

**(900) Tribal Lands Reporting
Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010> Study Area Code 522451
 <015> Study Area Name WESTERN WAHIAKUM
 <020> Program Year 2016
 <030> Contact Name - Person USAC should contact regarding this data Carol Larson
 <035> Contact Telephone Number - Number of person identified in data line <030> 3604652216 ext.
 <039> Contact Email Address - Email Address of person identified in data line <030> c.larson@west.net

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 document(s), 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 or No or Not Applicable

**(1100) No Terrestrial Backhaul Reporting
Data Collection Form**

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<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Carol Larson
<035>	Contact Telephone Number - Number of person identified in data line <030>	3604652216 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	clarson@west.net

<1120> Please confirm whether terrestrial backhaul options exist within the supported area pursuant to § 54.313(g) (Yes, No).

<1130> Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(g).

**(1200) Terms and Condition for Lifeline Customers
Lifeline
Data Collection Form**

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<039>	Contact Email Address - Email Address of person identified in data line <030>	clarson@west.net

522451WA1210.pdf

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

<1220> Link to Public Website

HTTP

*Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

- <1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,
- <1222> Details on the number of minutes provided as part of the plan,
- <1223> Additional charges for toll calls, and rates for each such plan.

FCC Form 483
OMB Control No. 3060-0986/OMS Control No. 3060-0819
July 2013

(2600) Price Cap Carrier Additional Documentation
Data Collection Form
Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<010> Study Area Code 522451
 <015> Study Area Name WESTERN WASHINGTON
 <020> Program Year 2016
 <030> Contact Name - Person USAC should contact regarding this data CAROL LARSON
 <035> Contact Telephone Number - Number of person identified in data line <030> 3607652216 ext.
 <039> Contact Email Address - Email Address of person identified in data line <030> clarson@west.net

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

<2010> 2nd Year Certification {47 CFR § 54.313(b)(1)i}

<2011a> 3rd Year Certification {47 CFR § 54.313(b)(1)ii}

<2011b> Attachment {47 CFR § 54.313(b)(1)iii}

Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}

<2012> 2013 Frozen Support Calculation {47 CFR § 54.313(c)(1)}

<2013> 2014 Frozen Support Calculation {47 CFR § 54.313(c)(2)}

<2014> 2015 Frozen Support Calculation {47 CFR § 54.313(c)(3)}

<2015> 2016 and future Frozen Support Calculation {47 CFR § 54.313(c)(4)}

<2016> Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)} Certification Support Used to Build Broadband

<2017> Connect America Phase II Reporting {47 CFR § 54.313(e)} 3rd year Broadband Service Certification

<2018> 5th year Broadband Service Certification

<2019> Interim Progress Certification

<2020>

Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(iii), 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.

<2021> Interim Progress Community Anchor Institutions

Name of Attached Document(s) Listing Required Information

{3100} Rate Of Return Carrier Additional Documentation
Data Collection Form

FCC Form 481
 DMB Control No. 3050-0985/DMB Control No. 3060-0819
 July 2013

<010> Study Area Code 522451
 <015> Study Area Name WESTERN WAHIAKOM
 <020> Program Year 2016
 <030> Contact Name - Person USAC should contact regarding this data Carol Larson
 <035> Contact Telephone Number - Number of person identified in data line <030> 3604652216_ext.
 <039> Contact Email Address - Email Address of person identified in data line <030> clarson@west.net

CHECK THE boxes below to note 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.

(3010) Progress Report on 5 Year Plan Milestone Certification (47 CFR § 54.313(f)(1)(i))	Name of Attached Document Listing Required Information	<input type="checkbox"/>
(3011) Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313(f)(1)(ii), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	<div style="border: 1px solid black; padding: 5px;">522451wa3012.pdf</div> Name of Attached Document Listing Required Information (Yes/No) (Yes/No)	<input checked="" type="checkbox"/>
(3012) Community Anchor Institutions (47 CFR § 54.313(f)(1)(iii))	<div style="border: 1px solid black; padding: 5px;">522451wa3012.pdf</div> Name of Attached Document Listing Required Information (Yes/No) (Yes/No)	<input checked="" type="checkbox"/>
(3013) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))	<div style="border: 1px solid black; padding: 5px;">522451WA3017.pdf</div> Name of Attached Document Listing Required Information (Yes/No) (Yes/No)	<input checked="" type="checkbox"/>
(3014) If yes, does your company file the RUS annual report	<div style="border: 1px solid black; padding: 5px;">522451WA3017.pdf</div> Name of Attached Document Listing Required Information (Yes/No) (Yes/No)	<input checked="" type="checkbox"/>
Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:		
(3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)		<input checked="" type="checkbox"/>
(3016) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows		<input checked="" type="checkbox"/>
(3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation		<input type="checkbox"/>
(3018) If the response is no on line 3014, Is your company audited?		<input type="checkbox"/>
(3019) If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications		<input type="checkbox"/>
(3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3021) Management letter and audit opinion issued by the independent certified public accountant that performed the company's financial audit		<input type="checkbox"/>
(3022) If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains: 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"/>
(3023) Underlying information subjected to a review by an independent certified public accountant		<input type="checkbox"/>
(3024) Underlying information subjected to an officer certification.		<input type="checkbox"/>
(3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3026) Attach the worksheet listing required information		<input type="checkbox"/>

(3100) Rate Of Return Carrier Additional Documentation (Continued)
 Data Collection Form

FCC Form 481
 OMB Control No. 3060-1988/OMB Control No. 3060-0819
 July 2013

<010>	Study Area Code	522451
<015>	Study Area Name	WESTERN WAHCTAKUM
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Financial Data Summary	
(3027) Revenue	3360320
(3028) Operating Expenses	2336510
(3029) Net Income	518439
(3030) Telephone Plant In Service(TPIS)	20280919
(3031) Total Assets	10548412
(3032) Total Debt	4308761
(3033) Total Equity	4463042
(3034) Dividends	295000

Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier: WESTERN WAHKLAKUM	
Signature of Authorized Officer:	Date
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier: 522451	Filing Due Date for this form: 07/01/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<039>	Contact Email Address - Email Address of person identified in data line <030>	clarson@wwest.net

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 or LI 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:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	
Name of Authorized Agent or Employee of Agent:	
Signature of Authorized Agent or Employee of Agent:	Date:
Printed name of Authorized Agent or Employee of Agent:	
Title or position of Authorized Agent or Employee of Agent:	
Telephone number of Authorized Agent or Employee of Agent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the 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.	