

**BEFORE THE WASHINGTON UTILITIES AND  
TRANSPORTATION COMMISSION**

In the Matter of

Rulemaking to consider amending and adopting rules in WAC 480-120, telephone companies, and WAC 480-123, universal service, to implement legislation establishing a state universal communications service program.

Docket No. UT-131239

**COMMENTS  
OF  
THE WASHINGTON INDEPENDENT  
TELECOMMUNICATIONS ASSOCIATION**

**August 2, 2013**

## INTRODUCTION

The Washington Independent Telecommunications Association (WITA) is very pleased to be able to submit comments in this CR-101 round of the rulemaking to implement the universal service fund for the State of Washington created by 2E2SHB 1971 (the "Legislation"). These comments will address for rulemaking purposes the same subjects that were addressed at the Workshop held on July 15, 2013. Specifically, WITA's comments will proceed in the order set out on Page 2 of the Notice of Opportunity to File Written Comments as follows:

1. Rules to implement the state universal communications service program (including establishment of a benchmark).
2. Rules governing operation of the program.
3. Rules concerning monitoring, compliance and use of funds.
4. Changes to existing rules.
5. Establishment of additional eligibility criteria.
6. Development of an agreement with eligible communication providers.
7. Establishment of an Advisory Board.
8. Delegation of authority to Commission staff.

## COMMENTS

WITA applauds the Commission for setting an aggressive rulemaking schedule to implement the state universal service fund. WITA's commitment to the Commission is to devote the resources that WITA has available to it as necessary to help the Commission meet its schedule for rulemaking adoption.

WITA suggests that as an overall approach to these rules, two goals of the rulemaking should be both transparency and simplicity and ease of administration in the rules. WITA's comments are designed to keep those goals at the forefront.

### 1. Rules to implement the state universal communications service program.

#### A. Getting started.

There has to be some start to the process. Rather than a complex application form, WITA suggests that the rules call for a carrier which desires to seek funding from the universal service fund program to submit a letter of interest by a specific date. The rule should specify the date by which the letter must be submitted, which could recur on an annual basis.

That letter of interest can include information related to eligibility. For example, the letter should include a statement of the number of access lines served by the carrier in the State of Washington as of December 31 of the prior calendar year. Showing the number of access lines served meets the threshold requirement contained in Section 203(3)(a) of the Legislation.

In addition, the letter should indicate why the carrier's customers would be at risk of rate instability or service interruptions or cessations absent a distribution from the fund that would

allow the carrier to maintain rates reasonably close to the Commission-established benchmark.<sup>1</sup> This statement meets the requirement of Section 203(3)(b) of the Legislation. One way to do this is to calculate the rate level local, residential rates might have to increase by under a set of financial assumptions related to that company. For example, assume a company has a traditional USF draw of \$100,000, has lost federal support for access charges (i.e., the CAF<sup>2</sup>) of \$50,000 and has a negative rate-of-return. Since the traditional USF draw is going away, that amount needs to be replaced and doing so will not affect the rate-of-return. In addition, assume that it would take \$100,000 in additional revenue to bring the company to a zero rate-of-return above and beyond replacing the lost federal support and the traditional USF. If the company serves a thousand customers, this means that the projected monthly rate increase faced by residential customers is almost \$21.00 per month just to get to a zero rate-of-return.<sup>3</sup> Using a rate base of \$2,000,000, the projected monthly rate increase to realize an 11.25% rate of return would be an additional \$18.75 per month, for a total increase of \$39.75 per month in the residential rate.

Further, the carrier should submit an analysis under Attachment 2 of the RLEC model for the calendar year ending prior to the letter of interest, if that can reasonably be accomplished by the date established for submission of the letters of interest. If it is not possible to submit Attachment 2 of the RLEC model for the immediate past year, then the Attachment should be submitted containing financial information for the most recent year for which information is available.<sup>4</sup> A copy of Attachment 2 of the RLEC model is attached as Exhibit 1. This

---

<sup>1</sup> The term "reasonably close," which is used in Section 203(3)(b) of the Legislation, is a loose concept. Given the fixed size of the fund, some companies may need to seek to raise rates above the benchmark.

<sup>2</sup> CAF stands for "Connect America Fund."

<sup>3</sup> This is not meant to imply that the purpose of the new fund is to allow companies to achieve a particular rate-of-return. It is not. However, this showing demonstrates eligibility to draw from the fund by meeting the statutory criteria contained in Section 203(3)(b) of the Legislation.

<sup>4</sup> Many carriers do not have the information available for the prior calendar year until June or July.

information would be submitted as public information and would **NOT** be filed on a confidential basis.

A rule to accomplish the foregoing might read as follows:

**WAC 480-123-XXX. Application.**

(1) Except for the first year of the fund,<sup>5</sup> a communications provider that is interested in drawing from the universal service fund shall submit a letter to the Commission indicating such interest on or before March 1 of that calendar year. The letter should identify the number of access lines served as of December 31 of the preceding year by the communications provider and include an explanation of how customers are at risk of rate instability or service interruptions or cessations absent a distribution from the fund. The communications provider must, in addition, submit Attachment 2 of the RLEC Model containing the most recent available financial information for a calendar year. Attachment 2 of the RLEC Model must be submitted on a public, non-confidential basis.

**B. Benchmark.**

The next step in establishing rules to implement the state universal service fund is to establish a benchmark. WITA suggests that the benchmark to be used by the Commission be based on the federal urban rate floor benchmark set out in the *Transformation Order*.<sup>6</sup> WITA suggests that the benchmark be comprised of the urban rate floor rate, the Subscriber Line

---

<sup>5</sup> Given the timing, WITA suspect that the rules will not be in place by March 1, 2014.

<sup>6</sup> *In the Matter of Connect America Fund, A National Broadband Plan for Our Future, Establishing Just and Reasonable Rates for Local Exchange Carriers, High-Cost Universal Service Support, Developing an Unified Intercarrier Compensation Regime, Federal-State Joint Board on Universal Service, Lifeline and Link-Up, Universal Service Reform - Mobility Fun*, WC Docket No. 10-90, GN Docket No. 09-51, WC Docket No. 07-135, WC Docket No. 05-337, CC Docket No. 01-92, CC Docket No. 96-45, WC Docket No. 03-109, WT Docket No. 10-208, Report and Order and Further Notice of Proposed Rulemaking, FCC 11-161 (rel. Nov. 18, 2011) (*Transformation Order*) at Paras. 234-247.

Charge (SLC), the Access Recovery Charge (ARC), E-911 assessments and the sales tax (the state and local rate applicable in the appropriate local jurisdiction) assessed on the residential rate, SLC and ARC. Currently, the urban rate floor is \$14.00. In 2014, it is expected to rise to approximately \$15.62.<sup>7</sup> The SLC is currently \$6.50. The ARC will be \$1.50 in 2014 for most companies.<sup>8</sup> The E-911 assessments are \$0.95. The subtotal of these elements is \$24.57. The application of the sales tax (assuming an 8.7% rate for illustrative purposes) would be \$2.05. This produces a total benchmark of \$26.62.<sup>9</sup> A list of the current residential rates charged by WITA's members that are eligible to draw from the state universal service fund is attached as Exhibit 2. This Exhibit also shows what the current sum of benchmark elements is for each company for purposes of the calculated benchmark.

At the Workshop, there was some discussion concerning what should happen if a company has a residential service rate that is below the benchmark at the time it seeks a disbursement from the state universal service fund. It was suggested that the benchmark may be an eligibility threshold and that if a company's residential service rate is below that benchmark, the company would not be eligible to receive support from the program. WITA respectfully requests that the residential service rates below the benchmark be treated in the same way that they are treated at the federal level. That is, that the amount of revenue represented by the difference in the rates that would be generated from the customers if they were at the benchmark rather than the actual rate would be a deduction from the amount the company is otherwise eligible to draw from the universal service fund.

---

<sup>7</sup> *Transformation Order* at Para. 243.

<sup>8</sup> A company may only apply an ARC to residential service if the sum of its local residential rate, SLC, E-911 assessments and the ARC itself is \$30 or less for a monthly charge. *Transformation Order* at Paras. 913-914.

<sup>9</sup> WITA suggests that the benchmark be set one time and remain at that level. The federal urban rate floor will change each year after 2014. However, it seems to WITA that annual recalculation for state universal service fund purposes is not needed.

One reason for this requested approach is that there may be some service areas where raising the rates will cause a migration of customers to wireless or other carriers, or, it may be that the customer already has both a wireless and wireline connection and raising the rate makes the wireline connection no longer desirable. In those cases where customers choose to disconnect from the wireline network, the problem of being able to meet the carrier of last resort obligation for other customers is further exacerbated by the loss of the disconnected customers and the associated revenue. This means that there may need to be a balancing act by a carrier as to whether to raise rates to the benchmark and risk losing customers or keep rates at their current levels and draw less from the state fund.

Ironically, where a company might be able to retain customers by foregoing a relatively small differential between their residential rate and the benchmark, losing the entire amount of their state universal service fund support could endanger rate stability. This could push the company over the edge and start an uncontrollable spiral of raising rates, losing customers, raising rates again, losing more customers, etc., until only the highest cost and hardest-to-serve customers remain. Such a result would not meet the intent of the Legislation or be in the public interest.

A rule establishing the benchmark might read as follows:

**WAC 480-123-XXY. USF Mechanics.**

(1) The Commission hereby establishes a benchmark for purposes of the state universal service fund that consists of a local residential rate of \$15.62, the federal subscriber line charge applicable to residential service, the access recovery charge applicable to residential service, the E-911 assessments and the appropriate sales tax assessed on those components in the jurisdiction in which the customer resides

(both state and local components).

(2) If a communications provider has rates that produce a per-line amount for that communications provider that is less than the benchmark, any support for that communications provider from the state universal service fund will be reduced by an amount imputed to the communications provider as though its residential rate took the communications provider to the appropriate benchmark with the amount of such reductions being diminished by any impact related to the assessment of sales tax related to the imputed differential.

### C. Treatment of Traditional USF and Access Revenue Reductions.

Another aspect of implementation of the new state universal service fund is that the traditional USF rate, which was initially established in Cause No. U-85-23<sup>10</sup> and reaffirmed in Docket No. 971140,<sup>11</sup> is to be eliminated effective with the beginning of distributions from the state fund. This is replacement of one support mechanism with another support mechanism. It does not produce any additional revenue for the companies involved. It is estimated that for the companies that are eligible for the new state universal service fund, this amounts to approximately 1.2 million dollars, based on 2012 reports of the Washington Exchange Carrier Association. This is simply a replacement of existing revenues. Therefore, the first step in the state universal service fund support calculation should be to replace the revenue from the traditional USF rate element dollar-for-dollar with the state universal service fund distributions to ensure that no company is harmed by the creation of the fund.<sup>12</sup>

---

<sup>10</sup> Washington Utilities and Transportation Commission v. Pacific Northwest Bell Telephone Companies, et al., Cause No. U-85-23 et al., Eighteenth Supplemental Order (Dec 30, 1986).

<sup>11</sup> Washington Utilities and Transportation Commission v. Washington Exchange Carrier Association, et al., Docket No. UT-971140, Ninth Supplemental Order Approving Washington Carrier Access Plan (June 25, 2000).

<sup>12</sup> This is another reason the benchmark should not be an eligibility factor: it would place even more revenue at risk.



In addition to the elimination of the traditional universal service access rate element, companies are facing a phase-down in Connect America Fund (CAF) support. CAF support was calculated as the intercarrier compensation (primarily related to access service) received over a specific period of time as set forth in the *Transformation Order*.<sup>13</sup> However, the FCC established that the baseline level of support would be reduced by 5% each and every year.<sup>14</sup> Under this calculation, the reduction in baseline support for the members of WITA that are eligible to participate in the new universal service fund established under the Legislation for the period beginning July 1, 2012 and ending June 30, 2014, is \$1,422,648.<sup>15</sup> For the period in which the first distribution of the universal service fund will be made (July 1, 2014 through June 30, 2015), the additional reduction in federal support is \$716,869.<sup>16</sup> Thus, the total CAF reduction for the year beginning July 1, 2014, is \$2,139,517.

What this CAF loss calculation does not take into account is the reduction in access revenue due to the active access bypass of terminating access charges and the call termination problems that have occurred over the past several years. As a result, WITA is in the process of calculating the effect of access bypass and call termination problems. An approach that WITA is considering is using 2009 as a base year and then calculating the reduction that occurred as call termination problems increased over the years of 2010, 2011 and the first six months of 2012.<sup>17</sup> The reason for stopping with the first six months of 2012, is that the federal support mechanism, CAF support, became effective July 1, 2012. While this is not an exact calculation, it appears to be a reasonable surrogate for lost access revenues over the relevant period of time. WITA is

---

<sup>13</sup> *Transformation Order* at Paras. 847-932.

<sup>14</sup> *Transformation Order* at, for example, Para. 851.

<sup>15</sup> This amount was calculated from the NECA workpapers provided to each company by NECA.

<sup>16</sup> *Ibid.*

<sup>17</sup> WITA is attempting to find a mechanism that is not inconsistent with the federal CAF requirements.

examining other alternatives as well. While WITA is still working on this calculation, it appears from preliminary estimates that the total of (1) the elimination of revenue from the traditional USF rate element, (2) the reduction in CAF support for access replacement and (3) the reduction in access revenues as a result of access bypass and call termination issues will exceed the five million dollar cap placed on the size of the state universal service fund.

The rules to implement the distribution mechanics could read as follows:

WAC 480-123-XXY. **USF Mechanics.**

...

(3) Each communication provider serving less than forty thousand access lines in the state shall receive not less than the amount that the communication provider received from its own billing and as a pool distribution under the traditional USF access rate element for calendar year 2013. The traditional universal service access element is described in further detail in Docket No. UT-971140, Ninth Supplemental Order Approving Washington Carrier Access Plan.

(4) In addition to any amounts under (3), above, an eligible communications provider shall receive an amount equal to the sum of (a) the reduction in its CAF support and (b) an amount equivalent to the average annual reduction in its access revenues between 2009 and July 1, 2012, to the extent allowed under the cap imposed on the state universal service fund.

## 2. Rules governing operation of the program.

These items appear to be largely matters that the Commission should discuss with other agencies that might be involved in administration of the state universal service fund, such as the State Treasurer's Office and the State Auditor's Office. It may be that rules are not needed for all

aspects of the day-to-day operation of the state universal service fund. Instead, it may be that internal operating procedures need to be established.

One item that WITA suggests for ease of administration is that the distribution to the eligible companies be made on an annual basis at the start of the period of support. Despite the statement in the preceding paragraph about not needing rules, this is an area that probably should be in the rules since it affects the recipients of funds.

An alternative would be to make distributions on a monthly basis. However, there does not appear to WITA to be any good reason to use monthly distribution, which would increase the cost of administration. The distribution of the entire amount at the start of the period covered for support purposes (presumably July 1 through June 30) has the advantage of allowing a company to use the support to advance a construction project. Monthly distributions could hinder that alternative. While the fund is not specifically directed at construction of new facilities, if a company had a specific project that would benefit customers, distribution at the start of the period assists the availability of that option.

A new rule could read:

WAC 480-123-XXY. **USF Mechanics.**

...

(5) The amount that a communications provider is calculated to be eligible to receive for a year beginning July 1 of a calendar year and ending on June 30 of the next calendar year shall be distributed to such communications provider on July 1 of that support period.

### 3. Rules concerning monitoring, compliance and use of funds.

#### A. Reports.

Under Section 203(6) of the Legislation, the Commission is directed to "periodically review the accounts and records of any communications provider that receives distributions under the program to ensure compliance with the program and monitor the providers' use of the funds." Then, as stated in Section 204(1)(a), the Commission rules are to cover "... use of the funds; identification of any reports or data that must be filed with the commission, including ... how a communication provider used the distributed funds; and the communications provider's infrastructure." To meet these legislative objectives, WITA suggests that the starting point be reports that are already or will be filed with the Commission. Then, additional reports can be developed to "fill in the gaps" if needed.

Beginning later this year, all of the carriers will be filing the new FCC Form 481 with this Commission, as well as with the FCC.<sup>18</sup> That reporting will cover service quality matters, outages, unfulfilled service requests, the number of complaints per thousand customers for both voice and broadband service, the company's offerings for both voice and broadband, service quality and consumer protection rules compliance, the ability to function in emergency situations, and other matters. The report includes a balance sheet, income statement and cash flow statement. A copy of the current draft of FCC Form 481 is attached as Exhibit 3. The Commission's rule could direct that the form be filed with the Commission. Doing so should fulfill most of the requirements of Section 204(1)(a).

---

<sup>18</sup> The data collection incorporated into FCC Form 481 received OMB approval on July 29, 2013. A date for submission of the form for this year has not been announced. Beginning in 2014, July 1 will be the filing date for FCC Form 481.

In addition, the eligible wireline carriers are already required to file an annual report to the Commission by May 1 of each year. That report provides high level information about the companies' financial operations and is accompanied by Washington separated results of operations statement. RCW 80.04.530. An example of this report is attached as Exhibit 4. Please note that the form attached as Exhibit 4 does not include the Washington separated results of operations statement as this portion of the report is separately prepared by each company.

Finally, most of the WITA members that are eligible to draw from the fund, currently provide the NECA 1 report as part of the recertification process for eligible telecommunications carrier purposes. That report could continue to be provided.

Suggested rule language on reporting is included at the end of the next subsection of these comments.

B. Use of funds.

Clearly, the point of the new fund established by the Legislation is to address operations of the communications provider so that residential rates are kept reasonably close to the Commission-established benchmark.<sup>19</sup> There is no implication in the Legislation that the intention of the program be to require new construction or to promote broadband expansion.<sup>20</sup> Thus, the Commission's rules could explicitly state that the funds "should be used for the costs of regulated operations with the goal of maintaining local service rates at a level reasonably close to the benchmark established by the Commission."

---

<sup>19</sup> Section 201 of the Legislation.

<sup>20</sup> However, it is also clear that there is no bar to using the funds for construction that will benefit customers. See, the discussion at p. 10, supra.

In addition, there clearly needs to be a way for the Commission to be satisfied that the money was used for the appropriate purposes. Section 203. To this end, WITA suggests that in addition to the reports discussed above, the companies who receive distribution from the universal service fund file a second Attachment 2 to the RLEC model on an annual basis for the prior calendar year in which support from the fund was received. This will demonstrate that the funds were used for the operations of the company and did not result in the company reaching an earnings level that would suggest that the funds could have been used for other purposes. With the direction provided by the "use of funds" language suggested at the end of the prior paragraph and this after-the-fact reporting, the Commission will meet the requirements to have rules covering use of the distributed funds by the communications provider and periodically monitoring the use of the funds. Section 203(6) and Section 204(1)(a).

In addition to the foregoing, the communications provider should report the nature of the communications provider's network and the level of broadband deployment. Reporting of the communications provider's network components (i.e., fiber distribution to copper loops) meets the requirement in Section 204(1)(a) for rules on this topic. To be clear, it is not necessary to report miles of fiber, miles of copper, etc. It is a general description of the network which appears to be contemplated by the Legislation. Beyond this network reporting, communications providers should report the available broadband speed in their service areas. This will allow the Commission to monitor the availability of broadband in supported areas.

This combination of reports should allow the Commission to more than meet the objectives established by the Legislature for the monitoring of use of the funds that are distributed out of the state universal service fund.

Such as rule might read as follow:

**WAC 480-123-XXX. Rules governing use of state universal service funds and reporting requirements.**

(1) Funds distributed to a communications provider from the universal service fund shall be used for the costs of regulated operations with the goal of maintaining local service rates at a level reasonably close to the benchmark established by the Commission in WAC 480-123-XXY(1).

(2) A communications provider that has received funds from the state universal service fund shall file the following reports with the Commission:

(a) A copy of its FCC Form 481 on the same date it is filed with the FCC;

(b) The annual report that is required to be filed with the Commission on or before May 1 of each year (See, WAC 480-120-385);

(c) Attachment 2 to the RLEC model on or before July 31 containing the most recently available financial information for the prior calendar year in which the communications provider received support from the state universal service fund;

(d) The communications providers most current NECA 1 form on or before July 31 following the calendar year in which it received a distribution from the state universal service fund.

(e) A general description of the communication provider's infrastructure; and

(f) A report on the availability of broadband and available speeds

in the communications provider's service area.

4. Changes to existing rules.

Under WAC 480-123-060, WAC 480-123-070 and WAC 480-123-080 certain certifications and reports are required related to the continued eligibility for designation as an eligible telecommunications carrier (ETC). WITA suggests that WAC 480-123-070 and WAC 480-123-080 be repealed. FCC Form 481 can be used instead. The FCC Form 481 contains much more data than the reports and certifications set out in WAC 480-123-070 and WAC 480-123-080.

To accomplish this suggested change, WAC 480-123-060 could be amended to read as follows:

(1) Each ETC seeking certification of the ETC's use of federal high-cost funds pursuant to 47 C.F.R. §§ 54.307, 54.313, or 54.314 must request certification by July 31 each year. The ETC must certify that it will use federal high-cost universal service fund support only for the provision, maintenance, and upgrading of the facilities and services for which the support is intended. The certification must be submitted by a company officer in the manner required by RCW 9A.72.085.

(2) The commission will certify an ETC's use of federal high-cost universal service fund support, pursuant to 47 C.F.R. §§ 54.307, 54.313, or 54.314 only if the ETC complies with the requirements in this rule. ((WAC 480-123-070, and the ETC demonstrates that it will use federal high-cost funds only for the provision, maintenance, and upgrading of facilities and services for which the support is intended through the requirements of WAC 480-123-080.))



(3) An ETC must file a copy of its FCC Form 481 with the Commission, which will be the basis for the Commission's review of the ETC's certification.

5. Establishment of additional eligibility criteria.

WITA does not see the need for establishment for additional eligibility criteria for wireline carriers. If there are wireless carriers that become involved as potential recipients of state USF support, this issue should be revisited.

6. Development of an agreement with eligible communication providers.

In Section 201(2), the Legislation states ". . . it is in the best interest of the state to ensure that incumbent local exchange carriers are able to continue to provide services as the carrier of last resort." To carry out this legislative finding, the Legislature apparently contemplated some type of agreement between the recipients from the fund and the State. This concept is stated in two slightly different ways within the Legislation. The first is in Section 203(2), where it is stated that the carrier may receive distributions from the fund "in exchange for the affirmative agreement to provide continued services under the rates, terms, and conditions established by the commission under this chapter for the period covered by the distribution." Then, in Section 203(4)(b), it states "To receive a distribution under the program, an eligible communications provider must affirmatively consent to continue providing communications services to its customers under rates, terms, and conditions established by the commission pursuant to this chapter for the period covered by the distribution." Thus, in one place there is reference to an "affirmative agreement" and in the other, to "affirmatively consent."

Essentially, the entire universal service program constitutes a bilateral agreement between the State of Washington, on the one hand, and the receiving carrier, on the other hand. The goal of both parties is to have reliable communications available in rural areas at reasonable rates. To do this, the State agrees to provide revenue to be used for the purpose of aiding the maintenance of residential rates reasonably close to the Commission-established benchmark.<sup>21</sup> In exchange, the recipient carrier agrees to continue to provide service during the period for which it receives the distribution from the fund under Commission-established rates, terms and conditions.<sup>22</sup> The existence of such an agreement might be captured by the use of a certification form adopted by the Commission in its rules to read along the following lines:

**WAC 480-120-XXW. Agreement/Certification.**

(1) To evidence the agreement between the State of Washington and the communications provider, the communications provider shall execute the following certification:

**Agreement and Consent**

WHEREAS, the Legislature has found that the State of Washington has long relied on incumbent local exchange carriers to provide a ubiquitous incumbent public network as carriers of last resort and that it is in the best interest of the State to ensure that incumbent local exchange carriers are able to continue to provide services as the carrier of last resort, and that, as a result, the State has established a universal service fund program; and

---

<sup>21</sup> By capping the fund at 5 million dollars, this goal may not actually be fulfilled. Some communications providers may need to seek rate increases that could, conceivably, move residential rates higher than what might have been contemplated by the concept of "relatively close" to the Commission's benchmark.

<sup>22</sup> This should not be read as foreclosing a company from seeking an increase in local rates.

WHEREAS, \_\_\_\_\_ has been determined by the  
(Company name)

Commission to be eligible for receipt of \$ \_\_\_\_\_ in support from the state universal service fund for the period of \_\_\_\_\_, beginning \_\_\_\_\_ and ending \_\_\_\_\_; and

WHEREAS, the Commission has designated the rates, terms and conditions set forth in the Company's tariff insofar as they apply to "basic telecommunications services" as that term is defined in Section 202 of Chapter 8, Laws of 2013, to be the rates, terms and conditions established by the Commission for this purpose; and

WHEREAS, the Commission has established that the Company should provide service reasonably consistent with its tariff to be eligible to receive funding and the Company is willing to do so subject to the conditions set forth below.

WHEREFORE, the Company hereby affirmatively agrees and consents to continue providing basic telecommunications services to its customers in accordance with the rates, charges, terms and conditions established by the Commission for the period of time set out in the above Recitals subject to the following conditions:

- (a) The Company shall have received a distribution of funds from the state universal service fund for the above specified period of time in an amount not less than the amount set forth above;
- (b) During the period of time set forth above, the Company's rates, charges, terms and conditions shall not be changed in a manner

materially adverse to the Company without the Company's prior written consent to such change; and

(c) Nothing contained in this Certification shall be construed to be a waiver by the Company of its rights to file revisions to its tariff, including, but not limited to, revisions to any rates, charges, terms or conditions set forth therein.

The Company agrees and consents that upon distribution of the funds set forth in the Recitals above to the Company, the State will have performed its side of the agreement between the State and the Company with the expectation that the Company will perform its portion of that agreement by providing basic telecommunications services reasonably consistent with its filed tariff.

The undersigned hereby represents that he/she is authorized to execute this Agreement and Consent on behalf of the Company.

[Company Name]

By: \_\_\_\_\_

Its: \_\_\_\_\_

Date: \_\_\_\_\_

7. Establishment of an Advisory Board.

The suggestion was made at the Workshop that to meet the statutory requirements an Advisory Board consisting of five members be established. The suggestion was that the Board would consist of one member from rural, rate-of-return carriers, one member from a second wireline member, a representative of wireless interests, a representative of interconnected VoIP interests, and Public Counsel as representative of the varied consumer interests such as

residential, small business, and perhaps, to a limited extent, larger businesses for this purpose. WITA supports establishing such an Advisory Board. However, WITA suggest that the Advisory Board consist of one member from rural, rate-of-return carriers, a second wireline member, a representative from consumer interests (Public Counsel) and two at-large members. The reason for this proposal is the experience in Oregon of the difficulty in getting wireless representatives. It is not clear that a new rule is needed to meet this requirement.

8. Delegation of authority to Commission staff.


This appears to be an administrative action needed to be taken by the Commission. However, it does not appear to be something that needs to be included in a rulemaking.

**CONCLUSION**

WITA again thanks the Commission for this opportunity. WITA commits to devoting its resources to this very important project in any way that the Commission will find it beneficial.

Respectfully submitted this 2nd day of August, 2013.

WASHINGTON INDEPENDENT  
TELECOMMUNICATIONS ASSOCIATION

By:   
Betty S. Buckley, Executive Director

Attachment 2

RLEC Model

Utility Name:

SOURCE  
Pt 32 Class B Financial Stmt

DESCRIPTION

DESCRIPTION	Total Company Year-End 2008	Part 64 Exclusions	Total Company Net Y-E 2008	Total Company Year-End 2009	Part 64 Exclusions	Total Company Net Y-E 2009	Adjusted Total Company Avg 2009
Investment							
1 Telephone Plant in Service	2110 - 2690						
2 Accumulated Depreciation	3100 & 3400						
3 Accumulated Deferred Income Taxes	4340 (Plant-Related Only)						

DESCRIPTION	Total Company Net Y-E 2008	Part 64 Exclusions	Total Company Net Y-E 2009	Known & Measurable Adjustments	Adjusted Total Company Avg 2009
4 Telephone Plant in Service					
5 Accumulated Depreciation					
6 Accumulated Deferred Income Taxes					

7	NET INVESTMENT				
9	Cost of Capital		11.25%		11.25%
10	Return on Investment		35.00%		35.00%
11	Federal Tax Rate				
12	Authorized Return				

DESCRIPTION	Total Company Year-End 2009	Part 64 Exclusions	Total Company 2009	Known & Measurable Adjustments	Adjusted Total Company 2009
Expenses					
13 Plant Specific Operations	6110 - 6410				
14 Plant Nonspecific Operations	6510 - 6540				
15 Depreciation & Amortization	6560 (TPIS-Related Only)				
16 Customer Operations	6610 - 6620				
17 Corporate Operations	6720 - 6790				
18 Operating Taxes	7200 (excluding Income Taxes)				
19 OPERATING EXPENSES					
20 TOTAL COST					

21 Local Network Services	5000				
22 Network Access Services	5081 - 5083 (excluding FUSF)				
23 Federal Universal Service Funds (FUSF)	HCL, LSS, SNA, and ICLS				
24 Long Distance Network Services	5100				
25 Miscellaneous	5200				
26 Uncollectible	5300				
27 OPERATING REVENUES					
28 Earnings : Under or (Over)					

Line 12 + Line 19

Line 20 - Line 27

## EXHIBIT 2

Company	Residential Rate	Benchmark Rate (Residential plus Benchmark Components)*
Asotin - Asotin	\$14.20	\$27.21
Anatone	\$14.00	\$24.82
Ellensburg	\$14.00	\$24.82
Hat Island	\$15.00	\$25.91
Hood Canal	\$14.00	\$24.82
Inland - Dewatto	\$22.00	\$32.37***
Prescott	\$16.50	\$27.54
Roslyn	\$14.00	\$24.82
Uniontown	\$15.00	\$25.91
Kalama	\$14.00	\$24.82
Lewis River	\$26.00*	\$36.23**
McDaniel	\$14.30	\$24.85
Pend Oreille	\$14.00	\$24.82
Pioneer	\$14.00	\$24.82
Rainier Connect	\$14.00	\$24.82
Skyline	\$19.50	\$31.80
St. John	\$14.00	\$24.82
Tenino	\$14.00	\$24.82
Toledo	\$21.00****	\$31.30***
Wahkiakum	\$14.00	\$24.82
Whidbey	\$14.00	\$24.82
YCOM	\$16.00	\$27.39

\*Flat rate EAS option.

•Uses 8.7% as sales tax rate.

\*\*Assumes no ARC.

\*\*\*Assumes \$0.50 ARC.

\*\*\*\*Assumes one EAS route.

Note: Compare to legacy Qwest local residential service rate of \$13.50.

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) _____
(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) _____

<b>ANNUAL REPORTING FOR ALL CARRIERS</b>	54513	54422
	Req. Complete	Req. Complete

(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)	<input type="checkbox"/>	(300)	<input type="checkbox"/>
(310) Detail on Attempts (voice)	<input type="checkbox"/> <i>(attach descriptive document)</i>	(310)	<input type="checkbox"/>
(320) Unfulfilled Service Requests (broadband)	<input type="checkbox"/>	(320)	<input type="checkbox"/>
(330) Detail on Attempts (broadband)	<input type="checkbox"/> <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="checkbox"/>		
(420) Mobile	<input type="checkbox"/>		
(430) Number of Complaints per 1,000 customers (broadband)		(430)	<input type="checkbox"/>
(440) Fixed	<input type="checkbox"/>		
(450) Mobile	<input type="checkbox"/>		
(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 <b>Price Cap Additional Documentation Worksheet</b> <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 <b>ROR Additional Documentation Worksheet</b>	(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  
<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 § 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

# 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 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>NORS</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>
<u>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>					

3/5/2013

(500) Service Quality Certification

FCC Form 481  
OMB Control No. 3050-9956  
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 USA C 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 §54.202(a)(2)	
<p>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).</p>	
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)
<p>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.</p>	

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	
<p>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.</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 _____	_____ (mm/dd/yyyy)
<p>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.</p>	

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	
<p>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.</p>	
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)
<p>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.</p>	

# 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>

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

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

<703>   <a1>   <a2>   <a3>   <a4>   <a5>   <b1>   <b2>   <b3>   <b4>   <b5>   <c>

<u>State</u>	<u>Town</u>	<u>Exchange</u> (ILEC)	<u>SAC (CETC)</u>	<u>Acquired</u> <u>Exchange</u> (Y/N)	<u>Rate Type</u>	<u>Residential Local</u> <u>Service Rate</u>	<u>State Subscriber Line</u> <u>Charge</u>	<u>State Universal</u> <u>Service Fee</u>	<u>Mandatory</u> <u>Extended Area</u> <u>Service Charge</u>	<u>Total p.</u> <u>Rates an</u>

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>
State	Town	Exchange (ILEC)	SAC/CETC	Residential Rate	State Regulated Fees	Total Rate and Fees		Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Capacity Limit(s) (GB)	Capacity Limit Action Taken When Limit Reached (See

(800) Operating Companies  
Data Collection Form

FCC Form 481  
OMB Control No. 3060  
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>	
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		

# 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 ETC Serves

<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:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions;
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select  
(Yes, No, NA)




(1000) Voice Rate Certification

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

<01D>	Study Area Code	_____
<01S>	Study Area Name	_____
<02D>	Program Year	_____
<03D>	Contact Name - Person USAC should contact regarding this data	_____
<03S>	Contact Telephone Number - Number of person identified in data line <03D>	_____
<039>	Contact Telephone Email Address - Email Address of person identified in data line <03D>	_____

**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:

<b>Certification of Officer as to Compliance with 47 CFR § 54.313(a)(10)</b>	
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:

<b>Certification of Officer or Employee to Authorize an Agent to File Compliance with 47 CFR § 54.313(a)(10) on Behalf of Reporting Carrier</b>	
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:

<b>Certification of Agent Authorized to File Compliance with 47 CFR § 54.313(a)(10) on Behalf of Reporting Carrier</b>	
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. 3063-0986  
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>	_____

**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 finding 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 twelve months of the new backhaul facilities becoming commercially available, finding 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 \_\_\_\_\_

I certify that the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within supported area \_\_\_\_\_

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	_____

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, 502(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	_____

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, 502(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 \_\_\_\_\_

I certify that the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream 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 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	_____

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, 502(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:

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

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

[2009] Price Cap Carrier Additional Documentation  
including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

FCC Form 481  
OMB Control No. 3050-0085  
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 applicable to this form unless otherwise noted)**

<b>Incremental Connect America Phase I reporting</b>		
<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"/>
<b>Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))</b>		
<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"/>
<b>Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))</b>		
<2015>	Certification Support Used to Build Broadband	<input type="checkbox"/>
<b>Connect America Phase II Reporting (47 CFR § 54.313(e))</b>		
<2017>	3rd 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, or the 2021, contains the required information pursuant to § 54.313(e)(3)(E), as a recipient of CAF Phase II support will provide the number, name, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.		
<2021>	Interim Progress Community Anchor Institutions	<input type="checkbox"/> (Attach document if you 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 who knowingly 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 who knowingly 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.

<b>Incremental Connect America Phase I reporting</b>		
<2110>	2nd Year Certification (47 CFR § 54.313(b)(1))	<input type="checkbox"/>
<2115>	3rd Year Certification (47 CFR § 54.313(b)(2))	<input type="checkbox"/>

Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))		
<2112>	2013 Frozen Support Certification	<input type="checkbox"/>
<2113>	2014 Frozen Support Certification	<input type="checkbox"/>
<2114>	2015 Frozen Support Certification	<input type="checkbox"/>
<2115>	2016 and future Frozen Support Certification	<input type="checkbox"/>
Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))		
<2116>	Certification Support Used to Build Broadband	<input type="checkbox"/>
Connect America Phase II Reporting (47 CFR § 54.313(e))		
<2117>	3rd year Broadband Service Certification	<input type="checkbox"/>
<2118>	5th year Broadband Service Certification	<input type="checkbox"/>
<2119>	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)(B), as a recipient of CAF		
<2120>	Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	<input type="checkbox"/>
<2121>	Interim Progress Community Anchor Institutions	<input type="checkbox"/> (Attach document listing required information)
Name of Reporting Carrier		
Name of Authorized Agent		Date
Signature of Authorized Agent or Employee of Agent		
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 who falsify statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 503, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.		

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

FCC Form 483  
OMB Control No. 3060-0086  
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(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 attached to this form unless otherwise noted.

(301C)	Progress Report on 5 Year Plan Milestone Certification (47 CFR § 54.313(f)(4)(i))	_____	<input type="checkbox"/> (Attach document listing required information)
(301)	Please check this box to confirm that the attached PDF, on line 301C, 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 he has provided access to broadband service in the preceding calendar year.	_____	
(301E)	Community Anchor Institutions (47 CFR § 54.313(f)(4)(ii))	_____	<input type="checkbox"/> (Attach document listing required information)
(301B)	Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))	_____	<input type="checkbox"/> Yes/No
(301A)	If yes, does your company file the RUS annual report	_____	<input type="checkbox"/> Yes/No
(301D)	Please check these boxes to confirm that the attached PDF, on line 301D, contains the required information pursuant to § 54.313(f)(2) compliance requires:	_____	
(301S)	Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)	_____	
(301F)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows	_____	
(301G)	If the response is yes on line 301A, attach your company's RUS annual report and all required documentation	_____	<input type="checkbox"/> (Attach document listing required information)
(301H)	If the response is no on line 301A, is your company audited?	_____	<input type="checkbox"/> Yes/No
(301I)	If the response is yes on line 301H, please check these boxes to confirm your submission, on line 302E pursuant to § 54.313(f)(2), contains:	_____	
(301J)	Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers	_____	
(302C)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows	_____	
(302A)	Management letter issued by the independent certified public accountant that performed the company's financial audit.	_____	
(302B)	If the response is no on line 301H, please check these boxes to confirm your submission, on line 302E pursuant to § 54.313(f)(2), contains	_____	
(302D)	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,	_____	
(302F)	Underlying information subjected to a review by an independent certified public accountant	_____	
(302G)	Underlying information subjected to an officer certification.	_____	
(302E)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows	_____	
(302B)	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: ( ) - - - - -	Filing Due 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.

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.

(3110) Progress Report on 5 Year Plan Misstatements Certification (47 CFR § 54.313(f)(1)(i))	<input type="checkbox"/>	(Attach document listing required information)
(3111) Please check this box to confirm that the attached PDF, on line 3112, contains the required information pursuant to § 54.313(f)(1)(i), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	<input type="checkbox"/>	
(3112) Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))	<input type="checkbox"/>	(Attach document listing required information)
(3113) Is your company a Privately Held RDR Carrier (47 CFR § 54.313(f)(2))	<input type="checkbox"/>	(Yes/No)
(3114) 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 3117, contains the required information pursuant to § 54.313(f)(2) compliance requires:		
(3115) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)	<input type="checkbox"/>	
(3116) PDF of Balance Sheet, Income Statement and Statement of Cash Flows	<input type="checkbox"/>	
(3117) If the response is yes on line 3114, attach your company's RUS annual report	<input type="checkbox"/>	(Attach document listing required information)
(3118) If the response is no on line 3114, is your company audited?	<input type="checkbox"/>	(Yes/No)
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 comparable to RUS Operating Report for Telecommunications Borrowers	<input type="checkbox"/>	
(3120) PDF of Balance Sheet, Income Statement and Statement of Cash Flows	<input type="checkbox"/>	
(3121) Management letter issued by the independent certified public accountant that performed the company's financial audit.	<input type="checkbox"/>	
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		
(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,	<input type="checkbox"/>	
(3123) Underlying information subjected to a review by an independent certified public accountant	<input type="checkbox"/>	
(3124) Underlying information subjected to an officer certification.	<input type="checkbox"/>	
(3125) PDF of Balance Sheet, Income Statement and Statement of Cash Flows	<input type="checkbox"/>	
(3126) Attach the worksheet listing required information	<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: ( ) - - - - -	Filing Due 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.

# Draft Pending OMB Approval

(300a) 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  
<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>

<010> \_\_\_\_\_  
<015> \_\_\_\_\_  
<020> \_\_\_\_\_  
<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
<b>CURRENT ASSETS</b>			<b>CURRENT LIABILITIES</b>		
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			<b>LONG-TERM DEBT</b>		
7. Material-Nonregulated			36. Funded Debt-RUS Notes		
8. Prepayments			37. Funded Debt-RTB Notes		
9. Other Current Assets			38. Funded Debt-FFB Notes		
10. Total Current Assets (1 thru 9)			39. Funded Debt-Other		
			40. Funded Debt-Rural Develop. Loan		
<b>NONCURRENT ASSETS</b>			41. Premium (Discount) on L/T Debt		
11. Investment in Affiliated Companies			42. Reacquired Debt		
a. Rural Development			43. Obligations Under Capital Lease		
b. Nonrural Development			44. Adv. From Affiliated Companies		
12. Other Investments			45. Other Long-Term Debt		
a. Rural Development			46. Total Long-Term Debt (36 thru 45)		
b. Nonrural Development			<b>OTHER LIAB. &amp; DEF. CREDITS</b>		
13. Nonregulated Investments			47. Other Long-Term Liabilities		
14. Other Noncurrent Assets			48. Other Deferred Credits		
15. Deferred Charges			49. Other Jurisdictional Differences		
16. Jurisdictional Differences			50. Total Other Liabilities and Deferred Credits (47 thru 49)		
17. Total Noncurrent Assets (11 thru 16)			<b>EQUITY</b>		
			51. Cap. Stock Outstanding & Subscribed		
<b>PLANT, PROPERTY, AND EQUIPMENT</b>			52. Additional Paid-in-Capital		
18. Telecom, Plant-in-Service			53. Treasury Stock		
19. Property Held for Future Use			54. Membership and Cap. Certificates		
20. Plant Under Construction			55. Other Capital		
21. Plant Adj., Nonop. Plant & Goodwill			56. Patronage Capital Credits		
22. Less Accumulated Depreciation			57. Retained Earnings or Margins		
23. 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 Privately-Held Rate of Return Carriers  
Income Statements - Data Collection Form  
Page 2 of 3

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 - Email Address 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		
11. Amortization Expense		
12. Customer Operations Expense		
13. Corporate Operations Expense		
14. Total Operating Expenses (8 thru 13)		
15. Operating Income or Margins (7 less 14)		
16. Other Operating Income and Expenses		
17. State and Local Taxes		
18. Federal Income Taxes		
19. Other Taxes		
20. Total Operating Taxes (17-18+19)		
21. Net Operating Income or Margins (15+16-20)		
22. Interest on Funded Debt		
23. Interest Expense - Capital Leases		
24. Other Interest Expense		
25. Allowance for Funds Used During Construction		
26. Total Fixed Charges (22+23+24-25)		
27. Nonoperating Net Income		
28. Extraordinary Items		
29. Jurisdictional Differences		
30. Nonrequired Net Income		
31. Total Net Income or Margins (21+27+28+29+30-26)		
32. Total Taxes Based on Income		
33. Retained Earnings or Margins Beginning-of-Year		
34. Miscellaneous Credits Year-to-Date		
35. Dividends Declared (Common)		
36. Dividends Declared (Preferred)		
37. Other Debits Year-to-Date		
38. Transfers to Patronage Capital		
39. Retained Earnings or Margins end-of-Period [(31+33+34)-(35+36+37+38)]		
40. Patronage Capital Beginning-of-Year		
41. Transfers to Patronage Capital		
42. Patronage Capital Credits Retired		
43. Patronage Capital End-of-Year (40+41-42)		
44. Annual Debt Service Payments		
45. Cash Ratio [(34+20-10-11)/7]		
46. Operating Accrual Ratio [(34+20+26)/7]		
47. TIER [(31+26)/25]		
48. DSCR [(31+26+10+11)/44]		

3/5/2013

# Draft Pending OMB Approval

(3000c) 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)	
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>	
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	
<b>CASH FLOWS FROM FINANCING ACTIVITIES</b>	
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	
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>	
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>	
<038> 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			
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier, my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.			
Name of Authorized Agent _____			
Name of Reporting Carrier _____			
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 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.			

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 accurate.			
Name of Reporting Carrier _____			
Name of Authorized Agent or Employee of Agent _____			
Signature of Authorized Agent or Employee of Agent _____			Date _____
Printed name of Authorized Agent or Employee of Agent _____			
Title or position of Authorized Agent or Employee of Agent _____			
Telephone number of Authorized Agent or Employee of Agent: ( ) - - - - - ext. _____			
Study Area Code of Reporting Carrier		Filing Due 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 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.			

# TELECOMMUNICATIONS COMPANIES ANNUAL REPORT Due May 1, 2013

2  
0  
1  
2

Full name and address of Company

Correct name and address, if different than shown

## WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION for the YEAR ENDED DECEMBER 31, 2012.

**SECTION I**

INQUIRIES CONCERNING THIS ANNUAL REPORT SHOULD BE ADDRESSED TO:

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

**The company must notify the Commission, in writing, of any changes to the above information.**

**SECTION II**

TYPE OF PAYMENT - DO NOT SEND CASH IN THE MAIL  <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> AMEX <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover	<b>For Commission Use Only</b>  Credit Card Authorization #: _____																								
	Credit Card Number:	Expiration Date Month/Year																							
<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																									

CERTIFICATION FOR CREDIT CARD PAYMENT: I, the undersigned, under penalty for false statement, certify that the information is true, valid and correct, that I am authorized to execute on behalf of the applicant, and that I agree to pay the above total amount according to card issuer agreement.

Name (Printed) \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

*For Commission Use Only*

Reception Number: \_\_\_\_\_ Reference: \_\_\_\_\_ Payment ID: \_\_\_\_\_

001-111-02-68-170-01: \_\_\_\_\_ 001-111-02-68-170-11: \_\_\_\_\_ 001-111-02-68-032-20: \_\_\_\_\_

Total Paid \_\_\_\_\_

Washington Unified Business Identifier (UBI) No.: \_\_\_\_\_  
(If you do not know your UBI No. please contact Business Licensing Service at 1-800-451-7985 or [BLS@dor.wa.gov](mailto:BLS@dor.wa.gov))

### Annual Report Certification

I certify that I, \_\_\_\_\_, the responsible account officer for \_\_\_\_\_ have examined the foregoing report; that, to the best of my knowledge, information and belief, all statements of fact contained in said report are true and said report is a correct statement of the business and affairs of the above-named respondent in respect to each and every matter set forth therein during the period from January 1, 2012, to December 31, 2012, inclusive.

Name (Printed) \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Online Annual Report Certification

I acknowledge that the foregoing Annual Report has been submitted electronically; that, to the best of my knowledge, information and belief, all statements of fact contained in all attached schedules are true and said report is a correct statement of the business and affairs of the above-named respondent in respect to each and every matter set forth therein during the period from January 1, 2012, to December 31, 2012, inclusive. I agree that my name typed in lieu of my handwritten signature shall be sufficient to deem the report complete.

Authorized By:

Please Type Full Name Here

Authorized Date:

Please Type Full Date Here

**SECTION III**

**Competitively Classified Company Financial & Operational Data**

1. The following information is **REQUIRED** under WAC 480-120-382 and the annual report will not be complete without the required documents in the prescribed format.

- Income statement (Required) – **TOTAL COMPANY**
- Balance Sheet (Required) – **TOTAL COMPANY**
- Regulatory Fee Sheet (Required) – **TOTAL COMPANY**
- Annual Revenues for 2012 – (Required) – **TOTAL WASHINGTON OPERATIONS AND WASHINGTON INTRA STATE**

**Companies Not Classified as Competitive Financial & Operational Data**

2. The following information is **REQUIRED** under WAC 480-120-385 and the annual report will not be complete without the required documents in the prescribed format **OF TOTAL COMPANY, WASHINGTON OPERATIONS AND WASHINGTON INTRASTATE.**

- Income statement (Required)
- Balance Sheet (Required)
- Regulatory Fee Sheet (Required)

**Washington State Data**

(Applies to BOTH Competitively and Non-Competitively Classified Companies)

**3. Services**

a. Does your company provide local exchange services in WA? Yes  No

b. What other services does your company provide in WA? Please list.

---



---



---



---

**4. Lines in service as of December 31, 2012**

If you file Form 477 with the FCC for Washington operations, please indicate:

a. The total number of voice grade equivalent lines: \_\_\_\_\_  
(provide the same number as included in the **FCC Form 477 Part II. A. 1.**)  
(If your company does not file Form 477 you still must report voice grade equivalent lines.)

b. How many of the lines listed in 3.a. above, have access to E-911: \_\_\_\_\_