>	150630 522423 VOICE SERVICES COMPARABILITY		scriptive document)	·
<1100>	> Certify whether terrestrial backhaul options exist (\)	(es or No) (if not, che	eck to indicate certification)	·
<1110>			attached worksheet)	
<1200>	Terms and Condition for Lifeline Customers		attached worksheet)	, , , , , , , , , , , , , , , , , , ,
	Price Cap Carriers, Proceed to Price Cap Additional			
<2000> <2005>	Including Rate-of-Return Carriers affiliated with Pr	(check to in	dicate certification) ttached worksheet)	
	Rate of Return Carriers, Proceed to ROR Additional		· .	
<3000>		(check to in	dicate certification)	v

(complete attached worksheet)

<3005>

	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 C	CO -WA
<020>	Program Year	2016	
<030>	Contact Name - Person USAC should contact regarding this data	James K. Bro	ooks
<035>	Contact Telephone Number - Number of person identified in data line <030>	5096492211 e	ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jbrooks@inla	andnet.com
<110>	Has your company received its ETC certification from the FCC? If your answer to Line <110> is yes, do you have an existing §54.202(a) "5	(yes	s/no) O
<111>	year plan" filed with the FCC?	lves	s / no) O O
<112>	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. 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	150629 522423 5 YR FORECAST.pdf
	Please select the appropriate responses below (Yes, No, Not Applicable) to confit that the attached document(s), on line 112, contains a progress report on its five service quality improvement plan pursuant to §54.202(a). The information shall be submitted at the wire center level or census block as appropriate.	e-year	Name of Attached Document
<113>	Maps detailing progress towards meeting plan targets		No
<114>	Report how much universal service (USF) support was received		Yes
<115>	How much (USF) was used to improve service quality and how support was used to impro	ve service quality	ty Yes
<116>	How much (USF) was used to improve service coverage and how support was used to imp	rove service cove	verage No
<117>	How much (USF) was used to improve service capacity and how support was used to impr		
<118>	Provide an explanation of network improvement targets not met in the prior calendar year.	·	Yes

(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	2016
<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>	<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			Number of		911 Facilities	Service Outage	Affect Multiple		
	Number	Date	Time	Date	Time	Customers Affected		Affected	Description (Check	Study Areas	Service Outage	Preventative
		-					Customers	(Yes / No)	all that apply)	(Yes / No)	Resolution	Procedures
										<u> </u>		

(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

<010>	Study Area Code	522423
<015>	Study Area Name	INLAND TEL CO -WA
<020>	Program Year	2016
<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

<701> Residential Local Service Charge Effective Date

1/1/2015

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
ŀ									
ļ									
Ī									
					Soo at	tached worksheet			
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(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	2016
<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 {select }
				- See attacl	ned				
			,	worksheet -					
ŀ									

	erating Companies lection Form		FCC Fori OMB Co July 201	ntrol No. 3060-0986/OMB Control No. 3060-0819
			July 201	.5
<010>	Study Area Code		522423	
<015>	Study Area Name		INLAND TEL CO -WA	
<020>	Program Year		2016	
<030>	Contact Name - Person l	JSAC should contact regarding this data	James K. Brooks	
<035>	Contact Telephone Num	ber - 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	
<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
•	See atta	ached workshe	et
•			
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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
<010> Study Area Code <015> Study Area Name <020> Program Year <030> Contact Name - Person USAC should contact regarding this data <035> Contact Telephone Number - Number of person identified in data line <030 <039> Contact Email Address - Email Address of person identified in data line <030	
<910> Tribal Land(s) on which ETC Serves	
<920> Tribal Government Engagement Obligation	Name of Attached Document
 \$ 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; 	Select Yes or No or Not Applicable
<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) B	In Townstein Position I Deposition		500 5 404
-	No Terrestrial Backhaul Reporting Ilection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010> <015>	,	522423	
<020>	Program Year	INLAND TEL CO -WA	
<030> <035>	5 5	James K. Brooks 5096492211 ext.	_
<039>	Contact Email Address - Email Address of person identified in data line <030>	jbrooks@inlandnet.com	
<1120>	Please confirm whether terrestrial backhaul options exist within the supported area pursuant to § 54.313(g) (Yes, No).	a	
<1130	Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 upstream within the supported area pursuant to § 54.313(g).	kbps	

Lifeline	erms and Condition for Lifeline Customers		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		2016
<030>	Contact Name - Person USAC should contact regarding this data		James K. Brooks
<035>	Contact Telephone Number - Number of person identified in data li	ne <030>	> 5096492211 ext.
<039>	Contact Email Address - Email Address of person identified in data I	ine <030)> jbrooks@inlandnet.com
<1210>	Terms & Conditions of Voice Telephony Lifeline Plans		140929 APPLICATION - LIFELINE CERT.pdf, 150127 522423 FCC-Form-555.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 1 bsite listed, on line 1220, contains the required information pursuant to (a)(2) annual reporting for ETCs receiving low-income support, carriers mus 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,	V	
<1223>	Additional charges for toll calls, and rates for each such plan.	~	

(2000) Pi	rice Cap Carrier Additional Documentation			FCC Form 481
Data Col	lection 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			
<015>	Study Area Name	522423		
<020>	Program Year	INLAND TEL CO -WA		
<030>	Contact Name - Person USAC should contact regarding this data	2016		
<035>	Contact Telephone Number - Number of person identified in data line <030>	James K. Brooks 5096492211 ext.		
<039>	Contact Email Address - Email Address of person identified in data line <030>	jbrooks@inlandnet.com		
		JDFOOKS@INTANGMEC.COM		
	e appropriate responses below (Yes, No, Not Applicable) to note compliance as America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The inforr	•	•• •	,, , , , , , , , , , , , , , , , , , , ,
Connect		lation reported on this form	and in the documents attached below is acc	curate.
420105	Incremental Connect America Phase I reporting			
<2010>				
<2011a	> 3rd Year Certification {47 CFR § 54.313(b)(1)ii}			
<2011b	> Attachment {47 CFR § 54.313(b)(1)ii}			
			Name of Attached Document(s) Listing Required Ir	nformation
	Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))			
<2012>	> 2013 Frozen Support Calculation {47 CFR § 54.313(c)(1)}			
<2013>	> 2014 Frozen Support Calculation {47 CFR § 54.313(c)(2)}]
<2014>	> 2015 Frozen Support Calculation {47 CFR § 54.313(c)(3)}			
<2015>	> 2016 and future Frozen Support Calculation {47 CFR § 54.313(c)(4)}			ቫ
	Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}			_
<2016>	, , , , , , , , , , , , , , , , , , , ,			
				_ _
<2017>	Connect America Phase II Reporting (47 CFR § 54.313(e))			<u>_</u>
<2018	ord year broadband bervice certification			
<2019	Still year broadband Service certification			
<2020>		o 2021 contains the requi	ired information	_ ¬
12020	pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support s	hall provide the number. r	names, and	
	addresses of community anchor institutions to which began providing			
	preceding calendar year.			
<2021>	Interim Progress Community Anchor Institutions			
			Name of Attached Document(s) Listing R	equired Information
				•

(3000) Ra	ate Of Return Carrier Additional Documentation		FCC Form 481
Data Coll	lection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819
			July 2013
-010>	Shudu Assa Cada	500.400	
<010> <015>	Study Area Code Study Area Name	522423 INLAND TEL CO -WA	
<020>	Program Year	2016	
<030>	Contact Name - Person USAC should contact regarding this data	James K. Brooks	
<035> <039>	Contact Telephone Number - Number of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030>	5096492211 ext. jbrooks@inlandnet.com	
CHECK t	the boxes below to note compliance on its five year service quality plan (pursu CFR 8 54.313(f)(2). I further certify that	ant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring on the information reported on this form and in the documents attach	
(3010)	Progress Report on 5 Year Plan		
	Milestone Certification {47 CFR § 54.313(f)(1)(i)}		
		Name of Attached Document Listing Required Informa	tion
(3011)	Please check this box to confirm that the attached document(s), on line		
	§ 54.313 (f)(1)(ii), the carrier shall provide the number, names, and add providing access to broadband service in the preceding calendar year.	fresses of community anchor institutions to which began	
(3012)	Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}		
,	,		
		Name of Attached Document Listing Required Information	
	Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)}	(Yes/No) (Yes/No)	$\langle \triangleright \!\!\! \rangle$
, ,	If yes, does your company file the RUS annual report		
Please	check these boxes to confirm that the attached document(s), on line 30	17, contains the required information pursuant to § 54.313(f)(2) compliance requires:
(3015)	Electronic copy of their annual RUS reports (Operating Report for		
(3016)	Telecommunications Borrowers) Document(s) for Balance Sheet, Income Statement and Statement of C	ash Flows	
(5010)	2004 III. (0) for Balance Groot, moonie Glatement and Glatement of	150623 2014 INLAND RUS OP REPORT FORM 479	_ '
(3017)	If the response is yes on line 3014, attach your company's RUS annual		
(5017)	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 PLIS Operating Penort for Telecommunication	
(,	Ether a copy of their addited mandal statement, or (2) a mandal report in	Torriat comparable to Nos Operating Report for Telecommunication	`
(3020)	Document(s) for Balance Sheet, Income Statement and Statement of	Cash Flows	Ш
(3021)	Management letter and audit opinion 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:		
(2022)			
(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		
(3024)	public accountant Underlying information subjected to an officer certification.		
(3025)	Document(s) for Balance Sheet, Income Statement and Statement of	Cash Flows	4
(05			
(3026)	Attach the worksheet listing required information		
		Name of Attached Document Listing Required Information	

(3000) Rate Of Return Carrier Additional Documentation (Continued)	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	2016
<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

Financial Data Summary (3027) Revenue	4968903			
(3027) Revenue	5050400			
(3028) Operating Expenses	5052182			
(3029) Net Income	119126			
(3030) Telephone Plant In Service(TPIS)	27004739			
(3031) Total Assets	15004348			
(3032) Total Debt	6440072			
(3033) Total Equity	6206194			
(3034) Dividends	0			

Certification - Reporting Carrier	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	2016
<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 Date 06/30/2015

Printed name of Authorized Officer: James Brooks

Title or position of Authorized Officer: Treasurer/Controller

Telephone number of Authorized Officer: 5096492211 ext.

Study Area Code of Reporting Carrier: 522423 Filing Due Date for this form: 07/01/2015

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
<010>	Study Area Code	522423
<015>	Study Area Name	INLAND TEL CO -WA
<020>	Program Year	2016
<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:

I certify that (Name of Agent) also certify that I am an officer of the reporting carrier; my responsik agent; and, to the best of my knowledge, the reports and data provic	is authorized to submit the information reported on behalf of the reporting carrier. I bilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized ded 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: ext.	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
, ,	d by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment tle 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 I	Reports for CAF or LI Recipients on Behalf of Reporting Carrier			
l, as agent for the reporting carrier, certify that I am authorized to submit the annual rep the data reported herein based on data provided by the reporting carrier; and, to the be	orts for universal service support recipients on behalf of the reporting carrier; I have provided st 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: ext.				
Study Area Code of Reporting Carrier: Filing Due	e Date for this form:			
	re under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title is States Code, 18 U.S.C. § 1001.			



(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

<010>	Study Area Code	522423
<015>	Study Area Name	INLAND TEL CO -WA
<020>	Program Year	2016
<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
<701>	Residential Local Service Charge Effective Date 1/1/2015	

<703>

<702> Single State-wide Residential Local Service Charge

<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
WA	DEWATTO		FR	22.0	0.0	0.0	0.0	22.0
WA	DEWATTO		MS	16.0	0.0	0.0	0.0	16.0
WA	PRESCOTT		FR	16.5	0.0	0.0	0.0	16.5
WA	PRESCOTT		MS	16.0	0.0	0.0	0.0	16.0
WA	ROSLYN		FR	16.0	0.0	0.0	0.0	16.0
WA	ROSLYN		MS	16.0	0.0	0.0	0.0	16.0
WA	UNIONTOWN		FR	16.0	0.0	0.0	0.0	16.0
WA	UNIONTOWN		MS	16.0	0.0	0.0	0.0	16.0

(710)	Broadband Price	Offerin
Data	Collection 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	2016
<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

'11>	<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	49.95	0.0	49.95	4.0	1.0	500.0	Other, Warning call
	WA	DEWATTO	59.95	0.0	59.95	6.0	1.0	500.0	Other, Warning call
	WA	DEWATTO	80.95	0.0	80.95	10.0	1.0	500.0	Other, Warning call
	WA	PRESCOTT	49.95	0.0	49.95	4.0	1.0	500.0	Other, Warning call
	WA	PRESCOTT	59.95	0.0	59.95	6.0	1.0	500.0	Other, Warning call
	WA	PRESCOTT	80.95	0.0	80.95	10.0	1.0	500.0	Other, Warning call
	WA	ROSLYN	49.95	0.0	49.95	4.0	1.0	500.0	Other, Warning call
	WA	ROSLYN	59.95	0.0	59.95	6.0	1.0	500.0	Other, Warning call
	WA	ROSLYN	80.95	0.0	80.95	10.0	1.0	500.0	Other, Warning call
	AW	UNIONTOWN	49.95	0.0	49.95	4.0	1.0	500.0	Other, Warning call
	WA	UNIONTOWN	59.95	0.0	59.95	6.0	1.0	500.0	Other, Warning call
	WA	UNIONTOWN	80.95	0.0	80.95	10.0	1.0	500.0	Other, Warning call
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(800) Operating Companies	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		2016
<030>	Contact Name - Person US	AC 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 - En	nail 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	479007	Inland Cellular
	Inland Cellular LLC	529003	Inland Cellular
	Inland Cellular LLC	529004	Inland Cellular
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