



Custer Telephone Cooperative Inc.

PO Box 324 • 1101 E. Main Ave. Challis, ID. 83226 • Telephone: (208) 879 2281 • Fax: (208) 879 5211

July 1, 2015

Ms. Jean Jewell
Commission Secretary
Idaho Public Utilities Commission
472 West Washington Street
Boise, Idaho 83720
jean.jewell@puc.idaho.gov

GNR-T-15-01

RECEIVED
2015 JUL -6 AM 9:41
IDAHO PUBLIC
UTILITIES COMMISSION

RE: 2015 Eligible Telecommunications Carrier (ETC) Annual Reporting Requirements with the IPUC

Dear Ms. Jewell:

Custer Telephone Cooperative, Inc. ("the Company") hereby provides copies to the Idaho Public Utilities Commission ("Commission") of the filing to the Federal Communications Commission ("FCC") and the Universal Service Administrative Corporation ("USAC") for designation as an Eligible Telecommunications Carrier, in accordance with 47 U.S.C. 54.313 and 54.422. Section 54.313 applies to eligible telecommunications carriers ("ETCs") receiving high cost federal USF support and Section 54.422 applies to ETCs receiving low-income support. Both sections require the Company to file the annual report with the FCC, USAC and the Commission. I have also included the signed Affidavit pursuant to Commission Order 29841.

Company further requests the Commission to file the annual certification regarding federal high-cost support with USAC and the FCC pursuant to 47 CFR 54.314(a).

Please note the enclosed document contains confidential trade secret information that is exempt from public disclosure pursuant to Section 9-340D(1), Idaho Code. Pursuant to Rule 67 of the Rules of Procedure of the Idaho Public Utilities Commission, the enclosed trade secret information has been submitted on yellow paper and has been separated from the non-confidential portion of the document.

If you have any questions, do not hesitate to contact me directly.

Sincerely,

Dennis L Thornock
CEO / General Manager

State of Idaho)
) ss
County of Custer)

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 Custer Telephone Cooperative, Inc., 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. Custer Telephone Cooperative, Inc. 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 Custer Telephone Cooperative, Inc. 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, 2016, through December 31, 2016, 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.

Dennis L Thornock
Name/Title Dennis L Thornock/ CEO
Date: 7/1/15

SUBSCRIBED AND SWORN to before me this 1st day of July

Notary Public for Custer Telephone, residing at Challis, Idaho
My Commission expires 3-27-2021

Krista Koeppe



<010> Study Area Code	472218
<015> Study Area Name	CUSTER TEL COOP
<020> Program Year	2016
<030> Contact Name: Person USAC should contact with questions about this data	Dennis L Thornock
<035> Contact Telephone Number: Number of the person identified in data line <030>	2088792281 ext.17
<039> Contact Email Address: Email of the person identified in data line <030>	dennis@custertel.net

ANNUAL REPORTING FOR ALL CARRIERS	54.313 Completion Required	54.422 Completion Required
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			(check box when complete)	
<100>	Service Quality Improvement Reporting (complete attached worksheet)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<200>	Outage Reporting (voice) (complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<210>	<input checked="" type="checkbox"/> <-- check box if no outages to report	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<300>	Unfulfilled Service Requests (voice) (attach descriptive document)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<310>	Detail on Attempts (voice) (attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>	
<320>	Unfulfilled Service Requests (broadband) (attach descriptive document)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<330>	Detail on Attempts (broadband) (attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>	
<400>	Number of Complaints per 1,000 customers (voice)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<410>	Fixed <input style="width: 50px;" type="text" value="0.0"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<420>	Mobile <input style="width: 50px;" type="text" value="0.0"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<430>	Number of Complaints per 1,000 customers (broadband)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<440>	Fixed <input style="width: 50px;" type="text" value="0.0"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<450>	Mobile <input style="width: 50px;" type="text" value="0.0"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<500>	Service Quality Standards & Consumer Protection Rules Compliance (check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<510>	472218ID510.pdf (attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<600>	Functionality in Emergency Situations (check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<610>	472218ID610.pdf (attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<700>	Company Price Offerings (voice) (complete attached worksheet)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<710>	Company Price Offerings (broadband) (complete attached worksheet)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<800>	Operating Companies and Affiliates (complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<900>	Tribal Land Offerings (Y/N)? (if yes, complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>	
<1000>	Voice Services Rate Comparability Certification (attach descriptive document)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<1010>	472218ID1010.pdf (attach descriptive document)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<1100>	Certify whether terrestrial backhaul options exist (Yes or No) (if not, check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>	
<1110>	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>	
<1200>	Terms and Condition for Lifeline Customers (complete attached worksheet)	<input 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"/>	
<2005>	(complete attached worksheet)	<input type="checkbox"/>	

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

<3000>	(check to indicate certification)	<input type="checkbox"/>	
<3005>	(complete attached worksheet)	<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
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<010>	Study Area Code	472218
<015>	Study Area Name	CUSTER TEL COOP
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Dennis L Thornock
<035>	Contact Telephone Number - Number of person identified in data line <030>	2088792281 ext.17
<039>	Contact Email Address - Email Address of person identified in data line <030>	dennis@custertel.net

<110>	Has your company received its ETC certification from the FCC?	(yes / no) <input type="radio"/> <input checked="" type="radio"/>
<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) <input type="radio"/> <input type="radio"/>

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

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

472218ID112.xlsx, 472218ID112 Maps.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	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="padding: 2px;">Yes</td></tr> <tr><td style="padding: 2px;"> </td></tr> </table>	Yes	
Yes				
<114>	Report how much universal service (USF) support was received	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="padding: 2px;">Yes</td></tr> <tr><td style="padding: 2px;"> </td></tr> </table>	Yes	
Yes				
<115>	How much (USF) was used to improve service quality and how support was used to improve service quality	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="padding: 2px;">Yes</td></tr> <tr><td style="padding: 2px;"> </td></tr> </table>	Yes	
Yes				
<116>	How much (USF) was used to improve service coverage and how support was used to improve service coverage	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="padding: 2px;">Yes</td></tr> <tr><td style="padding: 2px;"> </td></tr> </table>	Yes	
Yes				
<117>	How much (USF) was used to improve service capacity and how support was used to improve service capacity	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="padding: 2px;">Yes</td></tr> <tr><td style="padding: 2px;"> </td></tr> </table>	Yes	
Yes				
<118>	Provide an explanation of network improvement targets not met in the prior calendar year.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="padding: 2px;">Not Applicable</td></tr> <tr><td style="padding: 2px;"> </td></tr> </table>	Not Applicable	
Not Applicable				

(900) Tribal Lands Reporting Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	472218
<015>	Study Area Name	CUSTER TEL COOP
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Dennis L Thornock
<035>	Contact Telephone Number - Number of person identified in data line <030>	2088792281 ext.17
<039>	Contact Email Address - Email Address of person identified in data line <030>	dennis@custertel.net

<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

**(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	472218
<015>	Study Area Name	CUSTER TEL COOP
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Dennis L Thornock
<035>	Contact Telephone Number - Number of person identified in data line <030>	2088792281 ext.17
<039>	Contact Email Address - Email Address of person identified in data line <030>	dennis@custertel.net

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

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

(1200) Terms and Condition for Lifeline Customers Lifeline Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	472218
<015>	Study Area Name	CUSTER TEL COOP
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Dennis L Thornock
<035>	Contact Telephone Number - Number of person identified in data line <030>	2088792281 ext.17
<039>	Contact Email Address - Email Address of person identified in data line <030>	dennis@custertel.net

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

472218D1210.pdf

Name of Attached Document

<1220> Link to Public Website

HTTP <http://www.custertel.net/images/Lifeline.pdf>

"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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<010>	Study Area Code	472218
<015>	Study Area Name	CUSTER TEL COOP
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	DENNIS L INORNOCK
<035>	Contact Telephone Number - Number of person identified in data line <030>	2088792291 ext.17
<039>	Contact Email Address - Email Address of person identified in data line <030>	dennis@custerTel.net

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)

Name of Attached Document(s) Listing Required Information	

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

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

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

- <2016> Certification Support Used to Build Broadband

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

- <2017> 3rd year Broadband Service Certification
- <2018> 5th year Broadband Service Certification
- <2019> Interim Progress Certification
- <2020> Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

- <2021> Interim Progress Community Anchor Institutions

Name of Attached Document(s) Listing Required Information	

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

<010> Study Area Code	472218
<015> Study Area Name	CUSTER TEL COOP
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Dennis L Thornock
<035> Contact Telephone Number - Number of person identified in data line <030>	2088792281 ext .17
<039> Contact Email Address - Email Address of person identified in data line <030>	dennis@custeratel.net

CHECK the boxes below to note compliance on its 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.

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

472218ID3010 . pdf

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.

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

472218ID3012 . pdf

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

472218ID3017 . pdf

Name of Attached Document Listing Required Information

(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
 (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

Name of Attached Document Listing Required Information

(3000) Rate Of Return Carrier Additional Documentation (Continued) Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	472218
<015> Study Area Name	CUSTER TEL COOP
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Dennis J. Thorbeck
<035> Contact Telephone Number - Number of person identified in data line <030>	2088792281 ext. 17
<039> Contact Email Address - Email Address of person identified in data line <030>	dennis@custeratl.net

Financial Data Summary

(3027) Revenue	4486232
(3028) Operating Expenses	3842339
(3029) Net Income	730630
(3030) Telephone Plant In Service(TPIS)	29723981
(3031) Total Assets	19509443
(3032) Total Debt	5684322
(3033) Total Equity	12452095
(3034) Dividends	0

Name of Attached Document Listing Required Information

**Certification - Reporting Carrier
Data Collection Form**

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

<010> Study Area Code	472218
<015> Study Area Name	CUSTER TEL COOP
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Dennis L Thornock
<035> Contact Telephone Number - Number of person identified in data line <030>	2088792281 ext.17
<039> Contact Email Address - Email Address of person identified in data line <030>	dennis@custertel.net

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:	CUSTER TEL COOP
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:	472218
Filing Due Date for this form:	07/01/2015
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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<010> Study Area Code	472218
<015> Study Area Name	CUSTER TEL COOP
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Dennis L Thornock
<035> Contact Telephone Number - Number of person identified in data line <030>	2088792281 ext .17
<039> Contact Email Address - Email Address of person identified in data line <030>	dennis@custertel.net

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.	