	rm 481 - Carrier Annual Reporting offsection Form			erun 481 Camtrol Nas. 1960 (***) 113	onzo/No.5%G (619
<010>	Study Area Code	200622			
<015>	Study Area Name	MALIDA TEL CO			
<020>	Program Year	2214			
<030>	Contact Name: Person USAC should contact with questions about this data	Joyce Grote			
<035>	Contact Telephone Number: Number of the person identified in data line <0:	30> 419-532-3218			
<039>	Contact Email Address: Email of the person identified in data line <030:]@/D#GJBKalidase	E con		
A 8 11 1 2	AL REPORTING FOR ALL CARRIERS			SC & Comple	tion Completion
<100>	Service Quality Improvement Reporting		comprise attached worksheet		red Sequenced - Box with Complete)
alaman 1					
<200> <210>	Outage Reporting (voice)	ilf no outages to repor	inonykite attached wortshee: 1	4	
<300> <310> <320> <330>	Unfulfilled Service Requests (voice) Detail on Attempts (voice) Unfulfiked Service Requests (broadband) Detail on Attempts (broadband)	3	(ortack destripove document)		
<400> <410> <420> <430> <440>	Number of Complaints per 1,000 customers (voi Fixed 9.0 Mobile 0.0 Number of Complaints per 1,000 customers (bro Fixed 0.0 Mobile 0.0		fortach descriptive document	4	
<510> <600> <610> <700> <710> <800> <900> <1000> <1010> <1110> <1110>	Service Quality Standards & Consumer Protection 19864250810	m Rules Compliance	(these to induces a militaria description of the control description of fattached description document, fattached description document, from interest attached worksheer; fattached social attached worksheer; fattached worksheer; fattached worksheer; fattacked worksheer; fattacked attached worksheer; fattacked attached worksheer; fattacked attached worksheer; fattacked worksheer; fattacked worksheer; fattacked worksheer; fattacked worksheer; fattacked worksheer;	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	
<2000> <2005>	Price Cap Carriers, Proceed to <u>Price Cap Addition</u> Including Rate-of-Return Corriers of likated with it Rate of Return Carriers, Proceed to <u>ROR Addition</u>	Price Cap Lacal Exchan	orksheet ge Carriers Schack to indicate cerification) gisamplese ottarhad worksheet)		
<3000> <3005>			(check to indicate certification) (complete attached worksheet)	1 4	

	rvice Quality improvement Reporting		FCC Form 481 CME Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	309625	
<015>	Study Area Name	MALIDA TEL CO	
<020>	Program Year	2014	
<030>	Contact Name - Person USAC should contact regarding this data	Joyce Grace	
<035>	Contact Telephone Number - Number of person identified in data	line <030> 419-582-3216	
<039>	Contact Email Address - Email Address of person identified in data	line <030> toyceg@kalidabal.com	
<110>	Has your company received its ETC certification from the FCC?	(yes/no) O	•
<111>	If your answer to Line <110> is yes, do you have an existing §54.20 year plan" filed with the FCC?	02(a) "5 (yes / no.)	•
	If your answer to Line <111> is yes, then you are required to file a preport, on line <112> delineating the status of your company's exis 54.202(a) "5 year plan" on file with the FCC, as it relates to your pro-	sting §	
	voice telephony service.		
112>		nt years, (1). If your company is a	
<112>	voice telephony service. Attach Five-Year Service Quality Improvement Plan or, in subsequer your annual progress report filed pursuant to 47 C.F.R. § 54.313(a). CETC which only receives frozen support, your progress report is or	nt years, (1). If your company is a nly	of Attached Document Loriffi
<112>	voice telephony service. Attach Five-Year Service Quality Improvement Plan or, in subsequer your annual progress report filed pursuant to 47 C.F.R. § 54.313(a). CETC which only receives frozen support, your progress report is or	nt years, (1). If your company is a nily Name on line rovement	of Attached Document (.pdf)
	vaice telephony service. Attach Five-Year Service Quality Improvement Plan or, in subsequer your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(. CETC which only receives frozen support, your progress report is or required to address voice telephony service. Please check these boxes below to confirm that the attached PDF, 112, contains a progress report on its five-year service quality impriplian pursuant to § 54.202(a). The information shall be submitted at	nt years, (1). If your company is a nily Name on line rovement	of Attached Document (.pdf)
113>	vaice telephony service. Attach Five-Year Service Quality Improvement Plan or, in subsequer your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)/. CETC which only receives frozen support, your progress report is or required to address voice telephony service. Please check these boxes below to confirm that the attached PDF, 112, contains a progress report on its five-year service quality impripian pursuant to § 54.202(a). The information shall be submitted at center-level or census block as appropriate.	nt years, (1). If your company is a nily Name on line rovement	of Attached Document (.pdf)
113> 114>	vaice telephony service. Attach Five-Year Service Quality improvement Plan or, in subsequer your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)/. CETC which only receives frozen support, your progress report is or required to address voice telephony service. Please check these boxes below to confirm that the attached PDF, 112, contains a progress report on its five-year service quality impripan pursuant to § 54.202(a). The information shall be submitted at center level or census block as appropriate. Maps detailing progress towards meeting plan targets	nt years, (1). If your company is a nily Name on line rovement	of Attached Document (.pdf)
:113> :114> :115>	vaice telephony service. Attach Five-Year Service Quality Improvement Plan or, in subsequer your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(. CETC which only receives frozen support, your progress report is or required to address voice telephony service. Please check these boxes below to confirm that the attached PDF., 112, contains a progress report on its five-year service quality impripan pursuant to § 54.202(a). The information shall be submitted at center level or census block as appropriate. Maps detailing progress towards meeting plan targets. Report how much universal service (USF) support was received.	nt years, (1). If your company is a nily Name on line rovement	of Attached Document (.pdf)
d13> d14> d15> d16> d17>	vaice telephony service. Attach Five-Year Service Quality Improvement Plan or, in subsequer your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(. CETC which only receives frozen support, your progress report is or required to address voice telephony service. Please check these boxes below to confirm that the attached PDF., 112, contains a progress report on its five-year service quality impriping pursuant to § 54.202(a). The information shall be submitted at center-level or census block as appropriate. Maps detailing progress towards meeting plan targets. Report how much universal service (USF) support was received. How (USF) was used to improve service quality.	nt years, (1). If your company is a nily Name on line rovement	of Attached Document (.pdf)

(200) Service Outage Reporting (Volce)	
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Data Collection Form	OMB Control No. 3050-0986/OMB Control No. 3050-0819
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	July 2013

<010>	Study Area Code	300425
<015>	Study Area Name	KALISA JEL SD
<020>	Program Year	2614
<030>	Contact Name - Person USAC should contact regarding this data	Poyce Graze
<035>	Contact Telephone Number - Number of person identified in data line <0	030> 419-532-3216
<039>	Contact Email Address - Email Address of person identified in data line of	NWo torgerazalidetel com

	<a>>	<b1></b1>	<62×	<53>	<ba>454></ba>	<c1></c1>	<c2></c2>	<₫>>	<e>></e>	d>	<g>-</g>	sh>
	NORS Reference Number	Outage Start Date	Outage Start Time	Outage End Date	Outage End Time	Number of Customers Affected	Total Number of Customers	911 Facilities Affected (Yes / No)	Service Outage Description (Check all that apply)	Did This Outage Affect Muftiple Study Areas (Yes/No)	Service Outage Resolution	Preventativ
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	Offerings leefuding Voice Rate Data		FCC Form 481 DM9 Corpolise, 3060-0/66/DM8 Control No. 2060-319 July 2011
<010>	Study Area Code	350628	
<015>	Study Area Name	MALICA TEL CO	
<020> 1	Program Year	2014	
<030> (Contact Name - Person USAC should contact regarding this data	Coyce Grate	
<035> 0	Contact Telephone Number - Number of person identified in data line <030>	419-530-3215	
<039> 0	Contact Email Address - Email Address of person identified in data line <030>	joycegêks lidesel.com	

State	Exchange (REC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and F
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	adland Price Officially action form		FCC Form 481 CMB Communitio 3:60 9986 X MB Control No. 3:45-0919 July 2013
<010>	Study Area Code	360625	
<015×	Study Area Name	KALIDA TEL CO	
<020×	Program Year	2014	
<030>	Contact Name - Person USAC should contact regarding this data	Joyce Grote	
<035>	Contact Telephone Number - Number of person identified in data line	<030× 419-532-3216	
<039>	Contact Email Address - Email Address of person identified in data line	<030> joyceg@kalidatel.com	

- 19	G promotion of	*32>	<tl></tl>	- 25	AL PROPERTY.	465	4/62%	<635	<645
S	tate	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rate and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbos)	Usege Allowance (GB)	Usage Allowance Action Taken When Limit Reached (select

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(800) Op	erating Companies		and resource of a file	FCCFerm481
	lection Form			ONE Control No. 3669-09.6/CMHB Control No. 3669-0819 389-3013
<010>	Study Area Code	300625		
<015>	Study Area Name	MALIDA TEL CO	·	
<020>	Program Year	2014		
<030>	Contact Name - Person USAC should contact regarding this data	Joyce Grove		
<035>	Contact Telephone Number - Number of person identified in data in	ne <030> 419-532-3218		
<039>	Contact Email Address - Email Address of person loentified in data is	ne <030> joyceg@kalidat	el.com	
<810>	Reporting Carrier Weldds Telephone Company			
<811>	Holding Company			
<812>	Operating Company			
< 813>	<013		9323	43
	Affiliates		SAC	Doing Business As Company or Brand Designation
			44	
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A CONTRACTOR AND SECURE	hel Lands Reporting Rection Form		FCC Form 481 GMS Control No. 3080-0986/OMS Control No. 3060-0919 fully 2013
k		_	
<010>	Study Area Code	300625	
<015>	Study Area Name	ANTION LEF CO	
<020>	Program Year	2014	
<030>	Contact Name - Person USAC should contact regarding this data	Jayoe Grate	
<035>	Contact Telephone Number - Number of person identified in data fine		
<039>	Contact Email Address - Email Address of person identified in data lin	e <030> ppyceq@=aliderel	192
<910>	Tribal Land(s) on which ETC Serves		
<920>	Tribal Government Engagement Obligation		
		Name of At	tached 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>		 	
<323>	Compliance with Tribal Business and Licensing requirements.	L	

	o Terrestrial Backhaul Reporting lection Form	FCC Form 481 DMS Control No. 3060-0985/OMB Control No. July 2013	3060-0819
<010>	Study Area Code	905 825	
<015>	Study Area Name	XALIDA TEL CO	New Control of the Co
<020>	Program Year	2014	***************************************
<030>	Contact Name - Person USAC should contact regarding this date	Coyce Grate	***************************************
<035>	Contact Telephone Number - Number of person identified in data line <030>	419-532-3218	
<039>	Contact Email Address - Email Address of person identified in data line <030>	joyceg@velidetel.pom	***************************************
<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)		
		r	

Lifeline	erms and Condition for Lifeline Customers Hection Form			FCC Form 481 OMB Control No. 3060-0385/CMB Control No. 3060-0519 July 2013
<010>	Study Area Code		300625	
<015>	Study Area Name		KALICA TEL CO	
<030>	Program Year		701.4	
<035>	Contact Name - Person USAC should contact regarding this date		Joyce Grote	
<039>	Contact Telephone Number - Number of person identified in data in Contact Email Address - Email Address of person identified in data		419-532-3215 . joyceg@ralidatel.com	
			teren er den er	
<1210>	Terms & Conditions of Voice Telephony Lifeline Plans		900 62500 1210	
		N	lame of attached document (.pdf)	
<1220>	Link to Public Website	нттр	eta innerio de persona e inceptante de constitución de la constitución de la constitución de la constitución d	
	"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,	4		
<1223>	Additional charges for toll calls, and rates for each such plan.			

(2000) F	Tive Cap Carrier Ad Ational Documentation		%CC form 487			
Data Co	flection Form		MAS Control No. 3060-0985/CMM (
Inclu d in	g Rate of turn Cam'e self listed with Price Cap I neal Exchange Commis		into (0.3			
2000 DO						
<010>	Study Area Code	900 625				
<015>		GLIZON TEL CO				
<020>		014				
<030>		TAT Systematics of the state of				
<035>	Contact Telephone Number - Number of person identified in data line <030>	419-532-3216				
<039>	Contact Email Address - Email Address of person identified in data line < 030>)oyceg@kelidezel.com				
CHECK						
CHECK	the boxes below to note compliance as a recipient of Incremental Connect Am	rica Phase I support, frozen High Cost support, High Cost support to offse	t access charge reductions, and Connect America Phase II			
	support as set forth in 47 CFR 9 54.3.13(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>						
<2011>						
	are teen extracted for cive & paratachtsti		L. Carrier and Car			
	Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312[a])					
<2012>	2013 Frozen Support Certification					
<2013>						
<2014>						
<2015>	2016 and future Frozen Support Certification					
			Succession of the second secon			
	Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))					
<2016>	Certification Support Used to Build Broadband					
			Location :			
	Connect America Phase II Reporting (47 CFR § 54.313(e))		<u></u>			
<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					
	of CAF Phase It support shall provide the number, names, and address					
	community anchor institutions to which began providing access to bro	adbend				
Liste	service in the preceding calendar year.					
<2021>		Name of Attached Document Listing Required information				
<2021>	service in the preceding calendar year.	Name of Attached Document Listing Required information				

3000) #	ate Of Return Carrier Auditional Documentation		PCCForm +83
Data Col	Chon Form		SHIP Commo No. 3262 CRS 640 MB Control for 3 (4) 4 (3) 9
			to 2019
A	300625		
-019> -015>	Study Area Code		
-C252->	Program Year 2014		
4030	Contact Name - Person USA, should concert regarding this data of	yoe Grove	
235>	Contact Telephone Number - Number of person identified in data me<020 -		
(0595)	Contact fine Address - fine Address of person deptified in data one CDD		
	the bown below to note compliance on its five year service quality plan (aura		
************	CFR § 54.313(7)(2). I further certify the	t the information reported on this form and in the documents are	ig compliance was the analical reporting requirements set forth in 4 Ither below is accurate.
	Progress Reportion 5 Year Plan		
(3010)	Milestone Cer of certain 147 CFR § 54.313.6 (2)	Name of Attached Document Loung Required Information	
	Fremse theck this box to confirm that the attached PDF, on line 3012,		
	contains the required information pursuant to § 5= 313 (fig1)(4), as a		Newsymptotic
(3011)	recipient of CAF Prese support that provide the number, names, and		
	addresses of community enchor institutions to which began providing		
	access to broadward service in the preceding calendar year.		
(3012)	Community Anchor institutions #7 CFR § 54 333(6) 1986	Name of Attriched Document Listing Required Information	
	wyour company a Privately Held ROR Cerner (47 CFR § 54313)(NZ)	rearise of Autocited Document Listing Required Information	[4](vs/to)
(3014			H
	Please check these boxes to cord my that the attached FDF, on ine 5017,		
	consider the required information pursuant to § \$4.313(f)(7) compliance		
	requires Electronic copy of their arrival RUS reports (Operating Report for		
(8015)	Telecon municipal profile to the control of the con		
(5016)	PDF of Burnice Street, income Statement and Statement of Cash Floors		
	If the reported is vesion line 2014, attach your company's RUS ensure		
(3027)	report and at required dixtumentation	Name of Attached Document Listing Required information	
(1018)	If the response is no on line \$214 is your company audited?	HANNEL OF PARAMETERS AND ACTIVITIES	E Nesnoi
	The response a years one XLE please their the boxes below to		hammed 1 and 1 and 1
	confirm your such assort, on line \$125 pursuant to \$ \$4,315(1)(2) contains		
190193	Ether accept of their nucleod financial statement, or (2) a financial seport		
	in a formal comparable to RUS Operating Report for Telecommunications		**************************************
(9000)	PDF of Balance Share, Income Statement and Statement of Cash Flows		
	Medigenors letter spired by the independent conflect public accounting		
(3021)	that performed the company's financial audit		LJ
	If the response is no on line Will, please that the boxes below		•
	to confirm your submission; on the 2016 pursuant to 6 54 313(5)(2).		
	contains		
	Copy of their financial statement which has been subject to review by an		T
(3022)	independent certified public accountant; or 2) a financiar report in a		*
	formet comparable to RUS Operating Report for Telecommunications Borrowes		
energy)	Under ying information subjected to a review by an independent certified		
(3023)	public accountant		الما
(3024)	Underlying information subjected to an officer certification.		
(3025)	PDF of Balance Sheet, Income Statement and Statement of Cash Flores		
FACORS.	Attach theworkshore asting required information	Secretary and the second secon	350625063025
3000003	AND A STREET OF THE PROPERTY O	Name of Assisted Document Listing Required Information	

	ten - Reporting Car est on Form	• 100 000	44 a 8			FIC Form 48. DMI CORES NA No. 2019	1 3504500	/DMB Control Ne	9060-0819
*010×	Study Area Code	373625							
<015>	Study Area Name	MALIDA TEL CO				******************	***************************************		
<02D>	Program Year	2314		***************************************				***************************************	
<050>	Contact Name - Pers	on USAC should contact regarding this date	Joyce Grote	***************************************		**************************************			
<035>	Contact Telephone N	umber - Number of person identified in data	ine <020> 4194	532-3218		***************************************			
<039>	Contact Email Addre	ss - Emai: Address of person (dentill ed in data	ne <0:0- 109	ceşêkalıda:	el.com	***************************************			*****

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

t certify that I am an efficer of the reporting carrier; my responsibilities i recipients; and, to the best of my knowledge, the information reported	nclude ensuring the accuracy of the annual reporting requirements for universal so on this form and in any attachments is accurate.	ervice support
Name of Reporting Carrier: KALITIA TEL CO		
Signature of Authorized Officer, CERTIFIED ONLINE	Date :	10/67/2613
Prized name of Authorized Officer: Chris Phillips		
The or position of Authorized Officer: GM Treasurer		
Telephone number of Authorized Officer: 419-532-3218		
Study Area Code of Reporting Carrier: 30%625	Fing Due Date for this form: 19/15/2013	

	tion - Agent / Carrier ect - a Form	FCCFoim 483 PMR Controllio 3050-0 60 MR Controllio 3050-0 15 July 2013
«010»	Study Area Code	31/4828
<015>	Study Area Name	KALIDA TEL CO
<020>	Program Year	\$214*
*030>	Coreact Name - Person USA	K photo decortact regarding this data Soyce Grote
<035>	Contact Telephone Number	- Number of person identified in data line 1/13(p) 419-532-3218
20.90~	Contact Small Siddening Pro-	

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

<038> Contact Email Address - Email Address of person kientified in data line <050 - jcycap@kalidatel.com</p>

I certify that (Hame of Agent) also certify that I am an officer of the reporting carrier; agent; and, to the best of my knowledge, the reports an	is authorized to she authorized to submit the information reported on behalf of the reporting carrier my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized d data provided to the authorized agent is accurate.
Name of Authorzed Agent	
Name of Reporting Certer	
Signature of Authorized Officer	Pate:
Printed name of Authorized Officer.	
Tie or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier	Fong Due Date for this form:

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Aut	horized to File Annual Reports for CAF or LI Reciplents on Behalf of Reporting Carrier
i, as agent for the reporting carrier, certify that I am authorize the data reported herein-based on data provided by the repo	of to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided ring carrier; and, to the best of my knowledge, the information reported berdin 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	
tie or position of Authorized Agent or Employee of Agent.	
elephone number of Author zed Agent or Employee of Agent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:

Attachments

10/07/2013

£124863313973228	ser Offerings Including Voice Rate Data lection Form		FCC Form 481 OM8 Control No. 3000-0985 Control No. 3000-0219 Int. 2023
<010>	Study Area Code	308625	
<015>	Study Area Name	HALIDA TEL CO	
<020>	Program Year	2014	
<030>	Contact Name - Person USAC should contact regarding this data	Joyce Grote	
<035>	Contact Telephone Number - Number of person identified in dat	a line +030> 419-532-3218	
¢039>	Contact Email Address - Email Address of person identified in da	ta line <030>	
<701> <702>	Residential Local Service Charge Effective Date Single State-wide Residential Local Service Charge	1/1/2013	

<703>

State	Exchange (BEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fe
CB.	Kalida	300-625	27 2	7.21	8.6	0.0	0.0	7.11
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KALIDA TELEPHONE COMPANY, INC.

121 E. Main Street ♦ Box 267 ♦ Kalida, Ohio 45853
Phone 419-532-3218 ♦ Fax 419-532-3300 ♦ Email ktc@kalidatel.com

FOR IMMEDIATE RELEASE: January 29, 2013

FOR MORE INFORMATION CONTACT: Stacey Birkemeier 419-532-3218 stacey@kalidatel.com

Please publish the info below in the Putnam County Sentinel.

Save On Your Telephone Bill

Qualified customers can save on their phone bill with the Kalida Telephone Company. The Kalida Telephone Company offers savings to qualified customers through the Lifeline Telephone Assistance Program in the following ways: a \$9.25 monthly discount for regulated local services; a waiver of phone line establishment charges once in a 12 month period; free blocking of toll, 900 and 976 services; a waiver of the Company's service deposit requirements and a waiver of the federal universal fund end user charge.

Payment arrangements will also be made for these qualified customers with past due bills for regulated service with the Company. Qualifying customers with past due toll service charges shall have toll restricted service until the past due toll services have been paid.

Qualified customers must have either a household annual gross income at or below 150% of the federal poverty level; or, be enrolled in one of the following programs: Medicaid or any state program which might supplant Medicaid; Supplemental Nutritional Assistance (SNAP/Food Stamps); Supplemental Security Income (SSI); Social Security Disability Insurance (SSDI); Federal Public Housing or Section 8; Home Energy Assistance Program (HEAP, LIHEAP, E-HEAP); National School Free Lunch Program (NSL); Disability Assistance (DA); Temporary Assistance for Needy Families (TANF/Ohio Works and General Assistance, including disability assistance (DA).

Federal Rules prohibit qualified customers from receiving more than one Lifeline service per household. Lifeline benefits may be applied to only one type of service - landline or wireless. Benefits would be lost if customer is found to have more than one per household. Eligibility must be reconfirmed every year and if at any point a customer no longer qualifies, the Company must be notified immediately.

For all the savings and program details call the Kalida Telephone Company at 419-532-3218.

This notice is required by the federal government.

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PUCO Emergency Plan

4901:1-6-31

Emergency and Outage Operations

Effective: 1/20/2011

- (A) Each facilities-based local exchange carrier (LEC) shall design, operate, and maintain its facilities to continue to provide customers with the ability to originate and receive calls at all times. The commission will utilize existing FCC rules applicable to emergency and outage operations. Companies shall submit outage reports utilizing, at the company's discretion, either existing FCC reports or a format determined by the commission.
- (B) Each facilities-based LEC shall submit, within two hours of discovery, to the commission's outage coordinator and when appropriate, the news media in the affected area, a notification that it has experienced an outage, whenever that outage occurs on any facility that it owns, operates, leases or otherwise utilizes and is both:
 - (1) Expected to last for a period in excess of thirty minutes.
 - (2) Potentially affects at least nine hundred thousand user minutes in the incumbent local calling area.
- (C) Each facilities-based LEC shall report, by telephone or electronic means, a disruption of 9-1-1 services, which impairs 9-1-1 service within a given county 9-1-1 system, immediately to each county 9-1-1 public safety answering point, to the Ohio 9-1-1 coordinator, and to the news media in the affected area, when appropriate.
- (D) Each facilities-based LEC experiencing a loss of communications or selective routing to a public safety answering point, as a result of an outage described under paragraphs (B) and (C) of this rule, shall also notify, as soon as possible, by telephone or electronic means, any official who has been designated by the management of the affected 9-1-1 facility as the LEC's contact person for communication outages at that facility; and the LEC shall convey to that person all available information that may be useful to the management of the affected facility in mitigating the effects of the outage on efforts to communicate with that facility.
- (E) Each facilities-based LEC experiencing an outage described under paragraphs (B) and (C) of this rule, shall electronically submit to the commission's outage coordinator the same information as that provided to the FCC or the following information:
 - (1) A notification that it has experienced a outage, which shall include the name of the reporting entity, the date and time of the onset of the outage, a brief description of the problem, the particular service affected, the geographic area affected by the outage, the number of customers affected, an estimate of when the service, including 9-1-1, will be restored, and a contact name and telephone number by which the commission's outage coordinator may contact the reporting entity.
 - (2) Not later than seventy-two hours after discovering the outage, an initial communications outage report, which shall include all pertinent information then available on the outage and shall be submitted in good faith.
 - (3) Not later than thirty days after discovering the outage, the provider shall submit electronically a final communications outage report, which shall include all pertinent information on the outage, including any information that was not contained in, or that has changed from that provided in, the initial report.

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- (F) Each facilities-based LEC shall develop, implement, and maintain an emergency plan and make it available for review by commission staff. The plan shall include, but not be limited to, all of the following:
 - (1) Procedures for maintaining and annually updating a list of those customers who have subscribed to the federal telecommunications service priority program, as identified in 47 C.F.R. 64, appendix A.
 - (2) Procedures for priority treatment in restoring out-of-service trouble of an emergency nature for customers with a documented medical or life-threatening condition.
 - (3) In addition to the telecommunications service priority program, each LEC shall develop policies and procedures regarding those customers who require priority treatment for out-of-service clearance. Such procedures shall include a table of restoration priority, including, but not limited to, subscribers such as police and fire stations, hospitals, key medical personnel, and other utilities.
 - (4) Procedures for restoring service to priority critical facilities customers.
 - (5) Identification and annual updates of all of the facilities-based LEC's critical facilities and reasonable measures to protect its personnel and facilities.
 - (6) Assessments and evaluations of telecommunications facilities available to provide back-up service capabilities.
 - (7) Procedures for after-action assessments and reporting following activation of any part of the emergency plan. An after-action report will be written and will include lessons learned, deficiencies in the response to the emergency, and deficiencies in the emergency plan.
 - (8) A current list of the names and telephone numbers of the facilities-based LECs' emergency service personnel to contact and coordinate with in the event of any real or anticipated local or national threats to its ability to provide telecommunications service.
 - (9) A current list of the names and telephone numbers of the facilities-based LEC's emergency service personnel that is made available to the commission's emergency coordinator, upon request.
 - (10) A continuity of operations plan to assure continuance of minimum essential functions during a large scale event in which staffing is reduced. Such plans shall provide for:
 - (a) Plan activation triggers such as the world health organization's pandemic phase alert levels, widespread transmission within the United States, or a case at one or more locations within Ohio.
 - (b) Identification of a pandemic coordinator and team with defined roles and responsibilities for preparedness and response planning.
 - (c) Identification of minimal essential functions, minimal staffing required to maintain such essential functions, and personnel resource pools required to ensure continuance of those functions in progressive stages associated with a declining workforce.
 - (d) Identification of essential employees and critical inputs (e.g., raw materials, equipment, suppliers, subcontractor services/products, and logistics) required to maintain business operations by location and function.
 - (e) Policies and procedures to address personal protection initiatives.

- (f) Policies and procedures to maintain lines of communication with the public utilities commission of Ohio during a declared emergency.
- (G) Each facilities-based LEC shall amend its emergency plan in accordance with the findings identified in the after-action assessment report required under paragraph (F)(7) of this rule.

R.C. 119.032 Review Dates:	11/30/2015
Promulgated Under:	111.15
Statutory Authority:	4927.03
Rule Amplifies:	4927.04
Prior Effective Dates:	None

KALIDA TELEPHONE COMPANY, INC. STATEMENT OF CPNI PROCEDURES

Kalida Telephone Company, Inc. has created a CPNI Policy Handbook containing the following procedures that it has adopted to ensure the protection of CPNI. The handbook describes our procedures in greater detail and provides practical guidance on how to protect against unauthorized disclosure or use of CPNI. The handbook is distributed to our employees during training and serves as an important reference tool for our employees.

Duty to Protect CPNI

We as a communications company recognize our duty to protect customer CPNI. We may not disclose CPNI to unauthorized persons, nor may we use CPNI in certain ways without consent from our customers. Before we can provide customers with their own CPNI, we must authenticate the customer.

We recognize that there are a few cases in which we can disclose CPNI without first obtaining customer approval:

- 1. Administrative use: We may use CPNI to initiate, render, bill and collect for communications services.
- 2. <u>Protection of carrier and third parties</u>: We may use CPNI to protect the interests of our company, such as to prevent fraud or illegal use of our systems and network. Employees are notified of the steps to take, if any, in these sorts of situations.
- 3. As required by law: We may disclose CPNI if we are required to by law, such as through legal process (subpoenas) or in response to requests by law enforcement. Employees are notified of any steps they must take in these situations.

Our Own Use Of CPNI

We may use CPNI to provide or market services to our existing customers. We understand that we are required to obtain customer approval prior to using CPNI in certain ways.

Marketing

We understand that we do not need to obtain customer approval before using CPNI to market services to our existing customers within the categories of service to which the customer already subscribes.

We understand that we may not use CPNI to market services that are in a service category to which the customer <u>does not</u> already subscribe <u>without customer approval</u>.

We understand that we cannot use CPNI to solicit a customer to add a new category of service without first obtaining the customer's approval.

We also understand that we do not need customer consent before using CPNI to market "adjunct-to-basic" services such as speed dialing, computer-provided directory assistance, call monitoring, call

tracing, call blocking, call return, repeat dialing, call tracking, call waiting, caller ID, call forwarding, and certain centrex features.

We understand that we may not use CPNI to identify or track customers that call competing service providers.

We regularly review our marketing practices to determine when and how CPNI is used within the company, and whether CPNI is being shared with other entities. We also review new marketing or sales campaigns to ensure compliance with these CPNI policies and with the FCC's CPNI regulations. We do not share CPNI with any affiliates or other third parties.

Provision of Services

We understand that we do not need customer approval to use CPNI to provide CPE and call answering, voice mail or messaging, voice storage and retrieval services, fax store and forward, and protocol conversion.

Authenticating Customers Before Disclosing CPNI

We understand that we are required to objectively determine that our customers are who they say they are before disclosing CPNI to them.

<u>Telephone</u>

We understand that when a customer calls, we may not release *call detail information*, or information relating to the transmission of specific telephone calls until we have called the customer back at the telephone number of record to ensure that the customer is who s/he says s/he is. Alternatively, we may offer to send the call detail information to the address of record or provide it to the customer or an authorized individual in person after s/he has produced valid photo identification at our office.

We understand that we may disclose non-call detail information over the telephone after authenticating the customer by calling back the telephone number of record, checking valid photo identification, or by mailing the information to the account address of record.

In-Person Authentication

We understand that before we can disclose CPNI to customers in person, the customer must present valid government-issued photo identification. The name on the photo identification must match the name on the account. If the customer cannot present the required identification, we offer to provide the requested CPNI by sending it to the account address of record.

Before providing the CPNI to the customer, we make a copy of the photo identification. This copy is then placed in the customer's file, together with a copy of the CPNI provided to the customer. These records are then kept in the customer file in accordance with our record-keeping policies.

Mail

If the customer requests CPNI through regular mail, or if the customer cannot comply with one of the authentication methods above, we send the requested information to the customer's address of record only.

Customer Notification of CPNI Rights

We provide a CPNI privacy policy to all customers annually, as a bill insert in the December bill. This policy provides notification to each customer of his/her right to restrict use of, disclosure of, and access to that customer's CPNI. We maintain a list of all customers who receive the privacy policy, the date on which the policy is sent, and a copy of the policy in our records for one (1) year following the mailing of the policy. We provide additional copies of the CPNI privacy policy to all customers who request it and to all new customers upon activation of service.

The policy contains an opt-out customer approval notice. Customers who do not wish to allow us to use their CPNI to market services outside their existing service categories, or who do not wish to allow us to share their CPNI with affiliates, have 30 days to contact us to tell us that they do not approve of this use. If we do not hear back from the customer within 30 days, we understand that we are free to use their CPNI for these purposes. We understand that customers can change their option at any time by contacting us, and we notify our customers of this right.

We maintain records of the customers who received the opt-out approval notice and records of the customers who contacted us to opt out in accordance with our record-keeping policies.

We understand that we must provide written notice to the FCC within five (5) business days if our opt-out mechanisms do not work properly to the degree that our customers' inability to opt out is more than an anomaly.

Training And Discipline

We trained all of our employees regarding the company's CPNI policies prior to the effective date of the most recent CPNI regulations, December 8, 2007. Employees are required to attend an annual retraining to ensure that they understand the company's CPNI policies and any updates to those policies. New employees who will have access to CPNI are trained when they join the company, and then attend the regularly-scheduled retraining sessions. At the conclusion of each training session, employees are asked to sign certificates stating that they understand the company's CPNI policies and that they will comply with those policies.

Employees who fail to observe Kalida Telephone Company, Inc.'s CPNI procedures will be subject to the disciplinary procedures contained in the Phone Company Disciplinary Policy. Disciplinary records are maintained in the company files in accordance with our record-keeping policies.

Record-Keeping

We maintain the following records in our files for one (1) year:

- a. Records relating to the annual mailing of the customer CPNI privacy policy;
- b. Records of customer approval or disapproval of CPNI use, or the limitation or revocation thereof; and
 - c. Employee disciplinary records.

We maintain records of discovered CPNI breaches, notifications to law enforcement regarding breaches, and any responses from law enforcement regarding those breaches, in our files for at least two (2) years.

Notification Of Account Changes

We understand that we are required to notify customers when changes have been made to passwords, customer responses to back-up means of authentication, or addresses of record by mailing a notification to the account address of record.

We do not reveal the changed account data in the notification.

Unauthorized Disclosure Of CPNI

We understand that we must report CPNI breaches to law enforcement no later than seven (7) business days after determining the breach has occurred, by sending electronic notification through the link at http://www.fcc.gov/eb/CPNI/ to the central reporting facility, which will then notify the United States Secret Service (USSS) and the Federal Bureau of Investigation (FBI).

We understand that we may not notify customers or the public of the breach earlier than seven (7) days after we have notified law enforcement through the central reporting facility. If we wish to notify customers or the public immediately, where we feel that there is "an extraordinarily urgent need to notify" to avoid "immediate and irreparable harm," we inform law enforcement of our desire to notify and comply with law enforcement's directions.

Records relating to such notifications are kept in accordance with our record-keeping policies. These records include: (i) the date we discovered the breach, (ii) the date we notified law enforcement, (iii) a detailed description of the CPNI breached, and (iv) the circumstances of the breach.

During the course of the year, we compile information regarding pretexter attempts to gain improper access to CPNI, including any breaches or attempted breaches. We include this information in our annual CPNI compliance certification filed with the FCC.

Signed

Chi & Phlly

This foregoing document was electronically filed with the Public Utilities

Commission of Ohio Docketing Information System on

10/15/2013 11:56:01 AM

in

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

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