

**FCC Form 481 - Carrier Annual Reporting
Data Collection Form**

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

<010> Study Area Code	300589
<015> Study Area Name	BASCOM MUTUAL TEL CO
<020> Program Year	2014
<030> Contact Name: Person USAC should contact with questions about this data	KATHY REINHART
<035> Contact Telephone Number: Number of the person identified in data line <030>	419-937-2222
<039> Contact Email Address: Email of the person identified in data line <030>	karebascomtelephone.com

ANNUAL REPORTING FOR ALL CARRIERS		54.313 Completion Required	54.422 Completion Required
<100> Service Quality Improvement Reporting	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input 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			
<300> Unfulfilled Service Requests (voice)	<input type="text" value="0"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<310> Detail on Attempts (voice)	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<320> Unfulfilled Service Requests (broadband)	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<330> Detail on Attempts (broadband)	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<400> Number of Complaints per 1,000 customers (voice)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<410> Fixed	<input type="text" value="0.0"/>		
<420> Mobile	<input type="text"/>		
<430> Number of Complaints per 1,000 customers (broadband)		<input type="checkbox"/>	<input type="checkbox"/>
<440> Fixed	<input type="text"/>		
<450> Mobile	<input type="text"/>		
<500> Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510> 300589ch510	(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> 300589ch610	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700> Company Price Offerings (voice)	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>
<710> Company Price Offerings (broadband)	(complete attached worksheet)	<input type="checkbox"/>	<input 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 type="checkbox"/>
<1000> Voice Services Rate Comparability	(check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>
<1010>	(attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>
<1100> Terrestrial Backhaul (Y/N)? <input checked="" type="radio"/> <input type="radio"/>	(if not, check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>
<1110>	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>
<1200> Terms and Condition for Lifeline Customers	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

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

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

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

<3000>	(check to indicate certification)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<3005>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input 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	306589
<015>	Study Area Name	BABCOM MUTUAL TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	KATHY REINHART
<035>	Contact Telephone Number - Number of person identified in data line <030>	419-937-3222
<039>	Contact Email Address - Email Address of person identified in data line <030>	krehart@babcomtelphone.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) <input checked="" type="radio"/> <input type="radio"/> (yes / no) <input type="radio"/> <input type="radio"/>
<111>	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
ETC 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.

(200) Service Outage Reporting (Voice)
Data Collection Form

FCC Form 481
OMB Control No. 3050-0986/OMB Control No. 3050-0819
July 2013

<010>	Study Area Code	203583
<015>	Study Area Name	PARSON MUTUAL TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	KATHY BELNIART
<035>	Contact Telephone Number - Number of person identified in data line <030>	415-537-2222
<039>	Contact Email Address - Email Address of person identified in data line <030>	mbelniart@comcast.netPhone.com

[illegible]

**(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	300559
<015>	Study Area Name	ELSON MUTUAL TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	KATHY PRINDLEPT
<035>	Contact Telephone Number - Number of person identified in data line <030>	416-937-2222
<039>	Contact Email Address - Email Address of person identified in data line <030>	Kathy.Prindlept@elcom.com
<701>	Residential Local Service Charge Effective Date	1/1/2013
<702>	Single State wide Residential Local Service Charge	

[illegible]

(710) Broadband Price Offerings
Data Collection Form

FCC Form 481

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

July 2013

<010>	Study Area Code	300589
<015>	Study Area Name	BACOM MTHNL TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	KATHY REINHART
<035>	Contact Telephone Number - Number of person identified in data line <030>	919-937-2222
<039>	Contact Email Address - Email Address of person identified in data line <030>	Kathy.Reinhart@loghome.com

[illegible]

(800) Operating Companies
Data Collection Form

FCC Form 481

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

July 2013

<010>	Study Area Code	300599
<015>	Study Area Name	BASCOM MUTUAL TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	KATHY REINHART
<035>	Contact Telephone Number - Number of person identified in data line <030>	419-937-2222
<039>	Contact Email Address - Email Address of person identified in data line <030>	kmr@bascomtelephone.com
<810>	Reporting Carrier	Bascom Mutual Telephone Co
<811>	Holding Company	Bascom Mutual Telephone Co
<812>	Operating Company	Bascom Mutual Telephone Co

<a1>	Affiliates	<a2>	SAC	<a3>	Doing Business As Company or Brand Designation
<81>					

**(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	306589
<015>	Study Area Name	BASCOM HILLTOP TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	KATHY BEHNERT
<035>	Contact Telephone Number - Number of person identified in data line <030>	419-337-2222
<039>	Contact Email Address - Email Address of person identified in data line <030>	karn@bascomhilltop.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 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 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	100599
<015>	Study Area Name	BASTON NUTRITIONAL TRAIL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	KATHY REINHART
<035>	Contact Telephone Number - Number of person identified in data line <030>	419-937-2223
<039>	Contact Email Address - Email Address of person identified in data line <030>	kreinhardt@comcast.net

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

<1130> Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G) ☐

(1200) Terms and Condition for Lifeline Customers**Lifeline****Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	360589
<015>	Study Area Name	BASCOM MUTUAL TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	WALLY BEINHART
<035>	Contact Telephone Number - Number of person identified in data line <030>	419-937-2222
<039>	Contact Email Address - Email Address of person identified in data line <030>	lmc@bascomtelephone.com

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

30609861319

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,**☒**<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		FCC Form 481
Data Collection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819
Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers		July 2013

<010>	Study Area Code	300582
<015>	Study Area Name	BACOM MUTUAL TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	KATHY PERHART
<035>	Contact Telephone Number - Number of person identified in data line <030>	419-937-2222
<039>	Contact Email Address - Email Address of person identified in data line <030>	kathart@bcomtelephone.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

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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(c))

- <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 (c)(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.

Interim Progress Community Anchor Institutions

Name of Attached Document Listing Required Information

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(3000) Rate of Return Carrier Additional Documentation
Data Collection form

FCC Form 391
OMB Control No. 3060-0356/OMB Control No. 3060-0619
July 2013

<01> Study Area Code 30589
<01S> Study Area Name BASCOM MUTUAL TEL CO
<02> Program Year 2013
<03> Contact Name Person USAC should contact regarding this data KATHY REINHART
<03S> Contact Telephone Number Number of person identified in data line <03> 419-917-2222
<03B> Contact Email Address Email Address of person identified in data line <03> Reinhardt.K@bascom.com

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.201(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.

Project Report on 5 Year Plan	Name of Attached Document (Using Required Information)
(3010) Affirmative Certification (47 CFR § 54.313(f)(1)(i)) 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 condition of the RUS report that provides the number, names, and addresses of community anchor institutions to which began providing access to broadband services in the preceding calendar year.	
(3011) If you, for your company, are a privately held carrier (47 CFR § 54.313(f)(1)(ii)) as a condition of the RUS report that provides the number, names, and addresses of community anchor institutions to which began providing access to broadband services in the preceding calendar year, please check this box to confirm that the attached PDF, on line 3012, contains the required information pursuant to § 54.313(f)(2) compliance requirements.	
(3012) Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii)) If the response is yes on line 3010, attach your company's RUS annual report and all required documentation.	
(3013) If the response is yes on line 3010, attach your company's RUS annual report and all required documentation.	
(3014) If the response is yes on line 3010, attach your company's RUS annual report and all required documentation.	
(3015) If the response is yes on line 3010, attach your company's RUS annual report and all required documentation.	
(3016) If the response is yes on line 3010, attach your company's RUS annual report and all required documentation.	
(3017) If the response is yes on line 3010, attach your company's RUS annual report and all required documentation.	
(3018) If the response is yes on line 3010, attach your company's RUS annual report and all required documentation.	
(3019) If the response is yes on line 3010, attach your company's RUS annual report and all required documentation.	
(3020) If the response is yes on line 3010, attach your company's RUS annual report and all required documentation.	
(3021) Management letter issued by the independent certified public accountant that performed the company's financial audit.	
(3022) If the response is no on line 3010, 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 carriers.	
(3023) Underlying information subjected to a review by an independent certified public accountant.	
(3024) Underlying information subjected to an officer certification.	
(3025) PDF of Balance Sheet, Income Statement and Statement of Cash Flows.	
(3026) Attach the documents listing required information.	

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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<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	KATHY REINHART
<035>	Contact Telephone Number - Number of person identified in data line <030>	419-937-2222
<039>	Contact Email Address - Email Address of person identified in data line <030>	knw@bascomtelephone.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:	BASCOM MUTUAL TEL CO
Signature of Authorized Officer:	CERTIFIED ONLINE
	Date 10/10/2013
Printed name of Authorized Officer:	KATHY REINHART
Title or position of Authorized Officer:	ASSISTANT TREASURER
Telephone number of Authorized Officer:	419-937-2222
Study Area Code of Reporting Carrier:	300589
	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 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	300589
<015> Study Area Name	BASCOM MUTUAL TEL CO
<020> Program Year	2014
<030> Contact Name - Person USAC should contact regarding this data	KATHY REINHART
<035> Contact Telephone Number - Number of person identified in data line <030>	419-937-2222
<039> Contact Email Address - Email Address of person identified in data line <030>	kmr@bascomtelephone.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: BASCOM MUTUAL 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: 300589	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: BASCOM MUTUAL TEL CO	
Name of Authorized Agent or Employee of Agent: _____	
Signature of Authorized Agent or Employee of Agent: CERTIFIED ONLINE	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: 300589	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

OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

10/02/2013

BASCOM MUTUAL TELEPHONE COMPANY

Certification of Compliance with Applicable Service Quality Standards and Consumer Protection Rules

300589oh510.pdf

Service Quality Standards

Bascom Mutual Telephone Company:

- Provides voice grade access to the public switched network.
- Provides flat rated local exchange service with no additional charge to end users.
- Provides access to the emergency services provided by local government or other public safety organizations, such as 911 and enhanced 911.
- Provides toll blocking and toll limitation services.
- Advertises the availability of its services and the charges using media of general distribution and on its website.
- Maintains a business office providing customers with access to a customer service representative either in person or via a local telephone call or toll-free telephone number during normal business hours.
- Directs after hour calls to the Company's help desk.
- Directs trouble reports to the on-call technician.
- Tracks all service orders to ensure they are completed in a timely manner.
- Measures its service connection and service interruption performance on a regular basis.
- Trains employees to:
 - Answer all incoming calls promptly.
 - Respond to all inquiries for information promptly and courteously.
 - Investigate thoroughly all customer complaints and handle appropriately according to the Company's guidelines for resolution of customer complaints.
 - Be knowledgeable about products and service offerings so they can assist the customer with selecting the best service option.
- Has a process for periodic inspection, testing and preventive maintenance of its equipment to permit the rendering of safe, adequate and continuous service at all times.

Consumer Protection Rules

The Company has established operating procedures designed to facilitate compliance with applicable consumer protection rules which include compliance with the Customer Proprietary Network Information (CPNI) rules. The operating procedures include:

- Appointment of a compliance officer.
- A manual detailing the specific procedures for protecting consumer information.
- Employee training on an annual basis.
- A disciplinary process for improper use of consumer information.

BASCOM MUTUAL TELEPHONE COMPANY

Functionality in Emergency Situations

300589oh610.pdf

Bascom Mutual Telephone Company has an employee call-out procedure in place to mobilize its entire workforce in the event of an emergency situation. The notification process utilizes landline, cellular and Internet technologies. In the event of total failure of all communications technologies, company practices include having employees report to the central office to obtain further instructions.

The central office and core network functionality is supported by 8 hours of battery reserve and a 60 kw natural gas generator set capable of running indefinitely for unlimited hours. Customer NID's containing active electronic equipment are supported by 8 hours of continuous talk time battery reserve. The company also maintains a number of portable generator sets that can be deployed in the event they are needed.

The facility network is designed as a diverse-routed fiber optic ring, capable of instantaneously switching traffic around damaged facilities. Employees are trained in fiber optic splicing and the necessary equipment is maintained on-site for rapid deployment and restoration. Separate facilities support the PSTN and broadband network connections to other carriers. In the event that all PSTN facilities are damaged, the switch is capable of both TDM and IP formats, providing the ability to reroute PSTN traffic via dedicated IP facilities to other carriers.

The network is capable of managing traffic spikes caused by emergency situations. This is accomplished by maintaining properly sized trunk groups to the PSTN and by providing substantial broadband backbone bandwidth capable of carrying overflow voice traffic in addition to data traffic.

BASCOM MUTUAL TELEPHONE COMPANY

Lifeline Terms and Conditions

300589oh1210.pdf

Bascom Mutual Telephone Company offers Lifeline program-supported service to qualified low-income residential consumers for one telephone line per eligible household. The Lifeline program provides discounts to eligible low-income consumers to help them establish and maintain telephone service. Lifeline assistance lowers the cost of basic, monthly local telephone service. Eligible consumers can receive \$9.25 per month in discounts. In addition, the Federal Universal Service Charge is not assessed to consumers participating in Lifeline. Toll Blocking prevents the placement of all long distance calls for which a subscriber would be charged. Toll blocking is available to eligible consumers at no cost. Also, by choosing this option, consumers are usually not charged a deposit.

Lifeline Program Eligibility Information

Program Based Eligibility

Consumers are eligible for Lifeline if they, one of their dependents or their household participate in one of the following qualifying assistance programs:

- Medicaid
- Federal Public Housing Assistance (Section 8)
- Low Income Housing Energy Assistance (LIHEAP)
- Supplemental Nutrition Assistance Program (SNAP, formerly Food Stamps)
- Ohio Works First/Temporary Aid to Needy Families (TANF)
- National School Lunch Program Free Lunch Program
- Supplemental Security Income (SSI)
- SSI – Blind and Disabled (SSDI)
- General/Disability Assistance

Lifeline applicants must present documentation demonstrating eligibility either through participation in one of the qualifying federal assistance programs or through income-based means.

Acceptable documentation of program-based eligibility includes: current or prior year's statement of benefits from a qualifying state or federal program; notice letter of participation in a qualifying state or federal program; program participation documents; or another official document evidencing the consumer's participation in a qualifying state or federal program.

Income Based Eligibility

In addition, consumers are eligible for Lifeline if their household income is at or below 150% of the federal poverty guidelines.

Acceptable documentation of income eligibility includes: prior year's state or federal tax return; current income statement from an employer or paycheck stub; social security statement of benefits; Veterans Administration statement of benefits; retirement/pension statement of benefits; unemployment/workmen's compensation statement of benefits; federal notice of letter participating in General Assistance; or a divorce decree or child support award or other official document containing income information.

Tribal Eligibility

Bascom Mutual Telephone Company does not have any Tribal lands within its study area boundaries.

Numbers of Minutes-of-Use Provided as Part of Lifeline Program Service

Bascom Mutual Telephone Company's Voice Lifeline service includes unlimited local minutes-of-use within the toll-free calling area. Bascom Mutual Telephone Company's Voice Lifeline Plan does not include any free minutes-of-use for toll. Toll is billed at the standard toll rate depending on which interexchange carrier the consumer subscribes to for toll service. As part of the Lifeline service, Toll blocking is available to eligible consumers at no cost.

Rates

Subscribers may receive the Lifeline credit on any type or grade of local service, including bundled services that are normally offered by Bascom Mutual Telephone Company. Advertised rates do not include any applicable taxes or surcharges.

Recertification of Lifeline Eligibility

Lifeline recipients are required to recertify their eligibility annually. Failure to properly recertify a recipient's continued eligibility for the Lifeline program will result in termination of the Lifeline recipient's monthly Lifeline discount and de-enrollment from the Lifeline Program.

Additional Lifeline Program Information

The Lifeline program is limited to one benefit per household, consisting of either wireline or wireless service. A household is defined, for purposes of the Lifeline program, as an individual or group of individuals who live together at the same address and share income and expenses. Lifeline is a government benefit program, and consumers who willfully make false statements in order to obtain the benefit can be punished by fine or imprisonment or can be barred from the program.

This foregoing document was electronically filed with the Public Utilities

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