

**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 | 300663 |
| <015> Study Area Name | VAUGHNSVILLE TEL CO |
| <020> Program Year | 2014 |
| <030> Contact Name: Person USAC should contact with questions about this data | Marty Kaplan |
| <035> Contact Telephone Number: Number of the person identified in data line <030> | 419-646-3431 |
| <039> Contact Email Address: Email of the person identified in data line <030> | Vvtelco@bright.net |

| ANNUAL REPORTING FOR ALL CARRIERS | | | 54.313 Completion Required | 54.422 Completion Required |
|---|---|-------------------------------------|-------------------------------------|-------------------------------------|
| | | | (check box when complete) | |
| <100> Service Quality Improvement Reporting | (complete attached worksheet) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <200> Outage Reporting (voice) | (complete attached worksheet) | <input checked="" type="checkbox"/> | <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"/> | <input type="checkbox"/> |
| <310> Detail on Attempts (voice) | (attach descriptive document) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <320> Unfulfilled Service Requests (broadband) | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <330> Detail on Attempts (broadband) | (attach descriptive document) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <400> Number of Complaints per 1,000 customers (voice) | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <410> Fixed | <input type="text" value="0.0"/> | | | |
| <420> Mobile | | | | |
| <430> Number of Complaints per 1,000 customers (broadband) | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <440> Fixed | | | | |
| <450> Mobile | | | | |
| <500> Service Quality Standards & Consumer Protection Rules Compliance | (check to indicate certification) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <510> <input type="text" value="300663oh510"/> | (attached descriptive document) | <input checked="" type="checkbox"/> | <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"/> | <input checked="" type="checkbox"/> |
| <610> <input type="text" value="300663oh610"/> | (attached descriptive document) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <700> Company Price Offerings (voice) | (complete attached worksheet) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <710> Company Price Offerings (broadband) | (complete attached worksheet) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <800> Operating Companies and Affiliates | (complete attached worksheet) | <input checked="" type="checkbox"/> | <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"/> | <input type="checkbox"/> |
| <1000> Voice Services Rate Comparability | (check to indicate certification) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <1010> <input type="text"/> | (attach descriptive document) | <input type="checkbox"/> | <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"/> | <input type="checkbox"/> |
| <1110> | (complete attached worksheet) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <1200> Terms and Condition for Lifeline Customers | (complete attached worksheet) | <input type="checkbox"/> | <input checked="" 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**

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| | | |
|-------|---|--|
| <010> | Study Area Code | 300663 |
| <015> | Study Area Name | VAUGHNSVILLE TEL CO |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Marty Kaplan |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 419-646-3431 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | Vvtelco@bright.net |
| <110> | Has your company received its ETC certification from the FCC? | (yes / no) <input type="radio"/> <input checked="" type="radio"/> |
| | If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 | |
| <111> | year plan" filed with the FCC? | (yes / no) <input type="radio"/> <input type="radio"/> |

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

- <112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

 Name of Attached Document (.pdf)

Please check these boxes below to confirm that the attached PDF, on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

- <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"/> |

| | | |
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-- See attached worksheet --

| | | |
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| <039> | Contact Email Address - Email Address of person identified in data line <030> | Vvritelco@bright.net |

| | |
|----------|--|
| 1/1/2013 | |
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**(800) Operating Companies
Data Collection Form**

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| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Marty Kaplan |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 419-646-3431 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | Vvtelco@bright.net |
| <810> | Reporting Carrier | Vaughnsville Tel Co |
| <811> | Holding Company | NA |
| <812> | Operating Company | NA |

[illegible]

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

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| <039> | Contact Email Address - Email Address of person identified in data line <030> | Vvtelco@bright.net |

<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:

- <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.

| Select (Yes,No, NA) |
|---------------------------|
| |
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**(1100) No Terrestrial Backhaul Reporting
Data Collection Form**

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July 2013

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| <015> | Study Area Name | VAUGHNSVILLE TEL CO |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Marty Kaplan |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 419-646-3431 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | Vvtelco@bright.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

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| <039> | Contact Email Address - Email Address of person identified in data line <030> | Vvtelco@bright.net |

<1210> Terms & Conditions of Voice Telephony Lifeline Plans 300663oh1210

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

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

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

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| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Marty Kaplan |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 419-646-3431 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | Vvtelco@bright.net |

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

| | |
|---|--|
| 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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| <039> Contact Email Address - Email Address of person identified in data line <030> | Vvtelco@bright.net |

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

| Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier | |
|--|--------------------------------|
| I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate. | |
| Name of Authorized Agent: | |
| Name of Reporting Carrier: | |
| Signature of Authorized Officer: | Date: |
| Printed name of Authorized Officer: | |
| Title or position of Authorized Officer: | |
| Telephone number of Authorized Officer: | |
| Study Area Code of Reporting Carrier: | Filing Due Date for this form: |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | |

TO BE COMPLETED BY THE AUTHORIZED AGENT:

| Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier | |
|--|--------------------------------|
| I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate. | |
| Name of Reporting Carrier: | |
| Name of Authorized Agent or Employee of Agent: | |
| Signature of Authorized Agent or Employee of Agent: | Date: |
| Printed name of Authorized Agent or Employee of Agent: | |
| Title or position of Authorized Agent or Employee of Agent: | |
| Telephone number of Authorized Agent or Employee of Agent: | |
| Study Area Code of Reporting Carrier: | Filing Due Date for this form: |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | |

Attachments



VAUGHNSVILLE TELEPHONE COMPANY, INC.

BOX 127 • VAUGHNSVILLE, OHIO 45893-0127 • 419-646-3431

Line 510, Service Quality Standards and Consumer Protection Rules Compliance

Documentation of the company's compliance with certification requirements pursuant to 47 CFR §54.313(a)(5).

In addition to the rules and regulations contained in Title 47, Code of Federal Regulations, Vaughnsville Telephone Company (SAC 300663) is subject to the following Service Quality Standards and Consumer Protection Rules of the Public Utilities Commission of Ohio:

Ohio Administrative Code

- 4901:1-6-09 Eligible Telecommunication Carrier certification (high cost and Lifeline).
- 4901:1-6-12 Service Requirements for BLES (Basic Local Exchange Service), including installation and repair intervals, deposits, payments and disconnection.
- 4901:1-6-13 Warm line service.
- 4901:1-6-14 BLES pricing parameters, including late payment charges and reconnection fees.
- 4901:1-6-15 Directory Information.
- 4901:1-6-16 Unfair or deceptive acts and practices.
- 4901:1-6-17 Truth in billing requirements.
- 4901:1-6-18 Slamming and preferred carrier freezes.
- 4901:1-6-19 Lifeline requirements.
- 4901:1-6-20 Discounts for persons with communications disabilities.
- 4901:1-6-27 Provider of last resort (POLR).
- 4901:1-6-30 Company records and complaint procedures.
- 4901:1-6-31 Emergency and outage operations.
- 4901:1-7-03 Toll presubscription.
- 4901:1-7-24 Local number portability (LNP).
- 4901:1-7-26 Competition safeguards (CPNI).

Ohio Revised Code

- 4927.06 Unfair or deceptive trade practices.
- 4927.08 Basic local exchange service standards.
- 4927.09 Access to 9-1-1 service.
- 4927.11 Access to basic local exchange service.
- 4927.12 Alteration of rates for basic local exchange service.
- 4927.13 Lifeline service for eligible residential customers.
- 4927.14 Adoption of rules for rates for persons with disabilities.
- 4927.15 Rates, terms and conditions for 9-1-1 and other services.
- 4927.17 Notice of rates, terms or conditions of service; contact information to be provided on bills and notices.

The company has established policies and procedures designed to protect consumers, including publishing the following in the telephone directory provided to each customer: customer rights, formal complaint procedures, and policies related to privacy, slamming and cramming.

The company observes strict compliance to all CPNI rules, including training for new employees, refresher training for current employees, maintaining written practices for handling CPNI and submitting annual certifications to regulatory agencies. The CPNI manual is available for inspection at the company business office. The company uses a contracted service order administrator to process LNP requests within the time constraints contained in the rules. Customer billing is performed by a billing vendor that maintains software that complies with all truth in billing requirements, including the information that is required to be displayed on the customer bill. The company maintains a CALEA manual and utilizes a third party vendor to make sure that all CALEA requests are processed in accordance with applicable laws and regulations. The CALEA manual and procedures are filed with the appropriate agencies and are also maintained at the company business office.

The company's Basic Local Exchange Service Tariff, PUCO No. 4, contains BLES pricing, 9-1-1, Lifeline and IntraLATA presubscription information, terms and conditions. The tariff is available at the company business office and in the tariff section of the PUCO website <http://www.puco.ohio.gov>.

Other sections of FCC Form 481 contain additional information regarding the following:

Lifeline terms and conditions - Line 1210

Emergency operations - Line 610



VAUGHNSVILLE TELEPHONE COMPANY, INC.

BOX 127 • VAUGHNSVILLE, OHIO 45893-0127 • 419-646-3431

Line 610, Functionality in Emergency Situations

Documentation of the company's processes implemented to assure compliance with certification requirements pursuant to 47 CFR §54.313(a)(6) and §54.202(a)(2).

Vaughnsville Telephone Company (SAC 300663) 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 30 kw generator set capable of running continuously for 200 hours before needing to be refueled. Network nodes containing active electronic equipment are equipped with battery backup. The company maintains a number of portable generator sets that can be deployed to network nodes in the event a power outage exceeds the battery reserve capacity.

The facility network is designed as a diverse-routed fiber optic ring, capable of instantaneously switching traffic around damaged facilities. The company has arrangements with multiple splicing contractors for rapid deployment and restoration of fiber optic cables.

The network is capable of managing traffic spikes caused by emergency situations. This is accomplished by maintaining properly sized trunk groups to the PSTN.



VAUGHNSVILLE TELEPHONE COMPANY, INC.

BOX 127 • VAUGHNSVILLE, OHIO 45893-0127 • 419-646-3431

Line 1210, Terms and Conditions for Lifeline Customers

Vaughnsville Telephone Company (SAC 300663) has established terms and conditions for Lifeline customers that incorporate the federal and state requirements as documented in its Basic Local Exchange Service Tariff PUCO No. 4, Section 5, First Revised Sheet No. 1.

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-COI) and any subsequent entries and/or orders.

The Lifeline discount applies to Basic Local Exchange Service (BLES) as defined by Ohio Revised Code 4927.01(A)(1). For residence customers, BLES consists of local dial tone service, flat-rate telephone exchange service, touch-tone dialing service, access to and usage of 9-1-1 services, provision of a telephone directory at no charge, listing in that directory, per call caller identification blocking services, access to telecommunications relay service and access to toll presubscription, interexchange or toll providers or both, and networks of other telephone companies. The company also provides an optional toll denial feature at no additional charge. The current rates for residential BLES range from \$10.83 to \$14.83 per month depending on whether the customer is located in the Base Rate Area or one of four Bands or Zones.

The company applies the Lifeline support amount as follows: first, to waive the End User Common Line EUCL Charge of \$6.50 and second, to discount the residential BLES charge with the remaining balance of the support amount, in compliance with 47 CFR §54.403(b).

Residential BLES customers may also add optional service features and subscribe to a variety of long distance calling plans offered by the company. These optional services are described on the company website (<http://www.vaughnsvillecomm.com>) under the Phone Services link. No discount is applied to these services because the entire Lifeline support amount is exhausted after applying it to the EUCL and BLES charges.

This foregoing document was electronically filed with the Public Utilities

Commission of Ohio Docketing Information System on

10/15/2013 11:45:36 AM

in

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

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