

FILE

# BAILEY CAVALIERI LLC

ATTORNEYS AT LAW

One Columbus 10 West Broad Street, Suite 2100 Columbus, Ohio 43215-3422  
telephone 614.221.3155 facsimile 614.221.0479  
www.baileycavalieri.com

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PUCO

direct dial: 614.229.3278  
email: [William.Adams@BaileyCavalieri.com](mailto:William.Adams@BaileyCavalieri.com)

June 26, 2014

Barcy F. McNeal, Secretary  
Docketing Division  
Public Utilities Commission of Ohio  
180 East Broad Street, 11<sup>th</sup> Floor  
Columbus, OH 43215-3793

Re: **Case No. 14-1115-TP-COI**  
**FCC Form 481 Filing of Kalida Telephone Company, Inc.**

Dear Ms. McNeal:

Enclosed are four (4) copies of the **redacted** FCC Form 481-Carrier Annual Reporting that was filed with the Federal Communications Commission and the rate floor data collection form for filing on the public record in the above matter on behalf of Kalida Telephone Company. Please time stamp the extra copies and return them to our courier.

Also enclosed are the original and four (4) copies of the Motion for Protective Order of Kalida Telephone Company, Inc. for filing in this matter, along with four (4) **unredacted** copies of the confidential information to be filed under seal. Please time stamp the extra copies of the Motion for Protective Order and the confidential information being filed under seal, and return them to our courier.

Thank you for your attention to this matter. Please contact me if you have any questions.

Very truly yours,

BAILEY CAVALIERI LLC



William A. Adams

WAA/sg  
Enclosure

#789379v1  
11736.04814

document delivered in the regular course of business  
Technician SM Date Processed JUN 27 2014

**FCC Form 484 Carrier Annual Reporting  
Data Collection Form**

 FCC Form 484  
OMB Control No. 3060-9944/OMB Control No. 3040-0119  
(4/2017)

<010> Study Area Code	30625
<015> Study Area Name	KALIDA TEL CO
<020> Program Year	2015
<030> Contact Name: Person USAC should contact with questions about this data	Joyce Grote
<035> Contact Telephone Number: Number of the person identified in data line <030>	4195323218 ext.
<039> Contact Email Address: Email of the person identified in data line <030>	joyceg@kalidatel.com

ANNUAL REPORTING FOR ALL CARRIERS		54-313 Completion Required	54-322 Completion Required
		(check box when complete)	
<100> Service Quality Improvement Reporting	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<200> Outage Reporting (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210> <input checked="" type="checkbox"/> ← check box if no outages to report		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<300> Unfulfilled Service Requests (voice)	0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<310> Detail on Attempts (voice)	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> (attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<320> Unfulfilled Service Requests (broadband)	0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<330> Detail on Attempts (broadband)	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> (attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<400> Number of Complaints per 1,000 customers (voice)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<410> Fixed	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<420> Mobile	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<430> Number of Complaints per 1,000 customers (broadband)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<440> Fixed	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<450> Mobile	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<500> Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510> <div style="border: 1px solid black; padding: 2px;">3006250H510.pdf</div>	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600> Functionality in Emergency Situations	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610> <div style="border: 1px solid black; padding: 2px;">3006250H610.pdf</div>	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700> Company Price Offerings (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<710> Company Price Offerings (broadband)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<800> Operating Companies and Affiliates	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900> Tribal Land Offerings (Y/N)? <input type="radio"/> <input checked="" type="radio"/>	(if yes, complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1000> Voice Services Rate Comparability	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1010> <div style="border: 1px solid black; padding: 2px;">3006250H1010.pdf</div>	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1100> Terrestrial Backhaul (Y/N)? <input checked="" type="radio"/> <input type="radio"/>	(if not, check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1110>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1200> Terms and Condition for Lifeline Customers	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet</b>			
<i>Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers</i>			
<2000>	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<2005>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet</b>			
<3000>	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<3005>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

# (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	306425
<015>	Study Area Name	KALIDA TEL CO
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Joyce Grote
<035>	Contact Telephone Number - Number of person identified in data line <030>	4195325218 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	joycegrote@data1.com
<110>	Has your company received its ETC certification from the FCC?	<input checked="" type="radio"/> (yes / no) <input type="radio"/>
<111>	If your answer to line <110> is yes, do you have an existing "5 year plan" filed with the FCC?	<input type="radio"/> (yes / no) <input type="radio"/>

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.

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 only receives frozen support, your progress report is only required to address voice telephony service.

30642508112.pdf

Name of Attached Document

Please check these boxes below to confirm that the attached document(s), 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	<input type="checkbox"/>
<114>	Report how much universal service (USF) support was received	<input type="checkbox"/>
<115>	How (USF) was used to improve service quality	<input type="checkbox"/>
<116>	How (USF) was used to improve service coverage	<input type="checkbox"/>
<117>	How (USF) was used to improve service capacity	<input type="checkbox"/>
<118>	Provide an explanation of network improvement targets not met in the prior calendar year.	<input type="checkbox"/>

<010>	Study Area Code	300625
<015>	Study Area Name	KALINA TEL CO
<020>	Program Year	2015
<030>	Contract Name - Person USAC should contact regarding this data	Joyce Grote
<035>	Contact Telephone Number - Number of person identified in data line <030>	4195323218 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	joyce@kataldata1.com

[illegible]

(700) Prize Offerings including Voice Rate Data  
Data Collection Form

<010>	Study Area Code	306625
<015>	Study Area Name	KALIDA TEL CO
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Joyce Grobe
<035>	Contact Telephone Number - Number of person identified in data line <030>	4195323218 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	joyce@kalidatel.com

1/1/2014.

	Residential Local Service Charge Effective Date	Single State-wide Residential Local Service Charge
<701>		
<702>		

[illegible]

(710) Broadband Price Offsetting  
 Data Collection Form

2015 Form 481  
 OMB Control No. 3050-0066 OMB Control No. 3050-0019  
 01/2013

30625  
 Study Area Code  
 Study Area Name  
 Program Year  
 Contact Name - Person USAC should contact regarding this data  
 Contact Telephone Number - Number of person identified in data line <030>  
 Contact Email Address - Email Address of person identified in data line <030>

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)

<010>	Study Area Code	306525
<015>	Study Area Name	KALIDA TEL CO
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Joyce Grote
<035>	Contact Telephone Number - Number of person identified in data line <030>	4195323218 ext.
<038>	Contact Email Address - Email Address of person identified in data line <030>	joyceg@kalidata1.com
<810>	Reporting Carrier	Kalida Telephone Company
<811>	Holding Company	N/A
<812>	Operating Company	N/A

[illegible]

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

\_\_\_\_\_

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:

[illegible]

- <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.



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

Form 181  
 OMB Control No. 3050-0935 OMB Control No. 3050-0819  
 July 2013

<010> Study Area Code 302625  
 <015> Study Area Name KALIDA TEL CO  
 <020> Program Year 2015  
 <030> Contact Name - Person USAC should contact regarding this data Joyce Gota  
 <035> Contact Telephone Number - Number of person identified in data line <030> 419512218 ext.  
 <039> Contact Email Address - Email Address of person identified in data line <030> joyce@kalidate1.com

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

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) ☐

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

Form 487  
OMB Control No. 3060-0936/OMB Control No. 3060-0819  
July 2013

<010>	Study Area Code	300625
<015>	Study Area Name	KALIDA TEL CO
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Joyce Grote
<035>	Contact Telephone Number - Number of person identified in data line <030>	4195323218 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	joyce@kalidatel.com

300625011210.pdf

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

<1220> Link to Public Website

HTTP

Name of Attached Document

\*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. ☒

(2000) Price Cap Carrier Additional Documentation  
 Data Collection Form  
 Including Rate of Return, Carriers Affiliated with Price Cap, Local Change Carriers

FOI Permit #87  
 OMB Control No. 30-9-0586/OMB Control No. 30-9-0519  
 0177n3

<010> Study Area Code 30625  
 <015> Study Area Name VALIDA TEL CO  
 <020> Program Year 2015  
 <030> Contact Name - Person USAC should contact regarding this data Joyce Grote  
 <035> Contact Telephone Number - Number of person identified in data line <030> 4195323218 ext.  
 <039> Contact Email Address - Email Address of person identified in data line <030> joyceg@validatel.com

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 (CC) 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 document(s), on line 2021, 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.	<input type="checkbox"/>

<2021> Interim Progress Community Anchor Institutions

Name of Attached Document Listing Required Information

3000 Data Collection Form for Community Anchor Institutions  
Data Collection Form

3000 Data Collection Form for Community Anchor Institutions  
Data Collection Form

3000 Data Collection Form for Community Anchor Institutions  
Data Collection Form

3000 Data Collection Form for Community Anchor Institutions  
Data Collection Form

3000 Data Collection Form for Community Anchor Institutions  
Data Collection Form

3000 Data Collection Form for Community Anchor Institutions  
Data Collection Form

Check the boxes below to note compliance on the five year service quality plan (pursuant to 47 CFR § 54.313(f)(2)) and, for privately held entities, 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.

30100 Progress Report on 5 Year Plan  
Milestone Certification (47 CFR § 54.313(f)(1)(i))

Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313(f)(1)(i), 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.

30102 Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))

30103 Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))  
30104 If yes, does your company file the RUS annual report

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:

30105 Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)

30106 Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

30107 If the response is yes on line 3014, attach your company's RUS annual report and all required documentation

30108 If the response is no on line 3014, is your company audited?

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

30109 Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications

30110 Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

30111 Management letter 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:

30112 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.

30113 Underlying information subjected to a review by an independent certified public accountant

30114 Underlying information subjected to an officer certification.

30115 Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

30116 Attach the worksheet listing required information

300625083025 .pdf, 300625083021 .pdf

Name of Attached Document Listing Required Information

Name of Attached Document Listing Required Information

Name of Attached Document Listing Required Information

Name of Attached Document Listing Required Information

Certification Reporting Carrier Data Collection Form	OMB Form 491 OMB Control No. 3060-0566/OMB Control No. 3060-0819 10/2013
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<010> Study Area Code	300625
<015> Study Area Name	KALIDA TEL CO
<020> Program Year	2013
<030> Contact Name - Person USAC should contact regarding this data	Joyce Grote
<035> Contact Telephone Number - Number of person identified in data line <030>	4195323218 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	joyceg@kalidate1.com

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: KALIDA TEL CO	
Signature of Authorized Officer: CERTIFIED ONLINE	Date
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier: 300625	Filing Due Date for this form: 07/01/2014
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 of Agent/CARRIER Data Collection Form	OMB Control No. 3060-9988/OMB Control No. 3060-9819 01/2013
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<010> Study Area Code	300625
<015> Study Area Name	KALIDA TEL CO
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Joyce Groce
<035> Contact Telephone Number - Number of person identified in data line <030>	4195323219 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	joyce@kalidatel.com

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.	

## Attachments







Five Year Plan Redacted in its Entirety

**KALIDA TELEPHONE COMPANY, INC.**  
**STATEMENT OF CPNI PROCEDURES**

Kalida Telephone Company, Inc. has created a CPNI Policy Handbook containing the following procedures that it has adopted to ensure the protection of CPNI. The handbook describes our procedures in greater detail and provides practical guidance on how to protect against unauthorized disclosure or use of CPNI. The handbook is distributed to our employees during training and serves as an important reference tool for our employees.

**Duty to Protect CPNI**

We as a communications company recognize our duty to protect customer CPNI. We may not disclose CPNI to unauthorized persons, nor may we use CPNI in certain ways without consent from our customers. Before we can provide customers with their own CPNI, we must authenticate the customer.

We recognize that there are a few cases in which we can disclose CPNI without first obtaining customer approval:

1. **Administrative use:** We may use CPNI to *initiate, render, bill and collect* for communications services.
2. **Protection of carrier and third parties:** We may use CPNI to protect the interests of our company, such as to prevent fraud or illegal use of our systems and network. Employees are notified of the steps to take, if any, in these sorts of situations.
3. **As required by law:** We may disclose CPNI if we are required to by law, such as through legal process (subpoenas) or in response to requests by law enforcement. Employees are notified of any steps they must take in these situations.

**Our Own Use Of CPNI**

We may use CPNI to provide or market services to our existing customers. We understand that we are required to obtain customer approval prior to using CPNI in certain ways.

**Marketing**

We understand that we do not need to obtain customer approval before using CPNI to market services to our existing customers within the categories of service to which the customer already subscribes.

We understand that we may not use CPNI to market services that are in a service category to which the customer does not already subscribe without customer approval.

We understand that we cannot use CPNI to solicit a customer to add a new category of service without first obtaining the customer's approval.

We also understand that we do not need customer consent before using CPNI to market "adjunct-to-basic" services such as speed dialing, computer-provided directory assistance, call monitoring, call

300 625 04510.

tracing, call blocking, call return, repeat dialing, call tracking, call waiting, caller ID, call forwarding, and certain centrex features.

We understand that we may not use CPNI to identify or track customers that call competing service providers.

We regularly review our marketing practices to determine when and how CPNI is used within the company, and whether CPNI is being shared with other entities. We also review new marketing or sales campaigns to ensure compliance with these CPNI policies and with the FCC's CPNI regulations. We do not share CPNI with any affiliates or other third parties.

#### Provision of Services

We understand that we do not need customer approval to use CPNI to provide CPE and call answering, voice mail or messaging, voice storage and retrieval services, fax store and forward, and protocol conversion.

#### Authenticating Customers Before Disclosing CPNI

We understand that we are required to objectively determine that our customers are who they say they are before disclosing CPNI to them.

##### Telephone

We understand that when a customer calls, we may not release *call detail information*, or information relating to the transmission of specific telephone calls until we have called the customer back at the telephone number of record to ensure that the customer is who s/he says s/he is. Alternatively, we may offer to send the call detail information to the address of record or provide it to the customer or an authorized individual in person after s/he has produced valid photo identification at our office.

We understand that we may disclose *non-call detail information* over the telephone after authenticating the customer by calling back the telephone number of record, checking valid photo identification, or by mailing the information to the account address of record.

##### In-Person Authentication

We understand that before we can disclose CPNI to customers in person, the customer must present *valid government-issued photo identification*. The name on the photo identification must match the name on the account. If the customer cannot present the required identification, we offer to provide the requested CPNI by sending it to the account address of record.

Before providing the CPNI to the customer, we make a copy of the photo identification. This copy is then placed in the customer's file, together with a copy of the CPNI provided to the customer. These records are then kept in the customer file in accordance with our record-keeping policies.

### Mail

If the customer requests CPNI through regular mail, or if the customer cannot comply with one of the authentication methods above, we send the requested information to the customer's address of record only.

### Customer Notification of CPNI Rights

We provide a CPNI privacy policy to all customers annually, as a bill insert in the December bill. This policy provides notification to each customer of his/her right to restrict use of, disclosure of, and access to that customer's CPNI. We maintain a list of all customers who receive the privacy policy, the date on which the policy is sent, and a copy of the policy in our records for one (1) year following the mailing of the policy. We provide additional copies of the CPNI privacy policy to all customers who request it and to all new customers upon activation of service.

The policy contains an opt-out customer approval notice. Customers who do not wish to allow us to use their CPNI to market services outside their existing service categories, or who do not wish to allow us to share their CPNI with affiliates, have 30 days to contact us to tell us that they do not approve of this use. If we do not hear back from the customer within 30 days, we understand that we are free to use their CPNI for these purposes. We understand that customers can change their option at any time by contacting us, and we notify our customers of this right.

We maintain records of the customers who received the opt-out approval notice and records of the customers who contacted us to opt out in accordance with our record-keeping policies.

We understand that we must provide written notice to the FCC within five (5) business days if our opt-out mechanisms do not work properly to the degree that our customers' inability to opt out is more than an anomaly.

### Training And Discipline

We trained all of our employees regarding the company's CPNI policies prior to the effective date of the most recent CPNI regulations, December 8, 2007. Employees are required to attend an annual retraining to ensure that they understand the company's CPNI policies and any updates to those policies. New employees who will have access to CPNI are trained when they join the company, and then attend the regularly-scheduled retraining sessions. At the conclusion of each training session, employees are asked to sign certificates stating that they understand the company's CPNI policies and that they will comply with those policies.

Employees who fail to observe Kalida Telephone Company, Inc.'s CPNI procedures will be subject to the disciplinary procedures contained in the Phone Company Disciplinary Policy. Disciplinary records are maintained in the company files in accordance with our record-keeping policies.

### Record-Keeping

We maintain the following records in our files for one (1) year:

- a. Records relating to the annual mailing of the customer CPNI privacy policy;
- b. Records of customer approval or disapproval of CPNI use, or the limitation or revocation thereof; and
- c. Employee disciplinary records.

We maintain records of discovered CPNI breaches, notifications to law enforcement regarding breaches, and any responses from law enforcement regarding those breaches, in our files for at least two (2) years.

### Notification Of Account Changes

We understand that we are required to notify customers when changes have been made to passwords, customer responses to back-up means of authentication, or addresses of record by mailing a notification to the account address of record.

We do not reveal the changed account data in the notification.

### Unauthorized Disclosure Of CPNI

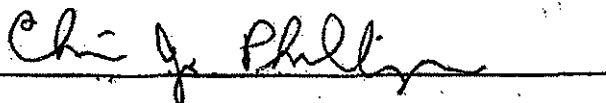
We understand that we must report CPNI breaches to law enforcement no later than seven (7) business days after determining the breach has occurred, by sending electronic notification through the link at <http://www.fcc.gov/eb/CPNI/> to the central reporting facility, which will then notify the United States Secret Service (USSS) and the Federal Bureau of Investigation (FBI).

We understand that we may not notify customers or the public of the breach earlier than seven (7) days after we have notified law enforcement through the central reporting facility. If we wish to notify customers or the public immediately, where we feel that there is "an extraordinarily urgent need to notify" to avoid "immediate and irreparable harm," we inform law enforcement of our desire to notify and comply with law enforcement's directions.

Records relating to such notifications are kept in accordance with our record-keeping policies. These records include: (i) the date we discovered the breach, (ii) the date we notified law enforcement, (iii) a detailed description of the CPNI breached, and (iv) the circumstances of the breach.

During the course of the year, we compile information regarding pretexter attempts to gain improper access to CPNI, including any breaches or attempted breaches. We include this information in our annual CPNI compliance certification filed with the FCC.

Signed



## PUCO Emergency Plan

4901:1-6-31

Emergency and Outage Operations

Effective: 1/20/2011

- (A) Each facilities-based local exchange carrier (LEC) shall design, operate, and maintain its facilities to continue to provide customers with the ability to originate and receive calls at all times. The commission will utilize existing FCC rules applicable to emergency and outage operations. Companies shall submit outage reports utilizing, at the company's discretion, either existing FCC reports or a format determined by the commission.
- (B) Each facilities-based LEC shall submit, within two hours of discovery, to the commission's outage coordinator and when appropriate, the news media in the affected area, a notification that it has experienced an outage, whenever that outage occurs on any facility that it owns, operates, leases or otherwise utilizes and is both:
- (1) Expected to last for a period in excess of thirty minutes.
  - (2) Potentially affects at least nine hundred thousand user minutes in the incumbent local calling area.
- (C) Each facilities-based LEC shall report, by telephone or electronic means, a disruption of 9-1-1 services, which impairs 9-1-1 service within a given county 9-1-1 system, immediately to each county 9-1-1 public safety answering point, to the Ohio 9-1-1 coordinator, and to the news media in the affected area, when appropriate.
- (D) Each facilities-based LEC experiencing a loss of communications or selective routing to a public safety answering point, as a result of an outage described under paragraphs (B) and (C) of this rule, shall also notify, as soon as possible, by telephone or electronic means, any official who has been designated by the management of the affected 9-1-1 facility as the LEC's contact person for communication outages at that facility; and the LEC shall convey to that person all available information that may be useful to the management of the affected facility in mitigating the effects of the outage on efforts to communicate with that facility.
- (E) Each facilities-based LEC experiencing an outage described under paragraphs (B) and (C) of this rule, shall electronically submit to the commission's outage coordinator the same information as that provided to the FCC or the following information:
- (1) A notification that it has experienced a outage, which shall include the name of the reporting entity, the date and time of the onset of the outage, a brief description of the problem, the particular service affected, the geographic area affected by the outage, the number of customers affected, an estimate of when the service, including 9-1-1, will be restored, and a contact name and telephone number by which the commission's outage coordinator may contact the reporting entity.
  - (2) Not later than seventy-two hours after discovering the outage, an initial communications outage report, which shall include all pertinent information then available on the outage and shall be submitted in good faith.
  - (3) Not later than thirty days after discovering the outage, the provider shall submit electronically a final communications outage report, which shall include all pertinent information on the outage, including any information that was not contained in, or that has changed from that provided in, the initial report.

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(F) Each facilities-based LEC shall develop, implement, and maintain an emergency plan and make it available for review by commission staff. The plan shall include, but not be limited to, all of the following:

- (1) Procedures for maintaining and annually updating a list of those customers who have subscribed to the federal telecommunications service priority program, as identified in 47 C.F.R. 64, appendix A.
- (2) Procedures for priority treatment in restoring out-of-service trouble of an emergency nature for customers with a documented medical or life-threatening condition.
- (3) In addition to the telecommunications service priority program, each LEC shall develop policies and procedures regarding those customers who require priority treatment for out-of-service clearance. Such procedures shall include a table of restoration priority, including, but not limited to, subscribers such as police and fire stations, hospitals, key medical personnel, and other utilities.
- (4) Procedures for restoring service to priority critical facilities customers.
- (5) Identification and annual updates of all of the facilities-based LEC's critical facilities and reasonable measures to protect its personnel and facilities.
- (6) Assessments and evaluations of telecommunications facilities available to provide back-up service capabilities.
- (7) Procedures for after-action assessments and reporting following activation of any part of the emergency plan. An after-action report will be written and will include lessons learned, deficiencies in the response to the emergency, and deficiencies in the emergency plan.
- (8) A current list of the names and telephone numbers of the facilities-based LECs' emergency service personnel to contact and coordinate with in the event of any real or anticipated local or national threats to its ability to provide telecommunications service.
- (9) A current list of the names and telephone numbers of the facilities-based LEC's emergency service personnel that is made available to the commission's emergency coordinator, upon request.
- (10) A continuity of operations plan to assure continuance of minimum essential functions during a large scale event in which staffing is reduced. Such plans shall provide for:
  - (a) Plan activation triggers such as the world health organization's pandemic phase alert levels, widespread transmission within the United States, or a case at one or more locations within Ohio.
  - (b) Identification of a pandemic coordinator and team with defined roles and responsibilities for preparedness and response planning.
  - (c) Identification of minimal essential functions, minimal staffing required to maintain such essential functions, and personnel resource pools required to ensure continuance of those functions in progressive stages associated with a declining workforce.
  - (d) Identification of essential employees and critical inputs (e.g., raw materials, equipment, suppliers, subcontractor services/products, and logistics) required to maintain business operations by location and function.
  - (e) Policies and procedures to address personal protection initiatives.



(f) Policies and procedures to maintain lines of communication with the public utilities commission of Ohio during a declared emergency.

(G) Each facilities-based LEC shall amend its emergency plan in accordance with the findings identified in the after-action assessment report required under paragraph (F)(7) of this rule.

R.C. 119.032 Review Dates:	11/30/2015
Promulgated Under:	111.15
Statutory Authority:	4927.03
Rule Amplifies:	4927.04
Prior Effective Dates:	None

# KALIDA TELEPHONE COMPANY, INC.

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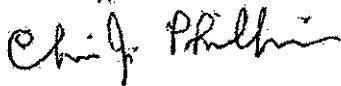
121 E. Main Street ♦ Box 267 ♦ Kalida, Ohio 45853  
Phone 419-532-3218 ♦ Fax 419-532-3300 ♦ Email [kto@kalidatel.com](mailto:kto@kalidatel.com)

June 16, 2014

Dear USAC:

Kalida Telephone Company, Inc. certifies that its voice service rates are less than two standard deviations above the national average urban rate. The current voice service rate is \$7.11, which is below the national average urban rate of \$20.46 as published by the Wireline Competition Bureau. As such, it is well below two standard deviations above the national urban rate.

Sincerely,



Chris Phillips  
General Manager

300625 OH 1010

# KALIDA TELEPHONE COMPANY, INC.

121 E. Main Street ♦ Box 267 ♦ Kalida, Ohio 45853  
Phone 419-532-3218 ♦ Fax 419-532-3300 ♦ Email [kto@kalidatel.com](mailto:kto@kalidatel.com)

FOR IMMEDIATE RELEASE:  
February 19, 2014

FOR MORE INFORMATION CONTACT:  
Stacey Birkemeier 419-532-3218  
[stacey@kalidatel.com](mailto:stacey@kalidatel.com)

Please publish the info below in the Putnam County Sentinel.

## Save On Your Telephone Bill

Qualified customers can save on their phone bill with their local telephone company. Your local phone company offers savings to qualified customers through the Lifeline Telephone Assistance Program in the following ways: a \$9.25 monthly discount for regulated local services; a waiver of phone line establishment charges once in a 12 month period; free blocking of toll, 900 and 976 services; a waiver of the Company's service deposit requirements and a waiver of the federal universal fund end user charge.

Payment arrangements will also be made for these qualified customers with past due bills for regulated service with the Company. Qualifying customers with past due toll service charges shall have toll restricted service until the past due toll services have been paid.

Qualified customers must have either a household annual gross income at or below 150% of the federal poverty level; or, be enrolled in one of the following programs: Medicaid or any state program which might supplant Medicaid; Supplemental Nutritional Assistance (SNAP/Food Stamps); Supplemental Security Income (SSI); Social Security Disability Insurance (SSDI); Federal Public Housing or Section 8; Home Energy Assistance Program (HEAP, LIHEAP, E-HEAP); National School Free Lunch Program (NSL); Disability Assistance (DA); Temporary Assistance for Needy Families (TANF/Ohio Works and General Assistance, including disability assistance (DA).

Federal Rules prohibit qualified customers from receiving more than one Lifeline service per household. Lifeline benefits may be applied to only one type of service - landline or wireless. Benefits would be lost if customer is found to have more than one per household. Eligibility must be reconfirmed every year and if at any point a customer no longer qualifies, the Company must be notified immediately.

For all the savings and program details call your local telephone company.

Glandorf - 419-538-6987

Kalida - 419-532-3218

Vaughnsville - 419-646-3431

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# KALIDA TELEPHONE COMPANY, INC.

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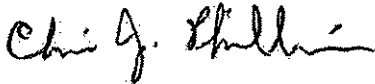
121 E. Main Street ♦ Box 267 ♦ Kalida, Ohio 45853  
Phone 419-532-3218 ♦ Fax 419-532-3300 ♦ Email ktc@kalidatel.com

June 16, 2014

Dear USAC:

I hereby attest that the enclosed financial statements for Kalida Telephone Company Inc., SAC number 3600625 and telephone number 419-532-3218 are true and accurate to the best of my knowledge.

Sincerely,



Chris Phillips  
General Manager

36006250H3021

Financial Information Redacted in its Entirety



## Local Rate Floor Data Collection

Logged In User: Joyce Grote

Study Area: KALIDA TEL CO (ID: 300625)

[Study Area List](#)

## Study Area - Exchange Level Data for Local Rate Floor

[Data Entry](#) [History](#)[Instructions](#)[Agent HC RF Cert Form](#)[Carrier HC RF Cert Form \(No Rates Less Than](#)[\\$20.46\)](#)[Carrier HC RF Cert Form \(With Rates Less Than](#)[\\$20.46\)](#)[Print Submitted Data in PDF format](#)[Print Submitted Data in Excel format](#)

Data Collection Period: 201406 ▼

Name:     
[First Middle Last]  
Phone:  [999-999-9999]  
Email:

Enter all exchange/rate zone level rates and their corresponding lines below, where the sum of columns C-F is less than \$20.46.  
This data will be used to calculate the impact of the local rate floor on your company's High Cost Support.

(A) Exchange Name/Zone Name	(B) Class Of Service	(C) Residential Local Service Charge	(D) State Subscriber Line Charge	(E) State Universal Service Fee	(F) Mandatory Extended Area Service Charge	(G) Rate Total Subject to Floor (Sum of C-F)	(H) Residenti Lines
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

[To enter additional rows of data, click on the + button.]

If the data form is left blank, select one of the boxes below:

☐ Check here if your company receives or is projected to receive High Cost Loop Support or High Cost Model Support in 2014, but has no monthly residential rates (plus charges listed above) less than \$20.46 (*certification required*)

☒ Check here if your company is not projected to receive High Cost Loop Support or High Cost Model Support in 2014

☐ Check here if you plan to submit local rate floor data directly to USAC

[Study Area List](#)[Submit Response](#)

# RATE FLOOR DATA COLLECTION - OMB Control Number 3060-0986

## Block 1 - Contact Information

ROW #	DATA ELEMENT	FORMAT OF REQUESTED DATA	RESPONSE
1	Carrier Study Area Code	6 numeric digits	306625
2	Carrier Study Area Name	alpha characters	KALIDA TEL. CO., INC.
3	Service Provider Identification Number	9 numeric digits	143001686
4	Residential Local Service Charge Effective Date	mm/dd/yy	07/01/14
5	Contact Name	alpha characters	Grote, Joyce M
6	Contact Telephone Number (include area code)	9 numeric digits	419-532-3218
7	Sheet Number	numeric digit(s)	
8	Total Number of Sheets	numeric digit(s)	

## Block 2 - Residential Local Service Rates, Fees, and Line Counts

Column 1 Residential Local Service Charge	Column 2 State Subscriber Line Charge	Column 3 State Universal Service Fee	Column 4 Mandatory Extended Area Service Charge	Column 5 Loops
9				