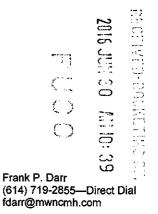


21 East State Street • Columbus, OH 43215-4228 Tel: 614.469.8000 • Fax: 614.469.4653



June 30, 2016

Barcy McNeal Secretary Public Utilties Commission of Ohio 180 East Broad Street Columbus, Ohio 43215

RE: In the Matter of the Annual Filing Requirements for 2016 Pertaining to the Provisioning of High Cost Universal Service, Case No. 16-1115-TP-COI; FCC Form 481

Dear Secretary McNeal:

Enclosed are copies of the redacted filing of Minford Telephone Company that complies with the May 11, 2016 Entry of the Public Utilities Commission of Ohio ("Commission") directing telephone companies to file their Federal Communications Commission ("FCC") Form 481 information with the Commission.

Also enclosed is a Motion for Protective Order and three copies of the unredacted FCC Form 481 for filing under seal.

Minford Telephone Company requests that you certify to the FCC that the company has met its compliance obligations, as required by §53.314 of Title 47 of the Code of Federal Regulations, so that Minford Telephone Company will continue to receive federal high cost support.

If there are any concerns, please contact me.

Sincerely,

Frank P. Darr Counsel of Record

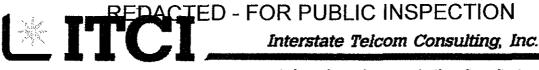
Counsel for Minford Telephone Company

FPD:vlp Enclosures

{C50372: }

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Independent Telecommunications Consultants

June 27, 2016

Ms. Marlene H. Dortch Office of the Secretary Federal Communications Commission 445 12th Street SW Washington, DC 20554

Re: REDACTED - FOR PUBLIC INSPECTION IN WC Docket No. 14-58 Form 481 - Annual Reporting Requirements for High-Cost and Low Income Recipients

Pursuant to Section 54.313 and 54.422 of the Federal Communications Commission's rules, enclosed is a redacted version of Form 481 Annual Reporting Requirements and Certifications for Minford Telephone Company, Study Area Code 300634. Minford Telephone Company is a statedesignated ETC, and as such, is submitting to the Commission information from FCC Form 481. A confidential "Trade Secret" filing of this information was also made under Docket 14-58.

Should you have any questions, please contact me via e-mail at <u>roxih@interstatetelcom.com</u> or by phone at 320/848-6641.

Sincerely.

Roxi Hacker Regulatory Consultant

Enclosures:

Cc: Paula McGraw

| - 1 A N M 3 P 3 H 2 M | | FOR PUBLIC INSPECTION 55/04/8 Control No. 3050-0819 July 2013 |
|-----------------------|---|--|
| <010> | Study Area Code | 300634 |
| <015> | Study Area Name | MINFORD TEL CO |
| <020> | Program Year | 2017 |
| <030> | Contact Name: Person USAC should contact with questions about this data | Roxi Hacker |
| <035> | Contact Telephone Number: Number of the person identified in data line <030> | 3208486641 ext. |
| <039> | Contact Email Address: Email of the person identified in data line <030> | roxih@interstatetelcom.com |
| | Form Type | 54.313 and 54.422 |

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1050 -

| Page 2 MB Control No. 3060-0819 | | | | | |
|--|---|--|---|--|--|
| (200) Service Quality Improvement Reporting Data Collection Form Data Collection Form Collection Form Data Collection Form Data Collect | 300634 MINFORD TEL CO MINFORD TEL CO 2017 erson USAC should contact regarding this data is Number - Number of person identified in data line <030> 3208486641 ext. dress - Email Address of person identified in data line <030> roxih@interstateteicon.com | Has your company received its ETC certification from the FCC? (yes / no) O O Vear answer to Line <110> is yes, do you have an existing \$54.202(a) "5 (yes / no) O O Vear plan" filed with the FCC? (yes record) (yes / no) O O O O O O O O O O O O O O O O O O | <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. | 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. | Maps detailing progress towards meeting plan targets Yes Report how much universal service (USF) support was received Yes How much (USF) was used to improve service quality Yes How much (USF) was used to improve service coverage Yes How much (USF) was used to improve service coverage Yes How much (USF) was used to improve service coverage Yes Provide an explanation of network improvement targets not met in the prior calendar year. Yes |
| (100) Service Quality 1 Data Collection Form | <010> Study Area Code <015> Study Area Name <015> Study Area Name <020> Program Year <030> Contact Name - P <035> Contact Telephon <039> Contact Email Ad | <110> Has your cc If your ansv <111> year plan" If your ansv | <1.125 delin <1.125 delin service. <112> Attach Five your annua CETC which required to | Please sele that the att service qua submitted a | <113> Maps detai <114> Report how <115> How much (I <116> How much (I <117> How much (I <118> Provide an in the prior |

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| Page 3 | 3060-0819 | | | | | | | ¢ | Preventative | Procedures | | | | | | | | | |
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| · . | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 | | . : | | | | | ŝ | Service Outage | Resolution | | | | | | | | | |
| NOL | FCC Form 481 OMB Control No. 3060-0 July 2013 | | | | | | { | ¢ | Did This Outage Affect Multiple Study Areas | (Yes / No) | | | | | | | | | |
| D - FOR PUBLIC INSPECTION | FCC OM O | | | | | | | <8> | Service Outage Description (Check | all that apply) | | | | | | | | | |
| LIC IN | | | | | | | | | 911 Facilities Affected | (Yes / No) | | | | | | | | | |
| R PUB | | | 8 | | ext. | roxih@interstatetel.com.com | No | <c2></c2> | Total Number of | Customers | | | | | | | | | |
| 0 - FOI | | 300634 | MINFORD TEL | 2017 | Roxi Hacker 0> 3208486641 ext | | ce outages? | <c1></c1> | Number of Customers Affected | | | | | | | | | | |
| | | | | | Contact Name - Person USAC should contact regarding this data Contact Telephone Number - Number of person identified in data line <030> | Contact Email Address - Email Address of person identified in data line <030> | For the prior calendar year, were there any reportable voice service outages? | <b4></b4> | Outage End Time | | | | | | | | | | |
| REDACTE | | | | | Contact Name - Person USAC should contact regarding this data Contact Telephone Number - Number of person identified in dat | rson identified | any reportab | <b3></b3> | Outage End Date | | | | | | | | | | |
| Ŕ | (Voice) | | | | Should contact | il Address of pe | ar, were there | <b2></b2> | Outage Start Outage Start Date Time | | | | | | | | | | |
| | sporting (Voic | de | me | | - Person USAC hone Number | Address - Emai | calendar yea | <b1></b1> | Outage Start Date | | | | | | | | | | |
| | (200) Service Outage Reporting (Voice) Data Collection Form | Study Area Code | Study Area Name | Program Year | Contact Name Contact Telep | Contact Email | For the prior | <a> | NORS Reference Number | | | | | | | | | | |
| | (200) Serv Data Colle | <010> | <015> | <020> | <030> | <039> | <210> | <220> | | | | | | | _ | | | | |

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| (300) Unfulfilled Service Request Data Collection Form | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 |
|---|---|
| | July 2013. |
| <010> Study Area Code | 300634 |
| <015> Study Area Name | MINFORD TEL CO |
| <020> Program Year | 2017 |
| <030> Contact Name - Person USAC should contact regarding this data | Roxi Hacker |
| <035> Contact Telephone Number - Number of person identified in data line <030> | 3208486641 ext. |
| <039> Contact Email Address - Email Address of person identified in data line <030> | roxih@interstatetelcom.com |
| <300> Unfulfilled service request (voice) | |
| <310> Detail on attempts (voice) | |
| Nam | Name of Attached Document |
| <320> Unfulfilied service request (broadband) | |
| <330> Detail on attempts (broadband) | |
| ~ | Name of Attached Document |

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| Contact Name - Person USAC should contact regarding this data | Backer |
|---|----------------------------|
| Contact Telephone Number - Number of person identified in data line 2030> | 3208486641 ext. |
| Contact Email Address - Email Address of person identified in data line :030> | roxih@interstatetelcom.com |
| elect from the drop-down list to indicate how you would like to report bice complaints (zero or greater) for voice telephony service in the prior alendar year for each service area in which you are designated an ETC for ny facilities you own, operate, lease, or otherwise utilize. | - 2 |
| omplaints per 1000 customers for fixed voice | 0.0 |
| complaints per 1000 customers for mobile voice | |
| elect from the drop-down list to indicate how you would like to report nd-user customer complaints (zero or greater) for broadband service in he prior calendar year for each service area in which you are designated n ETC for any facilities you own, operate, lease, or otherwise utilize. | |
| complaints per 1000 customers for fixed broadband | 0.0 |
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complaints per 1000 customers for mobile broadband

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cument for Service Quality Standards & Consumer Protection Rules Compliance

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| Page 8 | ontrol No. 3060-0819 | | | | | | | | | lotal per line Kates and Fees | | | | | | | | | |
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| NOL | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 | | | | | | | | Mandatory Extended Area | Service charge | | | | | | | | | |
| REDACTED - FOR PUBLIC INSPECTION | FCC Form 481 OMB Control July 2013 | | | | | Ę | | | | State Universal Service Fee | | | | | | | | | |
| R PUBLIC | | | 60 | | 3208486641 eXt | roxih@interstatetelcom.com | | | | State Subscripter Life Charge | | | See attached worksheet | | | | | | |
| ED - FO | | 300634 | MINFORD TEL CO | 2017 | s data Roxi Hacker | in data line <030> in data line <030> | 1/1/2016 | | " | allor vate | | | See at | | | | _ | | |
| ACTI | | | | | ct regarding this | erson identified erson identified | | | | adki anev | | | | | | | | | _ |
| REC | kate Data | | | | should contac | Number of pe | ective Date Service Charge | | | ave let el | | | | | - | | - | | |
| | (700) Price Offerings including Voice Rate Data Data Collection Form | 1 Code | a Name | ear | Contact Name - Person USAC should contact regarding this data | Contact Telephone Number - Number of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030> | Residential Local Service Charge Effective Date Single State-wide Residential Local Service Charge | | | | | | | | | | | | |
| | (700) Price Offerings in Data Collection Form | 0> Study Area Code | | 0> Program Year | 1 | | [22 iS | | | 21916 | | - | | | | | | | |
| | (700 Date | <010> | <015> | <020> | <030> | <039> | <701> <702> | <703> | } | | | | | | | | | | |

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<039> Contact Email Address - Email Address of person identified in data line <030> roxih@interstatetelcom.com 3208486641 ext. Roxi Hacker <035> Contact Telephone Number - Number of person identified in data line <030> <030> Contact Name - Person USAC should contact regarding this data rrogram Year <070>

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| | Usage Allowance Action Taken When Limit Reached { <i>select</i> } | | | | | | | | | | |
| ev cda> 1140 250 | Usage Allowance (GB) | | | | | | | | | | |
| <u>ૺૺૺૺૺૺૺૺૺૺૺૺૺૺૺૺૺૺૺૺૺૺૺૺૺૺૺૺ</u> | Broadband Service - Upload Speed (Mbps) | | | | | | | | | | |
| A SALS SALE | Broadband Service - Download Speed (Mbps) | | | | | | | | | | |
| | Total Rate and Fees | | | | 5 | | | | | | |
| c.cb15 | State Regulated Fees | | | - See attact | hindrohoot | | | | | | |
| b1> | Residential Rate | | | | | | | | | | |
| | Exchange (ILEC) | | | | | | | | | | |
| <u></u> | State | | | | | | | | | | |
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| | FCC Form 481 DMB Cóntrol No. 3066-0986/OMB Control No. 3066-09819 July 2013 | | | | | | | | | ಕ್ಷಣೆಯ ಸಂಗೀತ ಸೇವಿ ಸೇವಿ ಸೇವಿ ಸೇವಿ ಸೇವಿ ಸೇವಿ ಸೇವಿ ಸೇವಿ | Doing Business As Company or Brand Designation | | | | | | | | | | | |
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| PUBLIC | | | | | | atetelcom.com | | | | | SAC | | | | | : | | | | | | |
| REDACTED - FOR PUBLIC INSPECTION | (800) Operating Companies Data Collection Form | <010> Study Area Code 300634 | <015> Study Area Name MINFORD TEL CO | <020> Program Year 2017 | Contact Name - Person USAC should contact regarding this data | <035> Contact Telephone Number - Number of person identified in data line <030> 3409496041 Ext. | | | | | | | | | | | | | | | | |

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| REDACTED - FOR PUBLIC INSPECTION | ECC Form 481 ONB Control No. 3060-0996/OMB Control No. 3069-0919 | 30654 MINFORD TEL CO MINFORD TEL CO 2017 2017 contact regarding this data Rexi Hacker of person identified in data line <030> zoxi høinterstatete1com.com al land services? (Y/N) | ves t Obligation | select (Yes,No, NA) for each these boxes ched document(s), on line 920, government pursuant to Not Applicable | L Libal |
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| REDACTEI | (900) Tribal Lands Reporting Data Collection Form | <010> Study Area Code <015> Study Area Name <015> Study Area Name <020> Program Year <030> Contact Mame - Person USAC should contact regarding this data <035> Contact Telephone Number - Number of person identified in data line <030> <035> Contact Email Address - Email Address of person identified in data line <030> <030> Does the filing entity offer tribal land services? {Y/N} | <910> Tribal Land(s) on which ETC Serves <920> Tribal Government Engagement Obligation | 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 <compliance land="" p="" permitting="" requirements<="" use="" with=""></compliance> <compliance environmental="" p="" processes<="" review="" with=""></compliance> <compliance cultural="" p="" preservation="" processes<="" review="" with=""></compliance> <compliance and="" business="" licensing="" p="" requirements.<="" tribal="" with=""></compliance> |

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| D - FOR PUBLIC INSPECTION FCC F6m 441 OMB Control No. 3060-0936/OMB Control No. 3060-09319 UNY 2013 | 300534 MINFORD TEL CO 2017 2017 2017 3203486641 ext. data line <030> xoxih@interstatetelcom.com | Yes | 3006340H1010Minford.pdf | Name of Attached Document | Yes - Pricing is no more than the most recent applicable benchmark announced by the Wireline Competition Bureau | 300634OH1030Minford.pdf | Name of Attached Document |
|--|---|---|--|---------------------------|--|--|---------------------------|
| TEDACTED (11000) Voice and Broadband Service Rate Comparability Data Collection Form | 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 Telephone Number - Number of person identified in data line <030> | Voice services rate comparability certification | . Attach detailed description for voice services rate comparability compliance | ••• | . Broadband comparability certification | Attach detailed description for broadband comparability compliance | |
| (1000) Vi Data Coll | 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | <1000> | <1010> | - | <1020> | <1030> | |

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| ECC Form 481 OMB Control No. 3060-0936/OMB Control No. 3060-0819 July 2013 | 300634 | MINFORD TEL CO | 2017 | Roxi Hacker | | d in data line <030> roxinginterstatetel.com.com |
|--|-----------------------|-----------------------|--------------------|---|--------------|---|
| 1100) No Terrestrial Backhaul Reporting bata Collection Form | <010> Study Area Code | <015> Study Area Name | :020> Program Year | <030> Contact Name - Person USAC should contact regarding this data | a line <030> | <039> Contact Email Address - Email Address of person identified in data line <030> |
| (110) Data | <u>6</u> | <01 01 | <02 | ŝ | <03 | <03 |

<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).

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| FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0886/OMB Control No. 3060-0819 July 2013 | 300634 | MINPORD TRI. CD | 2017 | this data | ed in data line <030> | | 3006340H1210Minford.pdf | eline Plans | Name of Attached Document | HTTP | hed document(s), on line 1210, nformation pursuant to ome support, carriers must | ittions of any voice | l as part of the plan, | or each such plan. | |
|--|-----------------------|-----------------|------|--------------------------------------|---|---|-------------------------|---|---------------------------|-------------------------------|---|--|---|---|--|
| (1200) Terms and Condition for Lifeline Customers Lifeline Data Collection Form | <010> Study Area Code | | | Person USAC should contact regarding | <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> | | <1210> Terms & Conditions of Voice Telephony Lifeline Plans | | <1220> Link to Public Website | "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 vo telephony service plans offered to Lifeline subscribers, | <1222> Details on the number of minutes provided as part of the | <1223> Additional charges for toll calls, and rates for each such pla | |
| (1200)] Lifeline Data Co | ô | 8 | 8 | ♥ | ₽ | 8 | | 41. | | <15 | "Ple ort § 5 ann | <12 | 412 | <12 | |

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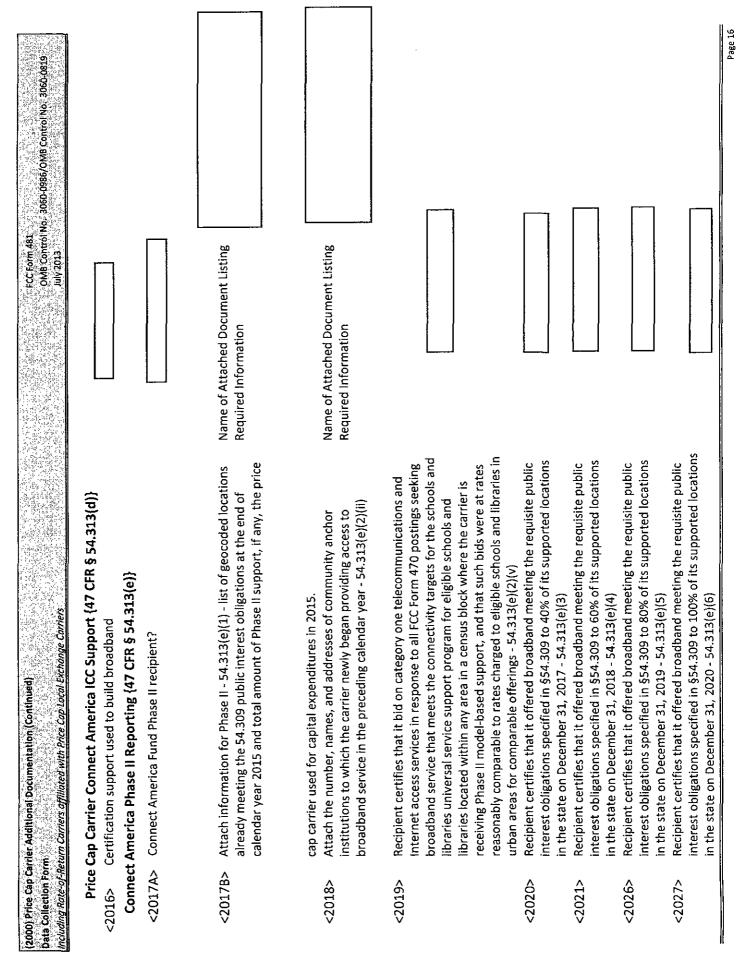
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Contact Email Address - Email Address of person identified in data line <030> e items below to note compliance with five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this for nts attached below is accurate. Progress Report on 5 Year Plan Carrier certifies to 54.313(f)(1)(iii) Yes - Attach Certification Milestone Certification {47 CFR § 54.313(f)(1)(i)} 3006340H3010Minford.pdf Name of Attached Document Listing Required Please Provide Attachment Information Community Anchor Institutions {47 CFR § No - No New Community Anchors 54.313(f)(1)(ii)} **Please Provide Attachment** Name of Attached Document Listing Required Information Is your company a Privately Held ROR Carrier {47 CFR (Yes/No) § 54.313(f)(2)} 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: Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers) Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows Name of Attached Document Listing Required If the response is yes on line 3014, attach your Information company's RUS annual report and all required documentation (Yes/No) 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 3026 pursuant to § 54.313(f)(2), contains: Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS **Operating Report for Telecommunications Borrowers** Document(s) for Balance Sheet, income Statement and Statement of Cash Flows 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: 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** Underlying information subjected to a review by an independent certified public accountant

Underlying information subjected to an officer certification.

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| 300634 | MINFORD TEL CO | 2017 | Roxi Hacker | 030> 3208486641 ext. | race of harecon inlantified in data line x/30. |
|-----------------|-----------------|--------------|---|---|---|
| Study Area Code | Study Area Name | Program Year | <030> Contact Name - Person USAC should contact regarding this data Roxi Hacker | Contact Telephone Number - Number of person identified in data line | Contact Email Address - Email Address of nerson identified in data line |
| <010> | <015> | <020> | <030> | <035> | <050× |

RESOLUTION PROVINCES AND ADDRESS AND ADDRESS AD EN CONSTRUCTION

(3030) Telephone Plant In Service(TPIS)

(3031) Total Assets

(3032) Total Debt (3033) Total Equity

(3034) Dividends

(3028) Operating Expenses

(3029) Net Income

Financial Data Summary

(3027) Revenue

11

Iroadband Experiment

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

est Obligations - FCC 14-98 (paragraphs 26-29, 78)

ess Line 4001 regarding compliance with the Commission's public interest obligations. All RBE participants must provide a response to Line 400

ent certifies that it is offering broadband to the identified locations meeting the requisite public gations consistent with the category for which they were selected, including broadband speed, ge capacity, and rates that are reasonably comparable to rates for comparable offerings in urban

Anchor Institutions - FCC 14-98 (paragraph 79)

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

3A, please provide a response for 4003B.

ide the number, names and addresses Name of Attached Document Listing Required Information ty anchor institutions to which the wly began providing access to ervice in the preceding calendar year.

Deployment Locations – FCC 14-98 (paragraph 80)

:h a list of geocoded locations to
 band has been deployed as of the
 nediately preceding the July 1st filing
 Name of Attached Document Listing Required Information
 the FCC Form 481.

ch evidence demonstrating that the neeting the relevant public service or the identified locations. Materials
 ch detail the pricing, offered broadband Name of Attached Document Listing Required Information ata usage allowances available in the graphic area.

| _ | | | 500054 |
|---|-------|---|----------------------------|
| | <015> | Study Area Name | MINFORD TEL CO |
| | <020> | Program Year | 2017 |
| | <030> | Contact Name - Person USAC should contact regarding this data | Roxi Hacker |
| | <035> | Contact Telephone Number - Number of person identified in data line <030> | 3208486641 ext. |
| _ | <039> | Contact Email Address - Email Address of person identified in data line <030> | roxib@interstatetelcom.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 | ne Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients |
|--|--|
| | nsibilities include ensuring the accuracy of the annual reporting requirements for universal service support n reported on this form and in any attachments is accurate. |
| lame of Reporting Carrier: | |
| ignature of Authorized Officer: | Date |
| rinted name of Authorized Officer: | |
| tle or position of Authorized Officer: | |
| elephone number of Authorized Officer: | |
| tudy Area Code of Reporting Carrier: | Filing Due Date for this form: |
| Persons willfully making false statements on this form can | pe 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. |

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REDACTED - FOR PUBLIC INSPECTION

| Data Collection Form | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
|-----------------------|--|
| <010> Study Area Code | 300634 |
| <015> Study Area Name | MINFORD TEL CO |

| ×010× | Study Area Name | |
|-------|---|----------------------------|
| <020> | Program Year | 2017 |
| <030> | Contact Name - Person USAC should contact regarding this data | Roxi Hacker |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 3208486641 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | roxih@interstatetelcom.com |

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

1997 - 1 St. T. + 14

 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)
 ITCI
 is authorized to submit the information reported on behalf of the reporting carrier. If 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:
 ITCI

 Name of Reporting Carrier:
 MINFORD TEL CO

 Signature of Authorized Officer:
 CERTIFIED ONLINE

 Printed name of Authorized Officer:
 Paula McGraw

 Title or position of Authorized Officer:
 General Manager

 Telephone number of Authorized Officer:
 7408202151 ext.

 Study Area Code of Reporting Carrier:
 300634

 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.

TO BE COMPLETED BY THE AUTHORIZED AGENT:

and the second secon

| Certification of Agent Authorized to File Annual Reports for C | 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 univers the data reported herein based on data provided by the reporting carrier; and, to the best of my knowle | |
| Name of Reporting Carrier: MINFORD TEL CO | |
| Name of Authorized Agent Firm: ITCI | |
| Signature of Authorized Agent or Employee of Agent: CERTIFIED ONLINE | Date: 06/29/2016 |
| Name of Authorized Agent Employee: Roxi Hacker | |
| Title or position of Authorized Agent or Employee of Agent Regulatory Consultant | |
| Telephone number of Authorized Agent or Employee of Agent: 3208486641 ext. | |
| Study Area Code of Reporting Carrier: 300634 Filing Due Date for this fo | orm: 07/01/2016 |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Con 18 of the United States Code, 18 | |

Page 21

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Attachments

REDACTED:

Minford Telephone Company

Five Year Quality of Service Plan

Annual Progress Report & Map

REDACTED:

Progress Report

USF

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REDACTED:

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Progress Report

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Page 1 of 2

SAC: 300634
State: Ohio
Minford Telephone Company
Form 481 Line No.: 510 Compliance with Service Quality Standards and Consumer Protection

As required by Ohio Administrative Code "4901: 1-6-12 Service Requirements for Basic Local Exchange Service (BLES)" the local services provided by Minford Telephone Company are provided under internal company operating procedures and tariffs which are in compliance with applicable Ohio Public Utility Commission orders and rules including:

4901: 1-6-12(C)

(1) BLES shall be installed within five business days of the receipt by a telephone company of a completed application for new access line service, unless the customer requests or agrees to a later date.

(2) The requirement to install BLES in paragraph (C)(1) of this rule is not applicable where any of the following exist:

(a) A customer or applicant has not met pertinent tariff requirements.

(b) The need for special equipment or service.

(c) Military action, war, insurrection, riot, or strike.

(d) The customer misses an installation appointment.

(3) A LEC shall make reasonable efforts to repair a BLES outage within twenty-four hours, excluding Sundays and legal holidays, after the outage is reported to the telephone company.

(4) A BLES service outage or service-affecting problem shall be repaired within seventy-two hours after it is reported to the telephone company.

(5) If a BLES outage is reported to the telephone company and lasts more than seventy-two hours, the LEC shall credit every affected BLES customer, of which the LEC is aware, in the amount of one month's charges for BLES.

(6) The customer credit in paragraph (C)(5) of this rule is not applicable if the condition or failure to repair occurs as a result of any of the following:

(a) A customer's negligent or willful act.

(b) Malfunction of customer-owned telephone equipment or inside wire.

(c) Military action, war, insurrection, riot, or strike.

(d) Customer missing a repair appointment.

Page 2 of 2

SAC: 300634 State: Ohio Minford Telephone Company Form 481 Line No.: 510 Compliance with Service Quality Standards and Consumer Protection

(7) No LEC shall establish a due date for payment earlier than fourteen consecutive days after the date the bill is postmarked for a bill for BLES provided to customers. The postmark date may appear on the bill rather than on the envelope, as long as the postmark date is never earlier than the date the bill actually enters the mail.

(8) A LEC may disconnect BLES for nonpayment of any amount past due on a billed account not earlier than fourteen days after the due date of the customer's bill, provided that the customer is given notice of the disconnection seven days before the disconnection.

(9) Such notice of disconnection may be included on the customer's next bill, provided the bill is postmarked at least seven days prior to the date of disconnection of service reflected on the bill, and provided that the disconnection language is clearly highlighted such that it stands apart from the customer's regular bill language. The notice shall identify the total dollar amount that must be paid to maintain BLES, the earliest date disconnection may occur, and the following statement:

"If you have a complaint in regard to this disconnection notice that cannot be resolved after you have called Minford Telephone Company, or for general utility information, residential and business customers may contact the public utilities commission of Ohio (PUCO) for assistance at 1-800-686-7826 (toll free) from eight a.m. to five p.m. weekdays, or at <u>http://www.puco.ohio.gov</u>. Hearing or speech impaired customers may contact the PUCO via 7-1-1 (Ohio Relay Service)."

For residential disconnection notices, the text shall also include:

"The Ohio consumers' counsel (OCC) represents residential utility customers in matters before the PUCO. The OCC can be contacted at 1-877-742-5622 (toll free) from eight a.m. to five p.m. weekdays, or at <u>http://www.pickocc.org</u>."

(10) A LEC may require a deposit, not to exceed two hundred thirty percent of a reasonable estimate of one month's service charges, for the installation of BLES for any person that it determines, in its discretion, is not creditworthy.

(11) A LEC shall, unless prevented from doing so by circumstances beyond the telephone company's control or unless the customer requests otherwise, reconnect a customer whose basic local exchange service was disconnected for nonpayment of past due charges not later than one business day after the day the earlier of the following occurs:

(a) The receipt by the LEC of the full amount of past due charges.

(b) The receipt by the LEC of the first payment under a mutually agreed upon payment arrangement.

Page 1 of 3

SAC: 300634
State: Ohio
Minford Telephone Company
Form 481 Line No.: 610 Description of Functionality in Emergency Situations

Minford Telephone Company, pursuant to Ohio Administrative Code"4901:1 1-6-31 Emergency and Outage Operations".

4901:1-6-31 Emergency and outage operations.

(A) Each facilities-based local exchange carrier (LEC) shall design, operate, and maintain its facilities to continue to provide customers with the ability to originate and receive calls at all times. The commission will utilize existing FCC rules applicable to emergency and outage operations. Companies shall submit outage reports utilizing, at the company's discretion, either existing FCC reports or a format determined by the commission.

(B) Each facilities-based LEC shall submit, within two hours of discovery, to the commission's outage coordinator and when appropriate, the news media in the affected area, a notification that it has experienced and outage, whenever that outage occurs on any facility that it owns, operates, leases or otherwise utilizes and is both:

(1) Expected to last for a period in excess of thirty minutes.

(2) Potentially affects at least nine hundred thousand user minutes in the incumbent local calling area.

(C) Each facilities-based LEC shall report, by telephone or electronic means, a disruption of 9-1-1 services, which impairs 9-1-1 service within a given county 9-1-1 system, immediately to each county 9-1-1 public safety answering point, to the Ohio 9-1-1 coordinator, and to the news media in the affected area, when appropriate.

(D) Each facilities-based LEC experiencing a loss of communications or selective routing to a public safety answering point, as a result of an outage described under paragraphs (B) and (C) of this rule, shall also notify, as soon as possible, by telephone or electronic means, any official who has been designated by the management of the affected 9-1-1 facility as the LEC's contact person for communication outages at that facility; and the LEC shall convey to that person all available information that may be useful to the management of the affected facility in mitigating the effects of the outage on efforts to communicate with that facility.

(E) Each facilities-based LEC experiencing an outage described under paragraphs (B) and (C) of this rule, shall electronically submit to the commission's outage coordinator the same information as that provided to the FCC or the following information:

Page 2 of 3

SAC: 300634
State: Ohio
Minford Telephone Company
Form 481 Line No.: 610 Description of Functionality in Emergency Situations

(1) A notification that it has experienced an outage, which shall include the name of the reporting entity, the date and time of the onset of the outage, a brief description of the problem, the particular service affected, the geographic area affected by the outage, the number of customers affected, an estimate of when the service, including 9-1-1, will be restored, and a contact name and telephone number by which the commission's outage coordinator may contact the reporting entity.

(2) Not later than seventy-two hours after discovering the outage, an initial communications outage report, which shall include all pertinent information then available on the outage and shall be submitted in good faith.

(3) Not later than thirty days after discovering the outage, the provider shall submit electronically a final communications outage report, which shall include all pertinent information on the outage, including any information that was not contained in, or that has changed from that provided in, the initial report.

(F) Each facilities-based LEC shall develop, implement, and maintain an emergency plan and make it available for review by commission staff. The plan shall include, but not be limited to, all of the following:

(1) Procedures for maintaining and annually updating a list of those customers who have subscribed to the federal telecommunications service priority program, as identified in 47 C.F.R. 64, appendix A.

(2) Procedures for priority treatment in restoring out-of-service trouble of an emergency nature for customers with a documented medical or life-threatening condition.

(3) In addition to the telecommunications service priority program, each LEC shall develop policies and procedures regarding those customers who require priority treatment for out-of-service clearance. Such procedures shall include a table of restoration priority, including, but not limited to, subscribers such as police and fire stations, hospitals, key medical personnel, and other utilities.

(4) Procedures for restoring service to priority critical facilities customers.

(5) Identification and annual updates of all of the facilities-based LEC's critical facilities and reasonable measures to protect its personnel and facilities.

(6) Assessments and evaluations of telecommunications facilities available to provide back-up service capabilities.

Page 3 of 3

SAC: 300634 State: Ohio Minford Telephone Company Form 481 Line No.: 610 Description of Functionality in Emergency Situations

(7) Procedures for after-action assessments and reporting following activation of any part of the emergency plan. An after-action report will be written and will include lessons learned, deficiencies in the response to the emergency, and deficiencies in the emergency plan.

(8) A current list of the names and telephone numbers of the facilities-based LEC's emergency service personnel to contact and coordinate with in the event of any real or anticipated local or national threats to its ability to provide telecommunications service.

(9) A current list of the names and telephone numbers of the facilities-based LEC's emergency service personnel that is made available to the commission's emergency coordinator, upon request.

(10) A continuity of operations plan to assure continuance of minimum essential functions during a large scale event in which staffing is reduced. Such plans shall provide for:

(a) Plan activation triggers such as the world health organization's pandemic phase alert levels, widespread transmission within the United States, or a case at one or more locations within Ohio.

(b) Identification of a pandemic coordinator and team with defined roles and responsibilities for preparedness and response planning.

(c) Identification of minimal essential functions, minimal staffing required to maintain such essential functions, and personnel resource pools required to ensure continuance of those functions in progressive stages associated with a declining workforce.

(d) Identification of essential employees and critical inputs (e.g., raw materials, equipment, suppliers, subcontractor services/products, and logistics) required to maintain business operations by location and function.

(e) Policies and procedures to address personal protection initiatives.

(f) Policies and procedures to maintain lines of communication with the public utilities commission of Ohio during a declared emergency.

(G) Each facilities-based LEC shall amend its emergency plan in accordance with the findings identified in the after-action assessment report required under paragraph (F)(7) of this rule.

| (700) Price Of Data Collectio | (700) Price Offerings Including Voice Rate Data Data Collection Form | | rcc Form 481 OMB Control No. 3060-0988/OMB Control No. 3060-0988/OMB Control No. 3060-0889 July 2013 |
|----------------------------------|---|----------|--|
| <010> | <010> Study Area Code | | 300634 |
| <015> | <015> Study Area Name | | MINFORD TEL CO |
| <020> | <020> Program Year | | 2017 |
| <030> | <030> Contact Name - Person USAC should contact regarding this data | | Roxi Hacker |
| <035> | <035> Contact Telephone Number - Number of person identified in data line | <030> | 3208486641 ext. |
| <039> | <039> Contact Email Address - Email Address of person identified in data line <030> | | roxih@interstateteicom.com |
| | | | |
| <701> | <701> Residential Local Service Charge Effective Date | 1/1/2016 | |
| <702> | <702> Single State-wide Residential Local Service Charge | | |

<703>

| | Total per line Rates and Fees | 17.0 | | | | | | | | | | | |
|----------------|--|-------------------|--|---|--|--|--|--|---|--|---|--|--|
| | Mandatory Extended Area To Service Charge | | | - | | | | | | | | | |
| | State Universal Service Fee | 0.0 | | | | | | | | | | | |
| | State Subscriber Line Charge | 0.0 | | | | | | | | | | | |
| | Residential Local Service Rate | 17.0 | | | | | | | | | - | | |
| 2015 SB15 | Rate Type | FR | | | | | | | | | | | |
| () <abr></abr> | SAC (CETC) | | | | | | | | | | | | |
| | Exchange (ILEC) | Minford-Stockdale | | | | | | | | | | | |
| | State | Но | | | | | | | - | | | | |

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| <010> Study Area Code | a Code | | | 300634 | | | | |
|-----------------------|---|-----------------------|-------------------------|------------------------------------|---|---|-------------------------|--|
| | a Name | | | MINFORD TEL CO | | | | |
| <020> Program Year | 'ear | | | 2017 | | | | |
| <030> Contact N | Contact Name - Person USAC should contact regarding this data | d contact regarding | this data | Roxi Hacker | | | | |
| | Contact Telephone Number - Number of person identified in data line | ber of person identii | fied in data line <030> | 3208486641 ext | - | | | |
| <039> Contact Er | Contact Email Address - Email Address of person identified in data line <030> | ess of person identi | fied in data line <030. | > roxih@interstatetelcom.com | .etelcom.com | | | |
| <711> <11> | 1 | | | <u></u> | | | | |
| State | Exchange (ILEC) | Residential Rate | State Regulated Fees | Total Rates and Fees | Broadband Service - Download Speed (Mbps) | Broadband Service - Broadband Service Usag Download Speed - Upload Speed (Mbps) (GB) (Mbps) | Usage Allowance (GB) | Usage Allowance Action Taken When Limit Reached {select} |
| Ю | Minford-Stockdale | 28.99 | 0.0 | 28.99 | 4.0 | 1.0 | 0.99999.0 | Other, N/A |
| Ю | Minford-Stockdale | 45.99 | 0.0 | 45,99 | 15.0 | 2.0 | 0.666666 | Other, N/A |
| HO | Minford- Stockdale | 57.99 | 0.0 | 57.99 | 25.0 | 3.0 | 0.99999.0 | Other, N/A |
| Ю | Minford- Stockdale | 68.99 | 0.0 | 68.99 | 35.0 | 5.0 | 0.666666 | Other, N/A |
| Ю | Minford-Stockdale | 84.99 | 0.0 | 84.99 | 45.0 | 10.0 | 0.99999.0 | Other, N/A |
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LINE 1010 – VOICE SERVICES RATE COMPARABILITY

The Wireline Competition Bureau's most recent reasonable comparability benchmark for voice services is \$41.07, which includes the federal subscriber line charge ("SLC").

In all of the exchanges served by the Minford Telephone Company, the single-line residential local rate, including any mandatory extended area service charge, is \$17.00. When the federal SLC (\$6.50) and other state fees are included, the rate becomes \$23.50. Therefore, the Company's pricing of fixed voice services is less than the reasonable comparability benchmark of \$41.07.

SAC: 300634
State: Ohio
Minford Telephone Company
Form 481 Line No.: 1030 – Descriptive Document for Broadband Services Rate Comparability

Minford Telephone Company (Study Area Code 300634) has the following broadband plans:

| Download Speed | Upload Speed | Usage Allowance | <u>Rate</u> | <u>Benchmark</u> |
|----------------|--------------|-----------------|-------------|------------------|
| 25 Mbps | 3 Mbps | Unlimited | \$57.99 | \$89.24 (25/5) |

Therefore, pricing of broadband services is below the relevant reasonable comparability benchmark.

Page 1 of 5

SAC: 300634 State: Ohio Minford Telephone Company Form 481 Line No.: 1210 Terms and Conditions of Voice Telephony Lifeline Plans

- Minford Telephone Company's Lifeline service offerings are listed in their Local Service Tariff Section 4, Sheet 1 (attached). The Local Service Tariff is on file with the Public Utility Commission of Ohio.
- All Lifeline subscribers must meet the terms and conditions of Federal Lifeline Eligibility Rules.

As required by Ohio Administrative Code "4901:1-6-19 Lifeline Requirements" Minford Telephone 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 will comply with all applicable federal laws and the Ohio State law listed below.

4901:1-6-19 Lifeline requirements.

(A) An incumbent local exchange carrier (LEC) that is an eligible telecommunications carrier (ETC) under 47 C.F.R. 54.201 shall implement lifeline service throughout the ILEC ETC's traditional service area for its eligible residential customers.

(B) Lifeline service shall be a flat-rate, monthly, primary access line service with touch-tone service and shall provide all of the following:

(1) A recurring discount to the monthly basic local exchange service rate that provides for the maximum contribution of federally available assistance;

(2) Not more than once per customer at a single address in a twelve month period, a waiver of all non-recurring service order charges for establishing service;

(3) Free blocking of toll service, 900 service, and 976 service;

(4) A waiver of the federal universal service fund end user charge;

(5) A waiver of the telephone company's service deposit requirement.

(C) The ILEC ETC may offer to lifeline service customers any other services and bundles or packages of service at the prevailing prices, less the lifeline discount.

(D) The ILEC ETC also shall offer special payment arrangements to lifeline service customers that have past due bills for regulated local service charges, with the initial payment not to exceed twenty-five dollars before service is installed, and the balance for regulated local service charges to be paid over six, equal monthly payments. Lifeline service customers with past due bills for toll service charges shall have toll restricted service until the past due toll service charges have been paid or until the customer establishes service with another toll provider.

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SAC: 300634 State: Ohio Minford Telephone Company Form 481 Line No.: 1210 Terms and Conditions of Voice Telephony Lifeline Plans

(E) Every large ILEC required to implement lifeline service shall establish an annual marketing budget for promoting lifeline service and performing outreach regarding lifeline service. Every large ILEC shall work with the advisory board established in paragraph (F) to reach consensus, where possible, regarding an appropriate budget for promoting lifeline and performing outreach and regarding how the budget will be spent. All funds allocated to this budget shall be spent for the promotion and marketing of lifeline service and outreach regarding lifeline service and only for those purposes and not for any administrative costs of implementing lifeline service.

(F) All activities relating to the promotion of, marketing of, and outreach regarding lifeline service provided by the large ILECs shall be coordinated through a single advisory board composed of staff of the public utilities commission, the office of the consumer's counsel (OCC), consumer groups representing low income constituents, two representatives from the Ohio association of community action agencies, and every large ILEC. The commission staff shall provide active leadership in the initial organization of the statewide board and the development of procedures and bylaws under which the board will operate. Commission staff shall, with the assistance of the office of the consumers' counsel, work with the advisory board to reach consensus on the organization of the board and all activities relating to the promotion of, marketing of, and outreach regarding lifeline service. However, where consensus is not possible, the commission's staff shall make the final determination. Decisions on the organization of the board and decisions of the advisory board including decisions on how the lifeline marketing, promotion, and outreach activities are implemented are subject to commission review.

(G) All other aspects of an ILEC ETS's state-specific lifeline service shall be consistent with federal requirements. The rates, terms, and conditions for the ILEC's lifeline service shall be tariffed in accordance with rule <u>4901:1-6-11</u> of the Administrative Code.

(H) Eligibility for lifeline service under this rule shall be based on either of the following criteria:

(1) An individual's verifiable participation in any federal or state low-income assistance program that limits assistance based on household income. These programs include:

(a) Medical assistance under Chapter 5111. of the Revised Code (medicaid) or any state program that might supplant medicaid;

- (b) Supplemental nutritional assistance program (SNAP/food stamps);
- (c) Supplemental security income (SSI) under Title XVI of the Social Security Act;
- (d) Social security disability insurance blind and disabled (SSDI);
- (e) Federal public housing assistance, or section 8;

Page 3 of 5

SAC: 300634
State: Ohio
Minford Telephone Company
Form 481 Line No.: 1210 Terms and Conditions of Voice Telephony Lifeline Plans

(f) Home energy assistance programs (HEAP, LIHEAP, E-HEAP);

- (g) National school lunch program's free lunch program (NSL);
- (h) Temporary assistance for needy families (TANF/Ohio works); or
- (i) General assistance, including disability assistance (DA).

The commission may add or remove programs from this list as required by federal or state law.

(2) Other verification that an individual's household income is at or below one hundred fifty per cent of the federal poverty level. ILEC ETC's may use any reasonable method of verification. Consistent with federal law, examples of acceptable documentation include the following:

- (a) State or federal income tax return;
- (b) Current income statement or W-2 from an employer;
- (c) Three consecutive months of current pay stubs;
- (d) Social security statement of benefits;
- (e) Retirement/pension statement of benefits;
- (f) Unemployment/workmen's compensation statement of benefits;

(g) Any other legal document that would show current income (such as a divorce decree or child support document).

(I) All ILEC ETCs must verify customer eligibility consistent with the federal communications commission's (FCC) requirements in 47 C.F.R. 54, to enroll customers into lifeline assistance who qualify through household income-based requirements.

(J) The commission shall work with the appropriate state agencies that administer deferral or state lowincome assistance programs and with carriers to negotiate and acquire information necessary to verify an individual's eligibility and the data necessary to automatically enroll eligible persons for lifeline service.

(K) To the extent that appropriate state agencies are able to accommodate automatic enrollment, every ILEC ETC shall automatically enroll customers into lifeline assistance who participate in a qualifying program.

Page 4 of 5

SAC: 300634 State: Ohio Minford Telephone Company Form 481 Line No.: 1210 Terms and Conditions of Voice Telephony Lifeline Plans

(L) An ILEC ETC shall provide written notification if the carrier determines that an individual is not eligible for lifeline service enrollment and shall provide the person an additional thirty days to provide eligibility.

(M) An ILEC ETC shall provide written customer notification if a customer's lifeline service benefits are to be terminated due to failure to submit acceptable documentation for continued eligibility for the assistance and shall provide the customer an additional sixty days to submit acceptable documentation of continued eligibility or dispute the carrier's findings regarding termination of the lifeline service.

(N) Commission staff will maintain on the commission's website a copy of boilerplate customer notices that are compliant with the FCC's requirements. Any ILEC ETC choosing to create and use its own customer notice shall submit its proposed notice to commission staff for approval.

(O) An ILEC ETC shall establish procedures to verify an individual's continuing eligibility for both program and income-based criteria consistent with the FCC's requirements in 47 C.F.R. 54.409 to 47 C.F.R. 54.410. ILEC ETCs shall maintain records to document compliance with these requirements and shall attest, as part of the periodic ETC certification process by the commission, that they comply with the FCC's requirements.

(P) An ILEC ETC may recover through a customer billing surcharge on retail customers of the ILEC's telecommunications service other than lifeline service customers, any lifeline service discounts and any other lifeline service expenses that are not recovered through federal or state funding and that are approved by the commission under this paragraph. The surcharge may not include recovery of expenses related to the marketing and promotion of lifeline service. The surcharge may be established through one of the following means:

(1) An ILEC ETC that chooses to establish a customer billing surcharge to non-lifeline customers, to recover lifeline service discounts and expenses identified in this paragraph shall file a thirty-day application for tariff amendment (ATA). Such application may request recovery of lifeline service discounts that are not recovered through federal or state funding such as federal universal service fund end user charges, service connection charges, blocking of 900/976, recurring discount maximizing the contribution of federally available assistance, and recurring retail price differences between the frozen lifeline service rate and residential BLES rtes, as well as lifeline service expenses that are not recovered through federal or state funding such as administrative expenses for the sole purpose of verifying the eligibility and enrolling of lifeline customers. An applicant must provide documentation to supports its proposed surcharge and its compliance with this rule. Absent suspension or other commission action, the application shall be deemed approved and become effective on the thirty-first day or later date if requested by the company.

(2) An ILEC ETC requesting recovery of any expenses not specified in paragraph (P)(1) of this rule shall file an application with the commission, using the most up-to-date telecommunications filing form, under the TP-UNC case purpose code. An applicant must provide documentation to support its proposed customer billing surcharge and its compliance with this rule and must further support its request for recovery of any expenses not specified in paragraph (P)(1) of this rule with a detailed supporting memorandum. Absent suspension or commission action, the application shall be deemed approved and become effective on the one hundred twenty-first day or later date if requested by the company.

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SAC: 300634 State: Ohio Minford Telephone Company Form 481 Line No.: 1210 Terms and Conditions of Voice Telephony Lifeline Plans

(Q) If an ILEC ETC chooses to establish a customer billing surcharge to recover its lifeline expenses under paragraph (P)(1) or (P)(2) of this rule, the lifeline surcharge shall not appear in the section of the bill reserved for taxes and government-mandated charges as set forth in 47 C.F.R. 64.2400 to 47 C.F.R. 64.2401.

(R) An ILEC ETC that is authorized to establish a customer billing surcharge under with paragraph (P)(1) or (P)(2) of this rule shall annually file with the commission a report that identifies actual amounts recovered and the actual lifeline service discounts and any other lifeline service expenses incurred for the prior period. The company shall provide such data as necessary to enable the commission to validate such amounts to ensure that the company did not over recover its approved expenses form customers. The commission shall establish for each such company the timeframe for filing this report when the commission approves any such billing surcharge. The annual filing may be contained in a request to adjust the billing surcharge in accordance with paragraph (P)(1) or (P)(2) of this rule, but shall be provided via a separate filing and docketed in a generic case number to be established by the commission, if no adjustment to the billing surcharge is sought. Any over-recovery or under-recovery shall be offset against or added to the next year's recovery.

(S) Every ILEC ETC shall file with the commission in its annual assessment report the number of its customers who receive, at the time of filing of the report, lifeline service.

(T) Upon request of commission staff, additional information regarding customer subscription to and disconnection of lifeline service shall be provided to commission staff in accordance with rule <u>4901:1-6-30</u> of the Administrative Code.

Minford Telephone Company Minford, Ohio Section No. 4

First Revised Sheet No. 1

Replaces Original Sheet No. 1

P.U.C.O. NO. 6

LIFELINE REQUIREMENTS

(T)

(N)

The Company shall provide Lifeline service as defined in 47 C.F.R. § 54.401 (a) on a nondiscriminatory 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.

Issued: June 11, 2012

In Accordance with Case No. 90-5028-TP-TRF Issued by the Public Utilities Commission of Ohio Paula McGraw, Manager Minford, Ohio Effective: June 11, 2012

SAC: 300634 State: Ohio Minford Telephone Company Form 481 Line No.: 3010 Milestone Certification

Minford Telephone Company hereby certifies that throughout 2015, it took reasonable steps to provide upon reasonable request broadband service at actual speeds of at least 4 Mbps downstream/1 Mbps upstream, and currently, it is taking reasonable steps to provide upon reasonable request actual speeds of at least 10 Mbps downstream/1 Mbps upstream broadband service with latency suitable for real-time applications, including Voice over Internet Protocol, and usage capacity that is reasonably comparable to comparable offerings in urban areas and that requests for such service are met within a reasonable amount of time. If a request for broadband service at actual speeds of at least 10 Mbps downstream/1 Mbps upstream is unreasonable, and offering broadband service at actual speeds of at least 4 Mbps downstream/1Mbps upstream is reasonable, the Company offers broadband service at actual speeds of at least 4 Mbps downstream/I Mbps upstream.

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Minford Telephone Company

Financial Data 2015 - 2014

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