

**FCC Form 481 - Carrier Annual Reporting
Data Collection Form**FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	300650
<015>	Study Area Name	OTTOVILLE MUTUAL
<020>	Program Year	2017
<030>	Contact Name: Person USAC should contact with questions about this data	Carmen Ricker
<035>	Contact Telephone Number: Number of the person identified in data line <030>	4194533324 ext.
<039>	Contact Email Address: Email of the person identified in data line <030>	carmenr@ottovillemutual.com

Form Type	54.313 and 54.422
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(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	300650
<015>	Study Area Name	OTTOVILLE MUTUAL
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Carmen Ricker
<035>	Contact Telephone Number - Number of person identified in data line <030>	4194533324 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	carmenr@ottovillemutual.com

<110> Has your company received its ETC certification from the FCC? (yes / no) ☐ ☒

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) ☐ ☐

If your answer to Line <111> is yes, please 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.

300650oh100.pdf

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

<114> Report how much universal service (USF) support was received

<115> How much (USF) was used to improve service quality and how support was used to improve service quality

<116> How much (USF) was used to improve service coverage and how support was used to improve service coverage

<117> How much (USF) was used to improve service capacity and how support was used to improve service capacity

<118> Provide an explanation of network improvement targets not met in the prior calendar year.

Yes
Yes
Yes
Not Applicable
Yes
Yes

<010>	Study Area Code	300650
<015>	Study Area Name	OTTOVILLE MUTUAL
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Carmen Ricker
<035>	Contact Telephone Number - Number of person identified in data line <030>	4194533324 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	carmenr@ottovillemutual.com

<210> For the prior calendar year, were there any reportable voice service outages? No

[illegible]

(300) Unfulfilled Service Request
Data Collection Form

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

<010> Study Area Code	300650
<015> Study Area Name	OTTOVILLE MUTUAL
<020> Program Year	2017
<030> Contact Name - Person USAC should contact regarding this data	Carmen Ricker
<035> Contact Telephone Number - Number of person identified in data line <030>	4194533324 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	carmenr@ottovillemutual.com
<300> Unfulfilled service request (voice)	0
<310> Detail on attempts (voice)	
<320> Unfulfilled service request (broadband)	0
<330> Detail on attempts (broadband)	

(400) Number of Complaints per 1,000 customers Data Collection Form	FCC Form 481 OMB Control No. 3060-0086/OMB Control No. 3050-0819 July 2013
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<010>	Study Area Code	300656
<015>	Study Area Name	OTTOVILLE MUTUAL
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Carmen Richer
<035>	Contact Telephone Number - Number of person identified in data line <030>	4194533324 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	carmenr@ottovillemutual.com
<400>	Select from the drop-down list to indicate how you would like to report voice complaints (zero or greater) for voice telephony service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize.	Offered only fixed voice
<410>	Complaints per 1000 customers for fixed voice	0.0
<420>	Complaints per 1000 customers for mobile voice	
<430>	Select from the drop-down list to indicate how you would like to report end-user customer complaints (zero or greater) for broadband service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize.	Offered only fixed broadband
<440>	Complaints per 1000 customers for fixed broadband	0.0
<450>	Complaints per 1000 customers for mobile broadband	

(500) Compliance With Service Quality Standards and Consumer Protection Rules

Data Collection Form

FCC Form 481

OMB Control No. 3060-0386/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	380650
<015>	Study Area Name	OTTOVILLE MUTUAL
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Carmen Ricker
<035>	Contact Telephone Number - Number of person identified in data line <030>	4194573224 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	carmen@ottovillemutual.com
<500>	Certify compliance with applicable service quality standards and consumer protection rules	Yes

<510> Descriptive document for Service Quality Standards & Consumer Protection Rules Compliance 380650oh510.pdf

(600) Functionality in Emergency Situations
Data Collection Form

FCC Form 481

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

<010>	Study Area Code	300650
<015>	Study Area Name	OTTOWILLE MORTUARY
<020>	Program Year	2012
<030>	Contact Name - Person USAC should contact regarding this data	Carmen Ricker
<035>	Contact Telephone Number - Number of person identified in data line <030>	4194333274 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	carmenr@ottovillermortuary.com
<600>	Certify compliance regarding ability to function in emergency situations	Yes
<610>	Descriptive document for Functionality In Emergency Situations	300650oh610.pdf

**(700) Price Offerings including Voice Rate Data
Data Collection Form**

FCC Form 481

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

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<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Carmen Ricker
<035>	Contact Telephone Number - Number of person identified in data line <030>	4194533324 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	carmenr@ottovillemutual.com

<701>	Residential Local Service Charge Effective Date	1/1/2016
<702>	Single State-wide Residential Local Service Charge	16.0

[illegible]

(900) Tribal Lands Reporting
Data Collection Form

FCC Form 481

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<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Carmen Ricker
<035>	Contact Telephone Number - Number of person identified in data line <030>	4194533324 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	carmenr@ottovillemutual.com

<900> Does the filing entity offer tribal land services? (Y/N)

No

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select Yes or No or Not Applicable

**(1000) Voice and Broadband Service Rate Comparability
Data Collection Form**

FCC Form 481

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

<1000> Voice services rate comparability certification Yes

<1010> Attach detailed description for voice services rate comparability compliance

Name of Attached Document

<1020> Broadband comparability certification

Not Applicable

<1030> Attach detailed description for broadband comparability compliance

Name of Attached Document

**(1100) No Terrestrial Backhaul Reporting
Data Collection Form**

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<1100> Certify whether terrestrial backhaul options exist (Y/N)

Yes

<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

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 July 2013

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

300650oh1200.pdf

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

<1220> Link to Public Website HTTP

"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. ☒

(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. 3060-0819

July 2013

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<030>	Contact Name - Person USAC should contact regarding this data	Carmen Ricker
<035>	Contact Telephone Number - Number of person identified in data line <030>	4194513324 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	carmenr@ottovillemutual.com

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental 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)(i) - Note that for the July 1 2016 certification, this applies to Round 2 recipients of Incremental Support
- <2011> 3rd Year Certification 47 CFR § 54.313(b)(1)(ii) - Note that for the July 1 2016 certification, this applies to Round 1 recipients of Incremental Support
- <2022> Recipient certifies, representing year two after filing a notice of acceptance of funding pursuant to 54.312(c), that the locations in question are not receiving support under the Broadband Initiatives Program or the Broadband Technology Opportunities Program for projects that will provide broadband with speeds of at least 4 Mbps/1Mbps - 54.313(b)(2)(i). Round 2 recipients only.
- <2023> The attachment on line 2024 includes a statement of the total amount of capital funding expended in the previous year in meeting Connect America Phase I deployment obligations, accompanied by a list of census blocks indicating where funding was spent. This covers year two - 54.313(b)(2)(ii). Round 2 recipients only.
- <2024A> Round 2 Recipient of Incremental Support?
- <2024B> Attach list of census blocks indicating where funding was spent in year two - 54.313(b)(2)(ii). Round 2 recipients only.
- <2025A> Round 1 or Round 2 Recipient of Incremental Support?
- <2025B> Attach geocoded Information for Phase I milestone reports (Round 1 for year three and Round 2 for year two) - Connect America Fund , WC Docket 10-90, Report and Order, FCC 13-
- <2015> 2016 and future Frozen Support Certification 47 CFR § 54.313(c)(4)

Name of Attached Document Listing
Required Information

Name of Attached Document Listing
Required Information

(2000) Price Cap Carrier Additional Documentation (Continued)

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. 3060-0819

July 2013

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)}

<2017A> Connect America Fund Phase II recipient?

<2017B> Attach information for Phase II - 54.313(e)(1) - list of geocoded locations already meeting the 54.309 public interest obligations at the end of calendar year 2015 and total amount of Phase II support, if any, the price

Name of Attached Document Listing
Required Information

cap carrier used for capital expenditures in 2015.

<2018> Attach the number, names, and addresses of community anchor institutions to which the carrier newly began providing access to broadband service in the preceding calendar year - 54.313(e)(2)(ii)

Name of Attached Document Listing
Required Information

<2019> Recipient certifies that it bid on category one telecommunications and Internet access services in response to all FCC Form 470 postings seeking broadband service that meets the connectivity targets for the schools and libraries universal service support program for eligible schools and libraries located within any area in a census block where the carrier is receiving Phase II model-based support, and that such bids were at rates reasonably comparable to rates charged to eligible schools and libraries in urban areas for comparable offerings - 54.313(e)(2)(v)

<2020> Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 40% of its supported locations in the state on December 31, 2017 - 54.313(e)(3)

<2021> Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 60% of its supported locations in the state on December 31, 2018 - 54.313(e)(4)

<2026> Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 80% of its supported locations in the state on December 31, 2019 - 54.313(e)(5)

<2027> Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 100% of its supported locations in the state on December 31, 2020 - 54.313(e)(6)

(3005) Rate Of Return Carrier Additional Documentation
Data Collection Form

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

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<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Carmen Ricker
<035>	Contact Telephone Number - Number of person identified in data line <030>	4194533324 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	carmenr@ottovillemutual.com

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

(3009) Progress Report on 5 Year Plan
Carrier certifies to 54.313(f)(1)(iii)

(3010A) Milestone Certification {47 CFR § 54.313(f)(1)(i)}

Not Applicable - No Attachment Required

(3010B) Please Provide Attachment

Name of Attached Document Listing Required
Information

(3012A) Community Anchor Institutions {47 CFR §
54.313(f)(1)(iii)}

Not Applicable - No Attachment Required

(3012B) Please Provide Attachment

Name of Attached Document Listing Required
Information

(3013) Is your company a Privately Held ROR Carrier {47 CFR
§ 54.313(f)(2)}

(Yes/No)

☒ ☐

(3014) If yes, does your company file the RUS annual report

(Yes/No)

☒ ☐

Please check these boxes to confirm that the
attached PDF, 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 Telecommunications
Borrowers)

☒

(3016) Document(s) with 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

300650oh3005.pdf

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

(Yes/No)

☐ ☐

If the response is yes on line 3018, please check the
boxes below to confirm your submission on line
3026 pursuant to § 54.313(f)(2), contains:

(3019) Either a copy of their audited financial statement; or
(2) a financial report in a format comparable to RUS
Operating Report for Telecommunications Borrowers

☐

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

☐

(3021) Management letter and/or 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
Telecommunications Borrowers

☐

(3023) Underlying information subjected to a review by an
independent certified public accountant

☐

(3024) Underlying information subjected 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

(3005) Rate Of Return Carrier Additional Documentation (Continued)

Data Collection Form

FCC Form 481

OMB Control No. 3060-0982/OMB Control No. 3060-0819

July 2013

<010> Study Area Code	300650
<015> Study Area Name	OTTOVILLE MUTUAL
<020> Program Year	2017
<030> Contact Name - Person USAC should contact regarding this data	Carmen Ricker
<035> Contact Telephone Number - Number of person identified in data line <030>	4194533324 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	carmenr@ottovillemutual.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

Name of Attached Document Listing Required Information

<010>	Study Area Code	306650
<015>	Study Area Name	OTTOVILLE MUTUAL
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Carmen Ricker
<035>	Contact Telephone Number - Number of person identified in data line <030>	4194533374 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	carmenr@ottovillemutual.com

4005 Rural Broadband Experiment

Authorized Rural Broadband Experiment (RBE) recipients must address the certification for public interest obligations, provide a list of newly served community anchor institutions, and provide a list of locations where broadband has been deployed.

Public Interest Obligations – FCC 14-98 (paragraphs 26-29, 78)

Please address Line 4001 regarding compliance with the Commission's public interest obligations. All RBE participants must provide a response to Line 4001.

4001. Recipient certifies that it is offering broadband to the identified locations meeting the requisite public interest obligations consistent with the category for which they were selected, including broadband speed, latency, usage capacity, and rates that are reasonably comparable to rates for comparable offerings in urban areas?

Community Anchor Institutions – FCC 14-98 (paragraph 79)

4003a. RBE participants must provide the number, names, and addresses of community anchor institutions to which they newly deployed broadband service in the preceding calendar year. On this line, please respond (yes – attach new community anchors, no – no new anchors) to indicate whether this list will be provided.

If yes to 4003A, please provide a response for 4003B.

4003b. Provide the number, names and addresses of community anchor institutions to which the recipient newly began providing access to broadband service in the preceding calendar year.

Name of Attached Document Listing Required Information _____

Broadband Deployment Locations – FCC 14-98 (paragraph 80)

4004a. Attach a list of geocoded locations to which broadband has been deployed as of the June 1st immediately preceding the July 1st filing deadline for the FCC Form 481.

Name of Attached Document Listing Required Information _____

4004b. Attach evidence demonstrating that the recipient is meeting the relevant public service obligations for the identified locations. Materials must at least detail the pricing, offered broadband speed and data usage allowances available in the relevant geographic area.

Name of Attached Document Listing Required Information _____

**Certification - Reporting Carrier
Data Collection Form**

 FCC Form 481
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<039>	Contact Email Address - Email Address of person identified in data line <030>	carmenr@ottovillemutual.com

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

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier: OTTOVILLE MUTUAL	
Signature of Authorized Officer: CERTIFIED ONLINE	Date 06/27/2016
Printed name of Authorized Officer: William Honigford	
Title or position of Authorized Officer: General Manager	
Telephone number of Authorized Officer: 4194533324 ext.	
Study Area Code of Reporting Carrier: 300650	Filing Due Date for this form: 07/01/2016
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.	

Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<039> Contact Email Address - Email Address of person identified in data line <030>	carmenr@ottovillemutual.com

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 Firm:	
Signature of Authorized Agent or Employee of Agent:	Date:
Name of Authorized Agent Employee:	
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

(710) Broadband Price Offerings
Data Collection Form

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<D10> Study Area Code 300650
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<D30> Contact Name - Person USAC should contact regarding this data Carmen Ricker
<D35> Contact Telephone Number - Number of person identified in data line <D30> 4194533324 ext.
<D39> Contact Email Address - Email Address of person identified in data line <D30> carmenr@ottovillemutual.com

<a1>	<a2>	<b1>	<b2>	<c>	<d1>	<d2>	<d3>	<d4>
State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rates and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached (select)
OH	Cloverdale	29.95	0.0	29.95	0.768	0.256	999999	Other, Unlimited Usage Allowance
OH	Cloverdale	29.95	0.0	29.95	5.0	1.0	999999	Other, Unlimited Usage Allowance
OH	Cloverdale	39.95	0.0	39.95	5.0	1.0	999999	Other, Unlimited Usage Allowance
OH	Cloverdale	34.95	0.0	34.95	6.0	1.0	999999	Other, Unlimited Usage Allowance
OH	Cloverdale	44.95	0.0	44.95	6.0	1.0	999999	Other, Unlimited Usage Allowance
OH	Cloverdale	39.95	0.0	39.95	8.0	1.0	999999	Other, Unlimited Usage Allowance
OH	Cloverdale	49.95	0.0	49.95	8.0	1.0	999999	Other, Unlimited Usage Allowance
OH	Cloverdale	44.95	0.0	44.95	9.0	1.0	999999	Other, Unlimited Usage Allowance
OH	Cloverdale	49.95	0.0	49.95	10.0	1.0	999999	Other, Unlimited Usage Allowance
OH	Cloverdale	59.95	0.0	59.95	10.0	1.0	999999	Other, Unlimited Usage Allowance
OH	Cloverdale	54.95	0.0	54.95	10.0	2.0	999999	Other, Unlimited Usage Allowance
OH	Ottoville	29.95	0.0	29.95	0.768	0.256	999999	Other, Unlimited Usage Allowance
OH	Ottoville	29.95	0.0	29.95	5.0	1.0	999999	Other, Unlimited Usage Allowance
OH	Ottoville	39.95	0.0	39.95	5.0	1.0	999999	Other, Unlimited Usage Allowance
OH	Ottoville	34.95	0.0	34.95	6.0	1.0	999999	Other, Unlimited Usage Allowance
OH	Ottoville	44.95	0.0	44.95	6.0	1.0	999999	Other, Unlimited Usage Allowance
OH	Ottoville	36.95	0.0	36.95	7.0	1.0	999999	Other, Unlimited Usage Allowance
OH	Ottoville	39.95	0.0	39.95	8.0	1.0	999999	Other, Unlimited Usage Allowance
OH	Ottoville	49.95	0.0	49.95	8.0	1.0	999999	Other, Unlimited Usage Allowance
OH	Ottoville	49.95	0.0	49.95	8.0	3.0	999999	Other, Unlimited Usage Allowance
OH	Ottoville	59.95	0.0	59.95	8.0	3.0	999999	Other, Unlimited Usage Allowance

(710) Broadband Price Offerings
Data Collection Form

OMB Control No. 3060-0985/OMB Control No. 3060-0819
July 2013

OMB Control No. 3060-0985/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	300650
<015>	Study Area Name	OTTOVILLE MUTUAL
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Carmen Ricker
<035>	Contact Telephone Number - Number of person identified in data line <030>	4194533324 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	carmenr@ottovillemutual.com

[illegible]

Five-Year Progress Report

Redacted in Its Entirety

Section 510: Description of Compliance with Service Quality Standards and Consumer Protection:

The Ottoville Mutual Telephone Company (TOMTC) complies applicable federal and state service quality and consumer protection rules and consistently meets or exceeds the standards set by the Public Utilities Commission of Ohio (PUCO). The rates, terms and conditions under which TOMTC operates are outlined in its local exchange tariff that is on file with the PUCO.

TOMTC maintains a business office providing customers with access to a customer service representative either in person or via a local telephone call during normal business hours. Calls made after hours goes to an answering machine that are forwarded to an employee that is on call and will take care of any issues that requires immediate attention.

TOMTC discloses its rates and terms of service to customers and separately identifies carrier charges from taxes on its billing statements. TOMTC responds to all inquiries for information promptly and courteously. TOMTC also investigates all complaints and resolves any issues in a timely manner.

TOMTC provides access to the emergency services provided by local government or other public safety organizations such as enhanced 911. TOMTC also provides toll blocking.

TOMTC provisions its broadband network and equipment to ensure that its customers can enjoy the speeds to which they subscribe. Internet speeds generally result from a 'best effort' service and are dependent upon a number of variables, many of which are outside of TOMTC's control.

TOMTC complies with any and all consumer protection obligations under state law. To protect customer information TOMTC has implemented Customer Proprietary Network Information (CPNI) policies and procedures handbook that are consistent with the FCC's regulations. All employees are required to attend the annual CPNI/Red Flag training and the employees who have access to CPNI data receive additional guidance through written procedures regarding customer authentication. They are also required to review TOMTC's CPNI/Red Flag handbook which includes information and requirements on protecting sensitive customer information from improper use and disclosure. The employee certifies he/she has attended the required training and reviewed the handbook and understands the disciplinary process if they are found to be in contempt. Certification of TOMTC's compliance with CPNI rules and a description of the TOMTC's operating procedures that ensure compliance are filed annually with the FCC.

Section 610: Description of Functionality in Emergency Situations:

The Ottoville Mutual Telephone Company (TOMTC) is able to function in emergency situations for both voice and broadband services. TOMTC has a reasonable amount of back-up power to ensure functionality without an external power source as set forth in FCC 47 C.F.R. §54.202(a)(2). Standby power generators are supplied at the central office and remote switch to ensure functionality without an external power source until power is restored. Portable generators are stored at strategic locations to be deployed as needed. The network is capable of managing traffic spikes resulting from emergency situations.

TOMTC is able to reroute traffic around damaged facilities however its ability to reroute traffic around damaged facilities is not absolute and may be limited in certain circumstances. There is a restoration plan in place for expeditious recovery of service, including splicing of damaged facilities when warranted.

[illegible]

[illegible]

Financial Information
Redacted in Its Entirety

Rate Floor Data

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING RATE FLOOR DATA ON THE CARRIER'S BEHALF:

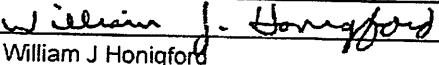
<p align="center">Certification of Officer to Authorize an Agent to File Rate Floor Data on Behalf of Reporting Carrier</p> <p>I certify that <u>National Exchange Carrier Association (NECA)</u> is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual rate floor data provided to the authorized agent; and, to the best of my knowledge, the actual rate floor data provided to the authorized agent is accurate.</p> <p>I certify that I am authorized to submit the information reported on this form on behalf of the reporting carrier; that I have provided the information reported herein based on data provided by the reporting carrier; and to the best of my knowledge the information reported herein is accurate.</p>			
Name of Authorized Agent: <u>National Exchange Carrier Association (NECA)</u>			
Name of Reporting Carrier: <u>The Ottoville Mutual Telephone Company</u>			
Signature of authorized officer: <u>William J. Honigford</u>			Date: <u>6/2/16</u>
Printed name of authorized officer: <u>William J Honigford</u>			
Title or position of authorized officer: <u>General Manager</u>			
Telephone number of authorized officer: <u>(419) 453-3324</u> , ext. _____			
Study Area Code of Reporting Carrier	<u>300650</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>07/01/2016</u>

CERTIFICATION-AGENT

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				The Ottoville Mutual Telephone Company	
Signature of authorized officer					Date
Printed name of authorized officer			William J Honigford		6/2/16
Title or position of authorized officer			General Manager		
Telephone number of authorized officer: (419) 453-3324 ext					
Study Area Code of Reporting Carrier		300650		Filing Due Date for this form (mm/dd/yyyy)	07/01/2016

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	300650
2	Carrier Study Area Name	alpha characters	THE OTTOVILLE MUTUAL TEL. CO.
3	Service Provider Identification Number	9 numeric digits	143001674
4	Residential Local Service Charge Effective Date	mm/dd/yy	07/01/16
5	Contact Name	alpha characters	Ricker, Carmen
6	Contact Telephone Number (include area code)	9 numeric digits	419-453-3324
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
9	18.00	0.00	0.00	0.00		Cloverdale	Res
10	18.00	0.00	0.00	0.00		Cloverdale	Lifeline
11	18.00	0.00	0.00	0.00		Ottoville	Res
12	18.00	0.00	0.00	0.00		Ottoville	Lifeline

This foregoing document was electronically filed with the Public Utilities

Commission of Ohio Docketing Information System on

6/28/2016 4:33:39 PM

in

Case No(s). 16-1115-TP-COI, 16-1116-TP-COI

Summary: Report Redacted Form 481-Carrier Annual Report including Redacted Rate Floor Data on behalf of Ottoville Mutual Telephone Company electronically filed by Mr. William A. Adams on behalf of Ottoville Mutual Telephone Company