

FCC Form 481 - Carrier Annual Reporting
DATA COLLECTION FORM

Approved by TBD

OMB 3060-0366

Avg. Burden Estimate per Respondent: 20 Hours

(010) Study Area Code	(010)	<input type="text"/>
(015) Study Area Name	(015)	<input type="text"/>
(020) Program Year	(020)	2014
(030) Contact Name: Person USAC should contact with questions about this data	(030)	<input type="text"/>
(035) Contact Telephone Number: Number of the person identified in Data Line (030)	(035)	<input type="text"/>
(039) Contact Email: Email of the person identified in Data Line (030)	(039)	<input type="text"/>

ANNUAL REPORTING FOR ALL CARRIERS	54313	54422
	Req. Complete	Req. Complete

		<i>(check box when complete)</i>	
(100) Service Quality Improvement Reporting	<i>(complete attached worksheet)</i>	(100)	<input type="checkbox"/>
(200) Outage Reporting (voice)	<i>(complete attached worksheet)</i>	(200)	<input type="checkbox"/>
(210) <input type="checkbox"/> ← check box if no outages to report			
(300) Unfulfilled Service Requests (voice)		(300)	<input type="checkbox"/>
(310) Detail on Attempts (voice)	<i>(attach descriptive document)</i>	(310)	<input type="checkbox"/>
(320) Unfulfilled Service Requests (broadband)		(320)	<input type="checkbox"/>
(330) Detail on Attempts (broadband)	<i>(attach descriptive document)</i>	(330)	<input type="checkbox"/>
(400) Number of Complaints per 1,000 customers (voice)		(400)	<input type="checkbox"/>
(410) Fixed	<input type="text"/>		
(420) Mobile	<input type="text"/>		
(430) Number of Complaints per 1,000 customers (broadband)		(430)	<input type="checkbox"/>
(440) Fixed	<input type="text"/>		
(450) Mobile	<input type="text"/>		
(500) Service Quality Standards & Consumer Protection Rules Compliance	<i>(complete attached certification)</i>	(500)	<input type="checkbox"/>
(600) Functionality in Emergency Situations	<i>(complete attached certification)</i>	(600)	<input type="checkbox"/>
(700) Company Price Offerings (voice)	<i>(complete attached worksheet)</i>	(700)	<input type="checkbox"/>
(710) Company Price Offerings (broadband)	<i>(complete attached worksheet)</i>	(710)	<input type="checkbox"/>
(800) Operating Companies and Affiliates	<i>(complete attached worksheet)</i>	(800)	<input type="checkbox"/>
(900) Tribal Land Offerings (Y/N)?	<i>(if yes, complete attached worksheet)</i>	(900)	<input type="checkbox"/>
(1000) Voice Services Rate Comparability	<i>(complete attached certification)</i>	(1000)	<input type="checkbox"/>
(1100) Terrestrial Backhaul (Y/N)?	<i>(if not, please complete attached certification)</i>	(1100)	<input type="checkbox"/>
(1200) Terms and Condition for Lifeline Customers	<i>(complete attached worksheet)</i>	(1200)	<input type="checkbox"/>

(2000) Price Cap Carriers, Proceed to <u>Price Cap Additional Documentation Worksheet</u> <i>Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers</i>	(2000)	<input type="checkbox"/>
(3000) Rate of Return Carriers, Proceed to <u>ROR Additional Documentation Worksheet</u>	(3000)	<input type="checkbox"/>

Draft Pending OMB Approval

(100) Service Quality Improvement Reporting
Connect America Fund

FCC Form 481
OMB Control No. 3060-0986
March 2013

<010> Study Area Code		<010> _____
<015> Study Area Name		<015> _____
<020> Program Year		<020> _____
<030> Contact Name - Person USAC should contact regarding this data		<030> _____
<035> Contact Telephone Number - Number of person identified in data line <030>		<035> _____
<039> Contact Telephone Email Address - Email Address of person identified in data line <030>		<039> _____

<110> Has your company received its ETC certification from the FCC? _____ (yes / no)
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)

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> Annual progress report on five-year service quality improvement plan filed pursuant to 47 C.F.R. §§ 54.202(a) and 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. .pdf

Name of attached document

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.

<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.	_____

3/5/2013

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(200) Service Outage Reporting (voice)
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986

March 2013

- <010> Study Area Code <010>
- <015> Study Area Name <015>
- <020> Program Year <020>
- <030> Contact Name - Person USAC should contact regarding this data <030>
- <035> Contact Telephone Number - Number of person identified in data line <030> <035>
- <039> Contact Email Address - Email Address of person identified in data line <030> <039>

<220> <a>	<b1>	<b2>	<b3>	<b4>	<c1>	<c2>	<d>	<e>	<f>
<u>NDRS Reference Number (if applicable)</u>	<u>Outage Start Date</u>	<u>Outage Start Time</u>	<u>Outage End Date</u>	<u>Outage End Time</u>	<u>Number of Customers Affected</u>	<u>Total Number of Customers</u>	<u>911 facilities Affected (Yes / No)</u>	<u>Service Outage Description (Check all that apply)</u>	<u>Did this outage affect multiple study areas (Yes / No)</u>

(500) Service Quality Certification

FCC Form 481
OMB Control No. 3060-0986
March 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 Telephone Email Address - Email Address of person identified in data line <030>	_____

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

Certification of Officer as to Compliance with Applicable Service Quality Standards and Consumer Protection Rules	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring compliance with the applicable service quality standards as well as the consumer protection rules; and, to the best of my knowledge, the carrier is in compliance with applicable service quality standards and consumer protection rules.	
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 _____	(mm/dd/yyyy) _____
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 to Authorize an Agent to File Compliance with Applicable Service Quality Standards and Consumer Protection Rules 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 compliance with applicable service quality standards and consumer protection rules as reported to the authorized agent; and, to the best of my knowledge, the carrier is in compliance with applicable service quality standards and consumer protection rules, the certification 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: (____) _____ ext. _____	
Study Area Code of Reporting Carrier _____	(mm/dd/yyyy) _____
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 Applicable Service Quality Standards and Consumer Protection Rules 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 _____	
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 _____	(mm/dd/yyyy) _____
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.	

(600) Emergency Carrier Certification

FCC Form 481
OMB Control No. 3060-0985
March 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 Telephone Email Address - EmailAddress of person identified in data line <030>	_____

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

Certification of Officer as to Compliance with 47 CFR §54.202(a)(2)	
I certify that I am an officer of the reporting carrier and that my responsibilities include ensuring compliance with the requirements of 47 CFR 54.202(a)(2) that the carrier be able to function in emergency situations. Specifically, the reporting carrier has a reasonable amount of back-up power to ensure functionality without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations. I certify that the carrier is able to function in emergency situations as set forth in section 54.202(a)(2).	
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 _____	(mm/dd/yyyy) _____
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 to Authorize an Agent to File Compliance with 47 CFR §54.202(a)(2) 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 certify that I am an officer of the reporting carrier and that my responsibilities include ensuring compliance with the requirements of 47 CFR 54.202(a)(2) that the carrier be able to function in emergency situations. Specifically, the reporting carrier has a reasonable amount of back-up power to ensure functionality without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations. I certify that the carrier is able to function in emergency situations as set forth in section 54.202(a)(2) as reported to the authorized agent; and, to the best of my knowledge, the certification 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: (____) _____ ext. _____	
Study Area Code of Reporting Carrier _____	(mm/dd/yyyy) _____
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 §54.202(a)(2) 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 _____	
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 _____	(mm/dd/yyyy) _____
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.	

Draft Pending OMB Approval

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

FCC Form 481
OMB Control No. 3060-0986
March 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 Telephone Email Address - Email Address of person identified in data line <030> _____

- <701> FCC Local Urban Rate Floor \$\$\$
- <702> Residential Local Service Charge Effective Date m.m/dd/yyyy

<703>			<a1>	<a2>	<a3>	<a4>	<a5>	<b1>	<b2>	<b3>	<b4>	<b5>	<c
State	Town	Exchange (ILEC)	SAC (CETC)	Acquired Exchange (Y/N)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total p Rates an			

3/5/2013

Draft Pending OMB Approval

[710] Broadband Price Offerings
Data Collection Form

FCC Form 481
OMB Control #
March 2013

- <010> Study Area Code <010>
- <015> Study Area Name <015>
- <020> Program Year <020>
- <030> Contact Name - Person USAC should contact regarding this data <030>
- <035> Contact Telephone Number - Number of person identified in data line <030> <035>
- <039> Contact Telephone Email Address - Email Address of person Identified in data line <030> <039>

<711>	<a1>	<a2>	<a3>	<a4>	<b1>	<b2>	<c>	<d1>	<d2>	<d3>	<d4>
								<u>Broadband Service - Download Speed (Mbps)</u>	<u>Broadband Service - Upload Speed (Mbps)</u>	<u>Capacity Limit(s) (GB)</u>	<u>Capacity Limit Action Take When Limit Reached [see</u>
State	Town	Exchange (ILEC)	SAC (CETC)	Residential Rate	State Regulated Fees	Total Rate and Fees					

Draft Pending OMB Approval

(800) Operating Companies
Data Collection Form

FCC Form 481
OMB Control No. 306C
March 2013

<010>	Study Area Code	<010>
<015>	Study Area Name	<015>
<020>	Program Year	<020>
<030>	Contact Name - Person USAC should contact regarding this data	<030>
<035>	Contact Telephone Number - Number of person identified in data line <030>	<035>
<039>	Contact Telephone Email Address - Email Address of person identified in data line <030>	<039>

<810>	Reporting Carrier	_____
<811>	Holding Company	_____
<812>	Operating Company	_____

<813>	<a1>	<a2>
	<u>Affiliates</u>	<u>Doing Business As Company or Brand Designation</u>
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
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	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____

Draft Pending OMB Approval

(900) Tribal Lands Reporting
Connect America Fund

FCC Form 481
OMB Control No. 306
March 2013

<010>	Study Area Code	<010>	_____
<015>	Study Area Name	<015>	_____
<020>	Program Year	<020>	_____
<030>	Contact Name - Person USAC should contact regarding this data	<030>	_____
<035>	Contact Telephone Number - Number of person identified in data line <030>	<035>	_____
<039>	Contact Telephone Email Address - Email Address of person identified in data line <030>	<039>	_____

<910> Tribal Land(s) on which ETCserves

<920> Tribal Government Engagement Obligation .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 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;	<input style="width: 80px; height: 25px;" type="text"/>
<922> Feasibility and sustainability planning;	<input style="width: 80px; height: 25px;" type="text"/>
<923> Marketing services in a culturally sensitive manner;	<input style="width: 80px; height: 25px;" type="text"/>
<924> Compliance with Rights of way processes	<input style="width: 80px; height: 25px;" type="text"/>
<925> Compliance with Land Use permitting requirements	<input style="width: 80px; height: 25px;" type="text"/>
<926> Compliance with Facilities Siting rules	<input style="width: 80px; height: 25px;" type="text"/>
<927> Compliance with Environmental Review processes	<input style="width: 80px; height: 25px;" type="text"/>
<928> Compliance with Cultural Preservation review processes	<input style="width: 80px; height: 25px;" type="text"/>
<929> Compliance with Tribal Business and Licensing requirements.	<input style="width: 80px; height: 25px;" type="text"/>

(1000) Voice Rate Certification .

FCC Form 481
OMB Control No. 3060-0886
March 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 Telephone Email Address - Email Address of person identified in data line <030>	_____

Certification Compliance with 47 CFR § 54.313(a)(10)

(10) A letter certifying that the pricing of the company's voice services is no more than two standard deviations above the applicable national average urban rate for voice service, as specified in the most recent public notice issued by the Wireline Competition Bureau and Wireless Telecommunications Bureau

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

Certification of Officer as to Compliance with 47 CFR § 54.313(a)(10)	
I certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR § 54.313(a)(10), the information reported on this form is accurate.	
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 _____	(mm/dd/yyyy) _____
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 § 54.313(a)(10) 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 the compliance with 47 CFR § 54.313(a)(10) as reported to the authorized agent; and, to the best of my knowledge, the certification 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: (____) _____, ext. _____	
Study Area Code of Reporting Carrier _____	(mm/dd/yyyy) _____
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 § 54.313(a)(10) 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 _____	
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: (____) _____, ext. _____	
Study Area Code of Reporting Carrier _____	(mm/dd/yyyy) _____
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.	

(1100) No Terrestrial Backhaul Certification

FCC Form 481
OMB Control No. 3050-0866
March 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 Telephone Email Address - Email Address of person identified in data line <030>	_____

Certification Compliance with 47 CFR §54.313(g)

(c) **Areas with No Terrestrial Backhaul.** Carriers without access to terrestrial backhaul that are compelled to rely exclusively on satellite backhaul in their study area must certify annually that no terrestrial backhaul options exist. Any such funding recipients must certify they offer broadband service at annual speeds of at least 1 Mbps downstream and 256 kbps upstream within the supported area served by satellite middle-mile facilities. To the extent that new terrestrial backhaul facilities are constructed, or existing facilities improve sufficiently to meet the relevant speed, latency and capacity requirements then in effect for broadband service supported by the CAF, within six months of the new backhaul facilities becoming commercially available, funding recipients must provide the certifications required in paragraphs (e) or (f) of this section in full. Carriers subject to this paragraph must comply with all other requirements set forth in the remaining paragraphs of this section.

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

Certification of Officer as to Compliance with 47 CFR §54.313(g)	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR § 54.313(g), the information reported on this form is accurate.	
I certify no terrestrial backhaul options exist <input type="checkbox"/>	
I certify that the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within supported area <input type="checkbox"/>	
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 _____	_____ (mmddyyyy)
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, 509(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 to Authorize an Agent to File Compliance with 47 CFR §54.313(g) 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 compliance with 47 CFR §54.313(g) as reported to the authorized agent; and, to the best of my knowledge, the certification 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: () - - ext. _____	
Study Area Code of Reporting Carrier _____	_____ (mmddyyyy)
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, 509(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 §54.313(g) 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.	
I certify no terrestrial backhaul options exist <input type="checkbox"/>	
I certify that the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within supported area <input type="checkbox"/>	
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 _____	_____ (mmddyyyy)
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, 509(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Draft Pending OMB Approval

(1200) Terms and Condition for Lifeline Customers
Lifeline Service

FCC F
OMB
Marc

- <010> Study Area Code <0:
- <015> Study Area Name <0:
- <020> Program Year <0:
- <030> Contact Name - Person USAC should contact regarding this data <0:
- <035> Contact Telephone Number - Number of person identified in data line <030> <0:
- <039> Contact Telephone Email Address - Email Address of person identified in data line <030> <0:

Name of attached
document

<1210> Terms & Conditions of Voice Telephony Lifeline Plans .pdf

Please check these boxes below to confirm that the attached PDF, on line 1210, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

- <1211> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, _____
- <1212> Details on the number of minutes provided as part of the plan, _____
- <1213> Additional charges for toll calls, and rates for each such plan. _____

<1220> Link to Public Website HTTP

3/5/2013

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

FCC Form 481
OMB Control No. 3060-0855
March 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 Telephone Email Address - Email Address of person identified in data line <030>	_____

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

Certification of Officer as to Compliance with 47 CFR § 54.313(b),(c),(d),(e)

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring 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. CHECK the box for the certifications attested to in this form unless otherwise noted

Incremental Connect America Phase I reporting		
<2010>	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"/>
Price Cap Carrier Resolving Frozen Support Certification {47 CFR § 54.312(e)}		
<2012>	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"/>
Price Cap Carrier Connect America (CC) Support {47 CFR § 54.313(d)}		
<2016>	Certification Support Used to Build Broadband	<input type="checkbox"/>
Connect America Phase II Reporting {47 CFR § 54.313(e)}		
<2017>	2nd year Broadband Service Certification	<input type="checkbox"/>
<2018>	5th year Broadband Service Certification	<input type="checkbox"/>
<2019>	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)(E), 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.		
<2020>		<input type="checkbox"/>
<2021>	Interim Progress Community Anchor Institutions	<input type="checkbox"/> (Attach document files required information)

Name of Reporting Carrier: _____ Date: _____

Signature of Authorized Officer: _____

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 (mm/dd/yyyy): _____

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 to Authorize an Agent to File Compliance with 47 CFR § 54.313(b),(c),(d),(e) 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 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) as reported to the authorized agent; and, to the best of my knowledge, the certification 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: (____) _____ ext. _____

Study Area Code of Reporting Carrier: _____ Filing Due Date for this form (mm/dd/yyyy): _____

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 § 54.313(b),(c),(d),(e) 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 ensuring 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) reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.

Incremental Connect America Phase I reporting		
<2110>	2nd Year Certification {47 CFR § 54.313(b)(1)}	<input type="checkbox"/>
<2111>	3rd Year Certification {47 CFR § 54.313(b)(2)}	<input type="checkbox"/>

Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))		
<112>	2013 Frozen Support Certification	<input type="checkbox"/>
<113>	2014 Frozen Support Certification	<input type="checkbox"/>
<114>	2015 Frozen Support Certification	<input type="checkbox"/>
<115>	2016 and future Frozen Support Certification	<input type="checkbox"/>
Price Cap Carrier Connect America (CC) Support (47 CFR § 54.313(d))		
<116>	Certification Support Used to Build Broadband	<input type="checkbox"/>
Connect America Phase II Reporting (47 CFR § 54.313(a))		
<117>	3rd year Broadband Service Certification	<input type="checkbox"/>
<118>	5th year Broadband Service Certification	<input type="checkbox"/>
<119>	Interim Progress Certification	<input type="checkbox"/>
Please check the box to confirm that the attached PDF, on line 2121, contains the required information pursuant to § 54.313 (e)(3)(i), as a recipient of CAF		
<120>	Phase II supporters that provide the number, name, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	<input type="checkbox"/>
<121>	Interim Progress Community Anchor Institutions	<input type="checkbox"/> <i>(attach document listing required information)</i>
Name of Reporting Carrier		
Name of Authorized 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 () - - - - -		Filing Date Date for this form (mm/dd/yyyy)
Study Area Code of Reporting Carrier		
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.		

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

FCC Form 481
OMB Control No. 3060-0986
March 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>	_____
<038>	Contact Telephone Email Address - Email Address of person identified in data line <030>	_____

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

Certification of Officer as to Compliance with 47 CFR § 54.313(f)

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring 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. [CHECK THE BOX FOR THE CERTIFICATION APPLICABLE TO THIS FORM UNLESS OTHERWISE NOTED]

Progress Report on 5 Year Plan Milestone Certification (47 CFR § 54.313(f)(1)(i))	_____	<input type="checkbox"/> (Attach document listing required information)
3011 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.	_____	
3012 Community Anchor Institutions (47 CFR § 54.313(f)(1)(i))	_____	<input type="checkbox"/> (Attach document listing required information)
3013 Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))	_____	<input type="checkbox"/> Yes/No
3014 If yes, does your company file the RUS annual report	_____	<input type="checkbox"/> Yes/No
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:		
3015 Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)	_____	
3016 PDF of 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	_____	<input type="checkbox"/> (Attach document listing required information)
3018 If the response is no on line 3014, is your company audited?	_____	<input type="checkbox"/> Yes/No
If the response is yes on line 3015, please check these boxes 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 Borrowers	_____	
3020 PDF of 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 these boxes to confirm your submission, on line 3025 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 PDF of Balance Sheet, Income Statement and Statement of Cash flows	_____	
3026 Attach the worksheet listing required information	_____	<input type="checkbox"/> (Attach the worksheet listing required information)

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 (mm/dd/yyyy): _____

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 to Authorize an Agent to File Compliance with 47 CFR § 54.313(f) 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 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) as reported to the authorized agent. I further certify that, to the best of my knowledge, the certification 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: () - - ext.	
Study Area Code of Reporting Carrier	Filing Due Date for this form (mm/dd/yyyy)
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 §54.313(f) 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 ensuring compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, provided the financial reports ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2) based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
<p>Progress Report on 5 Year Plan</p> <p>(3110) Mismatch Certification {47 CFR § 54.313(f)(2)(f)}</p> <p>Please check this box to confirm that the attached PDF, on line 3112, contains the required information pursuant to § 54.313 (f)(4)(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.</p>	<input type="checkbox"/> (Attach document listing required information)
<p>(3111) Community Anchor Institutions {47 CFR § 54.313(f)(4)(i)}</p>	<input type="checkbox"/> (Attach document listing required information)
<p>(3113) Is your company a Privately Held RDR Carrier {47 CFR § 54.313(f)(2)}</p> <p>(3114) If yes, does your company file the RUS annual report</p> <p>Please check these boxes to confirm that the attached PDF, on line 3117, contains the required information pursuant to § 54.313(f)(2) compliance requires:</p>	<input type="checkbox"/> Yes/No <input type="checkbox"/> Yes/No
<p>(3115) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)</p> <p>(3116) PDF of Balance Sheet, Income Statement and Statement of Cash Flows</p>	<input type="checkbox"/> (Attach document listing required information)
<p>(3117) If the response is yes on line 3114, attach your company's RUS annual report</p> <p>(3118) If the response is no on line 3114, is your company audited?</p> <p>If the response is yes on line 3118, please check these boxes to confirm your submission, on line 3126 pursuant to § 54.313(f)(2), contains:</p>	<input type="checkbox"/> Yes/No
<p>(3119) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers</p> <p>(3120) PDF of Balance Sheet, Income Statement and Statement of Cash Flows</p>	<input type="checkbox"/> (Attach document listing required information)
<p>(3121) Management letter issued by the independent certified public accountant that performed the company's financial audit.</p> <p>If the response is no on line 3118, please check these boxes to confirm your submission, on line 3126 pursuant to § 54.313(f)(2), contains:</p>	<input type="checkbox"/> (Attach document listing required information)
<p>(3122) 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,</p> <p>(3123) Underlying information subjected to a review by an independent certified public accountant</p> <p>(3124) Underlying information subjected to an officer certification.</p> <p>(3125) PDF of Balance Sheet, Income Statement and Statement of Cash Flows</p>	<input type="checkbox"/> (Attach the worksheet listing required information)
<p>(3126) Attach the worksheet listing required information</p>	<input type="checkbox"/> (Attach the worksheet listing required information)
Name of Reporting Carrier	
Name of Authorized 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 Date for this form (mm/dd/yyyy)
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.	

Draft Pending OMB Approval

(3006e) Operating Report for Privately-Held Rate of Return Carriers
Balance Sheet - Data Collection Form
Page 1 of 3

FCC Form 481
OMB Control No. 3060-0986
March 2013

<010> Study Area Code _____ <010> _____
 <015> Study Area Name _____ <015> _____
 <020> Program Year _____ <020> _____
 <030> Contact Name - Person USAC should contact regarding this data _____ <030> _____
 <035> Contact Telephone Number - Number of person identified in data line <030> _____ <035> _____
 <039> Contact Telephone Email Address - EmailAddress of person identified in data line <030> _____ <039> _____

Filed as reviewed single company Filed as audited single company
 Filed as reviewed consolidated company Filed as audited consolidated company
 Filed as subsidiary of reviewed consolidated company Filed as subsidiary of audited consolidated company

CERTIFICATION

We hereby certify that the entries in this report are in accordance with the accounts and other records of the system and reflect the status of the system to the best of our knowledge and belief.

Signature _____

Date _____

PART A. BALANCE SHEET

ASSETS		BALANCE PRIOR YEAR	BALANCE END OF PERIOD	LIABILITIES AND STOCKHOLDERS' EQUITY	BALANCE PRIOR YEAR	BALANCE END OF PERIOD
CURRENT ASSETS				CURRENT LIABILITIES		
1. Cash and Equivalents				25. Accounts Payable		
2. Cash-RUS Construction Fund				26. Notes Payable		
3. Affiliates:				27. Advance Billings and Payments		
a. Telecom, Accounts Receivable				28. Customer Deposits		
b. Other Accounts Receivable				29. Current Mat. L/T Debt		
c. Notes Receivable				30. Current Mat. L/T Debt-Rur. Dev.		
4. Non-Affiliates:				31. Current Mat.-Capital Leases		
a. Telecom, Accounts Receivable				32. Income Taxes Accrued		
b. Other Accounts Receivable				33. Other Taxes Accrued		
c. Notes Receivable				34. Other Current Liabilities		
5. Interest and Dividends Receivable				35. Total Current Liabilities (25 thru 34)		
6. Material-Regulated				LONG-TERM DEBT		
7. Material-Nonregulated				36. Funded Debt-RUS Notes		
8. Prepayments				37. Funded Debt-RTB Notes		
9. Other Current Assets				38. Funded Debt-FFB Notes		
0. Total Current Assets (1 Thru 9)				39. Funded Debt-Other		
				40. Funded Debt-Rural Develop. Loan		
NONCURRENT ASSETS				41. Premium (Discount) on L/T Debt		
1. Investment in Affiliated Companies				42. Recaptured Debt		
a. Rural Development				43. Obligations Under Capital Lease		
b. Nonrural Development				44. Adv. From Affiliated Companies		
2. Other Investments				45. Other Long-Term Debt		
a. Rural Development				46. Total Long-Term Debt (36 thru 45)		
b. Nonrural Development				OTHER LIAB. & DEF. CREDITS		
3. Nonregulated Investments				47. Other Long-Term Liabilities		
4. Other Noncurrent Assets				48. Other Deferred Credits		
5. Deferred Charges				49. Other Jurisdictional Differences		
6. Jurisdictional Differences				50. Total Other Liabilities and Deferred Credits (47 thru 49)		
7. Total Noncurrent Assets (11 thru 16)				EQUITY		
				51. Cap. Stock Outstanding & Subscribed		
PLANT, PROPERTY, AND EQUIPMENT				52. Additional Paid-in-Capital		
8. Telecom, Plant-in-Service				53. Treasury Stock		
9. Property Held for Future Use				54. Membership and Cap. Certificates		
0. Plant Under Construction				55. Other Capital		
1. Plant Adj. Nonop. Plant & Goodwill				56. Patronage Capital Credits		
2. Less Accumulated Depreciation				57. Retained Earnings or Margins		
3. Net Plant (18 thru 21 less 22)				58. Total Equity (51 thru 57)		
4. TOTAL ASSETS (10+17+23)				59. TOTAL LIABILITIES AND EQUITY (35+46+50+58)		

3/5/2013

Draft Pending OMB Approval

(3000b) Operating Report for Private(y)-Held Rate of Return Carriers
Income Statement - Data Collection Form
Page 2 of 3

FCC Form 481
OMB Control No. 3060-0986
March 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 Telephone Email Address- EmailAddress of person identified in data line <030>

<010> _____
<015> _____
<020> _____
<030> _____
<035> _____
<039> _____

PART B. STATEMENTS OF INCOME AND RETAINED EARNINGS OR MARGINS		
ITEM	PRIOR YEAR	THIS YEAR
1. Local Network Services Revenues		
2. Network Access Services Revenues		
3. Long Distance Network Services Revenues		
4. Carrier Billing and Collection Revenues		
5. Miscellaneous Revenues		
6. Uncollectible Revenues		
7. Net Operating Revenues (1 thru 5 less 6)		
8. Plant Specific Operations Expense		
9. Plant Nonspecific Operations Expense (Excluding Depreciation & Amortization)		
10. Depreciation Expense		
1. Amortization Expense		
2. Customer Operations Expense		
3. Corporate Operations Expense		
4. Total Operating Expenses (8 thru 13)		
5. Operating Income or Margins (7 less 14)		
6. Other Operating Income and Expenses		
7. State and Local Taxes		
8. Federal Income Taxes		
9. Other Taxes		
10. Total Operating Taxes (17+18+19)		
1. Net Operating Income or Margins (15+16-20)		
2. Interest on Funded Debt		
3. Interest Expense - Capital Leases		
4. Other Interest Expense		
5. Allowance for Funds Used During Construction		
6. Total Fixed Charges (22+23+24-25)		
7. Nonoperating Net Income		
8. Extraordinary Items		
9. Jurisdictional Differences		
10. Nonregulated Net Income		
1. Total Net Income or Margins (21+27+28+29+30-26)		
2. Total Taxes Based on Income		
3. Retained Earnings or Margins Beginning-of-Year		
4. Miscellaneous Credits Year-to-Date		
5. Dividends Declared (Common)		
6. Dividends Declared (Preferred)		
7. Other Debits Year-to-Date		
8. Transfer to Patronage Capital		
9. Retained Earnings or Margins end-of-Period $\{[(31+33+34)-(35+36+37+38)]\}$		
10. Patronage Capital Beginning-of-Year		
1. Transfer to Patronage Capital		
2. Patronage Capital Credits Retired		
3. Patronage Capital End-of-Year (40+41-42)		
4. Annual Debt Service Payments		
5. Cash Ratio $\{[(14+20-10-11)/7]\}$		
6. Operating Accrual Ratio $\{[(14+20+26)/7]\}$		
7. TIER $\{(31+25)/26\}$		
8. DSCR $\{(31+26+10+11)/44\}$		

Draft Pending OMB Approval

(3000e) Operating Report for Privately-Held Rate of Return Carriers
Cash Flow - Data Collection Form
Page 3 Of 3

FCC Form 481
OMB Control No. 3060-0986
March 2013

<010> Study Area Code	<010> _____
<015> Study Area Name	<015> _____
<020> Program Year	<020> _____
<030> Contact Name - Person USAC should contact regarding this data	<030> _____
<035> Contact Telephone Number - Number of person identified in data line <030>	<035> _____
<039> Contact Telephone Email Address - Email Address of person identified in data line <030>	<039> _____

PART C. STATEMENTS OF CASH FLOWS	
1. Beginning Cash (Cash and Equivalents plus RUS Construction Fund)	
CASH FLOWS FROM OPERATING ACTIVITIES	
2. Net Income	
Adjustments to Reconcile Net Income to Net Cash Provided by Operating Activities	
3. Add: Depreciation	
4. Add: Amortization	
5. Other (Explain)	
Changes in Operating Assets and Liabilities	
6. Decrease/(Increase) in Accounts Receivable	
7. Decrease/(Increase) in Materials and Inventory	
8. Decrease/(Increase) in Prepayments and Deferred Charges	
9. Decrease/(Increase) in Other Current Assets	
10. Increase/(Decrease) in Accounts Payable	
11. Increase/(Decrease) in Advance Billings & Payments	
12. Increase/(Decrease) in Other Current Liabilities	
13. Net Cash Provided/(Used) by Operations	
CASH FLOWS FROM FINANCING ACTIVITIES	
14. Decrease/(Increase) in Notes Receivable	
15. Increase/(Decrease) in Notes Payable	
16. Increase/(Decrease) in Customer Deposits	
17. Net Increase/(Decrease) in Long Term Debt (Including Current Maturities)	
18. Increase/(Decrease) in Other Liabilities & Deferred Credits	
19. Increase/(Decrease) in Capital Stock, Paid-in Capital, Membership and Capital Certificates & Other Capital	
20. Less: Payment of Dividends	
21. Less: Patronage Capital Credits Retired	
22. Other (Explain)	
23. Net Cash Provided/(Used) by Financing Activities	
CASH FLOWS FROM INVESTING ACTIVITIES	
24. Net Capital Expenditures (Property, Plant & Equipment)	
25. Other Long-Term Investments	
26. Other Noncurrent Assets & Jurisdictional Differences	
27. Other (Explain)	
28. Net Cash Provided/(Used) by Investing Activities	
29. Net Increase/(Decrease) in Cash	
30. Ending Cash	

3/5/2013

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 Recipients			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for CAF recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.			
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 (mm/dd/yyyy)	
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 counter-sign

FCC Form 481
OMB Control No. 3060-0986
March 2012

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

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 Recipients on Behalf of Reporting Carrier			
<p>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.</p>			
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 (mm/dd/yyyy)	
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 Recipients on Behalf of Reporting Carrier			
<p>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.</p>			
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 Date for this form (mm/dd/yyyy)	
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