	FCC Form 481 - Carrier Annual Reporting DATA COLLECTION FORM	OMB 3060-0986 Avg. Burden Estimate per Respondent: 20 Hours
(010)	Study Area Code	(010)
(015)	Study Area Name	(015)
(020)	Program Year	(020) 2014
(030)	Contact Name: Person USAC should contact with questions about this data	(030)
(035)	Contact Telephone Number: Number of the person identified in Data Line (030)	(035)
(039)	Contact Email: Email of the person identified in Data Line (030)	(039)

	ANNUAL REPORTING FOR ALL CARRIERS			S4.313 54.422 Req. Complete
			(check box whe	n complete)
(100)	Service Quality Improvement Reporting	(complete attached worksheet)	(100)	
(200)	Outage Reporting (voice)	(complete attached worksheet)	(200)	
(210)	< check box if no outages to	o report		
(300)	Unfulfilled Service Requests (voice)		(300)	
(310)	Detail on Attempts (voice)	(attach descriptive document)	(310)	
(320)	Unfulfilled Service Requests (broadband)		(320)	
(330)	Detail on Attempts (broadband)	(attach descriptive document)	(330)	
(400)	Number of Complaints per 1,000 customers (voice)		(400)	
(410)	Fixed		1.50/	10.000, 500, 500, 500, 500, 500, 500, 500
(420)	Mobile			
(430)	Number of Complaints per 1,000 customers (broadband)		(430)	<u> </u>
(440)	Fixed		. , ,	20 10 10 10 10 10 10 10 10 10 10 10 10 10
(450)	Mobile			
(500)	Service Quality Standards & Consumer Protection Rules Compli	ance (complete attached certification)	(500)	100000000000000000000000000000000000000
(600)	Functionality in Emergency Situations	(complete attached certification)	(600)	
(700)	Company Price Offerings (voice)	(complete attached worksheet)	(700)	
(710)	Company Price Offerings (broadband)	(complete attached worksheet)	(710)	
(800)	Operating Companies and Affiliates	(complete attached workshees)	(800)	
(900)	Tribal Land Offerings (Y/N)?	(if yes, complete attached worksheet)	(900)	
(1000)	Voice Services Rate Comparability	(complete otto ched certification)	(1000)	
(1100)	Terrestrial Backhaul (Y/N)? (if not	, please complete attached certification)	(1100)	
(1200)	Terms and Condition for Lifeline Customers	(complete attached worksheet)	(1200)	
(2000)	,			
,	including Rate-of-Return Carriers affiliated with Pric	e Cap Local Exchange Carriers	(2000)	
(3000)	Rate of Return Carriers, Proceed to ROR Additional Documen	tation Worksheet	(3000)	

EXHIBIT 3
PAGE 2 OF 21

# Draft Pending OMB Approval

FCC Form 481

OMB Control No. 3060-0986

(100) Service Quality Improvement Reporting Connect America Fund

<117> How (USF) was used to improve service capacity

<118>

calendar year.

Provide an explanation of network improvement targets not met in the prior

				March 2013
<010> <015> <020> <030> <035> <039>	Study Area Code Study Area Name Program Year Contact Name - Person USAC should contact regarding this data Contact Telephone Number - Number of person identified in data line <030> Contact Telephone Email Address - Email Address of person identified in data	line <030>		<010> <015> <020> <030> <035> <039>
<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/no)	
<111>	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 $\S$ 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.			
	Annual progress report on five-year service quality improvement plan filed		Name of attached document	
<112>	nursuant to A7 C F R & 54.202(a) and 54.313(a)(1). If your company is a	.pdf		
	Please check these boxes below to confirm that the attached PDF, on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.	-		
<113> <114> <115> <116>	Maps detailing progress towards meeting plan targets Report how much universal service (USF) support was received How (USF) was used to improve service quality How (USF)was used to improve service coverage	=		

EXHIBIT 3
PAGE 3 OF 21

# Draft Pending OMB Approval

(200) Service Outage Reporting (voice) Data Collection Form FCC Form 481 OMB Control No. 3060-0986

March 2013

<010>	Study Area Co									<010>
<015>	Study Area Na									<015>
<020>	Program Year			•						<020>
<030>				t regarding thi						<030>
<035>				rson identified						<035>
<039>	Contact Email	Address - Ema	il Address of p	erson identified	l in data line<ū	30>				<039>
<220>	<del>&gt;</del>	>	>	>	>	>	>	>	>	<del></del> >
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	Reference					Number of		911 facilities	Service Outage	affect multipl
	<u>Number (if</u>	Outage Start	Outage Start	Outage End	Outage End	<u>Customers</u>	Total Number of	Affected	Description (Check	study a reas
	applicable)	<u>Date</u>	<u>Time</u>	Date	<u>Time</u>	Affected	Customers	(Yes / No)	<u>all that apply)</u>	(Yes / No)
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EXHIBIT 3
PAGE 4 OF 21

### **Draft Pending OMB Approval**

Page 4

(500) Service Quality Certification

FCC Form 481 OMB Control No. 3069-9986 March 2013

Γ	<010>	Study Area Code	
l	<015>	Study Area Name	
l	<020>	Program Year	
1	<080>	Contact Name - Person USAC should contact regarding this data	
1	<035>	Contact Telephone Number of person identified in data fine <030>	····
l	<099>	Contact Telephone EmalfAddress - EmalfAddress of person identified in data fine<030>	

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION ON IT'S 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							
Sign sture of Authorized Officer	Date						
Printed name of Authorized Officer	чинимонноеримумуческим вистемация в «Сполновому посторого посторого посторого посторого посторого посторого по						
Title or position of Authorized Officer							
Telephone number of Authorized Officer: ()ext							
Study Area Code of Reporting Carrier   認識領形等 (mm/dd/yyyy)							
Persons willfully making faise statements on this form can be punished by fine or forfeiture under the Communications Act of imprisonment under Title 18 of the United States Code, 38 U.S.C. § 1991.	1934, 47 U.S.C. §§ 502, 503(b), or fine or						

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) certify that I am an officer of the reporting carrier, my responsibilities i reported to the authorized agent; and, to the best of my knowledge, th certification provided to the authorized agent is accurate.	include ensuring the compliance v	with applicable service quality				
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	部譜 (mm/dd/yyyy)		ndistance and a contract of the contract of th			
Persons wiffully making false statements on this form can be purish under	hed by fine or forfeiture under the Co Title 18 of the United States Code, 1		7 U.S.C. §§ 502,503(b), or fine or imprisonment			

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized	• • • • • • • • • • • • • • • • • • • •	able Service Quality porting Carrier	Standards and Consumer Prote	ection Rules on Behalf of
i, as agent for the reporting carrier, certify provided by the reporting carrier; and, to t				orted herein based on data
Name of Reporting Carrier				
Name of Authorized Agent				
Signature of Authorized Agent or Employee	of Agent			Date
Printed name of Authorized Agent or Employ	ee of Agent			
Title or position of Authorized Agent or Emph	yee of Agent			
Telephone number of Authorized Agent or E	mployee of Agent: { }, a	xt.		
Study Area Code of Reporting Carrier	<b>いいまます (mmddy</b>	/yy)		and the least of the substantial and
Barranewillfully making fairs of the statement	steanthicform can be amplifued by Sne or to	rfature under the Commun	ientions Act of 10.94 A7 H S C AR E07 E0216	n or fine or imprisonment

Persons willfully making false statements on this form can be punished by fine or for feiture under the Communications Act of 1994, 47 U.S.C. §§ 502, 503 (b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Page 5

(600) Emergency Carrier Certification

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

<010>	Study Ar ea 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 fine <030>	

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

Certification of Officer as to Com	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 ent function in emergency situations. Specifically, the reporting carrier has a reasonable arror reroute traffic around damaged facilities, and is capable of managing traffic spikes result in situations as set forth in section 54,202(s)(2).	int of back-up power to ensure functionality without an external power source, is able to						
Name of Reporting Carrier							
Signature a f Authorized Officer	Date						
Printed name of Authorized Officer							
Printed name of Authorized Officer							
Printed name of Authorized Officer Title or position of Authorized Officer	为自由的自身和自由的标志并可以编码。不明显						

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 Complia	ince with 47 CFR §54.2	02(a)(2) on Behalf of Reporting Carrier
function in emergency situations. Specification in emergency situations. Specification is the first transfer and the second demaged facilities, a	ally, the reporting carrier has a reasonable amou not is capable of managing traffic spikes resultin	ing compliance with the require of back-up power to ensuring from emergency situations	pinformation reported on behalf of the reporting carrier. I uirements of 47 CFR 54.202(a)[2] that the carrier be able to e functionality without an external power source, is able to .I certify that the carrier is able to function in emergency 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 stateme imprisonment under Tale 18 of the Un	nts on this form can be punished by fine or forfeitu ked States Code, 18 U.S.C. § 1001.	re under the Communications A	ctof 1934, 47 U.S.C. §§ 502, 503(b), or fineor

TO BE COMPLETED BY THE AUTHORIZED AGENT:

on Behalf of Reporting Carrier
; I have provided the data reported herein based on data
·
Date
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Page 5

EXHIBIT 3 PAGE 6 OF 21

# **Draft Pending OMB Approval**

	e Offerings i ection Form	nciuding Vo	ice Rate Data							FCC Form 483 OMB Control No. 3 March 2013	106D <b>-</b> 0986
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<701> <702>	FCC Local U Residential		Floor ce Charge Effe	ctive Date		<u>\$\$.\$\$</u> mm/ <b>d</b> d/γγγγ					
<703≻	<a1></a1>	<a2></a2>	<a3></a3>	<a4></a4>	<a5></a5>	<b1></b1>	<02>	 643>	<b4></b4>	<b5></b5>	<c< td=""></c<>
	<u>State</u>	<u>Town</u>	Exchange (ILEC)	SAC (CETC)	Acquired Exchange (Y/N)	<u>Rate Type</u>	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total p Rates an
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EXHIBIT 3 PAGE 7 OF 21

# **Draft Pending OMB Approval**

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(710) Broa	adband Price	e Offerings				•					FCC Form 481
Data Colle	ection Form										OMB Control N
											March 2013
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<010>	Study Area	a Code									<010>
<015>	Study Area										<015>
<020>	Program Ye										<020>
<030>			n USAC should	contact regardi	ing this data						<030>
<035≻				er of person ider		ine <030>					<035>
<039>						fied in data line <030:	/ <b>&gt;</b>				<039>
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								Broadband Service -			Action Take
					51 -1 41 -1	01-4- B	make	Download Speed	2	Commeller Finalists	
		_	Exchange	3 t o (o-ro)	<u>Residential</u>	State Regulated	Total Rate	<del></del>	Broadband Service -	Capacity Limit(s)	When Umi
	<u>State</u>	, Town	(ILEC)	SAC (CETC)	Rate	<u>Fees</u>	and Fees	(Mbps)	Upload Speed (Mbps)	( <u>(GB)</u>	Reached (Self
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EXHIBIT 3 PAGE 8 OF 21

# **Draft Pending OMB Approval**

(800) Operating Companies
Data Collection Form

FCC Form 481 OMB Control No. 3060 March 2013

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

<010>	Study Area Code							
<015>	Study Area Name							
<020>	Program Year							
<030>		Contact Name - Person USAC should contact regarding this data						
<035>		lumber of person identified in data line <030>						
<039>	Contact Telephone Email Addre	ess - Email Address of person identified in data line <030>						
<81.0>	Reporting Carrier							
<811>	Holding Company							
<812>	Operating Company							
<813>	<a1></a1>	<a2></a2>						
10137	202.	Doing Business As						
•		Company or Brand						
	Affiliates	Designation						
	Billiates	Deagnation						
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	**************************************	<del></del>						
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#### EXHIBIT 3 PAGE 9 OF 21

## Draft Pending OMB Approval

(900) Tribal Lands Reporting Connect America Fund		FCC Form 481 OMB Control No. 306 March 2013
·		<010> <015> <020> <030> <035> <035> <039>
Tribal Land(s) on which ETCServes		
Tribal Government Engagement Obligation  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:	Name of attached pdf	d document
Needs assessment and deployment planning with a focus on Tribal community anchor institutions; Feasibility and sustainability planning; Marketing services in a culturally sensitive manner; Compliance with Rights of way processes Compliance with Land Use permitting requirements Compliance with Facilities Siting rules Compliance with Environmental Review processes Compliance with Cultural Preservation review processes	Select (Yes,No, NA)	
	Study Area Code Study Area Name Program Year Contact Name - Person USAC should contact regarding this data Contact Telephone Number - Number of person identified in data line Contact Telephone Email Address - Email Address of person identified  Tribal Land(s) on which ETCServes  Tribal Government Engagement Obligation  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:  Needs assessment and deployment planning with a focus on Tribal community anchor institutions; Feasibility and sustainability planning; Marketing services in a culturally sensitive manner; Compliance with Rights of way processes Compliance with Facilities Siting rules Compliance with Environmental Review processes Compliance with Cultural Preservation review processes	Study Area Code Study Area Name Program Year Contact Name - Person USAC should contact regarding this data Contact Telephone Number - Number of person identified in data line <030> Contact Telephone Email Address - Email Address of person identified in data line <030>  Tribal Land(s) on which ETCServes  Tribal Government Engagement Obligation  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)  Needs assessment and deployment planning with a focus on Tribal community anchor institutions; Feasibility and sustainability planning; Marketing services in a culturally sensitive manner; Compliance with Lind Use permitting requirements Compliance with Facilities Siting rules Compliance with Environmental Review processes Compliance with Environmental Review processes Compliance with Cultural Preservation review processes

Page 10

(1000) Voice Rate 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 date	
<035>	Contact Telephone Number - Number of person identified in data line <030>	·
<039>	Contact Telephone Email Address - Email Address of person identified in data the <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)					
	45 45 45 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5				
certify that 1 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)	[2] (1) [2] [2] [2] [2] [2] [2] [2] [2] [2] [2]				
Persons will fully making false statements on this form can be punished by fine or forfeiture under the Communicatio	ns Art of 1934, 47 U.S.C. \$5 502, 503(b), or fine or				
imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	(12) (12 of 200 )				
STEP TO STATE OF THE OTHER GRACE STATE OF THE STATE OF TH	:				

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 Repo	rting Carrier		
certify that (Name of Agent)	is authorized to submit the information reported on behalf of the reporting carrier. I also 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 acc	corrate.			
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 (mm/dd/	ilyyyy) isianelialett	eann caraeann ar a		
Persons willfully making false statements on this form can be punished by fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	r forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or	г		

TO BE COMPLETED BY THE AUTHORIZED AGENT:

L as agent for the reporting carrier, certify the	·	CFR §64.313(a)(10) on Behalf of Reporting Carrier  I the reporting carrier, I have provided the data reported herein based on data is accurate.
Name of Reporting Carrier		
Name of Authorized Agent		
Signature of authorized agent or employee of ag	ent	Daie
Printed name of authorized agent or employee o	agent	
Title or position of authorized agent or employee	of agent	
Telephone number of authorized agent: (	), ext	·
Study Area Code of Reporting Carrier	開始開発制 (mmddyyyy)	
Persons willfully making false statements		he Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or

EXHIBIT 3
PAGE 11 OF 21

## **Draft Pending OMB Approval**

Page 11

Page 11

(1100) No Terrestrial Backhaul Certification

FCC Form 481 QMB Control No. 3060-0386 March 2013

		OMB Control No. 3050/0586 March 2013
<010> <015>	Study Area Code Study Area Name	
Ø30> Ø35> Ø35>	Program Year Ontact Name - Person USAC should contact regarding this data Contact Name - Person USAC should contact regarding this data Contact Telephone Number - Number of person identified in data line <330 Contact Telephone Ernal Address- Ernal Address of person identified in data line <330	,
terrestrial served by requirement		d to rely exclusively on satellite backtant in their stady area must certify aroundly that on at aroual speeds of at least 1 Mbps downstream and 256 libps upstream within the supported are and, or existing facilities improve a utilizionally to meet the celevant speed, latency and expective backtant facilities becoming commercially availables, funding recipients must provide the

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION ON IT SOWN BEHALF:

Certification of Officer as to Compliance with 47 CFR §54.313(g)						
certify that I am an officer of the reporting carrier; my responsibilities around ensuring compliance with 47 CFR § 54.213(g), the information reported on this form is accurate.						
l certifyno terrestrial buildræd options exist I certifyfust the seponing center olikes broedband service of at least 1 Mbps downstream and 250 Mps upsteam with	in supported area					
Name of Reporting Cernier						
Signature of Authorized Officer	Date					
Printed name of Authorized Officer						
Title or position of Authorized Officer						
Telephone number of Authorized Office: ( ) - , ext.						
Study Ares Code of Reporting Cerrier (manually)	5644 NG286366 CH					
Persons willfully making falses to tements on this form can be punished by fine or for feture under the Commimprisonment under Title 18 of the United States Code, 18 U.S.C § 1001.	nunicationsActof 1934, 47 U.S.C. §§ 502, 508(6), orfine or					

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 Complia	ice with 47 CFR §54.313(	g) on Behalf of Reporting Carrier
( certify that (Name of Agent)			nation reported on behalf of the reporting carrier, Taiso
certify that I am an officer of the reporting car knowledge, the certification provided to the at		pliance with 47 CFR §54.313(g) a	is reported to the authorized agent; and, to the best of my
Name of Authorized Agent			
Name of Reporting Certier			
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	initial (mm/adyyyy)		
Persons willfully making false statements imprisonment under Title 18 of the Unite	on this form can be punished by fine or forfeiture u d States Code, 18 U.S.C. § 2001.	nder the Communications Act of :	1994, 47 U.S.C. §§ 502, 508(b), orfine or

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Compliance with 47 CFR §54.313(g) o	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.							
l certifyno temestrial backbusi options exist I certifythat the reporting camer offens broadband service of at least f. Mipos downstream and 255 kbps apsteam within supported area							
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 Empbyee of Agent							
Tile or position of Authorized Agent or Employee of Agent							
Telephone number of Authorized Agent or Employee of Agent: (							
Study Area Code of Reporting Cerrles	PHONE STATE OF THE PROPERTY OF						
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of Immissionment under Title 18 of the United States Code, 18 U.S.C. § 1001.	of 1934, 47 U.S.C. §§ 502, 508(b), or line or						

EXHIBIT 3 PAGE 12 OF 21

## **Draft Pending OMB Approval**

FCC F OMB Marc

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	(1200) Terms and Condition for Lifeline Customers Lifeline Service		
<010> <015> <020> <030> <035>	Study Area Code Study Area Name Program Year Contact Name - Person USAC should contact regarding this data Contact Telephone Number - Number of person identified in data lin	ne <030>	
<039>	Contact Telephone Email Address - Email Address of person identifie		ne <030>
<1210>	Terms & Conditions of Voice Telephony Lifeline Plans  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:	.pdf	Name of attached document
<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,	<del></del>	
<1213>	Additional charges for toll calls, and rates for each such plan.		
<1220>	Link to Public Website	НТТР	

EXHIBIT 3 PAGE 13 OF 21

## Draft Pending OMB Approval

Fage 15

	te Cap Carrier Additional Documentation tote-of-Return Carriers offiliated with Price Cop Local Exchange Carriers			FCC form 481 DMS Control No. 2050-0955 March 2013	
<010> <015>	Study Area Code Study Area Name				
<020>	Program Year				<del></del>
<035>	Contact Hame-Person USAC Should contact regarding this data Contact Telephone Hamber - Number of person file titlist in data line <05 b>				
<280>	Contact Telephone Email Address - Email Address of person identified in data line 4050>				<del></del>
TO BE	OMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER	LIS FILING CERTIFICAT	ION ON ITS OWN BEHALF:		
	Certification of Officer as to Co	ompilance with 47 CF	R § 54.313(b),(c),(d),(e)		
offsetace	at I am an officer of the reporting carrier; my responsibilities include ensuring compilancess charge reductions, and Cornect America Phase II support as set forth in 47 CFR § 54 the certifications attested to in this form unless otherwise noted §	e as a recipient of incremen 1.313(b)(c)(d),(e) the informa	tal Comeet America Phase i supp tion reported on this form and in	ort, from high Cost support, the documents attached below	High Cost support to wis accurate. { <u>CHECK</u>
	incremental Connect America Phase I reporting			1	
<2010> <2011>	2nd Year Certification (47 CFR § 54.313 b] 1]) 3rd Year Certification (47 CFR § 54.313[b] 2])				
	Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.31.2(e))		•		
<2012>	2013 Frozen Support Certification				ŀ
<2013>	2014 Frazen Support Certification				ļ
<2014> <2015>	2015 Frozen Support Certification 2016 and future Frozen Support Certification				
	··				
<2015>	PriceCap Carrier Connect America (CC Support (47 CFR § 54.3.13)(4)) Centification Support Used to Build Broadband				
<2017>	Connect America Plaze II Reporting [47 CFR § 54.31.3[e]]  3rd year 8roadband Service Certification				
<2011b	Sth year Broadband Service Certification				, ,
<5010>	Sinterim Progress Centification				
	Please check the box to confirm that the attached PDF, on line 2021, contains the required information pursions to § \$4.513 [e][3][6], as a recipient of CAF				
<2020>	Phase II supports half provide the number, names, and addresses of community				
	ancher institutions to which began providing access to broadband service in the proceding calendar year.				1
<2021>	Interim Progress Community Anchor Institutions			(ADEC) SOLUTION	istics revised information)
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Telephon  StodyAre  Post  TO BE  I certify to reporting reduction is accurately accurate	a Code of Reporting Carrier  Transpredictly making false statements on this form can be purished by fine or forfeiture under the Code, 15 U.S.C. \$ 1001.  COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERT Certification of Officer to Authorize an Agent to File Computation of Agent Carrier, my responsibilities include ensuring the compliance as a recipient of incremental statements of Authorized Agent Carrier, my responsibilities include ensuring the compliance as a recipient of incremental statemental Agent Carrier my responsibilities include ensuring the compliance as a recipient of incremental carrier my responsibilities include ensuring the compliance as a recipient of incremental statements of the compliance of Computation (Carrier my responsibilities include ensuring the compliance of Authorized Officer  Substitution of Authorized Officer  Substitution of Authorized Officer  Substitution of Authorized of Authorized to File Compliance  Compliance of Authorized Carrier, certify that I am authorized to submit the certification on behalt Phase I support, forms in Figh Cost support, High Cost support to offset access obarge red  At for the reporting carrier, certify that I am authorized to submit the certification on behalt Phase I support, forms in Figh Cost support, High Cost support to offset access obarge red	offence with 47 CFR § thorized to submit the infon ConnectAmerica Phase I seported to the authorized ag the Communications Act of 15 the Communications Act of 15 to the reporting cares, the for the reporting cares, the for the reporting cares, the	ibis form (man/dd/yyy)  224, 47 U.S.C. \$\$ 302, 503 [b], or fin  325 CARRIER'S BEHALF:  54.313(b),(C),(d),(e) on Beh nation reported on behalf of the r upport, frozen High Cost support ent; and, to the best of my knowle  [Filing Due Date for this com (man/dd/yyy))  34, 47 U.S.C. \$\$ 502, 503 [b], or fini  3(b),(C),(d),(e) on Behalf of twe provided the data ensuring so	ealf of Reporting Carrier eporting carrier. (also certify High Cost support to offset a edge, the certification provides	that I am an officer of the occess charge of to the authorized agent.
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Telephon  StodyAre  P	a Code of Reporting Carrier  2 Complete D By The Reporting Carrier, and Agent 15 Filing Cert  2 Complete D By The Reporting Carrier, and Agent 15 Filing Cert  2 Complete D By The Reporting Carrier, and Agent 15 Filing Cert  2 Complete D By The Reporting Carrier of Authorize an Agent to File Complete Complete of Incremental  2 Sand Connect America Phase It support as set forth in 47 CFR § 54.313(b).(c).(d).(e) as related Agent  2 Sand Connect America Phase It support as set forth in 47 CFR § 54.313(b).(c).(d).(e) as related Agent  2 Sand Connect America Phase It support as set forth in 47 CFR § 54.313(b).(c).(d).(e) as related Agent  2 Sand Connect America Phase It support as set forth in 47 CFR § 54.313(b).(c).(d).(e) as related Agent  2 Sand Connect America Phase It support as set forth in 47 CFR § 54.313(b).(c).(d).(e) as related Agent  2 Sand Connect America Phase It support as set forth in 47 CFR § 54.313(b).(c).(d).(e) as related Agent  2 Sand Connect America Phase It support as set forth in 47 CFR § 54.313(b).(c).(d).(e) as related Agent  2 Sand Connect America Phase It support as set forth in 47 CFR § 54.313(b).(c).(d).(e) as related Agent  3 Sand Connect America Phase It support as set forth in 47 CFR § 54.313(b).(c).(d).(e) as related Agent  3 Sand Connect America Phase It support as set forth in 47 CFR § 54.313(b).(c).(d).(e) as related Agent  3 Sand Connect America Phase It support as set forth in 47 CFR § 54.313(b).(c).(d).(e) as related Agent  3 Sand Connect America Phase It support as set forth in 47 CFR § 54.313(b).(c).(d).(e) as related Agent  3 Sand Connect America Phase It support as set forth in 47 CFR § 54.313(b).(c).(d).(e) as related Agent  4 Sand Connect America Phase It support as set forth in 47 CFR § 54.313(b).(c).(d).(e) as related Agent  4 Sand Connect America Phase It support as set forth in 47 CFR § 54.313(b).(c).(d).(e) as related Agent  4 Sand Connect America Phase	offence with 47 CFR § thorized to submit the infon ConnectAmerica Phase I seported to the authorized ag the Communications Act of 15 the Communications Act of 15 to the reporting cares, the for the reporting cares, the for the reporting cares, the	ibis form (man/dd/yyy)  224, 47 U.S.C. \$\$ 302, 503 [b], or fin  325 CARRIER'S BEHALF:  54.313(b),(C),(d),(e) on Beh nation reported on behalf of the r upport, frozen High Cost support ent; and, to the best of my knowle  [Filing Due Date for this com (man/dd/yyy))  34, 47 U.S.C. \$\$ 502, 503 [b], or fini  3(b),(C),(d),(e) on Behalf of twe provided the data ensuring so	ealf of Reporting Carrier eporting carrier. (also certify High Cost support to offset a edge, the certification provides	that I am an officer of the occess charge of to the authorized agent.

EXHIBIT 3 PAGE 14 OF 21

## **Draft Pending OMB Approval**

PB<u>#</u> 14

1				ı
i	Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54,312(a))			
<b>Q112</b> >	2013 Frozen Support Certification			
<2113>	2014 Frozen Support Gerüfication			
<2114>	2015 Frozen Support Certification			
<2115>	2016 and future Frezen Support Certification			
	Price Cap Carrier Connect America ICC Support (47 CFR § 54.3 13(d))			
<2115>	Certification Support Used to Build Broadband	i		
	Connect America Phase II Reporting [47 CFR § \$4.313[e]]	•		
<2117>	and year Broadband Service Certification			
<2118>	5th year B madband Service Certification			
<2119>	Interim Progress Certification			
	Flease check the box to confirm that the attached PDF , on line 2121, contains		(India India annual a	
	the required information personnt to § 54.513 (e)[3][0], as a recipient of CAF			
<2120>	Phase II supports half provide the number, names, and addresses of community			
	anchor institutions to which began providing access to broadbard service in the			:
	preceding calender year.			
<2121>	interim Progress Community Anchor institutions		(A)	turch document listing required information
	•	•		
Name of R	eporting Garder			
	uthorized Agent			
	Authorized Agent or Employee of Agent			IDstz
	ne of Authorized Agent or Erepleyee of Agent			
	tion of Authorized Agent or Employee o (Agent			
Telephone	number of Authorized Agentor Employee of Agent [ ]	Filter Due Date for	<del></del>	
		this form	1	
StoriyAres	Gode of Reporting Cardet	(manád yyyy)		
	ons willfully making false statements on this form can be punished by fine or forfeiture under that Is code, its u.S.C. § 1001.	Communications Act of 1934, 47 U.S.C. \$5 502, 503(b), or fine	or imprisonmen	t ander Title 18 of the United

Page 15

(3000) Rat Data Colle	e Of Return Carrier Additional Documentation ction form	FCC Form 48.1 OMB Control No. 3060-0986	
-	•	March 2013	
<010>	Study Area Code Study Area Name		
<020>	Program Year	<del></del>	
<030>	Contact Name - Person USAC should contact regarding this data  Contact Telephone Number - Number of person Identified in data line <080		
<033>>	Contact Telephone Errail Address - Emell Address of person Identified in data line 4030>		
TO BE C	OMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERY	STIFICATION ON ITS OWN BEHALE:	
	Certification of Officer as to Complianc	ice with 47 CFR § 54.313(f)	
with the fi	al i am an officer of the reporting camler; my responsibilities include ensuring compliance on its five year servi nancial reporting requirements set forth in 47 CFR § 54.313(f)[2], il further certify that the information reported o in this form unless otherwise noted?	vice quality plan (pursuant to 47CFR § 54.202(s)) and, for privately field carriers, ensuring comp on this form and in the decuments attached below is accurate. ( <u>CHECK the box for the ostification</u>	llance ns
(3010)	Progress Report on 5 Year Plan Milestone Certification (47 CFR§ 54.313(f)(1)(f))	Actor to document listing required information)	
(3011)	Please check this box to confirm that the attached PDF, on line 2012, contains the required information pursuant to § 54.313 (f(3))), as a machine to f CAF Phase (il support shall provide tha number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	·	:
(3012)	Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))	[Attach document listing required information]	
(3013) (3014)		(*tes/No)	
(3015)	Electronic copy of their annual BUS reports (Operating Report for Talesommunications Borowers)		
(3016)	PDF of Balance Sheet, Intone Statement and Statement of Cash Flows	<u></u>	
(3018)	If theresponse is yeson line 3014, attach your company's RUS annual report and all required documentation. If theresponse is no on line 3014, is your company audited? If theresponse is yeson line 3015, please check these boxes to confirm your submission, on line 3006 pursuant to § 54.313(1)(2), contains:	(Attach document Bating required information) (lessing)	į
	Either a copy of their audited financial statement; or (2) is financial report in a format comparable to RUS Operating Report for Tele communications Borrowers FOF of Balance Sheet, Income Statement and Statement of Cesh Rows	_	
(3020)	Management letter issued by the independent certified public accountant that performed the company's financial audit.		
	If theresponse is no on line 2018, please thetikthese boxes to confirm your submission, on line 2026 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	<del></del>	:
(3024)	Underlying information subjected to an officer certification.	· ·	
(3025)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows	Attach the worksheet 850m required informati	niou l
(302.6)	Attach the worksheer listing required information	Patron the total section of education	
	me of Authorized Officer sition of Authorized Officer		
	number of Authorized Office: { }ext. s Code of Reporting Carrier   Filing Due Date fo	of or this form (mm/dd/ysyy)	
Pe	rsons willfully making false statements on this form can be punished by fine or forfaiture under the Communication do, 18U.S.C. § 2001.	ns Act of 1994, 47 U.S.C. 55 502, 509(b), or fine or imprisonment under Title 18 of the United States	i
TOBE	COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA	IA ON THE CARRIER'S BEHALF:	
reporting	Certification of Officer to Authorize an Agent to File Compliance v.  [is authorized to submit the carrier, my responsibilities include ensuring the compliance on its five year service quality plant pursuant to 4 cents set forth in 47 CFR § 64.343(1)(2) as reported to the authorized agent. Hurther certify that, to the best of my	the information reported on behalf of the reporting carrier.   also certify that I am an officer of the AF CFR § 54.202(a)  and, for privately held carriers, ensuring compliance with the financial repor	e rting
	Authorized Agent		
	Reporting Carries of Authorized Office	Date	

EXHIBIT 3 PAGE 16 OF 21

## **Draft Pending OMB Approval**

Page 16

	14.0					
	ne of Authorized Officer tion of Authorized Officer					
	number of Authorized Office: { _ } ext		,			
	Code of Reporting Carrier	Filing Due Date for this form (mm/dd/yyyr)				
	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.					
то ве с	COMPLETED BY THE AUTHORIZED AGENT:					
CFR § 54.	Certification of Agent Authorized to Fi  for the reporting carrier, certify that I am authorized to submit the certification on 200(a)) and, for privately held carriers, provided the financial reports ensuring com- best of my lowedege, the information reported herein is accurate.	le Compliance with 47 CFR §54.313(f) on Behalf behalf of the reporting carrier; I have provided the data ensurin phlance with the financial reporting requirements set forth in 47	g compliance on its five year service quality plan (pursuant to 47			
	· · · · · · · · · · · · · · · · · · ·					
(3110)	Progress Report on 5 Year Plan Milestone Certification (47 CFR § 54.313(f)[2](f)		[Attach document Estina required information]			
(3111)	Please check this box to confirm that the attached FDF, on Rice 3112, contains the required information pursuant to \$ \$4,013 [f](14]), as a recipient of CAF Phase II support shall provide the number, manes, and addresses of community suchor institutions to which began providing access to broadband service in the preceding calendar year.					
(9312)	Community Anchor Institutions (47 CFR § 54.319(f)(1)(ii))		[Attuch elecument listing required Information]			
	is your company a Privately Held RDR Certier (47 CFR § 59.33(1)(2)) If yes, does your company file the RUS enthula report 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:		(Yes/No)			
(3115)	Electronic copy of their ennual RUS reports (Operating Report for Teletommunications Borrowers)	<del></del>				
(3116)	PDF of Balance Sheat, income Statement and Statement of Cash Flows					
(3117) (3118)	If theresponse is yes on line 31.14, attach your company's RUS asmusi report If the response is no on line 31.14, is your company audited?		[Attach decume in Betting required information] [PastNo]			
	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:					
(3119)	Either a copy of their audited financial statement; or (2) a financial report in a format companiole to RUS Operating Report for Telecommunications Borrowers	<del></del> ,				
(3120)	PDF of Balance Sheet, Income Statement and Statement of Cash Rows					
(3121)	Management letter issued by the independent cartified public attourtant that performed the company's financial audic.	· —				
	If the response is no on line 3116, please check these boxes to confirm your submission, on line 3126 pursuant to § 54.913(1)(2), contains		· ·			
(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 formet comparable to BUS Operating Report for Telecommunications Borrowers,	<u> </u>				
(3123)	Underlying information subjected to a raview by an independent certified public accountant					
(B124)	Underlying information subjected to an officer certification.					
(3125)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows					
(3126)	Attach the worksheet listing required information:		[Attach the worksheet Esting required information]			
	Reporting Cerrier					
	Authorized Agent of Authorized Agent or Employee of Agent		Date			
	of Authorized Agent or Employee of Agent me of Authorized Agent or Employee of Agent		{vae			
Title or po	sition of Authorized Agent or Employee of Agent					
	number of Authorized Agent or Employee of Agent:	L britania Del Carrolla de Company				
***************************************	a Code of Recorning Carcier	Fling Due Date for this form (mercicly)(y)	1, ,			
	Persons wilfully making false scatements 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.					

#### EXHIBIT 3 PAGE 17 OF 21

# Draft Pending OMB Approval

(3000a) Operating Report for Privately-Held Rate of Return Carriers		i	FCC f	Form 481		
Balance Sheet - Data Collection Form				Control No. 3060-0986		
Page 10f3		1	Масс	th 2013		
<010> Study Area Code		,	:010	•		
<015> Study Area Name				·		
<020: Program Year			(020			
<0x0x Program rear <0x1x Program rear						
<035> Contact Telephone Number - Number of person identified in da			C35			
COSS CONTROL LESS NUMBER AND WINDER OF DESCRIPTION OF THE PROPERTY OF THE PROP	to title <0507	`	.033			
<0399 Contact Telephone Email Address - Email Address of person ide	ntified in data line	<030> <	:039	<u> </u>		
Filed as reviewed single company	E			Filed as audited single company	5	
Filed as reviewed consolidated company	5			Filed as audited consolidated company	<b>=</b>	
Filed as subsidiary of reviewed consolidated company	<u> </u>			Filed as subsidiary of audited consolidated company	<b>a</b>	
		CERTIFIC				
We hereby certify that the entries in this report are in accordance wit	h the accounts an	d other records of t	the s	ystem and reflect the status of the system to the best of our kno	wledge and belief.	
Signature	•	Date				
		PART A. BAL	ANCE	SHEET		
	BALANCE	BALANCEEND			BALANCE	BALANCE END
ASSETS	PRIOR YEAR	OF PERIOD		LIABILTIES AND STOCKHOLDERS' EQUITY	PRIOR YEAR	OF PERIOD
CURRENT ASSETS		787467 P. 6255 July 14	CUR	RENT LIABILITIES	All there also	aninal sir dak
1 Cash and Equivalents		2	5.	Accounts Payable		
2. Cash-RUS Construction Fund			6,	Notes Payable		· ·
3. Affiliates:	ASSESSED FOR THE SECOND	School School 2		Advance Billings and Payments		
a. Telecom, Accounts Receivable			8.	Customer Deposits		
b. Other Accounts Receivable			9.	Current Mat, L/T Debt		
c. Notes Receivable			0.	Current Mat. L/T Debt-Rur. Dev.		
4. Non-Affiliates:	reciti comparso risto	22 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Current MatCapital Leases	1	
a. Telecom, Accounts Receivable			2.	income Texes Accrued		
b. Other Accounts Receivable			3.	Other Taxes Accrued	<del> </del>	<del> </del>
c. Notes Receivable	<b> </b>		4.	Other Current Liabilities	<del>                                     </del>	
5. Interest and Dividends Receivable			5.	Total Current Liabilities (25 thru 34)	·   · · · · · · · · · · · · · · · · · ·	
				G-TERM DEBT	inienstrage grant	aral construction
Material-Regulated     Material-Nonregulated			6.	Funded Debt-RUS Notes	sometidos: NACOCITATA CA	Language of the consistent
					<del>                                     </del>	<del>                                     </del>
8. Prepayments			7.	Funded Debt-RTB Notes		
9. Other Current Assets		3		Funded Debt-FFB Notes		+
O. Total Current Assets (1 Thru 9)	Section in the con-	171177 Sept. 11. 11. 11. 11. 11. 11. 11. 11. 11. 1	9.	Funded Debt-Other		<del> </del>
		#Ufficient(), 264		Funded Debt-Rural Develop. Loan		
NONCURRENT ASSETS		4		Premium (Discount) on L/T Debt	<u> </u>	
1 Investment in Affiliated Companies	Salas Harry Hilliam	(0)1003961120165 <b>4</b>		Reacquired Debt		
a. Rural Development			3.	Obligations Under Capital Lease		<del> </del>
b. Nonrural Development			4.	Adv. From Affiliated Companies		ļ
2. Other investments	45 (45) (60) (84 (00))	and the same		Other Long-Term Debt	<u> </u>	<u> </u>
a. Rural Development			6.	Total Long-Term Debt (36 thru 45)		100 00000
b. Nonrura i Development			отн	ER LIAB. & DEF. CREDITS	Element III	handerhedd
18. Nonregulated Investments		4:	7.	Other Long-Term Liabilities		
4. Other Noncurrent Assets		4	8.	Other Deferred Credits		
5. Deferred Charges		4	9.	Other Jurisdictional Differences		
6. Jurisdictional Differences		5	O.	Total Other Liabilities and Deferred Credits (47 thru 49)		
7. Total Noncurrent Assets (11 thru 16)			EQU	ПΥ	Alliability is	
		5	1.	Cap. Stock Outstanding & Subscribed		
PLANT, PROPERTY, AND EQUIPMENT		10 Marie 11 15	2.	Additional Paid-in-Capital		
18. Telecom, Plant-in-Service	1		3.	Treasury Stock	T	
		<del></del>	4.	Membership and Cap. Certificates		
Property Held for Future Use     Plant Under Construction	1		5.	Other Capital		
I. Plant Adj., Nonop. Plant & Goodwill	1	<del></del>	6,	Patronage Capital Credits		
Pent Adj., Nonep. Piant & Goodwill     Less Accumulated Depreciation     Net Plant (18 thru 21 less 22)			7.	Retained Earnings or Margins		
23. Net Plant (18 thru 21 iess 22)			В.	Total Equity (51 thru 57)		
	strandette Satution (191	Senticiped Report 2011			TENERS COMMISSION	EBBRUROSKI SKRIBINI

59. TOTAL LIABILITIES AND EQUITY (35+46+50+58) 3/5/2013

#### EXHIBIT 3 PAGE 18 OF 21

# Draft Pending OMB Approval

(3000b) Operating Report for Privately-Heid Rate of Return Carriers	FCC Form 481
Income Statement - Data Collection Form	OMB Control No. 3050-0986
Page 2 0f 3	March 2013
<0107 Study AreaCode	<010>
<015; Study Area Name	<015>
<020: Program Year	<020>
<dbo: -="" contact="" data<="" name="" p="" person="" regarding="" should="" this="" usac=""></dbo:>	<030>
<d35: -="" <030="" contact="" data="" identified="" in="" line="" number="" of="" person="" telephone=""></d35:>	<035>
Contact Telephone Email Address- Email Address of person identified in data line <030>	<039>

	PART B. STATEMENTS OF INCOME AND RETAINED EARINGS OR MARGINS				
ПЕМ	PRIOR YEAR	THES YEAR			
Logal Network Services Revenues					
Network Access Services Revenues					
Long Distance Network Services Revenues					
Carrier Billing and Collection Revenues					
Miscellaneous Revenues					
Uncollectible Revenues					
Net Operating Revenues (1 thru 5 less 6)					
Plant Specific Operations Expense					
Plant Nonspecific Operations Expense (Excluding Depreciation & Amortization)					
Depreciation Expense					
Amortization Expense					
Customer Operations Expense					
Corporate O perations Expense					
Total Operating Expenses (8 thru 13)					
Operating Income or Margins (7 less 14)					
Other Operating Income and Expenses					
State and Local Taxes					
Federal Income Taxes					
Other Taxes					
Total Operating Taxes (17+18+19)					
Net Operating income or Margins (15+16-20)		· · · · · · · · · · · · · · · · · · ·			
	The state of the s				
Interest on Funded Debt Interest Expense - Capitel Leases					
Other Interest Expense					
Allowance for Funds Used During Construction	<u> </u>				
Total Fixed Charges (22+25+24-25)					
Nonoperating Net Income					
Extraordinary Items	<u> </u>	·			
Jurisdictional Differences					
Nonregulated Net Income					
Total Net Income or margins (21+27+28+29+30-26)		-			
Total Taxes Based on Income					
Retained Earnings or Margins Beginning-of-Year		1-p			
Miscelaneous Credits Year-to-Date					
Dividends Deciared (Common)					
Dividends Declared (Preferred)					
Other Debits Year-to-Date					
Transfers to Patronage Capital					
Retained Earnings or Margins end-of-Period [(31+33+34)-(35+36+37+38)]					
Patronage Capital Beginning-of-Year					
Transfers to Patronage Capital					
Patronage Capital Credits Retired					
Patronage Capital End-of-Year (40+41-42)					
Patronage Capital End-of-Year (494-92-42)  Annual Debt Service Payments					
Cash Ratio [(14+20-10-11)]/7]					
Operating Accrual Ratio [(14+20+26)/7]					
TER ((31+25)/26)					

EXHIBIT 3 PAGE 19 OF 21

# Draft Pending OMB Approval

(3000c) Operating Report for Privately-Held Rate of Return Carriers	FCC Form 481
Cash Flow - Data Collection Form	OMB Control No. 3060-0986
Page 3 0 f 3	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		二
2.	Net Income		二
	Adjustments to Reconcile Net income to Net Cash Provided by Operating Activities		
3.	Add: Depreciation		
4.	Add: Amortization		
5.	Other (Explain)		<u> </u>
	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		Щ.
9.	Decrease/(Increase) in Other Current Assets		—
10.	Increase/(Decrease) in Accounts Payable		<del></del>
11.	Increase/(Decrease) in Advance Billings & Payments		<b></b>
12.	Increase/(Decrease) in Other Current Liabilities		-
13.	Net Cash Provided/(Used) by Operations		4
	CASH FLOWS FROM FINANCING ACTIVITIES		<b></b>
14.	Decrease/(Increase) in Notes Receivable		<b></b>
15.	Increase/(Decrease) in Notes Payable		
16.	Increase/(Decrease) in Customer Deposits		4
17.	Net Increase/(Decrease) in Long Term Debt (Including Current Maturities)		<b></b>
18.	Increase/(Decrease) in Other Liabilities & Deferred Credits		<b> </b>
19.	Increase/(Decrease) in Capital Stock, Paid-in Capital, Membership and Capital Certificates & Other Capital		
20.	Less: Payment of Dividends		ــــ
21.	Less: Patronage Capital Credits Retired		4—
22.	Other (Explain)		—
23.	Net Cash Provided/(Used) by Financing Activities	***************************************	<del></del>
L	CASH FLOWS FROM INVESTING ACTIVITIES		<u> </u>
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		<u> </u>
29.	Net Increase/(Decrease) in Cash		<u></u>
30.	Ending Cash		

Page 20

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					
l 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				
Persons willfully making false statements on the	nis form can be punished by fine or forfeiture under the Communicati	ions Act of 1934, 47	'U.S.C. §§ 502, 503(b), or fine		

Page 21

Certification - Agent / Carrier counter-sign

FCC Form 481 OMB Control No. 3050-0985 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>	Context 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				
I certify that (Name of Agent). Is authorized to submit the information reported on behalf of the reporting carrier. I also pertify that I am an officer of the reporting carrier, my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.				
Name of Authorized Agent				
Name of Reporting Carrier				
Signature of Authorized Officer	Data			
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)	r this form			
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

#### TO BE COMPLETED BY THE AUTHORIZED AGENT:

			-	
Certification of Agent Authorized to File Annual Reports for CAF 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 accumite.				
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				
Tille or position of Authorized Agent or Employee of Agent				
Telephone number of Authorized Agent or Employee	of Agent: { } - ext.	langa.		
Study Area Code of Reporting Carrier	(mmddyyyy)			
Persons will bely making take streaments on this form can be purplished by the our fast-leaves under the Communications Act of 1934, 470 丘 泛 502,503 (6), or fine or maniformizent under Tale 18 of the Oxided States Locks, 16 代方式美 1003.				
	7			