

**FCC Form 481 - Carrier Annual Reporting  
Data Collection Form**FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2018

<010> Study Area Code	529011
<015> Study Area Name	HOOD CANAL TELEPHONE COMPANY
<020> Program Year	2021
<030> Contact Name: Person USAC should contact with questions about this data	Richard Buechel
<035> Contact Telephone Number: Number of the person identified in data line <030>	3608982481 ext.204
<039> Contact Email Address: Email of the person identified in data line <030>	rbuechel@hcc.net
Form Type	54.422

<b>(200) Service Outage Reporting (Voice)</b> <b>Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2018
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<010> Study Area Code 529011

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<015> Study Area Name HOOD CANAL TELEPHONE COMPANY

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<020> Program Year 2021

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<030> Contact Name - Person USAC should contact regarding this data Richard Buechel

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<035> Contact Telephone Number - Number of person identified in data line <030> 3608982481 ext.204

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

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<210> For the prior calendar year, were there any reportable voice service outages? \_\_\_\_\_

<220>	<a>	<b1>	<b2>	<b3>	<b4>	<c1>	<c2>	<d>	<e>	<f>	<g>	<h>
	<b>NORS Reference Number</b>	<b>Outage Start Date</b>	<b>Outage Start Time</b>	<b>Outage End Date</b>	<b>Outage End Time</b>	<b>Number of Customers Affected</b>	<b>Total Number of Customers</b>	<b>911 Facilities Affected (Yes / No)</b>	<b>Service Outage Description (Check all that apply)</b>	<b>Did This Outage Affect Multiple Study Areas (Yes / No)</b>	<b>Service Outage Resolution</b>	<b>Preventative Procedures</b>

(400) Number of Complaints per 1,000 customers  
Data Collection Form

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<035> Contact Telephone Number - Number of person identified in data line  
<030> 3608982481 ext.204

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

<400> Select from the drop-down list to indicate how you would like to report voice complaints (zero or greater) for voice telephony service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize.

<410> Complaints per 1000 customers for fixed voice

<420> Complaints per 1000 customers for mobile voice

**(500) Compliance With Service Quality Standards and Consumer Protection Rules  
Data Collection Form**FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
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<039>	Contact Email Address - Email Address of person identified in data line <030>	rbuechel@hcc.net
<515>	Certify compliance with applicable minimum service standards	

**(600) Functionality in Emergency Situations  
Data Collection Form**FCC Form 481  
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July 2018

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<039> Contact Email Address - Email Address of person identified in data line <030>	rbuechel@hcc.net
<600> Certify compliance regarding ability to function in emergency situations	
<610> Descriptive document for Functionality in Emergency Situations	





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

**FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
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<900> Does the filing entity offer tribal land services? (Y/N)

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

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)(5) 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



**(1000) Voice and Broadband Service Rate Comparability  
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2018

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<1000> Voice services rate comparability certification

<1010> Attach detailed description for voice services rate comparability compliance

\_\_\_\_\_  
Name of Attached Document

<1020> Broadband comparability certification

<1030> Attach detailed description for broadband comparability compliance

\_\_\_\_\_  
Name of Attached Document

<b>(1100) No Terrestrial Backhaul Reporting Data Collection Form</b>	<b>FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2018</b>
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<1100> Certify whether terrestrial backhaul options exist (Y/N)

<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).

<1140> Alaska Plan rate-of-return certification (yes, no, or not applicable) of compliance with approved performance plan.

<b>(1200) Terms and Condition for Lifeline Customers</b> <b>Lifeline</b> <b>Data Collection Form</b>	<b>FCC Form 481</b> <b>OMB Control No. 3060-0986/OMB Control No. 3060-0819</b> <b>July 2018</b>
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<1210> Terms & Conditions of Voice Telephony Lifeline Plans

529011wa1210.pdf

Name of Attached Document

<1220> Link to Public Website

HTTP <https://www.hcc.net/phone/>

“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.

**PUBLIC NOTICE**

Advertisement

**HOOD CANAL COMMUNICATIONS**

Hood Canal Communications has been the local telecommunications company serving the Union, Washington area since 1934. Since its inception, the company has been dedicated to developing and operating a modern, state-of-the-art communications network that provides high quality customer services and products at reasonable rates. The company has accomplished these objectives, notwithstanding the higher costs of serving rural areas in the State of Washington and when few, if any, other telephone companies were interested in serving our communities. It has served, and intends to continue to serve both residential and business customers in our service area with high quality telecommunications services at rates that are competitive and affordable. In addition to our basic telephone services, Hood Canal Communications offers advanced telecommunications services to its rural communities, including broadband services, special calling features and voice mail service. Such basic services are comprised of several components, which at a minimum include: Monthly Charge \* Services Offered Residence Business Single-party, voice grade access to the \$18.00\*\*/\*\* \$19.50\*\* public switched network, including an unlimited amount of local calling Charge \* Touch calling (dual tone multi-frequency There is no charge by Hood Canal signaling, or its functional equivalent) Communications for this capability. Access to operator services There is

**Affidavit of Publication**

STATE OF WASHINGTON }  
COUNTY OF MASON } SS.

**David Pierik**, being first duly sworn on oath deposes and says that he is the **Clerk** of the SHELTON-MASON COUNTY JOURNAL, a weekly newspaper. That said newspaper is a legal newspaper and it is now and has been for more than six months prior to the date of the publication hereinafter referred to, published in the English language continuously as a weekly newspaper in SHELTON, Mason County, Washington, and it is now and during all of said time was printed in an office maintained at the aforesaid place of publication of said newspaper. That the said SHELTON-MASON COUNTY JOURNAL was on the 9<sup>th</sup> day of August, 1941, approved as a legal newspaper by the Superior Court of said Mason County.

That the annexed is a true copy of a **Public Notice of ETC Advertisement Hood Canal Communications**

**2247**

as it was published in regular issues and not in supplement form of said newspaper once each week for a period of One week, commencing on the 17<sup>th</sup> day of October, 2019 and ending on the 17<sup>th</sup> day of October, 2019, all dates inclusive, and that such newspaper was regularly distributed to its subscribers during all of the said period. That the full amount of the fee charged for the foregoing publication is the sum of \$435.00

*David Pierik*  
\_\_\_\_\_  
(David Pierik, Clerk)

Subscribed and sworn to before me this 17<sup>th</sup> day of October, 2019

*Donna Kinnaird*  
\_\_\_\_\_  
(Donna Kinnaird, Notary Public)  
Notary Public in and for the State of Washington  
Residing at Shelton, Washington

My commission expires **March 14, 2020**

**DONNA KINNAIRD**  
NOTARY PUBLIC  
STATE OF WASHINGTON  
My Commission Expires Mar. 14, 2020

227 W. Cota Street, P.O. Box 430, Shelton, WA 98584  
Phone 360-426-4412, Fax 360-426-9399  
e-mail: [legals@masoncounty.com](mailto:legals@masoncounty.com)

Total

no additional charge by Hood Canal Communications to end user customers for the ability to call the operator. However, the call may involve a charge depending on the service requested and the rates of the company whose operator handled the call. Access to Emergency 911 service There is no additional charge by Hood Canal Communications to end user customers for the ability to access Emergency 911 service.\*\*\* Access to Directory Assistance There is no additional charge by Hood Canal Communications to end user customers for the ability to call Directory Assistance. However, the call may involve a Directory Assistance charge, the amount of which depends on the area called and the rates of the company whose operator provided the directory information. Access to interexchange (long There is no additional charge by Hood Canal distance) service provider(s) Communications to end user customers for the ability to place and receive toll calls through long distance networks of long distance carriers that offer service through the company's local network. However, toll calls may involve a charge from the long distance carrier depending on the type of call. Toll limitation service for qualifying There is no additional charge by Hood Canal low-income customers Communications to qualifying low-income customers for toll blocking service. Qualifying low-income customers are generally participating in the Lifeline program. \* The charges set forth are subject to change and in some instances are subject to change without notice. Certain non-recurring charges may also apply to installation or change of service.\*\* In addition to these charges, a Federally-mandated end user surcharge and other Federal, state and county taxes and surcharges apply. \*\*\* Discounts off of this rate are available to qualifying low-income customers. \*\*\*\* State and county taxes apply (currently \$0.95 per line, per month) to fund the provision of this capability. Hood Canal Communications participates in the Federal Lifeline and Link-Up Programs. Under these programs, Hood Canal Communications offers to qualifying low-income customers a discount off the monthly rate for basic residential exchange service or broadband service. Hood Canal Communications offers a monthly discount of \$9.25 off of the published rates for Lifeline residential telephone or broadband service. Currently the rate for Lifeline telephone service is \$8.75 per month and is subject to the standard subscriber line charge. These services are available to all qualifying customers of Hood Canal Communications. The charges associated with these services are reflected each month on the regular telephone bill along with other charges for services provided by the company. Other telecommunications services are available by contacting the Hood Canal Communications Business Office at (360) 898-2481 or 1-800-356-9989 if calling from outside the company's local calling area.

2247 October 17 1t

**Affidavit of Publication**

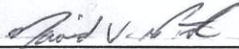
STATE OF WASHINGTON }  
COUNTY OF MASON } SS.

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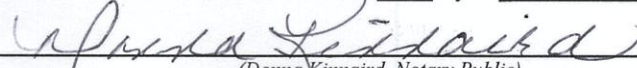
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\_\_\_\_\_  
(David Pierik, Clerk)

Subscribed and sworn to before me this 17<sup>th</sup> day of October, 2019

  
\_\_\_\_\_  
(Donna Kinnaird, Notary Public)  
Notary Public in and for the State of Washington  
Residing at Shelton, Washington

My commission expires **March 14, 2020**

HOOD CANAL TELEPHONE CO., INC.  
529011 - CLEC

Line 1222 Details on the number of minutes provided as part of the plan.

Hood Canal only provides its lifeline customers a flat rate local service. There is no measured local service provided, so the number of minutes provided is not necessary.

Line 1223 Additional charges for toll calls, and rates for each such plan.

Hood Canal does provide access to toll service providers to its lifeline customers. The lifeline customer has to choose its own toll service provider, so no additional charges are noted or required by the Hood Canal.

<b>(2005) Price Cap Carrier Additional Documentation</b> <b>Data Collection Form</b> <i>Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers</i>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2018
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<039>	Contact Email Address - Email Address of person identified in data line <030>	rbuechel@hcc.net

**Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of 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(c),(d),(e). The information reported on this form and in the documents attached below is accurate.**

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

**Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}**

<2016> Certification support used to build broadband

**Connect America Phase II Reporting {47 CFR § 54.313(e)}**

<2017A> Connect America Fund Phase II recipient?

<2017C> Total amount of Phase II support, if any, the price cap carrier used for capital expenditures in 2018.

<2018> Attach the number, names, and addresses of community anchor institutions to which the carrier newly began providing access to broadband service in the preceding calendar year - 54.313(e)(1)(ii)(A)

	Name of Attached Document Listing Required Information	
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<2019> Recipient certifies that it bid on category one telecommunications and Internet access services in response to all FCC Form 470 postings seeking broadband service that meets the connectivity targets for the schools and libraries universal service support program for eligible schools and libraries located within any area in a census block where the carrier is receiving Phase II model-based support, and that such bids were at rates reasonably comparable to rates charged to eligible schools and libraries in urban areas for comparable offerings - 54.313(e)(1)(ii)(C)

**(3005) Rate Of Return Carrier Additional Documentation  
Data Collection Form**

FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
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(3007) Does this filing retain a Cost Consultant and/or Firm, or other Third Party to prepare financial and operations data disclosures submitted to the National Exchange Carrier Association (NECA), USAC, or the Administrator?

(3007a)	(3007b)
Name of Consultant	Name of Consultant Firm/Third Party

CAF BLS Reporting

(3008A) Please indicate whether new locations were deployed during the prior calendar year. (Yes/No)

(3008B) Please enter the number of newly deployed locations in the prior calendar year associated with each of the following speed tiers.

(3008B1) Number of newly deployed locations with access to broadband speeds of at least 10/1 Mbps but less than 25/3 Mbps.

(3008B2) Number of newly deployed locations with access to broadband speeds of 25/3 Mbps or higher.

(3008C) Please provide the percentage of deployment across the entire study area.



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Select from the drop down menu or check the boxes below to note compliance with 54.313(f)(1). Privately held carriers must ensure 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.

(3009) Progress Report on 5 Year Plan  
Carrier certifies to 54.313(f)(1)(iii)

(3010A) Certification of Public Interest Obligations {47 CFR § 54.313(f)(1)(i)}

(3010B) Please Provide Attachment Name of Attached Document Listing Required Information

(3012A) Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}

(3012B) Please Provide Attachment Name of Attached Document Listing Required Information

(3013) Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)} (Yes/No)

(3014) If yes, does your company file the RUS annual report (Yes/No)

Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:

(3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)

(3016) Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows

(3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation Name of Attached Document Listing Required Information

(3018) If the response is no on line 3014, is your company audited? (Yes/No)

If the response is yes on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:

(3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers

(3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

(3021) Management letter and/or audit opinion issued by the independent certified public accountant that performed the company's financial audit. If the response is no on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:

(3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers

(3023) Underlying information subjected to a review by an independent certified public accountant

(3024) Underlying information subjected to an officer certification.

(3025) Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows

(3026) Attach the worksheet listing required information Name of Attached Document Listing Required Information

<b>(3005) Rate Of Return Carrier Additional Documentation (Continued)</b> Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2018
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**Financial Data Summary**

(3027) Revenue	
(3028) Operating Expenses	
(3029) Net Income	
(3030) Telephone Plant In Service(TPIS)	
(3031) Total Assets	
(3032) Total Debt	
(3033) Total Equity	
(3034) Dividends	

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**4005 Rural Broadband Experiment**

Authorized Rural Broadband Experiment (RBE) recipients must address the certification for public interest obligations and provide a list of newly served community anchor institutions.

**Public Interest Obligations – FCC 14-98 (paragraphs 26-29, 78)**

Please address Line 4001 regarding compliance with the Commission's public interest obligations. All RBE participants must provide a response to Line 4001.

**4001.** Recipient certifies that it is offering broadband meeting the requisite public interest obligations consistent with the category for which they were selected, including broadband speed, latency, usage capacity, and rates that are reasonably comparable to rates for comparable offerings in urban areas.

**Community Anchor Institutions – FCC 14-98 (paragraph 79)**

**4003a.** RBE participants must provide the number, names, and addresses of community anchor institutions to which they newly deployed broadband service in the preceding calendar year. On this line, please respond (yes – attach new community anchors, no – no new anchors) to indicate whether this list will be provided.

**If yes to 4003A, please provide a response for 4003B.**

**4003b.** Provide the number, names and addresses of community anchor institutions to which the recipient newly began providing access to broadband service in the preceding calendar year. Name of Attached Document Listing Required Information

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5005 Alaska Plan

(5011) Please indicate whether any terrestrial backhaul or other satellite backhaul became commercially available in the previous calendar year in areas previously served exclusively by performance-limiting satellite backhaul. (Yes/No)

(5012) If the filing carrier identified in its approved performance plans that it relies exclusively on satellite backhaul for a certain portion of the population in its service area, indicate whether any terrestrial backhaul or other satellite backhaul became commercially available in the previous calendar year in areas that were previously served exclusively by satellite backhaul. (Yes/No)

<b>&lt;5013&gt;</b>	<b>&lt;a&gt;</b>	<b>&lt;b&gt;</b>	<b>&lt;c&gt;</b>
	Description Of Backhaul Technology	Date Backhaul Available	Newly Served Locations or Population

**(6005) Phase II Auction Reporting****Data Collection**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

April 2020

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<6010> Total amount of Phase II auction support,  
if any, the phase II Auction recipient carrier used  
for capital expenditures in the previous calendar year

<6011> Phase II Auction recipient performance requirements certification (Yes/No)

**(7005) Phase-Down Support Reporting****Data Collection**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

April 2020

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<7010> Price Cap Carrier and Fixed Competitive Eligible Telecommunications Carrier Phase-Down support requirement certification (Yes/No)

<b>Certification - Reporting Carrier Data Collection Form</b>	<b>FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2018</b>
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<030> Contact Name - Person USAC should contact regarding this data	Richard Buechel
<035> Contact Telephone Number - Number of person identified in data line <030>	3608982481 ext.204
<039> Contact Email Address - Email Address of person identified in data line <030>	rbuechel@hcc.net

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

<b>Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients</b>	
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:	
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.	

<b>Certification - Agent / Carrier Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2018
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<010> Study Area Code	529011
<015> Study Area Name	HOOD CANAL TELEPHONE COMPANY
<020> Program Year	2021
<030> Contact Name - Person USAC should contact regarding this data	Richard Buechel
<035> Contact Telephone Number - Number of person identified in data line <030>	3608982481 ext.204
<039> Contact Email Address - Email Address of person identified in data line <030>	rbuechel@hcc.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) <u>Johnson, Stone &amp; Pagano</u> 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:	<u>Johnson, Stone &amp; Pagano</u>
Name of Reporting Carrier:	<u>HOOD CANAL TELEPHONE COMPANY</u>
Signature of Authorized Officer:	<u>CERTIFIED ONLINE</u> <span style="float: right;">Date: <u>06/17/2020</u></span>
Printed name of Authorized Officer:	<u>Richard Buechel</u>
Title or position of Authorized Officer:	<u>President</u>
Telephone number of Authorized Officer:	<u>3608982481 ext.204</u>
Study Area Code of Reporting Carrier:	<u>529011</u> <span style="float: right;">Filing Due Date for this form: <u>07/01/2020</u></span>
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:	<u>HOOD CANAL TELEPHONE COMPANY</u>
Name of Authorized Agent Firm:	<u>Johnson, Stone &amp; Pagano</u>
Signature of Authorized Agent or Employee of Agent:	<u>CERTIFIED ONLINE</u> <span style="float: right;">Date: <u>06/17/2020</u></span>
Name of Authorized Agent Employee:	<u>Jenifer Wasnock</u>
Title or position of Authorized Agent or Employee of Agent	<u>Manager Consultant/Audit</u>
Telephone number of Authorized Agent or Employee of Agent:	<u>2535667070 ext.278</u>
Study Area Code of Reporting Carrier:	<u>529011</u> <span style="float: right;">Filing Due Date for this form: <u>07/01/2020</u></span>
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.	