

<010> Study Area Code _____

<015> Study Area Name _____

<020> Program Year _____

<030> Contact Name: Person USAC should contact with questions about this data _____

<035> Contact Telephone Number: Number of the person identified in data line <030> _____

<039> Contact Email: Email of the person identified in data line <030> _____

| ANNUAL REPORTING FOR ALL CARRIERS | 54.313 Completion Required | 54.422 Completion Required |
|-----------------------------------|----------------------------------|----------------------------------|
|-----------------------------------|----------------------------------|----------------------------------|

| | | | (check box when complete) | |
|--|--|--------------------------|---------------------------|--|
| <100> Service Quality Improvement Reporting | <i>(complete attached worksheet)</i> | | | |
| <200> Outage Reporting (voice) | <i>(complete attached worksheet)</i> | | | |
| <210> <input type="checkbox"/> <-- check box if no outages to report | | | | |
| <300> Unfulfilled Service Requests (voice) | | <input type="checkbox"/> | <input type="checkbox"/> | |
| <310> Detail on Attempts (voice) | <i>(attach descriptive document)</i> | | | |
| <320> Unfulfilled Service Requests (broadband) | | <input type="checkbox"/> | <input type="checkbox"/> | |
| <330> Detail on Attempts (broadband) | <i>(attach descriptive document)</i> | | | |
| <400> Number of Complaints per 1,000 customers (voice) | | | | |
| <410> Fixed | | <input type="checkbox"/> | <input type="checkbox"/> | |
| <420> Mobile | | <input type="checkbox"/> | <input type="checkbox"/> | |
| <430> Number of Complaints per 1,000 customers (broadband) | | | | |
| <440> Fixed | | <input type="checkbox"/> | <input type="checkbox"/> | |
| <450> Mobile | | <input type="checkbox"/> | <input type="checkbox"/> | |
| <500> Service Quality Standards & Consumer Protection Rules Compliance | <i>(check to indicate certification)</i> | | | |
| <510> | <i>(attach descriptive document)</i> | | | |
| <600> Functionality in Emergency Situations | <i>(check to indicate certification)</i> | | | |
| <610> | <i>(attach descriptive document)</i> | | | |
| <700> Company Price Offerings (voice) | <i>(complete attached worksheet)</i> | | <input type="checkbox"/> | |
| <710> Company Price Offerings (broadband) | <i>(complete attached worksheet)</i> | | <input type="checkbox"/> | |
| <800> Operating Companies and Affiliates | <i>(complete attached worksheet)</i> | | <input type="checkbox"/> | |
| <900> Tribal Land Offerings (Y/N)? | <i>(if yes, complete attached worksheet)</i> | | <input type="checkbox"/> | |
| <1000> Voice Services Rate Comparability | <i>(check to indicate certification)</i> | | <input type="checkbox"/> | |
| <1010> | <i>(attach descriptive document)</i> | | <input type="checkbox"/> | |
| <1100> Terrestrial Backhaul (Y/N)? | <i>(if not, check to indicate certification)</i> | | <input type="checkbox"/> | |
| <1110> | <i>(complete attached worksheet)</i> | | <input type="checkbox"/> | |
| <1200> Terms and Condition for Lifeline Customers | <i>(complete attached worksheet)</i> | | <input type="checkbox"/> | |

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

| | | | | |
|--------|--|--|--|--|
| <2000> | <i>(check to indicate certification)</i> | | | |
| <2005> | <i>(complete attached worksheet)</i> | | | |

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

| | | | | |
|--------|--|--|--|--|
| <3000> | <i>(check to indicate certification)</i> | | | |
| <3005> | <i>(complete attached worksheet)</i> | | | |

**(100) Service Quality Improvement Reporting
Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986
OMB Control No. 3060-0819
July 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 Email Address - Email Address of person identified in data line <030> | |
| <110> | Has your company received its ETC certification from the FCC? | (yes / no) |
| <111> | If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC? | (yes / no) |

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which receives only frozen support, your progress report is only required to address voice telephony service

Name of Attached Document (.pdf)

Please check these boxes below to confirm that the attached PDF, on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

- <113> 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.

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(200) Service Outage Reporting (Voice)

Data Collection Form

FCC Form 481
 OMB Control No. 3060-0986
 OMB Control No. 3060-0819
 July 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 Email Address - Email Address of person identified in data line <030> |

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

FCC Form 481
OMB Control No. 3060-0986
OMB Control No. 3060-0819
July 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 Email Address - Email Address of person identified in data line <030>

<701> Residential Local Service Charge Effective Date

| |
|------------|
| 01/01/yyyy |
|------------|

<702> Single State-wide Residential Local Service Charge

| <a1> | <a2> | <a3> | <b1> | <b2> | <b3> | <b4> | <b5> | <c> |
|-------|-----------------|------------|-----------|--------------------------------|------------------------------|-----------------------------|--|-------------------------------|
| State | Exchange (ILEC) | SAC (CETC) | Rate Type | Residential Local Service Rate | State Subscriber Line Charge | State Universal Service Fee | Mandatory Extended Area Service Charge | Total per line Rates and Fees |
| | | | | | | | | |
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|---|---------------------------|
| (710) Broadband Price Offerings Data Collection Form | FCC Form 481 |
| | OMB Control No. 3060-0986 |
| | OMB Control No. 3060-0819 |
| | July 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 Email Address - Email Address of person identified in data line <030> _____

| <711> | <a1> | <a2> | <b1> | <b2> | <c> | <d1> | <d2> | <d3> | <d4> |
|-------|-------|-----------------|------------------|----------------------|---------------------|---|---|----------------------|--|
| | State | Exchange (ILEC) | Residential Rate | State Regulated Fees | Total Rate and Fees | Broadband Service - Download Speed (Mbps) | Broadband Service - Upload Speed (Mbps) | Usage Allowance (GB) | Usage Allowance Action Taken When Limit Reached {select} |
| | | | | | | | | | |
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(800) Operating Companies and Affiliates

Data Collection Form

FCC Form 481
 OMB Control No. 3060-0986
 OMB Control No. 3060-0819
 July 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 Email Address - Email Address of person identified in data line <030>

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

| <813> | <a1> Affiliates | <a2> SAC | <a3> Doing Business As Company or Brand Designation |
|-------|--------------------|-------------|--|
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**(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 _____

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

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

<920> Tribal Government Engagement Obligation _____
Name of Attached Document (.pdf)

If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

| | Select (Yes,No, NA) |
|--|---------------------------|
| <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions; | |
| <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. | |

**(1110) No Terrestrial Backhaul Reporting
Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986
OMB Control No. 3060-0819
July 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 Email Address - Email Address of person identified in data line <030> |

<1120> Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G)

<1130> Please check this box 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 | FCC Form 481 OMB Control No. 3060-0986 OMB Control No. 3060-0819 July 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 Email Address - Email Address of person identified in data line <030> | |

| | |
|---|----------------------------------|
| <1210> Terms & Conditions of Voice Telephony Lifeline Plans | Name of attached document (.pdf) |
| <1220> Link to Public Website | HTTP |

Please check these boxes below to confirm that the attached PDF, 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, | <input type="checkbox"/> |
| <1222> | Details on the number of minutes provided as part of the plan, | <input type="checkbox"/> |
| <1223> | Additional charges for toll calls, and rates for each such plan. | <input type="checkbox"/> |

(2005) Price Cap Carrier Additional Documentation

Data Collection Form

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

FCC Form 481

OMB Control No. 3060-0986

OMB Control No. 3060-0819

July 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 Email Address - Email Address of person identified in data line <030> | _____ |

CHECK the boxes below 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)} | <input type="checkbox"/> |
| <2011> | 3rd Year Certification {47 CFR § 54.313(b)(2)} | <input type="checkbox"/> |

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

| | | |
|--------|--|--------------------------|
| <2012> | 2013 Frozen Support Certification | <input type="checkbox"/> |
| <2013> | 2014 Frozen Support Certification | <input type="checkbox"/> |
| <2014> | 2015 Frozen Support Certification | <input type="checkbox"/> |
| <2015> | 2016 and future Frozen Support Certification | <input type="checkbox"/> |

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

| | | |
|--------|---|--------------------------|
| <2016> | Certification Support Used to Build Broadband | <input type="checkbox"/> |
|--------|---|--------------------------|

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

| | | |
|--------|---|--------------------------|
| <2017> | 3rd year Broadband Service Certification | <input type="checkbox"/> |
| <2018> | 5th year Broadband Service Certification | <input type="checkbox"/> |
| <2019> | Interim Progress Certification | <input type="checkbox"/> |
| <2020> | Please check the box to confirm that the attached PDF , on line 2021, | <input type="checkbox"/> |

contains the required information pursuant to § 54.313 (e)(3)(ii), 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 Listing Required Information | _____ |
|--------|--|--|-------|

| | |
|---|---------------------------|
| (3005) Rate Of Return Carrier Additional Documentation | FCC Form 481 |
| Data Collection Form | OMB Control No. 3060-0986 |
| | OMB Control No. 3060-0819 |
| | July 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 Email Address - Email Address of person identified in data line <030> |

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.

Progress Report on 5 Year Plan

| | | |
|--|--|---|
| <p>(3010) Milestone Certification [47 CFR § 54.313(f)(1)(i)]</p> <p>(3011) Please check this box to confirm that the attached PDF , on line 3012,</p> <p style="margin-left: 20px;">contains the required information pursuant to § 54.313 (f)(1)(ii), any rate of return 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.</p> | <p>Name of Attached Document Listing Required Information</p> <p>_____</p> | <p><input type="checkbox"/></p> |
| <p>(3012) Community Anchor Institutions [47 CFR § 54.313(f)(1)(ii)]</p> <p>(3013) Is your company a Privately Held ROR Carrier [47 CFR § 54.313(f)(2)]</p> <p>(3014) If yes, does your company file the RUS annual report</p> <p style="margin-left: 20px;">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:</p> | <p>Name of Attached Document Listing Required Information</p> <p>_____</p> | <p><input type="checkbox"/> (Yes/No)</p> <p><input type="checkbox"/> (Yes/No)</p> |
| <p>(3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)</p> | | <p><input type="checkbox"/></p> |
| <p>(3016) PDF of Balance Sheet, Income Statement and Statement of Cash Flows</p> | | <p><input type="checkbox"/></p> |
| <p>(3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation</p> | <p>Name of Attached Document Listing Required Information</p> <p>_____</p> | <p><input type="checkbox"/> (Yes/No)</p> |
| <p>(3018) If the response is no on line 3014, Is your company audited?</p> <p style="margin-left: 20px;">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 :</p> | | <p><input type="checkbox"/></p> |
| <p>(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</p> | | <p><input type="checkbox"/></p> |
| <p>(3020) PDF of Balance Sheet, Income Statement and Statement of Cash Flows</p> | | <p><input type="checkbox"/></p> |
| <p>(3021) Management letter issued by the independent certified public accountant that performed the company's financial audit.</p> <p style="margin-left: 20px;">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:</p> | | <p><input type="checkbox"/></p> |
| <p>(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,</p> | | <p><input type="checkbox"/></p> |
| <p>(3023) Underlying information subjected to a review by an independent certified public accountant</p> | | <p><input type="checkbox"/></p> |
| <p>(3024) Underlying information subjected to an officer certification.</p> | | <p><input type="checkbox"/></p> |
| <p>(3025) PDF of Balance Sheet, Income Statement and Statement of Cash Flows</p> | | <p><input type="checkbox"/></p> |
| <p>(3026) Attach the worksheet listing required information</p> | <p>Name of Attached Document Listing Required Information</p> <p>_____</p> | |

| | |
|---|---------------------------|
| Certification - Reporting Carrier Data Collection Form | FCC Form 481 |
| | OMB Control No. 3060-0986 |
| | OMB Control No. 3060-0819 |
| | July 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 Email Address - Email Address of person identified in data line <030> |

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

| | | |
|--|--------------------------------|------------|
| <p>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.</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: | | |
| Study Area Code of Reporting Carrier: | Filing Due Date for this form: | 10/15/2013 |
| <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> | | |

| | |
|---|---------------------------|
| Certification - Agent / Carrier Data Collection Form | FCC Form 481 |
| | OMB Control No. 3060-0986 |
| | OMB Control No. 3060-0819 |
| | July 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 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 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: _____ | 10/15/2013 |
| <small>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.</small> | | |

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: _____ | 10/15/2013 |
| <small>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.</small> | | |

(3005a) Operating Report for Privately-Held Rate of Return Carriers

FCC Form 481

Balance Sheet - Data Collection Form

OMB Control No. 3060-0986

OMB Control No. 3060-0819

Page 1 of 3

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

| | | | |
|--|--------------------------|---|--------------------------|
| Filed as reviewed single company | <input type="checkbox"/> | Filed as audited single company | <input type="checkbox"/> |
| Filed as reviewed consolidated company | <input type="checkbox"/> | Filed as audited consolidated company | <input type="checkbox"/> |
| Filed as subsidiary of reviewed consolidated company | <input type="checkbox"/> | Filed as subsidiary of audited consolidated company | <input type="checkbox"/> |

CERTIFICATION

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

Signature

Date

PART A. BALANCE SHEET

| ASSETS | BALANCE PRIOR YEAR | BALANCE END OF PERIOD | LIABILITIES AND STOCKHOLDERS' EQUITY | BALANCE PRIOR YEAR | BALANCE END OF PERIOD |
|--|--------------------|-----------------------|---|--------------------|-----------------------|
| CURRENT ASSETS | | | CURRENT LIABILITIES | | |
| 1. Cash and Equivalents | | | 25. Accounts Payable | | |
| 2. Cash-RUS Construction Fund | | | 26. Notes Payable | | |
| 3. Affiliates: | | | 27. Advance Billings and Payments | | |
| a. Telecom, Accounts Receivable | | | 28. Customer Deposits | | |
| b. Other Accounts Receivable | | | 29. Current Mat. L/T Debt | | |
| c. Notes Receivable | | | 30. Current Mat. L/T Debt-Rur. Dev. | | |
| 4. Non-Affiliates: | | | 31. Current Mat.-Capital Leases | | |
| a. Telecom, Accounts Receivable | | | 32. Income Taxes Accrued | | |
| b. Other Accounts Receivable | | | 33. Other Taxes Accrued | | |
| c. Notes Receivable | | | 34. Other Current Liabilities | | |
| 5. Interest and Dividends Receivable | | | 35. Total Current Liabilities (25 thru 34) | | |
| 6. Material-Regulated | | | LONG-TERM DEBT | | |
| 7. Material-Nonregulated | | | 36. Funded Debt-RUS Notes | | |
| 8. Prepayments | | | 37. Funded Debt-RTB Notes | | |
| 9. Other Current Assets | | | 38. Funded Debt-FFB Notes | | |
| 10. Total Current Assets (1 Thru 9) | | | 39. Funded Debt-Other | | |
| | | | 40. Funded Debt-Rural Develop. Loan | | |
| NONCURRENT ASSETS | | | 41. Premium (Discount) on L/T Debt | | |
| 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 | | | OTHER LIAB. & DEF. CREDITS | | |
| 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) | | | EQUITY | | |
| | | | 51. Cap. Stock Outstanding & Subscribed | | |
| PLANT, PROPERTY, AND EQUIPMENT | | | 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) | | |
| 24. TOTAL ASSETS (10+17+23) | | | 59. TOTAL LIABILITIES AND EQUITY (35+46+50+58) | | |

| | |
|--|---|
| (3005b) Operating Report for Privately-Held Rate of Return Carriers Income Statement - Data Collection Form | FCC Form 481 OMB Control No. 3060-0986 OMB Control No. 3060-0819 July 2013 |
| Page 2 of 3 | |

<010> Study Area Code _____

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<039> Contact Email Address - Email Address of person identified in data line <030> _____

| 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. Nonregulated 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 [(14+20-10-11)/7] | | |
| 46. Operating Accrual Ratio [(14+20+26)/7] | | |
| 47. TIER [(31+26)/26] | | |
| 48. DSCR [(31+26+10+11)/44] | | |

| | |
|--|---|
| (3005c) 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 OMB Control No. 3060-0819 July 2013 |
|--|---|

<010>Study Area Code _____

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