



<010> Study Area Code	479009
<015> Study Area Name	CTC Telecom, Inc
<020> Program Year	2016
<030> Contact Name: Person USAC should contact with questions about this data	Kristle Kanady
<035> Contact Telephone Number: Number of the person identified in data line <030>	2082578234 ext.
<039> Contact Email Address: Email of the person identified in data line <030>	kkanady@ctctele.com

<b>ANNUAL REPORTING FOR ALL CARRIERS</b>	<b>54.313</b> Completion Required	<b>54.422</b> Completion Required
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			(check box when complete)	
<100> Service Quality Improvement Reporting	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<200> Outage Reporting (voice)	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<210> <input checked="" type="checkbox"/> <- check box if no outages to report		<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<300> Unfulfilled Service Requests (voice)		<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<310> Detail on Attempts (voice)	<div style="border: 1px solid black; width: 300px; height: 50px;"></div> (attach descriptive document)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<320> Unfulfilled Service Requests (broadband)		<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<330> Detail on Attempts (broadband)	<div style="border: 1px solid black; width: 300px; height: 50px;"></div> (attach descriptive document)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<400> Number of Complaints per 1,000 customers (voice)		<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<410> Fixed	<input type="text" value="0.0"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<420> Mobile	<input type="text" value="0.0"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<430> Number of Complaints per 1,000 customers (broadband)		<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<440> Fixed	<input type="text"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<450> Mobile	<input type="text"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<500> Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<510> <div style="border: 1px solid black; width: 300px; height: 50px; padding: 2px;">4790091a500.pdf</div>	(attached descriptive document)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<600> Functionality in Emergency Situations	(check to indicate certification)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<610> <div style="border: 1px solid black; width: 300px; height: 50px; padding: 2px;">4790091d600.pdf</div>	(attached descriptive document)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<700> Company Price Offerings (voice)	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<710> Company Price Offerings (broadband)	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<800> Operating Companies and Affiliates	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<900> Tribal Land Offerings (Y/N)?	(if yes, complete attached worksheet)	<input type="radio"/>	<input type="radio"/>	
<1000> Voice Services Rate Comparability Certification	<input type="text"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<1010> <div style="border: 1px solid black; width: 300px; height: 50px;"></div>	(attach descriptive document)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<1100> Certify whether terrestrial backhaul options exist (Yes or No)	<input type="radio"/> <input type="radio"/> (if not, check to indicate certification)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<1110>	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<1200> Terms and Condition for Lifeline Customers	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

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

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

<2000>	(check to indicate certification)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<2005>	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet**

<3000>	(check to indicate certification)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<3005>	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

(100) Service Quality Improvement Reporting  
Data Collection Form

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

<010> Study Area Code 479009

<015> Study Area Name CTC Telecom, Inc

<020> Program Year 2016

<030> Contact Name - Person USAC should contact regarding this data Kristie Kanady

<035> Contact Telephone Number - Number of person identified in data line <030> 2022578234 ext.

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

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

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

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

Name of Attached Document

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


- <113> Maps detailing progress towards meeting plan targets
- <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.





**(710) Broadband Price Offerings Data Collection Form**  
 FCC Form 481  
 OMB Control No. 3060-0985/OMB Control No. 3060-0819  
 July 2013

<010> Study Area Code 479009  
 <015> Study Area Name CVC Telecom, Inc  
 <020> Program Year 2016  
 <030> Contact Name - Person USAC should contact regarding this data Kristie Kanady  
 <035> Contact Telephone Number - Number of person identified in data line <030> 2082578234 ext.  
 <039> Contact Email Address - Email Address of person identified in data line <030> kkanady@cttelco.com

State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rate and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached (select)
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FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

**(800) Operating Companies  
Data Collection Form**

<010> Study Area Code 479009  
 <015> Study Area Name CTC Telecomm, Inc.  
 <020> Program Year 2016  
 <030> Contact Name - Person USAC should contact regarding this data Kristie Kanady  
 <035> Contact Telephone Number - Number of person identified in data line <030> 2082578234 ext.  
 <039> Contact Email Address - Email Address of person identified in data line <030> kkanady@ctcto1c.com  
 <810> Reporting Carrier CTC Telecomm dba CTC Wireless  
 <811> Holding Company Cambridge Telephone Company, Inc.  
 <812> Operating Company CTC Wireless

<813> Affiliates	SAC	Doing Business As Company or Brand Designation

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

**(900) Tribal Lands Reporting  
Data Collection Form**

<010> Study Area Code 479009  
 <015> Study Area Name CTC Telecom, Inc  
 <020> Program Year 2016  
 <030> Contact Name - Person USAC should contact regarding this data Kristie Kanady  
 <035> Contact Telephone Number - Number of person identified in data line <030> 2082578234 ext.  
 <039> Contact Email Address - Email Address of person identified in data line <030> kkanady@ctctele.com

<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:

Select Yes or No or Not Applicable

<921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.  
 <922> Feasibility and sustainability planning;  
 <923> Marketing services in a culturally sensitive manner;  
 <924> Compliance with Rights of way processes  
 <925> Compliance with Land Use permitting requirements  
 <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.



(1100) No Terrestrial Backhaul Reporting  
Data Collection Form

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

<010>	Study Area Code	479009
<015>	Study Area Name	CTC Telecom, Inc
<020>	Program Year	2016
<030>	Contact Name - Person JSAC should contact regarding this data	Kristie Kanady
<035>	Contact Telephone Number - Number of person identified in data line <030>	2082578234 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	kkanady@ctctele.com

<1120> Please confirm whether terrestrial backhaul options exist within the supported area pursuant to § 54.313(g) (Yes, No).

<1130> Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(g).

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

FCC Form 481  
 OMB Contro No: 3060-0986/OMB Contro No: 3060-0819  
 July 2013

<010> Study Area Code 479009  
 <015> Study Area Name CTC Telecom, Inc  
 <020> Program Year 2016  
 <030> Contact Name - Person USAC should contact regarding this data Kristie Kanady  
 <035> Contact Telephone Number - Number of person identified in data line <030> 2082578234 ext.  
 <039> Contact Email Address - Email Address of person identified in data line <030> kkanady@ctctele.com



Name of Attached Document

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

<1220> Link to Public Website HTTP <http://ctcweb.net/ctc-wireless-lifeline-information/>

"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.

FCC Form 481  
OMB Control No. 3060-0386/OMB Control No. 3060-0819  
July 2013

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

<010> Study Area Code 473009

<015> Study Area Name CUC Telecom, Inc

<020> Program Year 2016

<030> Contact Name - Person USAC should contact regarding this data KEVIN W RANNEY

<035> Contact Telephone Number - Number of person identified in data line <030> 202579234 EXT.

<039> Contact Email Address - Email Address of person identified in data line <030> KRANNEY@CUCTELCO.COM

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental Connect America Phase I support, Frozen High Cost support, 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))

<2011a> 3rd Year Certification (47 CFR § 54.313(b)(1)(ii))

<2011b> Attachment (47 CFR § 54.313(b)(1)(ii))

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

<2012> 2013 Frozen Support Calculation (47 CFR § 54.313(c)(1))

<2013> 2014 Frozen Support Calculation (47 CFR § 54.313(c)(2))

<2014> 2015 Frozen Support Calculation (47 CFR § 54.313(c)(3))

<2015> 2016 and future Frozen Support Calculation (47 CFR § 54.313(c)(4))

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

<2016> Certification Support Used to Build Broadband

<2017> Connect America Phase II Reporting (47 CFR § 54.313(e))

<2018> 3rd year Broadband Service Certification

<2019> 5th year Broadband Service Certification

<2020> Interim Progress Certification

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

<2021> Interim Progress Community Anchor Institutions

Name of Attached Document(s) Listing Required Information

Name of Attached Document(s) Listing Required Information

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

FCC Form 483  
OMB Control No. 3060-0066/OMB Control No. 3060-0819  
July 2013

<010> Study Area Code 479009  
 <015> Study Area Name CTC Telecom, Inc  
 <020> Program Year 2016  
 <030> Contact Name - Person USAC should contact regarding this data KRISTIE KANDY  
 <035> Contact Telephone Number - Number of person identified in data line <030> 2082579234 ext.  
 <039> Contact Email Address - Email Address of person identified in data line <030> kkrandy@ctc.net.com

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.2024(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.

(3010) Progress Report on 5 Year Plan Milestone Certification (47 CFR § 54.313(f)(1)(i))

[Redacted Box] Name of Attached Document Listing Required Information

(3011) Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313(f)(1)(ii), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

[Redacted Box] Name of Attached Document Listing Required Information

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

[Redacted Box] 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 document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:

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

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

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

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

If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 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

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

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

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

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

[Redacted Box] Name of Attached Document Listing Required Information

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

FCC Form 485  
 OMB Control No. 3060-0866/DWR Control No. 3060-0819  
 July 2013

<01> Study Area Code 479009  
 <015> Study Area Name CVC Telecom, Inc  
 <020> Program Year 2016  
 <030> Contact Name - Person USAC should contact regarding this data Kristie Randy  
 <035> Contact Telephone Number - Number of person identified in data line <030> 2082578214 ext.  
 <039> Contact Email Address - Email Address of person identified in data line <030> krandy@cctel.com

Financial Data Summary

(3027) Revenue	
(3028) Operating Expenses	
(3029) Net Income	
(3030) Telephone Plant In Service(TPIS)	
(3031) Total Assets	
(3032) Total Debt	
(3033) Total Equity	
(3034) Dividends	

<b>Certification - Reporting Carrier</b>	FCC Form 481
<b>Data Collection Form</b>	OMB Control No: 3060-0986/OMB Control No: 3060-0819 July 2013

<010> Study Area Code	479009
<015> Study Area Name	CTC Telecom, Inc
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Kristie Kanady
<035> Contact Telephone Number - Number of person identified in data line <030>	2082578234 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	kkanady@ctctele.com

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

<b>Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients</b>	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	CTC Telecom, Inc
Signature of Authorized Officer:	CERTIFIED ONLINE <span style="float: right;">Date 06/08/2015</span>
Printed name of Authorized Officer:	Kristie Kanady
Title or position of Authorized Officer:	Secretary/ Billing Manager
Telephone number of Authorized Officer:	2082578234 ext.
Study Area Code of Reporting Carrier:	479009 <span style="float: right;">Filing Due Date for this form: 07/01/2015</span>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

<b>Certification - Agent/Carrier Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	479009
<015> Study Area Name	CTC Telecom, Inc
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Kristie Kanady
<035> Contact Telephone Number - Number of person identified in data line <030>	2082578234 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	kkanady@ctctele.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 or Employee of Agent:	
Signature of Authorized Agent or Employee of Agent:	Date:
Printed name of Authorized Agent or Employee of Agent:	
Title or position of Authorized Agent or Employee of Agent:	
Telephone number of Authorized Agent or Employee of Agent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

## Attachments



SAC 47-9009  
Service Quality Standards & Consumer Protection Rules Compliance  
Form 481 Line item <500>  
June 8, 2015

CTC Telecom, Inc. understands and complies with the Idaho Public Utilities Commission's *Telephone Customer Relations Rules*, IDAPA 31.41.01, adopted under the general legal authority of the Public Utilities Law, Chapters 1 through 7, Title 61, Idaho Code, and the Telecommunications Act of 1988, Chapter 6, Title 62, Idaho Code, with regards to service. These telephone customer relations rules provide a set of fair, just, reasonable, and non-discriminatory rules regarding deposits, guarantees, billing, application for service, denial of service, termination of service, complaints to telephone companies, billing for interrupted service, and provisions of certain information about customer to authorities.

SAC 47-9009  
Functionality in Emergency Situations  
Form 481 Line item <600>  
June 8, 2015

Pursuant to 47 C.F.R. § 54.313(a)(6) and 47 C.F.R § 54.22(b)(4) as set forth in 47 C.F.R § 54.202(a)(2) CTC Telecom Inc., meets the requirements to remain functional in emergency situations and has the following capabilities: Back-up power is provided to central and or remote office(s) by use of fixed generator and batteries that provide it with emergency power service. In addition, CTC Telecom Inc., field electronics have 8 hour back-up battery power, additional backup power with use of fixed/mobile generators. CTC Telecom Inc., also has SONET technology in its network that allows for self-healing network should a fiber cut occur in its core network and will automatically reroute traffic. CTC Telecom Inc., also has a redundant paths within its network to provide for the capability to reroute traffic. CTC Telecom Inc., is equipped with technology that will provide for call completion and access to 911 in emergency situations. CTC Telecom Inc., is capable of managing traffic spikes resulting from emergency situations.

LINE 1010 – VOICE SERVICES RATE COMPARABILITY

CTC Telecom dba CTC Wireless only provides mobile wireless service in Study

Area Code 479009. It does not provide fixed voice service. Therefore, a description of fixed voice services rate comparability is not applicable.

State of Idaho )  
County of Washington ) ss

CERTIFICATION BY ELIGIBLE TELECOMMUNICATIONS CARRIER  
OF COMPLIANCE WITH SERVICE QUALITY AND CUSTOMER  
PROTECTION, ABILITY TO REMAIN FUNCTIONAL IN  
EMERGENCIES, AND USE OF FEDERAL HIGH-COST SUPPORT.

**AFFIDAVIT OF BUSINESS OR CORPORATE OFFICER**

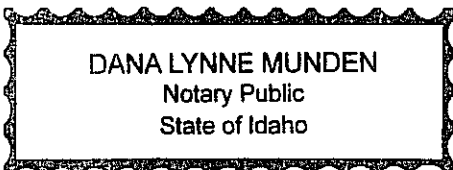
The Idaho Public Utilities Commission Order No. 29841 requires that Eligible Telecommunications Carriers certify that it is compliant with applicable service quality standards and consumer protection rules; and ETCs must demonstrate the ability to remain functional in emergencies. In addition, the Commission must file an annual certification with the USAC and the FCC that all federal high-cost support provided to ETCs within the State of Idaho will be used only for the provision, maintenance, and upgrading of facilities and services for which the support is intended. Accordingly, the undersigned states and verifies under oath the following:

1. I am an officer of CTC Telecom, dba, CTC Wireless an eligible telecommunications carrier for receiving federal universal service support under section 214(e) of the Telecommunications Act of 1996 in the state of Idaho.
2. I am familiar with the Company's day-to-day operations in the state of Idaho and with the State's service quality standards and consumer protection rules as set forth in Commission Order No. 29841.
3. CTC Telecom, dba, CTC Wireless is complying with applicable service quality standards and consumer protection rules of the Federal Communications Commission and the Idaho Public Utilities Commission.
4. I certify to the Commission that the Company is able to remain functional in emergencies as set forth in Commission Order No. 29841 and in 47 C.F.R. § 54.201(a)(2).
5. I also certify that all federal universal service support funds received by CTC Telecom, dba, CTC Wireless, during the current calendar year will be used in a manner consistent with section 254(e); that is, for the provision, maintenance, and upgrading of facilities and services for which the support is intended. The company will continue to comply for the period of January 1, 2015, through December 31, 2015, to be eligible for federal universal service fund support.
6. This verification and affidavit is provided to be the Idaho Public Utilities Commission to enable the IPUC to certify to the FCC that federal universal service support received by the eligible carriers in the state will be used in a manner consistent with Section 254(e) of the Telecommunications Act.

Richard /president  
Name/Title  
Date: June 19, 2015

SUBSCRIBED AND SWORN to before me this 19 day of June

Notary Public for Idaho, residing at Weiser, Id  
My Commission expires 2-2-2016



Dana Lynne Munden