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October 15, 2013

Via Federal Express

Barcy F. McNeal, Secretary
Public Utilities Commission of Ohio
180 East Broad Street
Columbus, OH 43215

Re: *In the Matter of the Annual Filing Requirements for 2013 Pertaining to the Provisioning of High Cost Universal Service*, Case No. 13-1115-TP-COI; **2013 FCC 481**

Dear Secretary McNeal:

Enclosed for filing in the above-captioned docket on behalf of Pattersonville Telephone Company ("Pattersonville") please find an original and three (3) copies of a Motion for Protective Order and Memorandum in Support pursuant to the Commission's regulations at 4901-1-24(D) of the Ohio Administrative Code. As set forth more fully in the enclosed documents, this Motion is filed with respect to company financial results required in "Rate of Return Carrier Additional Information" section contained within the Federal Communications Commission's Form 481.¹

Redacted public versions of Pattersonville's Form 481 will be or have been electronically filed with the Commission. Three (3) unredacted copies of the confidential information are also enclosed herewith for filing under seal with each page containing Confidential Information so marked.

Pattersonville requests that you certify to the FCC, as required by 47 C.F.R § 54.314, by the deadline of December 16, 2013 that Pattersonville should continue receiving Federal high cost support.

Should you or any member of the Commission Staff have any questions, please do not hesitate to contact me. Thank you for your attention to this matter.

Sincerely,

THOMAS, LONG, NIESEN & KENNARD

By


Norman J. Kennard

NJK:tl
Enclosure
cc: Marianne Townsend (confidential version)

¹ The financial reports section of FCC Form 481 is identified at the Universal Service Administrative Company ("USAC") website as "Section 3005" in the downloadable version and as "Section 3000" in the online filing version at the same USAC website. <http://www.usac.org/hc/tools/forms.aspx>. The same identical financial information is required in both. The request for confidentiality applies regardless of whether the form submitted employs the 3005 or 3000 designation.

FCC Form 481 - Carrier Annual Reporting Data Collection Form	FCC Form 481 OMB Control No: 3060-0966/OMB Control No: 3060-0819 July 2013
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<010> Study Area Code	300651
<015> Study Area Name	Pattersonville Telephone Company - OH
<020> Program Year	2014
<030> Contact Name: Person USAC should contact with questions about this data	Matt Muma
<035> Contact Telephone Number: Number of the person identified in data line <030>	610-928-3913
<039> Contact Email Address: Email of the person identified in data line <030>	mmuma@icorellc.com

ANNUAL REPORTING FOR ALL CARRIERS	54,313 Completion Required	54,422 Completion Required
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<100> Service Quality Improvement Reporting	(complete attached worksheet)	<div style="text-align: right; font-size: small;">(check box when complete)</div> <div style="display: flex; justify-content: space-around;"> <input checked="" type="checkbox"/> <input type="checkbox"/> </div>
<200> Outage Reporting (voice)	(complete attached worksheet)	<div style="display: flex; justify-content: space-around;"> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> </div>
<210> <input checked="" type="checkbox"/> <-- check box if no outages to report		
<300> Unfulfilled Service Requests (voice)	<div style="border: 1px solid black; width: 100px; text-align: center;">0</div>	<div style="display: flex; justify-content: space-around;"> <input checked="" type="checkbox"/> <input type="checkbox"/> </div>
<310> Detail on Attempts (voice)	<div style="border: 1px solid black; width: 100px; text-align: center;">300651OH310</div>	<div style="display: flex; justify-content: space-around;"> <input checked="" type="checkbox"/> <input type="checkbox"/> </div>
<320> Unfulfilled Service Requests (broadband)	<div style="border: 1px solid black; width: 100px; text-align: center;"></div>	<div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> <input type="checkbox"/> </div>
<330> Detail on Attempts (broadband)	<div style="border: 1px solid black; width: 100px; text-align: center;"></div>	<div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> <input type="checkbox"/> </div>
<400> Number of Complaints per 1,000 customers (voice)		<div style="display: flex; justify-content: space-around;"> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> </div>
<410> Fixed	<div style="border: 1px solid black; width: 100px; text-align: center;">0.0</div>	
<420> Mobile	<div style="border: 1px solid black; width: 100px; text-align: center;"></div>	
<430> Number of Complaints per 1,000 customers (broadband)		<div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> <input type="checkbox"/> </div>
<440> Fixed	<div style="border: 1px solid black; width: 100px; text-align: center;"></div>	
<450> Mobile	<div style="border: 1px solid black; width: 100px; text-align: center;"></div>	
<500> Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	<div style="display: flex; justify-content: space-around;"> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> </div>
<510> 300651OH510	(attach descriptive document)	<div style="display: flex; justify-content: space-around;"> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> </div>
<600> Functionality in Emergency Situations	(check to indicate certification)	<div style="display: flex; justify-content: space-around;"> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> </div>
<610> 300651OH610	(attach descriptive document)	<div style="display: flex; justify-content: space-around;"> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> </div>
<700> Company Price Offerings (voice)	(complete attached worksheet)	<div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> <input type="checkbox"/> </div>
<710> Company Price Offerings (broadband)	(complete attached worksheet)	<div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> <input type="checkbox"/> </div>
<800> Operating Companies and Affiliates	(complete attached worksheet)	<div style="display: flex; justify-content: space-around;"> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> </div>
<900> Tribal Land Offerings (Y/N)? <input type="radio"/> <input checked="" type="radio"/>	(if yes, complete attached worksheet)	<div style="display: flex; justify-content: space-around;"> <input checked="" type="checkbox"/> <input type="checkbox"/> </div>
<1000> Voice Services Rate Comparability	(check to indicate certification)	<div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> <input type="checkbox"/> </div>
<1010> <div style="border: 1px solid black; width: 100px; text-align: center;"></div>	(attach descriptive document)	<div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> <input type="checkbox"/> </div>
<1100> Terrestrial Backhaul (Y/N)? <input checked="" type="radio"/> <input type="radio"/>	(if not, check to indicate certification)	<div style="display: flex; justify-content: space-around;"> <input checked="" type="checkbox"/> <input type="checkbox"/> </div>
<1110>	(complete attached worksheet)	<div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> <input type="checkbox"/> </div>
<1200> Terms and Condition for Lifeline Customers	(complete attached worksheet)	<div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> <input type="checkbox"/> </div>

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)	<div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> <input type="checkbox"/> </div>
<2005>	(complete attached worksheet)	<div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> <input type="checkbox"/> </div>

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

<3000>	(check to indicate certification)	<div style="display: flex; justify-content: space-around;"> <input checked="" type="checkbox"/> <input type="checkbox"/> </div>
<3005>	(complete attached worksheet)	<div style="display: flex; justify-content: space-around;"> <input checked="" type="checkbox"/> <input type="checkbox"/> </div>

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

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

300651

<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> 610-928-3913

<039> Contact Email Address - Email Address of person identified in data line <030> mmuina@icorellc.com

<110> Has your company received its ETC certification from the FCC?

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) ☒ ☐

(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 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.

<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.

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

<010>	Study Area Code	300651
<015>	Study Area Name	Pattersonville Telephone Company - OH
<026>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Matt Mumma
<035>	Contact Telephone Number - Number of person identified in data line <030>	610-928-3913
<039>	Contact Email Address - Email Address of person identified in data line <030>	mmumma@icorellc.com

[illegible]

<010>	Study Area Code	300651
<015>	Study Area Name	Pattersonville Telephone Company - OH
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Matt Munma
<035>	Contact Telephone Number - Number of person identified in data line <030>	610-928-3913
<039>	Contact Email Address - Email Address of person identified in data line <030>	mmunma@corellc.com

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

[illegible]

(710) Breedband Price Offerings		FCG Form 438	
Data Collection Form		DMB Cont'd No. 3060-0988 DMB Cont'd No. 3060-0819	
		JUN 2013	
<010>	Study Area Code	300651	
<015>	Study Area Name	Pattersonville Telephone Company - OH	
<020>	Program Year	2014	
<030>	Contact Name - Person USAC should contact regarding this data	Matt Muma	
<035>	Contact Telephone Number - Number of person identified in data line <030>	610-928-3913	
<039>	Contact Email Address - Email Address of person identified in data line <030>	mmuma@icorellc.com	

[illegible]

(800) Operating Companies
Data Collection Form

<010>	Study Area Code	300651
<015>	Study Area Name	Pattersonville Telephone Company - OH
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Katie Munana
<035>	Contact Telephone Number - Number of person identified in data line <030>	610-928-3913
<039>	Contact Email Address - Email Address of person identified in data line <030>	nmunana@coorellc.com
<810>	Reporting Carrier	Pattersonville Telephone Company
<811>	Holding Company	
<812>	Operating Company	

[illegible]

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

500 North 281
OMB Control No: 3060-0936/OMB Control No: 3060-0819
July 2013

<010>	Study Area Code	300651
<015>	Study Area Name	Pattersonville Telephone Company - Of
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Matt Mumma
<035>	Contact Telephone Number - Number of person identified in data line <030>	610-928-3913
<039>	Contact Email Address - Email Address of person identified in data line <030>	mmumma@corellc.com

<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 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) | |
|----------------------------|--|
| | <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 Data Collection Form

FCC Form 485
 OMB Control No. 3060-0988/OMB Control No. 3060-0819
 July 2013

<010>	Study Area Code	300651
<015>	Study Area Name	Pattersonville Telephone Company - OH
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Natt Munna
<035>	Contact Telephone Number - Number of person identified in data line <030>	610-928-3913
<039>	Contact Email Address - Email Address of person identified in data line <030>	nmunna@icorellc.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 285	
Lifeline		OMB Control No: 3060-0085/OMB Control No: 3060-0819	
Data Collection Form		July 2013	

<010>	Study Area Code	300651
<015>	Study Area Name	Pattersonville Telephone Company - OH
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Matt Mumma
<035>	Contact Telephone Number - Number of person identified in data line <030>	610-928-3313
<039>	Contact Email Address - Email Address of person identified in data line <030>	mumma@corellc.com

<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"/>

(2000) Price Cap Carrier Additional Documentation
 Data Collection Form
 Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

FCC Form 432
 OMB Control No. 3060-0086/OMB Control No. 3060-0089
 JUN 2013

<01D> Study Area Code 30651

<01S> Study Area Name Pattersonville Telephone Company - OH

<02D> Program Year 2014

<03D> Contact Name - Person USAC should contact regarding this data Matt Wuma

<03S> Contact Telephone Number - Number of person identified in data line <03D> 610-928-3913

<039> Contact Email Address - Email Address of person identified in data line <03D> mawuma@corello.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)) ☐

<2011> 3rd Year Certification (47 CFR § 54.313(b)(2)) ☐

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

<2012> 2013 Frozen Support Certification ☐

<2013> 2014 Frozen Support Certification ☐

<2014> 2015 Frozen Support Certification ☐

<2015> 2016 and future Frozen Support Certification ☐

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

<2016> Certification Support Used to Build Broadband ☐

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

<2017> 3rd year Broadband Service Certification ☐

<2018> 5th year Broadband Service Certification ☐

<2019> Interim Progress Certification ☐

<2020> Please check the box to confirm that the attached PDF, 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. ☐

<2021> Interim Progress Community Anchor Institutions Name of Attached Document Listing Required Information

	<010>	Study Area Code	300651
<015>	Study Area Name	Pattersonville Telephone Company - OH	
<020>	Program Year	2014	
<030>	Contact Name - Person USAC should contact regarding this data	Matt Muma	
<035>	Contact Telephone Number - Number of person identified in data line <030>	610-928-3913	
<039>	Contact Email Address - Email Address of person identified in data line <030>	mumama@icorrell.com	
Progress Report on 5 Year Plan			
(3010)	Milestone Certification (47 CFR § 54.313(f)(1)(ii)) Please check this box to confirm that the attached PDF, on line 3012, contains the required information pursuant to § 54.313 (f)(1)(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.	Name of Attached Document Listing Required Information	<input type="checkbox"/>
(3011)	Community Anchor Institutions (47 CFR § 54.313(f)(1)(iii)) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2)) If yes, does your company file the RUS annual report 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: Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)	Name of Attached Document Listing Required Information	<input checked="" type="checkbox"/> (Yes/No) <input type="checkbox"/> (Yes/No)
(3012)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3013)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation		<input type="checkbox"/>
(3014)	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: Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications PDF of Balance Sheet, Income Statement and Statement of Cash Flows	Name of Attached Document Listing Required Information	<input type="checkbox"/> (Yes/No) <input type="checkbox"/> (Yes/No) <input type="checkbox"/> (Yes/No)
(3015)	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: Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers.		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
(3016)	Underlying information subjected to a review by an independent certified public accountant		<input checked="" type="checkbox"/>
(3017)	Underlying information subjected to an officer certification.		<input checked="" type="checkbox"/>
(3018)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input checked="" type="checkbox"/>
(3019)	Attach the worksheet listing required information		<input checked="" type="checkbox"/>

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.

Certification - Reporting Carrier	FCC Form 481
Data Collection Form	OMB Control No: 3060-0986/OMB Control No: 3060-0819
	July 2013

<010> Study Area Code	300651
<015> Study Area Name	Pattersonville Telephone Company - OH
<020> Program Year	2014
<030> Contact Name - Person USAC should contact regarding this data	Matt Mumma
<035> Contact Telephone Number - Number of person identified in data line <030>	610-928-3913
<039> Contact Email Address - Email Address of person identified in data line <030>	mmumma@icorellc.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:	Pattersonville Telephone Company - OH
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:	300651
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.	

Certification - Agent / Carrier	PCE Form 487
Data Collection Form	OMB Control No: 3060-0385/OMB Control No: 3060-0819
	July 2013

<010> Study Area Code	300651
<015> Study Area Name	Pattersonville Telephone Company - OH
<020> Program Year	2014
<030> Contact Name - Person USAC should contact regarding this data	Matt Mamma
<035> Contact Telephone Number - Number of person identified in data line <030>	610-928-3913
<039> Contact Email Address - Email Address of person identified in data line <030>	mmamma@icorellc.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: Pattersonville Telephone Company - OH	
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: 300651	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: Pattersonville Telephone Company - OH	
Name of Authorized Agent or Employee of Agent: ICORE	
Signature of Authorized Agent or Employee of Agent: CERTIFIED ONLINE	Date: _____
Printed name of Authorized Agent or Employee of Agent: Christopher Ulmer	
Title or position of Authorized Agent or Employee of Agent: Manager	
Telephone number of Authorized Agent or Employee of Agent: 610-928-3903	
Study Area Code of Reporting Carrier: 300651	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

LINE 310

Company	Pattersonville Telephone Company
Study Area Code	300651
Supplemental Data For:	Line 310 – Unfulfilled Voice Telephony Service Requests Resolution

Because there were no unfulfilled initial requests for service in the prior calendar year, this line is not applicable. No action plan was needed since all requests for service were fulfilled.

LINE 510

Company	Pattersonville Telephone Company
Study Area Code	300651
Supplemental Data For:	Line 510 – Service Quality Standards and Consumer Protection Rules Compliance

RATES AND RATE STABILITY

New customers are provided rate information at the time they order service. The rate information is prepared based on tariffs which are on file with the state public utility commission and available for inspection at our office. In addition rates are available on the company website. Notices of rate changes proposed by the Company are communicated to the customers through a bill notice or other comparable means. The Company complies with all state and federal rules applicable to rate changes.

PROVIDE SPECIFIC DISCLOSURES IN ADVERTISING

In advertising of prices for service plans the Company will disclose material charges and conditions related to the advertised prices and services. This notice will provide the potential customer with , including if applicable and to the extent the advertising medium reasonably allows: (1) whether nonrecurring installation charges would apply; (2) the monthly fee associated with the service; (3) whether any additional taxes, fees or surcharges apply; (3) the terms and conditions related to receiving a product or service for "free;" and (4) whether prices or benefits apply only for a limited time or promotional period and, if so, whether any different fees or charges will apply for the remainder of the contract term.

TRUTH-IN-BILLING

The Company has long maintained compliance with the FCC's Truth-in-Billing rules as set forth in 47 CFR 64.2401. In part, this requires the Company's telephone bill must: (1) be accompanied by a brief, clear, non-misleading plain language description of the service or services rendered; (2) identify the service provider associated with each charge; (3) clearly and conspicuously identify any change in

Company	Pattersonville Telephone Company
Study Area Code	300651
Supplemental Data For:	Line 510 – Service Quality Standards and Consumer Protection Rules Compliance

service provider; (4) contain full and non-misleading descriptions of charges; (5) identify those charges for which failure to pay will not result in disconnection of the customer's basic local service; and (6) provide a toll free number for customers to call in order to lodge a complaint or obtain information.

Customers' bills will distinguish (1) monthly charges for service and features, and other charges collected and retained by the carrier, from (2) taxes, fees and other charges collected by the carrier and remitted to federal state or local governments. The Company will not label cost recovery fees or charges as taxes.

PROVIDE READY ACCESS TO CUSTOMER SERVICE

Customers and potential customers may access customer service by visiting the Company's office or by using a toll-free telephone number during normal business hours. Customer service contact information is available at our business office with regular hours posted on the storefront. In addition, this information is available online and on the monthly invoice rendered by the company.

ABIDE BY POLICIES FOR PROTECTION OF CUSTOMER PRIVACY

The Company complies with all state and federal rules regarding the privacy of customer information. Certification of this compliance is provided annually to the FCC.

RESPONSE TO CONSUMER INQUIRIES AND COMPLAINTS RECEIVED FROM GOVERNMENT AGENCIES

The Company will respond in writing to state or federal administrative agencies within 30 days of receiving written consumer complaints from any such agency. Should the agency require a shorter interval for response, the Company will use its best efforts to expedite the review of the complaint to provide a response which meets the agency-provided target date.

Company	Pattersonville Telephone Company
Study Area Code	300651
Supplemental Data For:	Line 510 – Service Quality Standards and Consumer Protection Rules Compliance

TERMINATION OF SERVICE

The Company follows the state public utility commission's rules for termination of service.

Service cannot be terminated without advance notice to the customer. If service is being terminated for non-payment, the customer will have the option to establish a payment plan. So long as the customer adheres to the payment plan, service will not be disconnected.

Customers may terminate service at any time and for any reason. The Company does not assess any termination penalty and the customer is simply required to pay for the services which were used while the service was provided.

LINE 610

Company	Pattersonville Telephone Company
Study Area Code	300651
Supplemental Data For:	Line 610 – Description of Functionality in Emergency Situations

As an initial point, the Company had no service outages during 2012 which met the FCC's threshold for reporting into the Network Outage Reporting System ("NORS").

The Company engages in preventative maintenance programs which help ensure network reliability in all conditions. This includes regular checks on generators, battery back-up, HVAC infrastructure at central office switches, and tree trimming/removal when trees have the potential to take down telephone lines during events of high wind or heavy snow. Access to critical infrastructure (like central office switches) is limited to essential personnel. Spare equipment is maintained in inventory.

Like most local exchange carriers, the Company's network consists of electronic switching equipment and a network of fiber optics and copper facilities. From a switching standpoint, the Company has one primary switch and smaller switches which are fed by the primary switch. These smaller switches are often referred to as intraexchange remote switches or concentrators. The largest threat to switches is the loss of power. To address this, the Company ensures adequate battery back-up is maintained. For emergency situations which extend beyond the useful life of the battery back-up, the Company uses generators to power the switches. These generators are portable which ensures they can be relocated to any switching center based on the specific needs of each switch. In addition, the Company's office will serve as a Command and Control center. This center is included as a primary location to which continuous power is required.

In cases of emergency, the Company's management has contact information for all employees. Depending upon the scope of the emergency, the Company may call-in as many employees as necessary to provide continual telecommunications service. The Company has access to local and regional construction companies which can be called in to supplement the work force if necessary. When poles are down from emergencies, the Company works with other utilities attached to the same poles to expedite the repair or replacement of the infrastructure.

In summation, the Company takes preventative measures to plan for emergency situations and also takes steps to mitigate the risk or duration of such events.

LINE 3026

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Commission of Ohio Docketing Information System on

10/15/2013 8:34:44 AM

in

Case No(s). 13-1115-TP-COI

Summary: Report Form 481 electronically filed by Ms. Teresa L Thomas on behalf of
Pattersonville Telephone Company