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# BAILEY CAVALIERI LLC

ATTORNEYS AT LAW

One Columbus 10 West Broad Street, Suite 2100 Columbus, Ohio 43215-3422  
telephone 614.221.3155 facsimile 614.221.0479  
www.baileycavalieri.com

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

July 1, 2015

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

RECEIVED-DOCKETING DIV  
2015 JUL -1 PM 3:50  
PUCO

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 Bascom Mutual Telephone Company

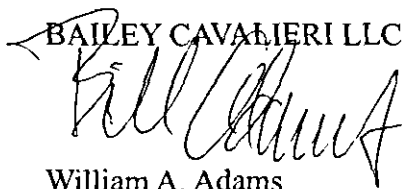
Dear Ms. McNeal:

Enclosed are four (4) copies of the **redacted** FCC Form 481-Carrier Annual Reporting that was filed with the Federal Communications Commission, along with **redacted** Rate Floor Data for filing on the public record in the above matters on behalf of Bascom 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,

BAILEY CAVALIERI LLC  
  
William A. Adams

WAA/sg  
Enclosure

#829019v1  
11695.04699

This is to certify that the images appearing are an accurate and complete reproduction of a case file document delivered in the regular course of business.  
Technician Ad Date Processed 7/1/15

<b>FCC Form 481 - Carrier Annual Reporting</b> <b>Data Collection Form</b>	<b>FCC Form 481</b> OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	XXXXX
<015>	Study Area Name	HARVEST FIELDS TEL. CO.
<020>	Program Year	2017
<030>	Contact Name, Person USAC should contact with questions about this data	Harvey Weinstein
<035>	Contact Telephone Number Number of the person identified in data line <030>	4159372222 ext.
<039>	Contact Email Address Email of the person identified in data line <030>	hwt@broadnet.com

ANNUAL REPORTING FOR ALL CARRIERS			54.313 Completion Required	54.422 Completion Required
(check box when complete)				
<100>	Service Quality Improvement Reporting	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<200>	Outage Reporting (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210>	<input checked="" type="checkbox"/> <-- check box if no outages to report		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<300>	Unfulfilled Service Requests (voice)	0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<310>	Detail on Attempts (voice)	[Redacted]	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
(attach descriptive document)				
<320>	Unfulfilled Service Requests (broadband)	0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<330>	Detail on Attempts (broadband)	[Redacted]	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
(attach descriptive document)				
<400>	Number of Complaints per 1,000 customers (voice)			
<410>	Fixed	0 0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<420>	Mobile	0 0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<430>	Number of Complaints per 1,000 customers (broadband)			
<440>	Fixed	0 0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<450>	Mobile	0 0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<500>	Service Quality Standards & Consumer Protection Rules Compliance		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510>	[Redacted]	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600>	Functionality in Emergency Situations		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610>	[Redacted]	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700>	Company Price Offerings (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<710>	Company Price Offerings (broadband)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<800>	Operating Companies and Affiliates		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900>	Tribal Land Offerings (Y/N)? <input type="radio"/> <input checked="" type="radio"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1000>	Voice Services Rate Comparability Certification Yes <input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1010>	[Redacted]		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
(attach descriptive document)				
<1100>	Certify whether terrestrial backhaul options exist (Yes or No) <input checked="" type="radio"/> <input type="radio"/> (if not, check to indicate certification)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1110>	[Redacted]		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
(complete attached worksheet)				
<1200>	Terms and Condition for Lifeline Customers		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
(complete attached worksheet)				

**Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet**

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

<2000>	[Redacted]	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<2005>	[Redacted]	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet</b>				
<3000>	[Redacted]	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<3005>	[Redacted]	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

(100) Service Quality Improvement Reporting Data Collection Form		FCC Form 481
		OMB Control No. 3060-0986/OMB Control No. 3060-0819
		July 2013

<010>	Study Area Code	107594
<015>	Study Area Name	BASCOM MOUNTAIN TEL CO
<020>	Program Year	2013
<030>	Contact Name - Person USAC should contact regarding this data	KATHY KATHARIS
<035>	Contact Telephone Number - Number of person identified in data line <030>	119837222 ext
<039>	Contact Email Address - Email Address of person identified in data line <030>	SKATHARIS@BASCOMTEL.COM
<110>	Has your company received its ETC certification from the FCC? If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes / no ) <input checked="" type="radio"/> <input type="radio"/> (yes / no ) <input type="radio"/> <input type="radio"/>

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

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

Name of Attached Document

Please select the appropriate responses below (Yes, No, Not Applicable) to confirm that the attached document(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to §54.202(a). The information shall be submitted at the wire center level or census block as appropriate

<113>	Maps detailing progress towards meeting plan targets	Yes
<114>	Report how much universal service (USF) support was received	Yes
<115>	How much (USF) was used to improve service quality and how support was used to improve service quality	Yes
<116>	How much (USF) was used to improve service coverage and how support was used to improve service coverage	Yes
<117>	How much (USF) was used to improve service capacity and how support was used to improve service capacity	Yes
<118>	Provide an explanation of network improvement targets not met in the prior calendar year.	Not Applicable

FCC Form 481  
OMB Control No. 3060-0985/OMB Control No. 3060-0819  
July 2013

<010>	Study Area Code	303551
<015>	Study Area Name	SAFETYNET WEST VALLEY AREA
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	SAFETYNET WEST VALLEY
<035>	Contact Telephone Number - Number of person identified in data line <010>	419531222 ext
<039>	Contact Email Address - Email Address of person identified in data line <030>	SAFETYNET@valleyarea.com

[illegible]

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

10225	10
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<701>	Residential Local Service Charge Effective Date
<702>	Single State-wide Residential Local Service Charge

See attached worksheet

## FCC Form 481

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

<010>	Study Area Code	325584
<015>	Study Area Name	BASIN MOUNTAIN TEL. CO.
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Kathy Schmitt
<035>	Contact Telephone Number - Number of person identified in data line <030>	419911222 ext
<039>	Contact Email Address - Email Address of person identified in data line <030>	kmschmitt@telphone.org

[illegible]







<b>(1100) No Terrestrial Backhaul Reporting Data Collection Form</b>		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	1-1639
<015>	Study Area Name	RAJCON METAL PULP CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	SALLY BARTON
<035>	Contact Telephone Number - Number of person identified in data line <030>	(193) 7222 ext
<039>	Contact Email Address - Email Address of person identified in data line <030>	SALLY.BARTON@RAJCON.COM

<1120> 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)

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

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

<010>	Study Area Code	43584
<015>	Study Area Name	PASADENA NATIONAL TEL CO
<020>	Program Year	2013
<030>	Contact Name - Person USAC should contact regarding this data	ALBERTA M. SANCHEZ
<035>	Contact Telephone Number - Number of person identified in data line <030>	4134374272 -WP
<039>	Contact Email Address - Email Address of person identified in data line <030>	ALBERTA.M.SANCHEZ@PASADENA-TEL.COM

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

<1220> Link to Public Website

HTTP

www.pasadenatelpco.com

"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) 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.

REDACTED, FOR PUBLIC INSPECTION

**(2000) Price Cap Carrier Additional Documentation**  
**Data Collection Form**  
 Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

FCC Form 481  
 OMB Control No. 3060-0986/OMB Control No. 3060-0919  
 July 2013

<010> Study Area Code  
 <015> Study Area Name  
 <020> Program Year  
 <030> Contact Name - Person USAC should contact regarding this data  
 <035> Contact Telephone Number - Number of person identified in data line <030>  
 <039> Contact Email Address - Email Address of person identified in data line <030>

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, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

<2010> 2nd Year Certification (47 CFR § 54.313(b)(1))  
 <2011a> 3rd Year Certification (47 CFR § 54.313(b)(1)(a))  
 <2011b> Attachment (47 CFR § 54.313(b)(1)(b))

Name of Attached Document(s) (Using Required Information)

**Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))**

<2012> 2013 Frozen Support Calculation (47 CFR § 54.313(c)(1))  
 <2013> 2014 Frozen Support Calculation (47 CFR § 54.313(c)(2))  
 <2014> 2015 Frozen Support Calculation (47 CFR § 54.313(c)(3))  
 <2015> 2016 and future Frozen Support Calculation (47 CFR § 54.313(c)(4))

**Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))**

<2016> Certification Support Used to Build Broadband

**Connect America Phase II Reporting (47 CFR § 54.313(e))**

<2017> 3rd year Broadband Service Certification  
 <2018> 5th year Broadband Service Certification  
 <2019> Interim Progress Certification

<2020> Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year

<2021> Interim Progress Community Anchor Institutions

Name of Attached Document(s) (Using Required Information)

REDACTED FOR PUBLIC INSPECTION

(3000) Rate Of Return Carrier Additional Documentation  
Data Collection Form

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

<010> Study Area Code 300543  
<015> Study Area Name BASCOM VIRTUAL TEL CO  
<020> Program Year 2013  
<030> Contact Name Person USAC should contact regarding this data ASCEM, ASCEM  
<035> Contact Telephone Number Number of person identified in data line <030> 313172222 401  
<039> Contact Email Address Email Address of person identified in data line <030> KIM.ASCEM@USAC.DODIG.MIL

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

3005490h1010 p.3f

(3010) Progress Report on 5 Year Plan  
Milestone Certification (47 CFR § 51.313(f)(1)):

Name of Attached Document Listing Required Information

Please check this box to confirm that the attached document(s) on line 3012 contains the required information pursuant to § 54.313(f)(1)(i). The carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

☐

(3012) Community Anchor Institutions (47 CFR § 54.313(f)(1)(i))

(3013) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))  
(3014) If yes, does your company file the RUS annual report

Name of Attached Document Listing Required Information  
(Yes/No) (Yes/No)

☐ ☐

Please check these boxes to confirm that the attached document(s) on line 3017 contains the required information pursuant to § 54.313(f)(2) compliance requires

(3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunication Borrowers)

☐ ☐

(3016) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

(3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation

Name of Attached Document Listing Required Information  
(Yes/No)

☐ ☐

(3018) If the response is no on line 3014, is your company audited?

If the response is yes on line 3018, please check the boxes below to confirm your submission on line 3025 (pursuant to § 54.313(f)(2)) contains:

(3019) If over 3 copies of their audited financial statement, or (2) a financial report, in a format comparable to RUS Operating Report for Telecommunication Borrowers

☒

(3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

☒

(3021) Management letter and audit opinion issued by the independent certified public accountant that performed the company's financial audit

☒

If the response is no on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2) contains:

(3022) Copy of their financial statement which has been subject to review by an independent certified public accountant, or (2) a financial report in a format comparable to RUS Operating Report for Telecommunication Borrowers

☐

(3023) Underlying information submitted to a reviewer in independent certified public accountant

☐

(3024) Underlying information submitted to an officer certification

☐

(3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

☐

(3026) Attach the worksheet listing required information

Name of Attached Document Listing Required Information

☐

REDACTED, FOR PUBLIC INSPECTION

(3000) Rate Of Return Carrier Additional Documentation (Continued)		FCC Form 481
Data Collection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819
		July 2013

<010> Study Area Code	305547
<015> Study Area Name	WASC MOUNTAIN TEL CO
<020> Program Year	2015
<030> Contact Name, Person Usual Contact regarding this data	SALES, 843-27-411
<035> Contact Telephone Number, Number of person identified in data line <030>	43927222, 43511
<039> Contact Email Address, Email Address of person identified in data line <030>	305547@wascmtelco.com, 305547@wascmtelco.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	

<b>Certification - Reporting Carrier Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	005589
<015> Study Area Name	BASCOM MUTUAL TEL CO
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Kathy Reinhart
<035> Contact Telephone Number - Number of person identified in data line <030>	4199112222 -x1
<039> Contact Email Address - Email Address of person identified in data line <030>	kay.bascom@telephone.com

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

<b>Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients</b>	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate	
Name of Reporting Carrier: BASCOM MUTUAL TEL CO	
Signature of Authorized Officer: CERTIFIED ONLINE	Date: 07/26/2016
Printed name of Authorized Officer: Kathy Reinhart	
Title or position of Authorized Officer: Assistant, Insurance	
Telephone number of Authorized Officer: 4199112222 -x1	
Study Area Code of Reporting Carrier: 005589	Filing Due Date for this form: 07/26/2016
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001	

<b>Certification - Agent / Carrier</b> <b>Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0519 July 2013
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<010> Study Area Code	100000
<015> Study Area Name	WASHINGTON FIELD OFFICE
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Patricia Robinson
<035> Contact Telephone Number - Number of person identified in data line <030>	1199722222
<039> Contact Email Address - Email Address of person identified in data line <030>	Patricia.Robinson@usdoj.gov

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

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

TO BE COMPLETED BY THE AUTHORIZED AGENT:

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

## Attachments



(700) Price Offerings Including Voice Rate Data  
Data Collection Form

FCC Form 481  
OMB Control No. 3060-0985/OMB Control No. 3060-0819  
July 2013

<010>	Study Area Code	10, 5, 4, 3
<015>	Study Area Name	BASIN WTT221 TEL 22
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	NAPIN, 405.707.112
<035>	Contact Telephone Number - Number of person identified in data line <030>	419.177.222 ext
<039>	Contact Email Address - Email Address of person identified in data line <030>	knf-b@usac.mil or 300. 100. 100

CH
5700.17

<70>	Residential Local Service Charge Effective Date
<702>	Single State wide Residential Local Service Charge

<703>

[illegible]

[illegible]



Annual Progress Report Redacted in its Entirety

**BASCOM MUTUAL TELEPHONE COMPANY**

**300589oh510.pdf**

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, Bascom Mutual 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).

**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.bascomtelephone.com](http://www.bascomtelephone.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. 4, contains BLES pricing, 9-1-1, Lifeline and IntraLATA presubscription information, terms and conditions. The tariff is available at the company business office and in the tariff section of the PUCO website <http://www.puco.ohio.gov>.

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

Lifeline terms and conditions - Line 1210

Emergency operations - Line 610

**BASCOM MUTUAL TELEPHONE COMPANY**

**300589oh610.pdf**

Line 610, Functionality in Emergency Situations – Voice and Broadband

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).

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

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

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


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

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.



#### Line 1010, Voice Services Rate Comparability

Bascom 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 Wireline Competition Bureau (DA 15-470). The current voice service rate is \$11.00, 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).

  
Kathy Reinhart, Assistant Treasurer



**BASCOM MUTUAL TELEPHONE COMPANY**

300589oh1210.pdf

Line 1210, Terms & Conditions of Voice Telephony Lifeline Plans

Bascom Mutual Telephone Co. (SAC 300589) has established terms and conditions for Lifeline customers that incorporate the federal and state requirements as documented in its Basic Local Exchange Service Tariff PUCO No. 4 Section 5, First Revised Sheet No. 1.

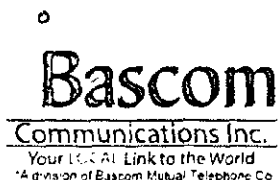
*The Company shall provide Lifeline service as defined in 47 C.F.R. § 54.401 (a) on a non-discriminatory basis to all qualifying low-income customers. The Company's Lifeline service offering shall comply with all applicable federal and state laws, including, but not limited to, 47 C.F.R. Part 54, Subpart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

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 \$11.00 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.



Line 3010, Progress Report on 5 Year Plan - Milestone Certification

Pursuant to 47 CFR §54.313(f)(1)(i), Bascom Mutual Telephone Company (SAC 300589) 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 is 100% fiber-to-the-premise and is capable of speeds in excess of 100 Mbps. 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 50 Mbps downstream/15 Mbps upstream for residential customers and 50 Mbps downstream/50 Mbps upstream for business customers. The company provides unlimited usage with all of its broadband offerings.

  
Kathy Reinhart, Assistant Treasurer

Financial Information Redacted in its Entirety

**RATE FLOOR DATA COLLECTION - OMB Control Number 3060-0986**

**Block 1 - Contact Information**

ROW #	DATA ELEMENT	FORMAT OF REQUESTED DATA	RESPONSE
1	Carrier Study Area Code	6 numeric digits	300589
2	Carrier Study Area Name	alpha characters	BASCOM MUTUAL TEL CO.
3	Service Provider Identification Number	9 numeric digits	143001650
4	Residential Local Service Charge Effective Date	mm/dd/yy	07/01/15
5	Contact Name	alpha characters	WISE, LAURA A
6	Contact Telephone Number (include area code)	9 numeric digits	419-937-2222
7	Sheet Number	numeric digit(s)	
8	Total Number of Sheets	numeric digit(s)	

**Block 2- Residential Local Service Rates, Fees, and Line Counts**

Column 1 Residential Local Service Charge	Column 2 State Subscriber Line Charge	Column 3 State Universal Service Fee	Column 4 Mandatory Extended Area Service Charge	Column 5 Loops	Column 6 Exchange Name/ Zone Name	Column 7 Class Of Service
11.00	0.00	0.00	0.00	360		RESIDENCE

Rate Floor Template

**Certification of Officer as to the Accuracy of the Data Reported for the Rate Floor Data**

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual rate floor data reported ; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier Bascom Mutual Telephone Co

Signature of authorized officer Kathy Reinhart Date 06/03/2015

Printed name of authorized officer Kathy Reinhart

Title or position of authorized officer Assistant Treasurer

Telephone number of authorized officer: (419) 937-2222 ext.

Study Area Code of Reporting Carrier	<u>300589</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>07/01/2015</u>
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