

BAILEY CAVALIERI LLC

ATTORNEYS AT LAW

RECEIVED-BOCKETING BIV

One Columbus

10 West Broad Street, Suite 2100 Columbus, Ohio 43215-3422 telephone 614.221.3155 facsimile 614.221.0479

www.baileycavalieri.com

3422 2615 JUN 30 PN 4: 32

direct dial: 614.229.3278 email: William.Adams@BaileyCavalieri.com PUCO

June 30, 2015

Barcy F. McNeal, Secretary Docketing Division Public Utilities Commission of Ohio 180 East Broad Street, 11th Floor Columbus, OH 43215-3793

Re:

In the Matter of the Annual Filing Requirements For 2015 Pertaining to the Provisioning of High Cost Universal Service Case No. 15-1115-TP-COI

In the Matter of the Annual Filing Requirements For 2015 Pertaining to the Provisioning of Lifeline Universal Service Case No. 15-1116-TP-COI

FCC Form 481 Filing of Wabash Mutual Telephone Company

Dear Ms. McNeal:

Enclosed are four (4) copies of the **redacted** FCC Form 481-Carrier Annual Reporting that was filed with the Federal Communications Commission for filing on the public record in the above matter on behalf of Wabash Mutual Telephone Company. Please time stamp the extra copies and return them to our courier.

Also enclosed are four (4) **unredacted** copies of the confidential information to be filed under seal pursuant to the Motion for Protective Order filed in these matters on June 30, 2015. Please time stamp the extra copies of the confidential information being filed under seal, and return them to our courier.

Thank you for your attention to this matter. Please contact me if you have any questions.

Very truly yours,

BAILEN CAVALIERI LLO

William A. Adams

WAA/sg Enclosure

#829012v1 11693.04694

| FCC For | m 481 - Carrier Annual Reporting Data Collection Form | | REDA | CC Form 481 公司(近) 4年(0) uly 2013 | RAPROCION NECESTION |
|------------------|---------------------------------------------------------------------------------|----------------------|---------------------------------------------|----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <310> | Study Area Code | 300664 | | | |
| <015> | Study Area Name | WABASH MUTUAL TEL C | 70 | <u> </u> | |
| <020> | Program Year | 2016 | | | |
| <030> | Contact Name: Person USAC should contact with questions about this data | Mike Boley | | · | |
| <035> | Contact Telephone Number: Number of the person identified in data line <030> | 4199421111 ext. | | | |
| <039> | Contact Email Address: Email of the person identified in data line <030> | mikeb@wabash.com | | | |
| ANNUA | L REPORTING FOR ALL CARRIERS | | | | 54.313 54.422 Completion Required Required |
| <100> | Service Quality Improvement Reporting | | (complete attached works | chaetl | (check box when complete) |
| | Outage Reporting (voice) | | (complete attached works | | |
| <210> | check box if no | outages to report | 1 | , | |
| <300> | Unfulfilled Service Requests (voice) | | | _ | - 1 2 2 4 4 5 4 |
| <310> | Detail on Attempts (voice) | | | | MILLE |
| | | | | (ottach descriptive d | locument) |
| <320> | Unfulfilled Service Requests (broadband) 0 | | <u> </u> | _ | 11111 |
| 1520 | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 7 | |
| <330> | Detail on Attempts (broadband) | | | (attach descriptive | document) |
| <400> | Number of Complaints per 1,000 customers (voice) | | | | |
| <410> | Fixed 0.0 | | | | / / |
| <420> <430> | Mobile 0.0 Number of Complaints per 1,000 customers (broadb | and) | | | |
| <440> | Fixed 0.0 | | | | |
| <450> <500> | Mobile 0.0 Service Quality Standards & Consumer Protection Ro | iles Compliance | (check to indicate certific | cation) | · / |
| -540- | 300664oh510.pdf | | | | |
| <510> | | | (attached descriptive o | document) | |
| <600> | Functionality in Emergency Situations | | (check to indicate certific | ration | |
| 10002 | 300664oh610.pdf | · | 7 | | |
| | | | (attached descriptive doc | ument) | / / |
| <610> | } | | | | |
| <700> | Company Price Offerings (voice) | | (complete attached work | sheet) | |
| <710> | Company Price Offerings (broadband) | | (complete attached work | sheet) | |
| <800> | Operating Companies and Affiliates | | (complete attached work | sheet) | |
| | Tribal Land Offerings (Y/N)? | (if) | yes, complete attached work | sheet) | |
| <1000> | Voice Services Rate Comparability Certification | <u> </u> | es | | |
| | 300664oh1010.pdf | | | | |
| <1010> | | | (attach descriptive docu | ment) | |
| <1100> | Certify whether terrestrial backhaul options exist (Yo | es or No) 💿 🔘 | (if not, sheck to indicate | certification) | |
| <1110> | | _ | (complete attached work | sheet) | The state of the s |
| | Terms and Condition for Lifeline Customers | | (complete attached work | (sheet) | |
| | Price Cap Carriers, Proceed to Price Cap Additional D | | | | |
| <2000> | Including Rate-of-Return Carriers affiliated with Pric | e Cap Local Exchange | Carriers (check to Indicate certificate) | ation) | 18888 |
| <2005> | | | (complete attached works | | |
| | Rate of Return Carriers, Proceed to <u>ROR Additional C</u> | Ocumentation Works | <u>heet</u> | | |
| <3000> <3005> | | | (check to indicate certificate | | |
| ~ン() | | | (complete attached works | 110E() | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |

| FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 | | | | | | | | | | Name of Attached Document |
|----------------------------------------------------------------------------------|-----------------|----------------------|-------|---------------------------------------------------------------|--------------------------------------------------|-------------------------------------------------------------------------------|---------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
| | 300664 | WABASH MUTUAL TEL CO | 2016 | Mike Boley | 4199421111 ext. | mikeb@wabash.com | (yes / no) | (yes/no) | 3006640h112.pdf 5mpany is a | ryear e ive service quality ive service coverage ives ive service capacity ives ives ives ives ives ives ives ives |
| (100) Service Quality Improvement Reporting Data Collection Form | Study Area Code | | | Contact Name - Person USAC should contact regarding this data | Contact Telephone Number - Number of person iden | Contact Email Address - Email Address of person identified in data line <030> | Has your company received its ETC certification from the FCC? | If your answer to Line <110> is yes, do you have an existing §54.202(a) "S year plan" filed with the FCC? | 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. 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. | |
| (100) S Data C | <010> | <015> | <020> | <030> | <032> | <039> | <110> | <111> | <112> | 4113 4115 4115 4115 4118 4118 |

Page 5

| | | | | | | July 2013 | July 2013 | and confidence and |
|---------------------------------|-------------------------------------------------------------------------------|----------------------|-------------------------|---------------------|-------------------------------------------------|--------------------------------------------|-------------------------|----------------------------------------------------------------|
| <010> Study Area Code | | | 300664 | | | | | |
| <015> Study Area Name | | | WABASH MUTUAL TEL CO | EL CO | | | | |
| <020> Program Year | | | 2016 | | | | | |
| <030> Contact Name - Person U | Contact Name - Person USAC should contact regarding this data | s data | Mike Boley | | | | | |
| <035> Contact Telephone Num! | Contact Telephone Number - Number of person identified in data line <030> | in data line <030> | 4199421111 ext. | | | | | |
| <039> Contact Email Address - I | Contact Email Address - Email Address of person identified in data line <030> | d in data line <030> | mikeb@wabash.com | mo | | | | |
| <711> <a1></a1> | <9.2> | b1> | | 9) | <d1>></d1> | <42> | <d3></d3> | <d4>></d4> |
| State | Exchange (ILEC) | Residential Rate | State Regulated Fees | Total Rate and Fees | Broadband Service - Download Speed (Mbps) | Broadband Service · Upload Speed (Mbps) | Usage Allowance (GB) | Usage Allowance Action Taken When Limit Reached {select} |
| | | | | | | | | |
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| | | | - See attached | hed | | | | |
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| Other Collection Form | FCL Form 481 |
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| 1515 Study Area Code | OMB Control No. 3060-0986/OMB Control No. 3060-0819 |
| Study Area Code 2015 Study Area Code 2015 Study Area Marea 2015 Study Area Marea Mar | .2013 |
| Study Area Name | The state of the s |
| 2020 | |
| Contact Name - Person USAC should conect regarding this data Nies - Nies | |
| 4315 Contact Englishme Number - Number of person identified in data line 40305 sixene-subach con 4310 Reporting Carrier Wabash Hutval Telephone Company 4312 Operating Carrier Wabash Hutval Telephone Company 4312 Operating Carrier Wabash Hutval Telephone Company 4315 Affiliates Capany 4315 Affiliates Capany 4315 —— See attached Worksheet | |
| Contact Email Address - Email Address of person identified in data line -030. nivelevabable con engangement of the engangement | |
| See attached workshilder See attached workshilder See attached workshilder See attached workshilder | |
| | |
| Operating Company Habach Hittual, Telephone Coopany Affillates Affillates See attrached worksheet | |
| Affiliates sac & Particle of Worksheet | |
| Affiliates SAC PR | |
| See attached worksheet | <a3></a3> |
| See attached worksheet | ess As Company or Brand Designation |
| See attached worksheet | |
| See attached worksheet | |
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| (900) Tr | (900) Tribal Lands Reporting | ECC Form 481 |
|-----------------|--------------------------------------------------------------------------------------|-----------------------------------------------------|
| Data Co | Data Collection Form | OMB Control No. 3060-0986/OMB Control No. 3060-0819 |
| | | |
| 910 | - 1 | 300664 |
| <015> | Study Area Name | WABASH MUTUAL TEL CO |
| <020> | - 1 | 2016 |
| < 030 | Contact Name - Person USAC should contact regarding this data | Mike Boley |
| <032> | | 0> 4199421111 ext. |
| <039> | li | (0) mikeb@wabash.com |
| <910> | Tribal Land(s) on which ETC Serves | |
| | | |
| | | |
| | | |
| | | |
| | | |
| <920> | Tribal Government Engagement Obligation | |
| | | |
| | | Name of Attached Document |
| If your | If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes | |
| to con | to confirm the status described on the attached document(s), on line 920, | |
| demor | demonstrates coordination with the Tribal government pursuant to | Select |
| § 54.3. | § 54.313(a)(9) includes: | res of No or Not Applicable |
| <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 | |
| <976> | Compliance with Facilities Siting rules | |
| <927> | Compliance with Environmental Review processes | |
| <878> | Compliance with Cultural Preservation review processes | |
| <929> | Compliance with Tribal Business and Licensing requirements. | |
| | | |

| FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 | 300664 WABASH MUTUAL TEL CO | | 5y 11 ext. | bash, com | | | | |
|----------------------------------------------------------------------------------|----------------------------------------|-------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|--|
| | 300664 WABASH MU | 2016 | Mike Boley 30> 4199421111 ext. | | d area | the d 256 kbps | | |
| (1100) No Terrestrial Backhaul Reporting Data Collection Form | > Study Area Code > Study Area Name | 1 | Contact Name - Person USAC should contact regarding this data Contact Telephone Number - Number of person identified in data line <030> | 1 1 | Please confirm whether terrestrial backhaul options exist within the supported area pursuant to § 54.313(g) (Yes, No). | <1130> Please select the appropriate response (Yes., No, Not Applicable) 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). | | |
| (1100) Data C | <010> <015> | <020> | \$ \$ | <039> | <1120> | <1130 | i | |

| (1200) Te Lifeline Data Coll | (1200) Terms and Condition for Lifeline Customers Lifeline Data Collection Form | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 | II |
|--------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|----|
| <010> | Study Area Code | 300664 | |
| <015> | Study Area Name | WABASH MUTUAL TEL CO | 1 |
| <020> | Program Year | 2016 | 1 |
| <030> | Contact Name - Person USAC should contact regarding this data | Mike Bolev | 1 |
| <032> | | 4199421111 ext. | |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | mikebewabash.com | 1 |
| | | 300664oh1210.pdf | |
| | | | |
| <1210> | <1210> Terms & Conditions of Voice Telephony Lifeline Plans | | _ |
| | | | _ |
| | | Name of Attached Document | |
| <1220> | Link to Public Website | www.wabash.com | |
| | 1 | | |
| "Please c or the we | "Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to | | |
| § 54.422{a}{2} a annually report: | § 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. | | |
| | | | |

| FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 | | | | | mixep-wabash.com mixep-wabash.com mixep-wabash.com mixep-wabash.com mixep-wabash.com mixep-wabash.com mixep-wabash.com mixep-wabash.com mixep-wabash.com select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support to offset access charge reductions, as Connect America Phase I sumnort as set forth in AT CES & 43.34 in 1/4 is). The information reported on this form and in the document at the information reported on this form and in the document at the information reported on this form and in the document at the information reported on this form and in the document at the information reported on this form and in the document at the information reported on this form and in the document at the information reported on this form and in the document at the information reported on this form and in the document at the information reported on the information re | Defrom 15 detail ace. | | ing Required Information | | | | | | | | | | Name of Attached Document(s) Listing Required Information |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|---------------------------------|---------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|-----------------------------------------------------------|-------------------------------------------------------------------------------|---------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-----------------------------------------------------------|
| | 300664 | WABASH MUTUAL TEL CO | 2016 | MIKE EDIEY 4199421111 EXL | mixkepwwabash.com state of incremental Connect America Phase I support, irmshing reported on this form and in the documents state had a | | | Name of Attached Document(s) Listing Required Information | } | | | | | | | ument(s), on line 2021, contains the required information ase II support shall provide the number, names, and egan providing access to broadband service in the | | Name of Atlached Docume |
| (2000) Price Cap Carrier Additional Documentation Data Collection Form Including Reta. of Return Carriers of Hillsted with Drice Can Local Exchange Carriers | Study Area Code | Study Area Name Program Year | Contact Name - Person USAC should contact regarding this data | Contact Telephone Number - Number of person identified in data line <030> Contact Email Address of person identified in data line <030> | mixep-wabash.com The propriete responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Costs Connect America Phase II support as cer footh in 47 FEB & 64, 313(h) 121 (A) (A) The information recorded and this form and in the documents as a parached below it. | Incremental Connect America Phase I reporting 2nd Year Certification (47 CFR § 54.313(b)(1)ii) 3rd Year Certification (47 CFR § 54.313(b)(1)ii) | Attachment (47 CFR § S4.313(b)(1)ii} | | Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a)) | 2013 Frozen Support Calculation (47 CFR § 54.313(c)(1)) | zuta riozen support Calculation (47 CFR § 54.313(c)(2)} 2015 Frozen Support Calculation (47 CFR § 54.313(c)(3)} | 2016 and future Frozen Support Calculation {47 CFR § 54.313(c)(4}} | Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d)) Certification Support Used to Build Broadband | Connect America Phase II Reporting (47 CFR § 54.313(e)) | sur year uroacustiu activice. Certification Stith year Broadband Service Certification Interim Progress Certification | firm that the attached doco iii), as a recipient of CAF Ph. chor institutions to which b | Interim Progress Community Anchor Institutions | |
| (2000) Pri Data Colle | <010> | \$050 \$050 | | <035 | Select the appropr | <2010> <2011a> | <2011b> | | | <2012> | <2013> | <2015> | <2016> | <2017> | <2018> <2019> | <2020> | <202> | |

| | | Page 11 |
|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | A STATE OF THE STA | REDACTED - FOR PUBLIC INSPECTION |
| Data Co | (stool) Nate Or Neturn Carrier Additional Documentation Data Collection Form | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3050-0819 July 2013 |
| <010> | Study Area Code | |
| Q15 | li | WABASH MUTUAL TEL CO |
| <020× | - 1 | 2016. Wiles Collection |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 4199421111 ext. |
| CHECK CHECK | the boxes below to note compliance or | ᆲᇰᆂᄔ |
| (3010) | Progress Report on 5 Year Plan Milestone Certification (47 CFR § 54.313(f)(1)(i)) | 300664ch3010.pdt |
| (3011) | Name of Attached Document Listing Required in Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313 (f)(1)(ii), the carmer shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. | Name of Attached Document Listing Required Information 112 contains the required information pursuant to Sees of community anchor institutions to which began |
| (3012) | Community Anchor Institutions (47 CFR § 54 313(Pj.1)(ii) | 3006640h3012.pdf |
| (3013) | is your company a Privately Held ROR Carrier (47 CFR § 54.333(f)(2)) | Name of Attached Document Listing Required information (Yes/No) |
| Please | it yes, open your company me the nos amual report. 9 check these boxes to confirm that the attached document(s), on line 3017. | ≼וב |
| (3015) | Electronic copy of their annuments to proceed the second sections (17), annually reference of the second sections and sections and sections of the second sections of the second sections of the second sections of the sec | In Flows |
| (3017) | If the response is yes on line 3014, attach your company's RUS annual report and all required documentation | |
| (3018) | If the response is no on line 3014, Is your company audited? | Name of Attached Document Listing Required Information (Yes/No) (Yes/No) |
| (9105) | | |
| (3020) | Course a copy of order address instances agenties, or 4.4 a maintainepor, in a format comparable to too operating report for reecommunications in Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows | rinal comparable to NOS Uperating Report for Lefecommunications (|
| (3021) | | |
| | If the response is na on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54 313(f)(2), contains: | |
| (3022) | | |
| (3023) | Borrowers, Underkring information subjected to a review by an independent certified public accountant. | |
| (3024) (3025) | | Sth Flows |
| (3026) | Attach the worksheet listing required information | |
| | | Name of Atlached Document Listing Required Information |

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

(3000) Rate Of Return Carrier Additional Documentation (Continued)

| Data Co | Data Collection Form | OMB Control No. 3060-0986/OMB Control No. 3060-0819 | |
|-------------|------------------------------------------------------------------------------------------------------|-----------------------------------------------------|--|
| | | July 2013 | |
| | | | |
| <010> | Study Area Code | 3309664 | |
| <015> | Study Area Name | WARASH MUTUAL TEL CO | |
| <020> | Program Year | 2016 | |
| 4030 | <030> Contact Name - Person USAC should contact regarding this data Mike Bolley | Mike Boley | |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 4199421111 ext, | |
| ¢636 | c039> Contact Email Address - Email Address of person identified in data line <0302 mixeb@wabash.com | mikeh@wabash.com | |
| | | | |

Financial Data Summary

(3027) Revenue

(3028) Operating Expenses

(3029) Net Income

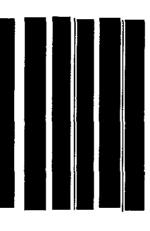
(3030) Telephone Plant In Service(TPIS)

(3031) Total Assets

(3032) Total Debt

(3033) Total Equity

(3034) Dividends



| | ion - Reporting Carrier ection Form | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
|-------|---------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| <010> | Study Area Code | 300664 |
| <015> | Study Area Name | WABASH MUTUAL TEL CO |
| <020> | Program Year | 2016 |
| <030> | Contact Name - Person USAC should contact regarding this data | Mike Boley |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 4199421111 ext. |

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

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

| i certify that I am an officer of the reporting carrier; my responsib recipients; and, to the best of my knowledge, the information rep | illties include ensuring the accuracy of the annual reporting requireme ported on this form and in any attachments is accurate. | ents for universal service support |
|--------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| Name of Reporting Carrier: WABASH MUTUAL TEL CO | | |
| Signature of Authorized Officer: CERTIFIED ONLINE | | Date 06/29/2015 |
| Printed name of Authorized Officer: Mike Boley | | |
| Title or position of Authorized Officer: President/CEO | | |
| Telephone number of Authorized Officer: 4199421111 ext. | | |
| Study Area Code of Reporting Carrier: 300664 | Filing Due Date for this form: 97/01/2015 | |

| | tion - Agent / Carrier lection Form | | FCC Form 481 OMB Control No. 3050-0936/OMB Control No. 3060-0819 July 2013 |
|-------|-------------------------------------------------------------------------------|----------------------|----------------------------------------------------------------------------------|
| <010> | Study Area Code | 300664 | |
| <015> | Study Area Name | WABASH MUTUAL TEL CO | |
| <020> | Program Year | 2016 | |
| <030> | Contact Name - Person USAC should contact regarding this data | Mike Boley | |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 4199421111 ext. | |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | mikeb@wabash.com | |

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

| I certify that (Name of Agent)_ also certify that I am an officer of the reporting carrier; my re- agent; and, to the best of my knowledge, the reports and date | is authorized to submit the information reported on behalf of the reporting carrisibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorizated to the authorizated 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: |

TO BE COMPLETED BY THE AUTHORIZED AGENT:

| Certification of Agents | Authorized to File Annual Reports for CAF or LI Recipier | its off Bellah of Reporting Carrier |
|------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| | orized to submit the annual reports for universal service support is reporting carrier; and, to the best of my knowledge, the information | |
| Name of Reporting Carrier: | | |
| Name of Authorized Agent or Employee of Agent: | | |
| ignature of Authorized Agent or Employee of Agent: | | Date: |
| Frinted 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: | | |
| tudy Area Code of Reporting Carrier: | Filing Due Date for this form: | |

Attachments

| (700) Pric | e Offerings | (700) Price Offerings including Voice Rate Data | ıta | | | | . Fo | FCC Form 481 | |
|------------|----------------------|-------------------------------------------------------------------------------|------------------|----------------------|-----------------------------------|------------------------------|---------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|-------------------------------|
| Data Colli | Data Collection Form | | | | | | ON Jul | OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 | Control No. 3060-0819 |
| <010> | Study Area Code | Code | | | 300664 | | | | |
| <015> | Study Area Name | Name | | | WABASH MUTUAL TEL CO | AL TEL CO | | | |
| <020> | Program Year | ar | | | 2016 | | | | |
| 930 | Contact Na | Contact Name - Person USAC should contact regarding this data | contact regardi | ng this data | Mike Boley | | | | |
| <035> | Contact Tel | Contact Telephone Number - Number of person identified in data line <030> | r of person ider | tified in data line | 030> 4199421111 ext. | ext, | | | |
| <039> | Contact Em | Contact Email Address - Email Address of person identified in data line <030> | s of person ide. | ntified in data line | :030> mikebewabash.com | th.com | | | |
| <701> | Residential | Residential Local Service Charge Effective Date | ctive Date | 1/1 | 1/1/2015 | | | | |
| <702> | Single State | Single State-wide Residential Local Service Charge | ervice Charge | _] | | | | | |
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| 4010> Study Area Code 4015> Study Area Name 4020> Program Year 4020> Program Year 4030> Contact Name - Person USAC should contact regarding this data 4030> Contact Mame - Person USAC should contact regarding this data 4030> Contact Final Address - Email Address of person identified in data line 4030> 4039> Contact Final Address - Email Address of person identified in data line 4030> 4010> 401> 402> CH Wabash 46.95 0.0 OH Wabash 66.95 0.0 OH Wabash 66.95 0.0 | ghis data filed in data line <030> trifed in data line <030> <b< th=""><th>300664 WABASH MUTUAL TEL CO 2016 Mike Boley 4199421111 ext. mikebawabash.com cc> <d1> Total Rates Broa and Fees (Mb) 46.95 6.0 66.95</d1></th><th>cd2> Compand Service - Download Speed (Mbps)</th><th>cd3> Sroadband Service Useg Upload Speed (Mbps) (GB) 2.0 9999</th><th>Usage Allowance (GB)</th><th>cda> Usage Allowance Action Taken When Limit Reached {select} Other, no limit on bandwidth allowance</th></b<> | 300664 WABASH MUTUAL TEL CO 2016 Mike Boley 4199421111 ext. mikebawabash.com cc> <d1> Total Rates Broa and Fees (Mb) 46.95 6.0 66.95</d1> | cd2> Compand Service - Download Speed (Mbps) | cd3> Sroadband Service Useg Upload Speed (Mbps) (GB) 2.0 9999 | Usage Allowance (GB) | cda> Usage Allowance Action Taken When Limit Reached {select} Other, no limit on bandwidth allowance |
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Annual Progress Report Redacted in its Entirety

Wabash Mutual Telephone Company (SAC300664)

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, Fort Jennings Telephone Company 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). |
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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. |
| 4927.21 | Complaints against telephone company. |
| | |

The company has established policies and procedures designed to protect consumers, including publishing customer rights, formal complaint procedures, and policies related to privacy, slamming and network management. These can be viewed on the company's web site at www.wabash.com.

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 third party verification to prevent slamming and 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. 6, 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

Wabash Mutual Telephone Company (SAC 300664) 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).

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

The central office and core network functionality is supported by 12 hours of battery reserve and a 55 kw generator set capable of running continuously for 72 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 distribution network is designed as a diverse-routed fiber optic ring, capable of instantaneously switching traffic around damaged facilities. Employees are trained in fiber optic splicing and the necessary equipment is maintained on-site for rapid deployment and restoration. Separate facilities support the PSTN and broadband network connections to other carriers. In the event that all PSTN facilities are damaged, the switch is capable of both TDM and IP formats, providing the ability to reroute PSTN traffic via dedicated IP facilities to other carriers.

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

The capabilities and procedures listed above apply to the Company's voice and broadband networks since many functions are intertwined. For example, the fixed, central office generator set provides power to both the voice switching and circuit equipment as well as the DSLAMs, routers, optical terminals and other broadband equipment. The same is true for the portable generator sets provide emergency power to the voice and broadband equipment located in the field network nodes. Personnel call-out and response is identical for situations that interrupt the voice as well as broadband network.



June 26, 2015

Wabash Mutual Telephone Company certifies that its residential voice service rates are less than two standard deviations above the national average urban rate for voice service, as specified in the most recent public notice issued by the Wire line Competition Bureau (DA 15-470). The current voice service rate is \$17.70, which is below the national average urban rate floor of \$21.22. As such, it is well below two standard deviations above the national average urban rate (the reasonable comparability benchmark rate of \$47.48).

Michael Boley President/CEO

Wabash Mutual Telephone

Wabash Mutual Telephone Company (SAC 300664) Line 1210, Terms and Conditions for Lifeline Customers

Wabash Mutual Telephone Company (SAC 300664) 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. 6 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.

In 2014, the company began participating in the National Lifeline Availability Database (NLAD). This database is designed to help the company identify and resolve duplicate claims for Lifeline Program-supported service and to prevent future duplicates. All applications for Lifeline service are verified using NLAD in order to prevent duplicate service from being established.

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 rate for residential BLES is \$17.70 per month.

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. No discount is applied to these services because the entire Lifeline support amount is exhausted after applying it to the EUCL and BLES charges.



June 26, 2015

Pursuant to 47 CFR §54.313(f)(1)(i), Wabash Mutual Telephone Company certifies that it is able to provide broadband service at actual speeds of at least 4 Mbps downstream/1 Mbps upstream to all customers within its study area, with latency suitable for real-time applications, including Voice over Internet Protocol, and usage capacity that is reasonably comparable to reasonably comparable offerings in urban areas, and that requests for such service are met within a reasonable amount of time.

In support of this certification, the Company's broadband network consists of ADSL2+ technology that is capable of speeds in excess of 10 Mbps downstream and 2 Mbps upstream. Requests for service are typically fulfilled within one to two business days, oftentimes on the same day as the request. Broadband maximum speed offerings are currently 10 Mbps downstream/2 Mbps upstream. The company provides unlimited usage with all of its broadband offerings.

Michael Boley President/CEO

Wabash Mutual Telephone

Wabash Mutual Telephone Company (SAC300664) Line 3012 - Community Anchor Institutions

No new community anchor institutions were added in the preceding calendar year or in the first six months of 2015.

Financial Information Redacted in its Entirety