

<b>FCC Form 481 - Carrier Annual Reporting</b> <b>Data Collection Form</b>	<b>FCC Form 481</b> <small>OMB Control No. 3059-0065/OMB Control No. 3060-0819</small> <small>July 2013</small>
-------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------

<b>&lt;010&gt; Study Area Code</b>	300598
<b>&lt;015&gt; Study Area Name</b>	MCCLURE TEL CO
<b>&lt;020&gt; Program Year</b>	2014
<b>&lt;030&gt; Contact Name: Person USAC should contact with questions about this data</b>	Christopher Ulmer
<b>&lt;035&gt; Contact Telephone Number: Number of the person identified in data line &lt;030&gt;</b>	610-928-3903
<b>&lt;039&gt; Contact Email Address: Email of the person identified in data line &lt;030&gt;</b>	culmer@icorellc.com

<b>ANNUAL REPORTING FOR ALL CARRIERS</b>	<b>54-313</b> Completion Required	<b>54-422</b> Completion Required
------------------------------------------	-----------------------------------------	-----------------------------------------

<b>&lt;100&gt; Service Quality Improvement Reporting</b>	<i>(complete attached worksheet)</i>	(check box when complete)	
<b>&lt;200&gt; Outage Reporting (voice)</b>	<i>(complete attached worksheet)</i>		
<b>&lt;210&gt;</b> <input checked="" type="checkbox"/> <i>&lt;-- check box if no outages to report</i>			
<b>&lt;300&gt; Unfulfilled Service Requests (voice)</b>	0		
<b>&lt;310&gt; Detail on Attempts (voice)</b>	3005980H310	<i>(attach descriptive document)</i>	
<b>&lt;320&gt; Unfulfilled Service Requests (broadband)</b>			
<b>&lt;330&gt; Detail on Attempts (broadband)</b>		<i>(attach descriptive document)</i>	
<b>&lt;400&gt; Number of Complaints per 1,000 customers (voice)</b>			
<b>&lt;410&gt; Fixed</b>	0.0		
<b>&lt;420&gt; Mobile</b>			
<b>&lt;430&gt; Number of Complaints per 1,000 customers (broadband)</b>			
<b>&lt;440&gt; Fixed</b>			
<b>&lt;450&gt; Mobile</b>			
<b>&lt;500&gt; Service Quality Standards &amp; Consumer Protection Rules Compliance</b>	<i>(check to indicate certification)</i>		
<b>&lt;510&gt;</b> 3005980H510	<i>(attach descriptive document)</i>		
<b>&lt;600&gt; Functionality in Emergency Situations</b>	<i>(check to indicate certification)</i>		
<b>&lt;610&gt;</b> 3005980H610	<i>(attach descriptive document)</i>		
<b>&lt;700&gt; Company Price Offerings (voice)</b>	<i>(complete attached worksheet)</i>		
<b>&lt;710&gt; Company Price Offerings (broadband)</b>	<i>(complete attached worksheet)</i>		
<b>&lt;800&gt; Operating Companies and Affiliates</b>	<i>(complete attached worksheet)</i>		
<b>&lt;900&gt; Tribal Land Offerings (Y/N)?</b> <input type="radio"/> <input checked="" type="radio"/>	<i>(if yes, complete attached worksheet)</i>		
<b>&lt;1000&gt; Voice Services Rate Comparability</b>	<i>(check to indicate certification)</i>		
<b>&lt;1010&gt;</b>	<i>(attach descriptive document)</i>		
<b>&lt;1100&gt; Terrestrial Backhaul (Y/N)?</b> <input checked="" type="radio"/> <input type="radio"/>	<i>(if not, check to indicate certification)</i>		
<b>&lt;1110&gt;</b>	<i>(complete attached worksheet)</i>		
<b>&lt;1200&gt; Terms and Condition for Lifeline Customers</b>	<i>(complete attached worksheet)</i>		

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

<b>&lt;2000&gt;</b>	<i>(check to indicate certification)</i>		
<b>&lt;2005&gt;</b>	<i>(complete attached worksheet)</i>		

**Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet**

<b>&lt;3000&gt;</b>	<i>(check to indicate certification)</i>		
<b>&lt;3005&gt;</b>	<i>(complete attached worksheet)</i>		

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

FCC Form 481

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

<010>	Study Area Code	309598
<015>	Study Area Name	MCCLEARE TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Christopher Ulmer
<035>	Contact Telephone Number - Number of person identified in data line <030>	610-926-3903
<039>	Contact Email Address - Email Address of person identified in data line <030>	c.ulmer@locoello.com
<110>	Has your company received its ETC certification from the FCC?	(yes / no) <input type="radio"/> <input checked="" type="radio"/>
<111>	If your answer to Line <110> is yes, do you have an existing § 54.202(a) "5 year plan" filed with the FCC?	(yes / no) <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.

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.

Name of Attached Document (.pdf)

- <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.

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

<010>	Study Area Code	300598
<015>	Study Area Name	MOCLURE TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Christopher Ulmer
<035>	Contact Telephone Number - Number of person identified in data line <030>	610-928-3903
<039>	Contact Email Address - Email Address of person identified in data line <030>	culmer@lcorellc.com

[illegible]

<010>	Study Area Code	300598
<015>	Study Area Name	MCCLEURE TBL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Christopher Ulmer
<035>	Contact Telephone Number - Number of person identified in data line <030>	610-926-3903
<039>	Contact Email Address - Email Address of person identified in data line <030>	culmer@ccotelle.com

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

[illegible]

<010>	Study Area Code	300596
<015>	Study Area Name	MCCLURE TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Christopher Ulmer
<035>	Contact Telephone Number - Number of person identified in data line <030>	610-928-3903
<039>	Contact Email Address - Email Address of person identified in data line <030>	culmer@mccluretel.com

[illegible]

10/11/2013

<b>(900) Tribal Lands Reporting</b>		FCC Form 481
<b>Data Collection Form</b>		OMB Control No. 3060-0986 / OMB Control No. 3060-0819
		July 2013

<010>	Study Area Code	300598
<015>	Study Area Name	MOORE TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Christopher Ulnex
<035>	Contact Telephone Number - Number of person identified in data line <030>	610-920-3903
<039>	Contact Email Address - Email Address of person identified in data line <030>	culmer@corello.com

<910> Tribal Land(s) on which ETC Serves None

<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)                |
|-------------------------------------|
| <input checked="" type="checkbox"/> |
| <input type="checkbox"/>            |
| <input type="checkbox"/>            |
| <input type="checkbox"/>            |
| <input type="checkbox"/>            |
| <input type="checkbox"/>            |
| <input type="checkbox"/>            |
| <input type="checkbox"/>            |
| <input type="checkbox"/>            |
| <input type="checkbox"/>            |
- <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.

<b>(1100) No Terrestrial Backhaul Reporting</b>		FCC Form 481
<b>Data Collection Form</b>		OMB Control No. 3060-0986/OMB Control No. 3060-0819
		July 2013

<010>	Study Area Code	300598
<015>	Study Area Name	MCCLURE TSL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Christopher Ulmer
<035>	Contact Telephone Number - Number of person identified in data line <030>	610-928-3903
<039>	Contact Email Address - Email Address of person identified in data line <030>	culmer@icorellc.com

<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) ☐



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

<010>	Study Area Code	300598
<015>	Study Area Name	MCCLURE TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Christopher Ulmer
<035>	Contact Telephone Number - Number of person identified in data line <030>	610-928-3903
<039>	Contact Email Address - Email Address of person identified in data line <030>	culmer@icorellc.com

<1210>	Terms & Conditions of Voice Telephony Lifeline Plans	300598OR1210
		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"/>
--------	------------------------------------------------------------------	-------------------------------------

<b>(2000) Price Cap Carrier Additional Documentation</b>		FCC Form 481
<b>Data Collection Form</b>		OMB Control No. 3060-0986/OMB Control No. 3060-0819
<i>Including Rate-of-Return Carriers Affiliated with Price Cap Local Exchange Carriers</i>		July 2013

<010>	Study Area Code	300598
<015>	Study Area Name	MOCTURE TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Christopher Ulmer
<035>	Contact Telephone Number - Number of person identified in data line <030>	610-928-3903
<039>	Contact Email Address - Email Address of person identified in data line <030>	culmer@icocallc.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.

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

Name of Attached Document Listing Required Information \_\_\_\_\_

<b>(3000) Rate Of Return Carrier Additional Documentation</b>		PCO Form 481
<b>Check Collection Form</b>		CMB Control No. 3000-0838/CMB Control No. 3000-0819
		July 2013

<010> Study Area Code	30098
<015> Study Area Name	MOCLAR TEL CO
<020> Program Year	2014
<030> Contact Name - Person USAC should contact regarding this data	Christopher Tilmer
<035> Contact Telephone Number - Number of person identified in data line <030>	610-928-3903
<039> Contact Email Address - Email Address of person identified in data line <030>	culmer@copellie.com

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

Progress Report on 5 Year Plan	Name of Attached Document Listing Required Information
(3010) Milestone 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 recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	<input type="checkbox"/>
(3012) Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii)) Is your company a Privately Held RCR Carrier (47 CFR § 54.313(f)(2))	<input checked="" type="checkbox"/> (Yes/No)
(3014) 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 require:	<input checked="" type="checkbox"/> (Yes/No)
(3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)	<input checked="" type="checkbox"/>
(3016) PDF of Balance Sheet, Income Statement and Statement of Cash Flows	<input checked="" type="checkbox"/>
(3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	3005 98CH3017
(3018) 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:	<input type="checkbox"/> (Yes/No)
(3019) 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"/>
(3020) PDF of Balance Sheet, Income Statement and Statement of Cash Flows	<input type="checkbox"/>
(3021) Management letter issued by the Independent certified public accountant that performed the company's financial audit.	<input type="checkbox"/>
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"/>
(3022) Underlying information subjected to a review by an independent certified public accountant	<input type="checkbox"/>
(3023) Underlying information subjected to an officer certification.	<input type="checkbox"/>
(3024) PDF of Balance Sheet, Income Statement and Statement of Cash Flows	<input type="checkbox"/>
(3025) Attach the worksheet listing required information	<input type="checkbox"/>
Name of Attached Document Listing Required Information	

<b>Certification - Reporting Carrier Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
-------------------------------------------------------------------	----------------------------------------------------------------------------------

<010>	Study Area Code	300598
<015>	Study Area Name	MCCLURE TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Christopher Ulmer
<035>	Contact Telephone Number - Number of person identified in data line <030>	610-928-3903
<039>	Contact Email Address - Email Address of person identified in data line <030>	culmer@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:	
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.	

<b>Certification - Agent / Carrier Data Collection Form</b>	FCC Form 481 OMB Control No. 3050-0985/OMB Control No. 3050-0819 July 2013
-----------------------------------------------------------------	----------------------------------------------------------------------------------

<010> Study Area Code	300598
<015> Study Area Name	MCCLURE TEL CO
<020> Program Year	2014
<030> Contact Name - Person USAC should contact regarding this data	Christopher Ulmer
<035> Contact Telephone Number - Number of person identified in data line <030>	610-928-3903
<039> Contact Email Address - Email Address of person identified in data line <030>	culmar@icorellc.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

<b>Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier</b>	
I certify that (Name of Agent) ICORE 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:	ICORE
Name of Reporting Carrier:	MCCLURE TEL CO
Signature of Authorized Officer:	CERTIFIED ONLINE Date: 10/11/2013
Printed name of Authorized Officer:	Lance Miller
Title or position of Authorized Officer:	President
Telephone number of Authorized Officer:	419-748-8034
Study Area Code of Reporting Carrier:	300598 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:

<b>Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier</b>	
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:	MCCLURE TEL CO
Name of Authorized Agent or Employee of Agent:	Christopher Ulmer
Signature of Authorized Agent or Employee of Agent:	CERTIFIED ONLINE Date: 10/11/2013
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:	300598 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	The McClure Telephone Company
Study Area Code	300598
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	The McClure Telephone Company
Study Area Code	300598
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	The McClure Telephone Company
Study Area Code	300598
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  
Study Area Code  
Supplemental Data For:

The McClure Telephone Company  
300598  
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**

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 1210**

## **The McClure Telephone Company Certification for Lifeline Telephone Service**

### **Plan Description**

Lifeline is a government program that provides a monthly discount on home or mobile telephone services. Only ONE Lifeline discount is allowed per household. Members of a household are not permitted to receive Lifeline service from multiple telephone companies.

Your household is everyone who lives together at your address as one economic unit (including children and people who are not related to you).

The adults you live with are part of you economic unit if they contribute to and share in the income and expenses of the household. An adult is any person 18 years of age or older, or an emancipated minor (a person under the age of 18 who is legally considered to be an adult). Household expenses include food, health care expenses (such as medical bills) and the cost of renting or paying a mortgage on your place of residence (a house or apartment, for example) and utilities (including water, heat and electricity). Income includes salary, public assistance benefits, social security payments, pensions, unemployment compensation, veteran's benefits, inheritances, alimony, child support payments, worker's compensation benefits, gifts, and lottery winnings.

Spouses and domestic partners are considered to be part of the same household. Children under the age of 18 living with their parents or guardians are considered to part of the same household as their parents or guardians. If an adult has no income, or minimal income, and lives with someone who provides financial support to that adult, both people are considered part of the same household.

### **Plan Details**

- Monthly local service discount is \$9.25
- Custom and CLASS features are at standard rates
- Unlimited local calling
- Long Distance available on equal access basis



McClure Telephone Company  
McClure, Ohio

SECTION NO. 5  
First Revised Sheet No. 1  
Replaces Original Sheet No. 1

P.U.C.O. NO. 7

---

LIFELINE REQUIREMENTS

(T)

The Company shall provide Lifeline service as defined in 47 C.F.R. § 54.401 (a) on a non-discriminatory basis to all qualifying low-income customers. The Company's Lifeline service offering shall comply with all applicable federal and state laws, including, but not limited to, 47 C.F.R. Part 54, Subpart E; the FCC's Lifeline reform order (Report and Order released February 6, 2012, WC Docket No. 11-42, et. al) and any subsequent clarifying orders; Section 4927.13, Revised Code; Rule 4901:1-6-19, Ohio Administrative Code; and, the Commission's nontraditional Lifeline service order (Finding and Order adopted May 23, 2012, Case No. 10-2377-TP-COD) and any subsequent entries and/or orders.

(N)

Issued: June 14, 2012

Effective: June 14, 2012

In Accordance with Case No. 90-5026-TP-TRF  
Issued by the Public Utilities Commission of Ohio  
Duane E. Schroeder, General Manager  
McClure, Ohio



## Public Utilities Commission

### Chapter 4901:1-6 Telephone Company Procedures and Standards

4901:1-6-19

Lifeline Requirements

Effective: 1/20/2011

- (A) An incumbent local exchange carrier (ILEC) that is an eligible telecommunications carrier (ETC) under 47 C.F.R. 54.201 shall implement lifeline service throughout the ILEC ETC's traditional service area for its eligible residential customers.
- (B) Lifeline service shall be a flat-rate, monthly, primary access line service with touch-tone service and shall provide all of the following:
  - (1) A recurring discount to the monthly basic local exchange service rate that provides for the maximum contribution of federally available assistance;
  - (2) Not more than once per customer at a single address in a twelve-month period, a waiver of all nonrecurring service order charges for establishing service;
  - (3) Free blocking of toll service, 900 service, and 976 service;
  - (4) A waiver of the federal universal service fund end user charge;
  - (5) A waiver of the telephone company's service deposit requirement.
- (C) The ILEC ETC may offer to lifeline service customers any other services and bundles or packages of service at the prevailing prices, less the lifeline discount.
- (D) The ILEC ETC also shall offer special payment arrangements to lifeline service customers that have past due bills for regulated local service charges, with the initial payment not to exceed twenty-five dollars before service is installed, and the balance for regulated local service charges to be paid over six, equal monthly payments. Lifeline service customers with past due bills for toll service charges shall have toll restricted service until the past due toll service charges have been paid or until the customer establishes service with another toll provider.
- (E) Every large ILEC required to implement lifeline service shall establish an annual marketing budget for promoting lifeline service and performing outreach regarding lifeline service. Every large ILEC shall work with the advisory board established in paragraph (F) to reach consensus, where possible, regarding an appropriate budget for promoting lifeline and performing outreach and regarding how the budget will be spent. All funds allocated to this budget shall be spent for the promotion and marketing of lifeline service and outreach regarding lifeline service and only for those purposes and not for any administrative costs of implementing lifeline service.
- (F) All activities relating to the promotion of, marketing of, and outreach regarding lifeline service provided by the large ILECs shall be coordinated through a single advisory board composed of staff of the public utilities commission, the office of the consumers' counsel (OCC), consumer groups representing low income constituents, two representatives from the Ohio association of community action agencies, and every large ILEC. The commission staff shall provide active leadership in the initial organization of the statewide board and the development of procedures and bylaws under which the board will operate. Commission staff shall, with the assistance of the office of the consumers' counsel, work with the advisory board to reach consensus on the organization of the board and all activities relating to the promotion of, marketing of, and outreach regarding lifeline service. However, where consensus is not possible, the commission's staff shall make the final determination. Decisions on the organization of the board and decisions of the advisory board including decisions on how the lifeline marketing, promotion, and outreach activities are implemented are subject to commission review.

- (G) All other aspects of an ILEC ETC's state-specific lifeline service shall be consistent with federal requirements. The rates, terms, and conditions for the ILEC's lifeline service shall be tariffed in accordance with rule 4901:1-6-11 of the Administrative Code.
- (H) Eligibility for lifeline service under this rule shall be based on either of the following criteria:
- (1) An individual's verifiable participation in any federal or state low-income assistance program that limits assistance based on household income. These programs include:
    - (a) Medical assistance under Chapter 5111 of the Ohio Revised Code (Medicaid) or any state program that might supplant Medicaid;
    - (b) Supplemental nutritional assistance program (SNAP/Food Stamps);
    - (c) Supplemental security income (SSI) under Title XVI of the Social Security Act;
    - (d) Social security disability insurance - blind and disabled (SSDI);
    - (e) Federal public housing assistance, or Section 8;
    - (f) Home energy assistance programs (HEAP, LIHEAP, E-HEAP);
    - (g) National school lunch program's free lunch program (NSL);
    - (h) Temporary assistance for needy families (TANF/Ohio Works); or
    - (i) General assistance, including disability assistance (DA).

The commission may add or remove programs from this list as required by federal or state law.
  - (2) Other verification that an individual's household income is at or below one hundred fifty per cent of the federal poverty level. ILEC ETC's may use any reasonable method of verification. Consistent with federal law, examples of acceptable documentation include the following:
    - (a) State or federal income tax return;
    - (b) Current income statement or W-2 from an employer;
    - (c) Three consecutive months of current pay stubs;
    - (d) Social Security statement of benefits;
    - (e) Retirement/Pension statement of benefits;
    - (f) Unemployment/Workmen's Compensation statement of benefits;
    - (g) Any other legal document that would show current income (such as a divorce decree or child support document).
  - (I) All ILEC ETCs must verify customer eligibility consistent with the federal communications commission's (FCC) requirements in 47 C.F.R. 54, to enroll customers into lifeline assistance who qualify through household income-based requirements.
  - (J) The commission shall work with the appropriate state agencies that administer federal or state low-income assistance programs and with carriers to negotiate and acquire information necessary to

verify an individual's eligibility and the data necessary to automatically enroll eligible persons for lifeline service.

- (K) To the extent that appropriate state agencies are able to accommodate automatic enrollment, every ILEC ETC shall automatically enroll customers into lifeline assistance who participate in a qualifying program.
- (L) An ILEC ETC shall provide written notification if the carrier determines that an individual is not eligible for lifeline service enrollment and shall provide the person an additional thirty days to prove eligibility.
- (M) An ILEC ETC shall provide written customer notification if a customer's lifeline service benefits are to be terminated due to failure to submit acceptable documentation for continued eligibility for that assistance and shall provide the customer an additional sixty days to submit acceptable documentation of continued eligibility or dispute the carrier's findings regarding termination of the lifeline service.
- (N) Commission staff will maintain on the commission's website a copy of boilerplate customer notices that are compliant with the FCC's requirements. Any ILEC ETC choosing to create and use its own customer notice shall submit its proposed notice to commission staff for approval.
- (O) An ILEC ETC shall establish procedures to verify an individual's continuing eligibility for both program and income-based criteria consistent with the FCC's requirements in 47 C.F.R. 54.409 - 54.410. ILEC ETCs shall maintain records to document compliance with these requirements and shall attest, as part of the periodic ETC certification process by the commission, that they comply with the FCC's requirements.
- (P) An ILEC ETC may recover through a customer billing surcharge on retail customers of the ILEC's telecommunications service other than lifeline service customers, any lifeline service discounts and any other lifeline service expenses that are not recovered through federal or state funding and that are approved by the commission under this paragraph. The surcharge may not include recovery of expenses related to the marketing and promotion of lifeline service. The surcharge may be established through one of the following means:
  - (1) An ILEC ETC that chooses to establish a customer billing surcharge to non-lifeline customers, to recover lifeline service discounts and expenses identified in this paragraph shall file a thirty-day application for tariff amendment (ATA). Such application may request recovery of lifeline service discounts that are not recovered through federal or state funding such as federal universal service fund end user charges, service connection charges, blocking of 900/976, recurring discount maximizing the contribution of federally available assistance, and recurring retail price differences between the frozen lifeline service rate and residential BLES rates, as well as lifeline service expenses that are not recovered through federal or state funding such as administrative expenses for the sole purpose of verifying the eligibility and enrolling of lifeline customers. An applicant must provide documentation to support its proposed surcharge and its compliance with this rule. Absent suspension or other commission action, the application shall be deemed approved and become effective on the thirty-first day or later date if requested by the company.
  - (2) An ILEC ETC requesting recovery of any expenses not specified in paragraph (P)(1) of this rule shall file an application with the commission, using the most up-to-date telecommunications filing form, under the TP-UNC case purpose code. An applicant must provide documentation to support its proposed customer billing surcharge and its compliance with this rule and must further support its request for recovery of any expenses not specified in paragraph (P)(1) of this rule with a detailed supporting memorandum. Absent suspension or commission action, the application shall be deemed approved and become effective on the one hundred and twenty-first day or later date if requested by the company.

- (Q) If an ILEC ETC chooses to establish a customer billing surcharge to recover its lifeline expenses under paragraph (P)(1) or (P)(2) of this rule, the lifeline surcharge shall not appear in the section of the bill reserved for taxes and government-mandated charges as set forth in 47 C.F.R. 64.2400 - 64.2401.
- (R) An ILEC ETC that is authorized to establish a customer billing surcharge under either paragraph (P)(1) or (P)(2) of this rule shall annually file with the commission a report that identifies actual amounts recovered and the actual lifeline service discounts and any other lifeline service expenses incurred for the prior period. The company shall provide such data as necessary to enable the commission to validate such amounts to ensure that the company did not over recover its approved expenses from customers. The commission shall establish for each such company the timeframe for filing this report when the commission approves any such billing surcharge. The annual filing may be contained in a request to adjust the billing surcharge in accordance with paragraph (P)(1) or (P)(2) of this rule, but shall be provided via a separate filing and docketed in a generic case number to be established by the commission, if no adjustment to the billing surcharge is sought. Any over-recovery or under-recovery shall be offset against or added to the next year's recovery.
- (S) Every ILEC ETC shall file with the commission in its annual assessment report the number of its customers who receive, at the time of filing of the report, lifeline service.
- (T) Upon request of commission staff, additional information regarding customer subscription to and disconnection of lifeline service shall be provided to commission staff in accordance with Rule 4901:1-6-30 of the Administrative Code.
- (U) Competitive eligible telecommunication carriers (CETCs) lifeline requirements.
- (1) The lifeline requirements found in paragraphs (B), (C), (D), (G), (H), (I), (L), (M), (N), and (O) of this rule apply to the lifeline service offered by any CETC, as applicable to that CETC's service offerings.
  - (2) A CETC shall provide to commission staff, upon request, information regarding the number of its lifeline customers and any additional information regarding customer subscription to and disconnection of lifeline service in the manner and timeframe determined by commission staff.

R.C. 119.032 Review Dates: 11/30/2015  
Promulgated Under: 111.15  
Statutory Authority: 4901.13, 4927.03  
Rule Amplifies: 4927.03  
Prior Effective Dates: None



## **Save Money on your Telephone Bill**

### **Sign up for the Lifeline Assistance Program**

The Public Utilities Commission of Ohio (PUCO) urges qualifying low-income residents to apply for Lifeline Telephone Assistance. Lifeline Assistance makes basic local telephone service more affordable for income-eligible families across Ohio. Those who qualify could receive discounts for monthly telephone bills and/or installation costs of telephone service. And now, some wireless companies offer Lifeline discounts.

#### **Am I eligible?**

You may qualify for Lifeline if your household income is at or below 150 percent of the federal poverty guidelines or if you participate in one of the following programs:

- Medicaid
- Food stamps
- General/Disability Assistance
- Supplemental Security Income (SSI)
- SSI - Blind and Disabled (SSDI)
- Public Housing Assistance/Section 8
- TANF/Ohio Works First
- National School Free Lunch Program
- Home Energy Assistance Program

#### **150% of Federal Poverty Guidelines**

<b>Household Size</b>	<b>Yearly Income</b>	<b>Monthly Income</b>
<b>1</b>	<b>\$16,335</b>	<b>\$1,361.25</b>
<b>2</b>	<b>\$22,065</b>	<b>\$1,838.75</b>
<b>3</b>	<b>\$27,795</b>	<b>\$2,316.24</b>
<b>4</b>	<b>\$33,525</b>	<b>\$2,793.75</b>
<b>For each additional add</b>	<b>\$5,730</b>	<b>\$477.50</b>

#### **What are the benefits?**

Eligible low-income customers receive a monthly discount on basic local landline telephone service, waiver of installation charges, waiver of deposit fees, optional toll blocking at no charge and optional 900/976 blocking at no charge. Lifeline discounts are also available for some wireless companies.

#### **Are there any restrictions?**

Lifeline benefits may be applied to only one type of service – landline or wireless – and is limited to one line per household. You may have both landline and wireless service, but you, as a qualified customer, must choose which service includes the Lifeline benefits. An individual is only allowed to enroll in Lifeline once at the same address during a 12-month period. Other restrictions may apply.

#### **How do I apply?**

Contact your local landline or wireless phone company and ask to apply for Lifeline.

If you have any questions or have a complaint about Lifeline, please contact the **Public Utilities Commission of Ohio** at (800) 686-7826.

# McClure Telephone Company

## Certification for Lifeline Service

*Please read carefully and, using a pen or keying in – fill out completely*

Date: \_\_\_\_\_

\_\_\_\_\_ Initial Application

\_\_\_\_\_ Recertification Application (for Annual Review – Continuing Eligibility)

### Applicant Information:

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
(Month) (Day) (Year)

Please provide the last 4 digits of your Social Security Number \_\_\_\_\_

### Applicant Residential Address:

Number and Street: \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

(No PO Boxes permitted)

Check one:

\_\_\_\_\_ The address listed is my permanent address

\_\_\_\_\_ The address listed is my temporary address

### Program Participation and Certification

I certify under penalty of perjury that I or a member of my household meets the income-based or program-based eligibility criteria for receiving the Lifeline discount. I or a member of my household receives benefits from the following program (check only one program):

- ☐ TANF - Temporary Assistance for Needy Families/Ohio Works First
- ☐ Home Energy Assistance Program
- ☐ Medicaid
- ☐ General/Disability Assistance
- ☐ Supplemental Security Income (SSI)
- ☐ SSDI – Blind and Disabled
- ☐ SNAP (Supplemental Nutrition Assistance Program)/Food Stamps
- ☐ Section 8 Federal Public Housing Assistance
- ☐ National School Free Lunch Program
- ☐ Eligibility based on income (see below for income criteria)

Along with this application, please attach or fax a photocopy (do not send an original) of one of the following:

- | your current or prior year's statement of benefits from a qualifying state or federal program; or
  - | a notice letter of participation in a qualifying state or federal program; or
  - | a program participation document, for example, benefit card; or
  - | an official document indicating your participation in a qualifying state or federal program.
- for Income Eligibility you need to supply a copy of at least one of the following documents:

- A prior year's federal or state tax return
- Current income statement from employer or W-2
- Three consecutive months of the most current pay stubs
- The most recent Social Security statement of benefits
- The most recent Veteran's Administration statement of benefits
- The most recent retirement/pension statement of benefits
- The most recent Unemployment or Worker's Compensation statement of benefits
- Any other legal document that would show your current income (such as a divorce decree or child support document)

### **Income Eligibility Guidelines**

The following chart can be used to determine eligibility for the Lifeline discount program based solely on income level. You may qualify for the Lifeline discount program if your household annual income is at or below 150% of the Federal Poverty Guidelines. A household is defined as any individual or group of individuals who live together at the same address and share income and expenses.

The chart below lists the annual income amount that cannot be exceeded in order to qualify based on household size. If the annual income amount for your household size is more than the amount shown on the chart below you do not qualify for the Lifeline discount based solely on income.

Please indicate the number of individuals in your household \_\_\_\_\_

## **2013 Annual Federal Poverty Guidelines**

Household size	150%
1	\$17,235
2	\$23,265
3	\$29,295
4	\$35,325
5	\$41,355
6	\$47,385
7	\$53,415
8	\$59,445
For each additional person, add	\$6,030



**Please Read and Certify the Following Program Rules**

The Lifeline discount program is a federal benefit and willfully making false statements to obtain this benefit can result in fines, imprisonment, de-enrollment or being barred from the program. *McClure Telephone Company* is required by the Federal Communications Commission, or FCC, to verify your eligibility to participate in the Lifeline discount program.

***Under penalty of perjury you must certify the following statements are true to the best of your knowledge. Please indicate your acknowledgement of each statement below by Initialing.***

***Only one Lifeline discount is allowed per household, consisting of either wireline or wireless service. A household is not permitted to receive Lifeline benefits from multiple providers. Violation of the one-per-household requirement constitutes a violation of Federal Communications Commission rules and will result in your de-enrollment from the program, and potentially, prosecution by the United States government.***

A household is defined as any individual or group of individuals who live together at the same address and share income and expenses.

\_\_\_\_ I certify my household will receive only one Lifeline service and, to the best of my knowledge, my household is not already receiving a Lifeline service.  
Your name, telephone number, address and information contained in this application, as well as information associated with your Lifeline service may be provided to the Universal Service Administrative Company (USAC - administrator of the Lifeline discount program) and/or its agents for the purpose of verifying your household does not receive more than one Lifeline benefit. You will be denied Lifeline benefits if you fail to provide McClure Telephone Company with consent to provide the specified information to USAC.

\_\_\_\_ I acknowledge and consent that McClure Telephone Company may provide my name, telephone number, address and information contained in this application, as well as information associated with your Lifeline service to the Universal Service Administrative Company (USAC) and/or its agents for the purpose of verifying that I or another member of my household does not receive more than one Lifeline benefit.

\_\_\_\_ I agree to allow McClure Telephone Company to exchange any necessary information with the appropriate federal or state agency, or fund administrator, to verify my eligibility to participate in the Lifeline discount program. Lifeline service is a non-transferable benefit. You may not transfer your Lifeline service to any individual, including another eligible low-income consumer.

\_\_\_\_ I agree not to transfer my Lifeline discount benefit to another person.

\_\_\_\_ I agree to notify McClure Telephone Company within 30 calendar days if I move to another address and to provide the new address.

\_\_\_\_ I agree to notify McClure Telephone Company within 30 calendar days if, for any reason, I or my household:

- No longer receive benefits from the federal or state program that qualified me for the Lifeline discount program.
- Annual household income exceeds the Federal Poverty amount listed on page 3 that qualified me for the Lifeline discount program.
- Receives more than one Lifeline benefit or another member of my household is receiving a Lifeline service.

I acknowledge that I will be required to recertify my continued eligibility for Lifeline at any time and my failure to recertify will result in de-enrollment and termination of my Lifeline benefits.  
\_\_\_\_\_ I agree to participate in the certification of my continued eligibility in the Lifeline discount.  
\_\_\_\_\_ The information contained in this application form is true and correct to the best of my knowledge.  
\_\_\_\_\_ I acknowledge that providing false or fraudulent information to receive Lifeline benefits is punishable by law.

I affix, under penalty of perjury, that the foregoing representations are true.

Applicant's Name (Please Print) \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

LINE 3017  
REDACTED

**This foregoing document was electronically filed with the Public Utilities**

**Commission of Ohio Docketing Information System on**

**10/15/2013 10:22:59 AM**

**in**

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

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