

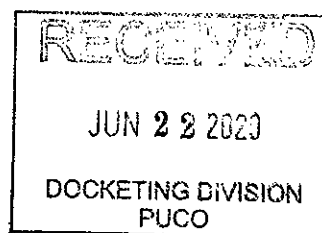
Confidential Release

Case number: 13-1115-TP-COI

Date of Confidential Document: 10/15/2013

Release Date: 6/18/20

Page Count: 23



Document Description: FCC Form 481 Annual Reporting

"Consent to Release to the PUCO DIS Website"

Name Jay S. Agranoff

Reviewing Attorney Examiner's Signature

Date Reviewed 6/22/20

This is to certify that the images appearing are an accurate and complete reproduction of a case file document delivered in the regular course of business.
Technician [Signature] Date Processed 6/23/20

CONFIDENTIAL

Confidential treatment has been requested for the following document:

Case: 13-1115-TP-COI

Page Count: 24

Date Filed: 10/15/2013

Filed by: Eileen M. Bodamer

Behalf of: New Knoxville Telephone Company

Summary of document: FCC FORM 481- Carrier Annual Reporting

PUCO

2013 OCT 15 AM 11:34

RECEIVED-SOCKETING DIV

FCC Form 481 - Carrier Annual Reporting Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0619 July 2013
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<010> Study Area Code	300639
<015> Study Area Name	THE NEW KNOXVILLE
<020> Program Year	2014
<030> Contact Name: Person USAC should contact with questions about this data	Eileen Bodamer
<035> Contact Telephone Number: Number of the person identified in data line <030>	770-649-1866
<039> Contact Email Address: Email of the person identified in data line <030>	EileenBodamer.com

ANNUAL REPORTING FOR ALL CARRIERS		54,313 Completion Required	54,422 Completion Required
<100> Service Quality Improvement Reporting	(complete attached worksheet)	(check box when complete)	
<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			
<300> Unfulfilled Service Requests (voice)	0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<310> Detail on Attempts (voice)	(attach descriptive document)		
<320> Unfulfilled Service Requests (broadband)			
<330> Detail on Attempts (broadband)	(attach descriptive document)		
<400> Number of Complaints per 1,000 customers (voice)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<410> Fixed	0.0		
<420> Mobile			
<430> Number of Complaints per 1,000 customers (broadband)			
<440> Fixed			
<450> Mobile			
<500> Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510> 3006390H510	(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> 3006390H610	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700> Company Price Offerings (voice)	(complete attached worksheet)		
<710> Company Price Offerings (broadband)	(complete attached worksheet)		
<800> Operating Companies and Affiliates	(complete attached worksheet)		
<900> Tribal Land Offerings (Y/N)?	(if yes, complete attached worksheet)		
<1000> Voice Services Rate Comparability	(check to indicate certification)		
<1010>	(attach descriptive document)		
<1100> Terrestrial Backhaul (Y/N)?	(if not, check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1110>	(complete attached worksheet)		
<1200> Terms and Condition for Lifeline Customers	(complete attached worksheet)		

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet
 Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>	(check to indicate certification)	<input checked="" type="checkbox"/>
<2005>	(complete attached worksheet)	<input checked="" type="checkbox"/>

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

<3000>	(check to indicate certification)	<input checked="" type="checkbox"/>
<3005>	(complete attached worksheet)	<input checked="" type="checkbox"/>

RECEIVED-DOCKETING DIV
 2013 OCT 15 AM 11:34
 FCC

(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	300639
<015> Study Area Name	THE NEW ROCKVILLE
<020> Program Year	2014
<030> Contact Name - Person USAC should contact regarding this data	Elleen Bodamer
<035> Contact Telephone Number - Number of person identified in data line <030>	770-549-1886
<039> Contact Email Address - Email Address of person identified in data line <030>	ElleenBodamer.com
<110> Has your company received its ETC certification from the FCC?	(yes / no) <input checked="" type="radio"/> <input type="radio"/>
<111> If your answer to line <110> is yes, do you have an existing "5 year plan" filed with the FCC?	(yes / no) <input type="radio"/> <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.

<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 only receives 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.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

- <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.

CONFIDENTIAL Financial Information filed under a request for confidential treatment pursuant to Ohio Adm. Code 4901-1-24

(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	306639	
<015>	Study Area Name	THE NEX KNOXVILLE	
<020>	Program Year	2014	
<030>	Contact Name - Person USAC should contact regarding this data	Eileen Bodarvet	
<035>	Contact Telephone Number - Number of person identified in data line <030>	770-649-1886	
<039>	Contact Email Address - Email Address of person identified in data line <030>	Eileen.bodarvet.com	

1/1/2013	
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	Residential Local Service Charge Effective Date	Single State-wide Residential Local Service Charge
<701>		
<702>		

[illegible]

CONFIDENTIAL Financial Information filed under a request for confidential treatment pursuant to Ohio Adm. Code 4901-1-24

FCC Form 481 OMB Control No. 3060-0986/DMB Control No. 3060-0819 July 2013					
(800) Operating Companies Data Collection Form					
<010>	Study Area Code	300639			
<015>	Study Area Name	THE NEW KNOXVILLE			
<020>	Program Year	2014			
<030>	Contact Name - Person USAC should contact regarding this data	Eileen Bodamer			
<035>	Contact Telephone Number - Number of person identified in data line <030>	770.649.1886			
<039>	Contact Email Address - Email Address of person identified in data line <030>	Eileen@bodamer.com			
<810>	Reporting Carrier	The New Knoxville Telephone Company			
<811>	Holding Company	The New Knoxville Telephone Company			
<812>	Operating Company	The New Knoxville Telephone Company			
<813>	Affiliates		SAC	Doing Business As Company or Brand Designation	
-- See attached worksheet --					

**(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	300639
<015>	Study Area Name	THE NEW KNOXVILLE
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Elleen Bodanez
<035>	Contact Telephone Number - Number of person identified in data line <030>	770-649-1886
<039>	Contact Email Address - Email Address of person identified in data line <030>	ElleenBodanez.com

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

<920> Tribal Government Engagement Obligation

If your company serves Tribal lands, please select (Yes, No, NA) for each of 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)	
NA	<921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions;
NA	<922> Feasibility and sustainability planning;
NA	<923> Marketing services in a culturally sensitive manner;
NA	<924> Compliance with Rights of way processes
NA	<925> Compliance with Land Use permitting requirements
NA	<926> Compliance with Facilities Siting rules
NA	<927> Compliance with Environmental Review processes
NA	<928> Compliance with Cultural Preservation review processes
NA	<929> Compliance with Tribal Business and Licensing requirements.

Name of Attached Document (.pdf)

**(1100) 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	300639
<015>	Study Area Name	THE NEW KNOXVILLE
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Eileen Bodamer
<035>	Contact Telephone Number - Number of person identified in data line <030>	770-649-1886
<039>	Contact Email Address - Email Address of person identified in data line <030>	Eileen@bodamer.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) ☐

(1200) Terms and Condition for Lifeline Customers		FCC Form 481	
Lifeline		OMB Control No. 3060-0986/OMB Control No. 3060-0819	
Data Collection Form		July 2013	

<010>	Study Area Code	30639
<015>	Study Area Name	THE NEW KNOXVILLE
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Eileen Bodamer
<035>	Contact Telephone Number - Number of person identified in data line <030>	770-649-1886
<039>	Contact Email Address - Email Address of person identified in data line <030>	Eileen2Bodamer.com

<1210>	Terms & Conditions of Voice Telephony Lifeline Plans	30639OH1210	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 checked="" type="checkbox"/>
<1222>	Details on the number of minutes provided as part of the plan,	<input checked="" type="checkbox"/>
<1223>	Additional charges for toll calls, and rates for each such plan.	<input checked="" type="checkbox"/>

(2000) 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 300639
 <015> Study Area Name THE NEW KNOXVILLE
 <020> Program Year 2014
 <030> Contact Name - Person USAC should contact regarding this data Eileen Bodamer
 <035> Contact Telephone Number - Number of person identified in data line <030> 770-449-1886
 <039> Contact Email Address - Email Address of person identified in data line <030> EileenBodamer.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)(1), (c), (d), (e) the information reported on this form and in the documents attached below is accurate.

	Incremental Connect America Phase I reporting	Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))	Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))	Connect America Phase II Reporting (47 CFR § 54.313(e))	
<2010>	2nd Year Certification (47 CFR § 54.313(b)(1))	2013 Frozen Support Certification	2013 Frozen Support Certification	3rd year Broadband Service Certification	<p>Please check the box to confirm that the attached PDF, on line 2021, contains the required information pursuant to § 54.313 (e)(3)(iii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.</p> <p>Interim Progress Community Anchor Institutions</p>
<2011>	3rd Year Certification (47 CFR § 54.313(b)(2))	2014 Frozen Support Certification	2014 Frozen Support Certification	5th year Broadband Service Certification	
<2012>		2015 Frozen Support Certification	2015 Frozen Support Certification	Interim Progress Certification	
<2013>		2016 and future Frozen Support Certification	2016 and future Frozen Support Certification		
<2014>					
<2015>					
<2016>					
<2017>					
<2018>					
<2019>					
<2020>					
<2021>					Name of Attached Document Listing Required Information

Data Collection Form		FCC Form 481 OMB Control No. 3060-0095/OMB Control No. 3060-0019 July 2013	
300639	Study Area Code	THE NEW KNOXVILLE	
300639	Study Area Name	2014	
300639	Program Year	2014	
300639	Contact Name	Elleen Bodamer	
300639	Contact Telephone Number - Number of person identified in data line 300639	770-649-1886	
300639	Contact Email Address - Email Address of person identified in data line 300639	Elleen3Bodamer@gmail.com	
<p>300639 CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.313(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). Further certify that the information reported on this form and in the documents attached below is accurate.</p>			
3010	Progress Report on 5 Year Plan	Name of Attached Document Listing Required Information	<input type="checkbox"/>
3010	Milestone Certification (47 CFR § 54.313(f)(1)(i))		
3011	Please check this box to confirm that the attached PDF, on line 3012, contains the required information pursuant to § 54.313(f)(1)(i), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.		
3012	Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))		
3013	If you are a privately held ROR Carrier (47 CFR § 54.313(f)(2))		
3014	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)		<input type="checkbox"/>
3016	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
3017	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation		<input type="checkbox"/>
3018	If the response is no on line 3014, is your company audited?		<input type="checkbox"/>
3019	If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:		<input type="checkbox"/>
3020	Either a copy of their audited financial statement, or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications		<input type="checkbox"/>
3021	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
3022	Management letter issued by the independent certified public accountant that performed the company's financial audit		<input type="checkbox"/>
3023	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:		<input type="checkbox"/>
3024	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		<input type="checkbox"/>
3025	Borrower's		<input type="checkbox"/>
3026	Underlying information subjected to a review by an independent certified public accountant		<input type="checkbox"/>
3027	Underlying information subjected to an officer certification		<input type="checkbox"/>
3028	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
3029	Attach the worksheet listing required information		<input type="checkbox"/>

Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	300639
<015> Study Area Name	THE NEW KNOXVILLE
<020> Program Year	2014
<030> Contact Name - Person USAC should contact regarding this data	Eileen Bodamer
<035> Contact Telephone Number - Number of person identified in data line <030>	770-649-1886
<039> Contact Email Address - Email Address of person identified in data line <030>	Eileen@Bodamer.com

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

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	
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.	

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	300639	
<015> Study Area Name	THE NEW KNOXVILLE	
<020> Program Year	2014	
<030> Contact Name - Person USAC should contact regarding this data	Eileen Bodamer	
<035> Contact Telephone Number - Number of person identified in data line <030>	770-649-1886	
<039> Contact Email Address - Email Address of person identified in data line <030>	EileenBodamer.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): Eileen Bodamer 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:	Eileen Bodamer
Name of Reporting Carrier:	THE NEW KNOXVILLE
Signature of Authorized Officer:	CERTIFIED ONLINE Date: 10/10/2013
Printed name of Authorized Officer:	Susan Quellhorst
Title or position of Authorized Officer:	Controller
Telephone number of Authorized Officer:	419-753-5000
Study Area Code of Reporting Carrier:	300639 Filing Due Date for this form: 10/15/2013
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:	THE NEW KNOXVILLE
Name of Authorized Agent or Employee of Agent:	Eileen Bodamer
Signature of Authorized Agent or Employee of Agent:	CERTIFIED ONLINE Date: 10/10/2013
Printed name of Authorized Agent or Employee of Agent:	Eileen Bodamer
Title or position of Authorized Agent or Employee of Agent:	Authorized Agent
Telephone number of Authorized Agent or Employee of Agent:	770-649-1886
Study Area Code of Reporting Carrier:	300639 Filing Due Date for this form: 10/15/2013
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

New Knoxville Telephone Company – Line 510

**New Knoxville Telephone Company
47 CFR§54.313(a)(5) Certification that it is complying with applicable service quality
standards and consumer protection rules**

In establishing this certification in its *2005 ETC Order*,¹ the FCC found that an ETC must make “a specific commitment to objective measures to protect consumers.” The Commission found that for wireless ETCs, compliance with CTIA’s Consumer Code for Wireless Service would satisfy this requirement” and that the sufficiency of other commitments would be considered on a case-by-case basis.² In this context, the FCC stated, “to the extent a wireline or wireless ETC applicant is subject to consumer protection obligations under state law, compliance with such laws may meet our requirement.”

New Knoxville Telephone Company (“Company”) hereby certifies that it is complying with applicable service quality standards and consumer protection rules. The Company is subject to consumer protection obligations the Public Utility Commission of Ohio Telephone Company Procedures and Standards (“PUCO”) Chapter 4901. These obligations include, but are not limited to, the following:

(1) filing a Local Exchange Tariff pursuant to the requirements of PUCO Chapters 4901:1-6-11, and 4901:1-6-11, which discloses rates, terms and conditions of service to customers;

¹ *Federal-State Joint Board on Universal Service*, CC Docket No. 96-45, Report and Order, FCC 05-46 (rel. Mar. 17, 2005) (“*2005 ETC Order*”).

² *Id.* The FCC noted that under the CTIA Consumer Code, wireless carriers agree to: “(1) disclose rates and terms of service to customers; (2) make available maps showing where service is generally available; (3) provide contract terms to customers and confirm changes in service; (4) allow a trial period for new service; (5) provide specific disclosures in advertising; (6) separately identify carrier charges from taxes on billing statements; (7) provide customers the right to terminate service for changes to contract terms; (8) provide ready access to customer service; (9) promptly respond to consumer inquiries and complaints received from government agencies; and (10) abide by policies for protection of consumer privacy.”

New Knoxville Telephone Company – Line 510

(2) compliance with notice for changes in rates and services pursuant to PUCO Chapters 4901:1-6-04 – Application and Notice Filings and PUCO 4901:1-6-07 – Customer Notice Requirements;

(3) adherence to Ohio state consumer protection requirements governing telephone providers which include Consumer protections as identified in PUCO Chapter 4901:1-6-12 – Service Requirements, PUCO 4901:1-6-16 – Unfair or Deceptive Acts and Practices, and Compliance with Anti-Slamming Procedures Slamming as adopted in PUCO 4901:1-6-18,;

(4) truth-in-billing requirements as required in PUCO 4901:1-6-17;

(4) CPNI, Red Flag Rules and other applicable federal and state requirements governing the protection of customers' privacy; and

(5) Records maintenance and service objectives reporting required under PUCO 4901:1-6-30.

The Company is staffed during normal business hours to respond in real time to consumer inquiries and provides 24-hour access to repair services either through real time response or through on-call paging response. All governmental inquiries are responded to within one business day depending on the nature and date and time of the inquiry.

New Knoxville Telephone Company – Line 610

**New Knoxville Telephone Company
Demonstration of Ability to Function in Emergency Situations
47, Part 54, Subpart C, §54.202(a)(2)**

New Knoxville Telephone Company ("Company") hereby certifies that it is able to function in emergency situations as set forth in the Code of Federal Regulations, Title 47, Part 54, Subpart C, §54.202(a)(2)¹ as well as the Public Utility Commission of Ohio Telephone Company Procedures and Standards Chapter 4901:1-6-31. The Company's network is designed to remain functional in emergency situations without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations.

To meet its requirements that it maintain functionality without external power, the Company has a generator for its single central office switch and keeps adequate fuel to insure continuous operations in a long term power outage. It also has eight-hour batteries that provide further back-up capability in its network. The Company's has deployed redundant / diverse routing for critical network resources and maintains an affiliate arrangement for redirection of traffic in the event of facility damage. This ability to change its call routing also allows the Company to manage traffic spikes throughout its network, as emergency situations require.

Additionally, the Company maintains a written disaster recovery plan to meet service emergencies resulting from failures of power service, sudden and prolonged increase in traffic, fire, storm, or acts of God, and has trained employees on emergency procedures.

¹ Demonstrate its ability to remain functional in emergency situations, including a demonstration that it has a reasonable amount of back-up power to ensure functionality without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations.

Compliance Policy for Lifeline
FCC: 47 C.F.R. §54.422(a)(2)
PUCO: New Knoxville Telephone Company General Exchange Tariff

This Compliance Policy sets forth Company policies for our offering of the State and Federally-prescribed Lifeline programs to low-income customers within our service area. This Manual is just one part of our on-going effort to ensure that eligible consumers throughout our service area are aware of and can apply for the benefits of these programs. Further, these policies and guidelines support the internal educational and training efforts that we undertake so that we can inform potential customers of these programs.

General Information

1. One low-income credit is available per Household and is applicable to the primary residential connection only.
2. Lifeline customer may subscribe to any local service offering available to other residence customers.
3. CCR options with Full Toll blocking, if elected, will be provided at no charge to the Lifeline subscriber.
4. The deposit requirement is not applicable to a Lifeline customer who subscribes to full toll blocking. If a Lifeline customer removes full toll blocking prior to establishing an acceptable credit history, a deposit may be required. When applicable, advance payments will not exceed the connection and local service charges for one month.
5. The federal primary inter-exchange carrier charge (PICC) will not be billed to Lifeline customers who subscribe to full toll blocking and do not pre-subscribe to a long distance carrier(s).
6. A Lifeline subscriber's local service will not be disconnected for nonpayment of regulated toll charges. Local service may be denied for non-payment of local and miscellaneous service in accordance with Section 2 of this Tariff. Access to toll service may be denied for nonpayment of regulated tolls. A Lifeline subscriber's request for reconnection of local service will not be denied if the service was previously denied for non-payment of toll charges.
7. *Lifeline is not available for resale.*

New Knoxville Telephone Company

Eligibility

To be eligible for a Lifeline credit, a customer must be a current recipient of any one of the following low-income assistance programs or have income at or below 150 percent of the Federal Poverty Guidelines (*Refer to Application for details*)

1. Supplemental Security Income (SSI)
2. Supplemental Nutrition Assistance Program
3. Medicaid
4. Federal public housing / Section 8
5. Low Income Home Energy Assistance Program (LIHEAP)
6. Temporary Assistance to Needy Families program (TANF)
7. National School Lunch's free program (NSL)

All applications for service are subject to verification with the state agency responsible for administration of the qualifying program.

1. Proof of eligibility in any of the qualifying low-income programs should be provided to the company at the time of application for service. The Lifeline credit will not be established until the Company has received proof of eligibility. If the customer requests installation prior to the company's receipt of proof of eligibility, the requested service will be provided without the Lifeline credit. When eligibility documentation is provided subsequent to installation, the Lifeline credit will be provided on a going forward basis.
2. Proof of eligibility shall be in the form of an affidavit, certifying under penalty of perjury, that the subscriber is receiving benefits under one of the qualifying programs. It is the customer's responsibility to notify the company when the customer is no longer participating in any of the qualifying programs.
3. The company reserves the right to periodically audit its records, working in conjunction with the appropriate state agencies, for the purpose of determining continuing eligibility. Information obtained during such audit will be treated as confidential information to the extent required under State and Federal law. The use or disclosure of information concerning enrollees will be limited to purposes directly connected with the administration of the Lifeline plan.
4. When a customer is determined to be ineligible as a result of an audit, the company will contact the customer. If the customer cannot provide eligibility documentation, the Lifeline credit will be discontinued.

New Knoxville Telephone Company

Credit for Lifeline Service

1. Lifeline is provided as a monthly credit on the eligible residential subscriber's access line bill for local service. Service charges may be applicable for installing or changing Lifeline service.
2. Service charges do not apply for converting existing service to Lifeline.
3. The Lifeline credit passed through to the customer consists of:

	<u>Federal</u>	<u>State</u>
Lifeline Credit	\$9.25	\$3.50

(3005a) Operating Report for Privately-Held Rate of Return Carriers		ICC Form 481	
Balance Sheet - Data Collection Form		OMB Control No. 3060-0986	
Page 1 of 3		July 2013	
<010> Study Area Code	<010> Study Area Name	<010> The New Knoxville Telephone Company	300633
<020> Program Year	<020> Contact Name - Person USAC should contact regarding this data	<020> Susan Quehner	2014
<030> Contact Telephone Number - Number of person identified in data line <030>	<030> Contact Telephone Email Address - Email Address of person identified in data line <030>	<030> 419-763-5012	
<039> Contact Telephone Email Address - Email Address of person identified in data line <039>	<039> Files as reviewed single company	<039> 5089801@nkc.net	
	<input checked="" type="checkbox"/> Filed as audited consolidated company		
	<input type="checkbox"/> Filed as subsidiary of audited consolidated company		
CERTIFICATION			
We hereby certify that the entries in this report are in accordance with the accounts and other records of the system and reflect the status of the system to the best of our knowledge and belief.			
/s/ Preston Meyer		10/10/2013	
Signature		Date	
PART A. BALANCE SHEET			
ASSETS		BALANCE PRIOR YEAR	BALANCE END OF PERIOD
CURRENT ASSETS			
1. Cash and Equivalents		349472	238439
2. Cash-RUS Construction Fund			
3. Affiliates:			
a. Telecom. Accounts Receivable			
b. Other Accounts Receivable			
c. Notes Receivable			
4. Non-Affiliates:			
a. Telecom. Accounts Receivable		8577	8850
b. Other Accounts Receivable		60811	64760
c. Notes Receivable			
5. Interest and Dividends Receivable			
6. Material-Regulated			
7. Material-Nonregulated		57049	60066
8. Prepayments		1527907	2199884
9. Other Current Assets		5895	15039
10. Total Current Assets (1 thru 9)		2013711	2596138
NONCURRENT ASSETS			
11. Investment in Affiliated Companies			
a. Rural Development			
b. Nonrural Development		2143769	1424571
12. Other Investments			
a. Rural Development			
b. Nonrural Development		18000	118000
13. Nonregulated Investments			
14. Other Noncurrent Assets			
15. Deferred Charges			
16. Jurisdictional Differences			
17. Total Noncurrent Assets (11 thru 16)		2161769	1542571
PLANT, PROPERTY, AND EQUIPMENT			
18. Telecom. Plant-in-Service		3986224	4047633
19. Property Held for Future Use			
20. Plant Under Construction			
21. Plant Adj. Nonop. Plant & Goodwill			
22. Less Accumulated Depreciation		2548904	2721421
23. Net Plant (18 thru 21 less 22)		1437320	1326212
24. TOTAL ASSETS (10+17+23)		5612800	5464921
LIABILITIES AND STOCKHOLDERS' EQUITY			
CURRENT LIABILITIES			
25. Accounts Payable		4226	1849
26. Notes Payable			
27. Advance Billings and Payments			
28. Customer Deposits			
29. Current Mat. LT Debt			
30. Current Mat. LT Debt-Rur. Dev.			
31. Current Mat. Capital Leases			
32. Income Taxes Accrued		8291	8900
33. Other Taxes Accrued		34188	24337
34. Other Current Liabilities			
35. Total Current Liabilities (25 thru 34)		46685	34886
LONG-TERM DEBT			
36. Funded Debt-RUS Notes			
37. Funded Debt-RTB Notes			
38. Funded Debt-FFB Notes			
39. Funded Debt-Other			
40. Funded Debt-Rural Develop. Loan			
41. Premium (Discount) on LT Debt			
42. Recaptured Debt			
43. Obligations Under Capital Lease			
44. Adv. From Affiliated Companies			
45. Other Long-Term Debt			
46. Total Long-Term Debt (36 thru 45)		0	0
OTHER LIAB. & DEF. CREDITS			
47. Other Long-Term Liabilities		469314	421125
48. Other Deferred Credits			
49. Other Jurisdictional Differences			
50. Total Other Liabilities and Deferred Credits (47 thru 49)		469314	421125
EQUITY			
51. Cap. Stock Outstanding & Subscribed			
52. Additional Paid-in-Capital		20000	20000
53. Treasury Stock			
54. Membership and Cap. Certificates			
55. Other Capital			
56. Patronage Capital Credits			
57. Retained Earnings or Margins		5096801	4988910
58. Total Equity (51 thru 57)		5096801	5008910
59. TOTAL LIABILITIES AND EQUITY (35+46+50+58)		5612800	5464921

(3005b) Operating Report for Privately-Held Rate of Return Carriers
Balance Sheet - Data Collection Form
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FCC Form 481
OMB Control No. 3060-0986
July 2013

<010> Study Area Code 300539
<015> Study Area Name The New Knoxville Telephone Company
<020> Program Year 2014
<030> Contact Name - Person USAC should contact regarding this data Susan Quellhorst
<035> Contact Telephone Number - Number of person identified in data line <030> 419-753-5013
<039> Contact Telephone Email Address - Email Address of person identified in data line <030> susan@nktelco.net

PART B. STATEMENTS OF INCOME AND RETAINED EARNINGS OR MARGINS			
ITEM	PRIOR YEAR	THIS YEAR	
1. Local Network Services Revenues	146680	160025	
2. Network Access Services Revenues	98998	552653	
3. Long Distance Network Services Revenues	10198	15065	
4. Carrier Billing and Collection Services Revenues			
5. Miscellaneous Revenues	85102	88218	
6. Uncollectible Revenues	1672	48	
7. Net Operating Revenues (1 thru 5 less 6)	83934	78719	
8. Plant Specific Operations Expense	192885	193845	
9. Plant Non-specific Operations Expense (Excluding Depreciation & Amortization)	59322	108188	
10. Depreciation Expense	194872	197200	
11. Amortization Expense			
12. Customer Operations Expense	136866	134280	
13. Corporate Operations Expense	157944	163543	
14. Total Operating Expenses (8 thru 13)	781889	798016	
15. Operating Income or Margins (7 less 14)	57405	15317	
16. Other Operating Income and Expenses			
17. State and Local Taxes			
18. Federal Income Taxes	31655	438957	
19. Other Taxes	30490	46882	
20. Total Operating Taxes (17+18+19)	347051	392075	
21. Net Operating Income or Margins (15+16-20)	289646	407392	
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)	0	0	
27. Nonoperating Net Income	357243	351501	
28. Extraordinary Items			
29. Jurisdictional Differences			
30. Nonregulated Net Income	42596	15891	
31. Total Net Income or Margins (21+27+28+29+30-26)			
32. Total Taxes Based on Income	5701605	5076601	
33. Retained Earnings or Margins Beginning-of-Year			
34. Miscellaneous Credits Year-to-Date	27400	72000	
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)]	5076801	4988910	
40. Patronage Capital Beginning-of-Year			
41. Transfers to Patronage Capital	0	0	
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]	13438	141844	
46. Operating Accrual Ratio [(14+20+26)/7]	16177	170016	
47. TIER [(31+26)/26]	#DIV/0!	#DIV/0!	
48. DSCR [(31+26+10-11)/44]	5511	4121	

(3005c) Operating Report for Privately-Held Rate of Return Carriers
Balance Sheet - Data Collection Form
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<035> Contact Telephone Number - Number of person identified in data line <030> 419-753-5012
<039> Contact Telephone Email Address - Email Address of person identified in data line <030> susieg@nktelco.net

PART C. STATEMENTS OF CASH FLOWS		
1. Beginning Cash [Cash and Equivalents plus RUS Construction Fund]		349472
CASH FLOWS FROM OPERATING ACTIVITIES		
2. Net Income	Adjustments to Reconcile Net Income to Net Cash Provided by Operating Activities	-15891
3. Add: Depreciation		197200
4. Add: Amortization		
5. Other (Explain)	Change in Other Taxes Accrued and Other Long-Term Liabilities	-47580
Changes in Operating Assets and Liabilities		
6. Decrease/(Increase) in Accounts Receivable		-4222
7. Decrease/(Increase) in Materials and Inventory		-12017
8. Decrease/(Increase) in Prepayments and Deferred Charges		-672077
9. Decrease/(Increase) in Other Current Assets		-5144
10. Increase/(Decrease) in Accounts Payable		-2377
11. Increase/(Decrease) in Advance Billings & Payments		
12. Increase/(Decrease) in Other Current Liabilities		-10031
13. Net Cash Provided/(Used) by Operations		-572139
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		-72000
20. Less: Payment of Dividends		
21. Less: Patronage Capital Credits Retired		
22. Other (Explain)		-72000
23. Net Cash Provided/(Used) by Financing Activities		
CASH FLOWS FROM INVESTING ACTIVITIES		
24. Net Capital Expenditures (Property, Plant & Equipment)		-86092
25. Other Long-Term Investments		619198
26. Other Noncurrent Assets & Jurisdictional Differences		
27. Other (Explain)		
28. Net Cash Provided/(Used) by Investing Activities		533106
29. Net Increase/(Decrease) in Cash		-111033
30. Ending Cash		238439