# Before the FEDERAL COMMUNICATIONS COMMISSION Washington, D.C. 20554

| In the Matter of                      | )           |                     |
|---------------------------------------|-------------|---------------------|
| Connect America Fund                  | )<br>)<br>) | WC Docket No. 10-90 |
| Lifeline and Link Up Reform           | )           | WC Docket No. 11-42 |
| ETC Annual Reports and Certifications | )           | WC Docket No. 14-58 |

#### REQUEST FOR CONFIDENTIAL TREATMENT

Farmers Mutual Telephone Company, SAC 361389, ("the company") requests that the portion of its Form 481 pertaining to the 5-Year Service Quality Improvement Plan be granted confidential, non-public treatment pursuant to Sections 0.457 and 0.459 of the Commission's rules, 47 C.F.R. §§ 0.457, 0.459, and related provisions of the Freedom of Information Act ("FOIA"), including 5 U.S.C. § 552(b)(4) ("Exemption 4"). Form 481 contains information regarding the company's Section 54.202(a) 5- Year Service Quality Improvement Plan including capital expenditures and operating expenses. Release of such information would supply a roadmap to competitors regarding confidential build out plans and study area demographics. In addition, the document contains confidential information that is not customarily disclosed to the public or made available within the telecommunications industry. Information in support of the company's request for confidential treatment pursuant to Section 0.459(b) of the Commission's Rules, 47 C.F.R. § 0.459(b), is provided below.

## I. FARMERS MUTUAL TELEPHONE COMPANY'S FORM 481 SATISFIES THE REQUIREMENTS OF § 0.459 OF THE COMMISSION'S RULES

The material for which the company seeks confidentiality falls squarely within the requirements of Section 0.459 of the Commission's rules. As demonstrated below, the company has satisfied each of the elements of Section 0.459, and disclosure of this information would result in competitive harm to the company.

- (1) Identification of the specific information for which confidential treatment is sought. The company requests confidential treatment for the portion of Form 481 required by 47 C.F.R. § 54.313 related to the Section 54.202(a) 5- Year Service Quality Improvement Plan. The information bears the legend "Confidential Financial Information. The specific information falls into the categories of: 1. Capital Expenditures, 2. Operating Expenses and 3. Area Demographics
- (2) Identification of the Commission proceeding in which the information was submitted or a description of the circumstances giving rise to the submission. The information is required to be produced annually by 47 C.F.R. § 54.313. The proceedings are WC Docket No. 10-90 and WC Docket No. 11-42. The documents will also be submitted in WC Docket NO. 14-58
- (3) Explanation of the degree to which the information is commercial or financial, or contains a trade secret or is privileged. The information for which confidentiality is requested is "financial" and commercial in nature. The information is "confidential" in that it "would customarily not be released to the public." The courts have elaborated that material "is 'confidential' . . . if disclosure of the information is likely to have either the following effects: (1) to impair the government's ability to obtain necessary information in the future; or (2) to cause substantial harm to the competitive position of the person from whom the information was obtained." Both of the considerations apply in this instance, as further explained in point (5) below.
- (4) Explanation of the degree to which the information concerns a service that is subject to competition. All of the services provided by the company are subject to intense existing or potential competition.

<sup>&</sup>lt;sup>1</sup> See Board of Trade of the City of Chicago v. Commodity Futures Trading Comm'n, 627 F.2d 392, 403 & n.78 (D.C. Cir. 1980) (courts have given the terms "commercial" and "financial, as used in Section 552(b)(4), their ordinary meanings).

<sup>&</sup>lt;sup>2</sup> Critical Mass Energy Project v. NRC, 975 F.2d 871, 873 (D.C. Cir. 1992) (citing the Senate Committee Report).

<sup>&</sup>lt;sup>3</sup>Nat'l Parks and Conservation Ass'n v. Morton, 498 f.2d 764, 770 (D.C. Cir. 1974) (footnote omitted); see also Critical Mass Energy, 975 F.2d at 873.

- (5) Explanation of how disclosure of the information could result in substantial competitive harm. If the information were publicly available, it would supply competitors with financial information not ordinarily available to the public. Specifically, rural telephone service has historically lent itself to "cherry picking" by competitors that choose to only serve low cost areas. Release of this specific build out and operating expense information would allow competitors to gain an unfair advantage.
- (6) Identification of any measures taken by the submitting party to prevent unauthorized disclosure. The information for which the company seeks confidential treatment is information that the company does not customarily release to the public. The company also limits the internal circulation of this information to only those with a need to know.

Consistent with 47 C.F.R. § 0.459(a), the items for which confidentiality is requested are being submitted with, and are covered by, this request. This request for confidentiality - as well as the documents subject to this request - are being filed in hard copy and/or electronic copy.

- (7) Identification of whether the information is available to the public and the extent of any previous disclosure of the information to third parties. The documents and information for which confidentiality is sought are not made available to the public and have not been disclosed to third parties, except to those entities identified in 47 C.F.R. § 54.313(i). For those disclosures, the company has requested confidential treatment by the entities for the same information.
- (8) Justification of the period during which the submitting party asserts that material should not be available for public disclosure. Given the sensitive nature of the information for which confidentiality is requested, the prospect of serious competitive harm, the company requests that confidential treatment apply indefinitely.

#### II. CONCLUSION

For these reasons, pursuant to Sections 0.457 and 0.459 of the Commission's Rules, the company requests that the portion of Form 481 relating to the Section 54.202(a) 5 - Year Service Quality Improvement Plan be treated as confidential under the Commission's rules and precedent and withheld in their entirety from public inspection, and that any distribution of them within the Commission should be limited to a "need to know" basis. In the event that any person or entity requests access to the documents or seeks to make any or all of them part of the public record, the company requests to be notified immediately so that it can oppose such request or take other action as necessary to safeguard its interests and the interests of consumers.

Sincerely,

Tom Campbell

**Telecommunications Consultant** 

wow Aughell

tcampbell@otcpas.com

651-621-8511 (v)

651-483-2467 (f)

## FCC Form 481 - Carrier Annual FEDALETED - FOR PUBLIC INSPECTION OMB Control No. 3060-0986/OMB Control No. 3060-0819 Data Collection Form

| <010> | Study Area Code   | 361389               |  |
|-------|---|----------------------|--|
| <015> | Study Area Name   | FARMERS MUTUAL TEL   |  |
| <020> | Program Year  | 2015                 |  |
| <030> | Contact Name: Person USAC should contact with questions about this data         | Tom Campbell         |  |
| <035> | Contact Telephone Number:<br>Number of the person identified in data line <030> | 6516218511 ext.      |  |
| <039> | Contact Email Address:<br>Email of the person identified in data line <030>     | tcampbell@otcpas.com |  |
|       | _   | _                    |  |

| <u></u>          | Number of the person identified in data line <030>   |   |   |
|------------------|--|---|---|
| <039>            | Contact Email Address: Email of the person identified in data line <030> tcampbell@otcpas.co | n   |   |
|                  |  |   | 54.313 54.422<br>Completion Completion  |
| ANNU             | AL REPORTING FOR ALL CARRIERS  |   | Required Required                       |
| <100>            | Service Quality Improvement Reporting  | (complete attached worksheet)                                   | (check box when complete)               |
| <200>            | Outage Reporting (voice)   | (complete attached worksheet)                                   | ✓ ✓                                     |
| <210>            |  |   | <b>✓</b>                                |
| <300>            | Unfulfilled Service Requests (voice)   |   |   |
| <310>            | Detail on Attempts (voice)   |   |   |
|                  |  | (attach descriptive de  | ocument)                                |
| <320>            | Unfulfilled Service Requests (broadband)   |   | <b>✓</b>                                |
|                  |  |   |   |
| <330>            | Detail on Attempts (broadband)   |   |   |
|                  |  | (attach descriptive   | document)                               |
| <400>            | Number of Complaints per 1,000 customers (voice)   |   |   |
| <410>            | Fixed 0.0  |   | <b>/ /</b>                              |
| <420>            | Mobile 0.0   |   |   |
| <430><br><440>   | Number of Complaints per 1,000 customers (broadband)  Fixed    0 . 0                         |   | <b>✓</b>                                |
| <450>            | Mobile 0.0   |   |   |
| <500>            | Service Quality Standards & Consumer Protection Rules Compliance                             | (check to indicate certification)                               | ✓ ✓                                     |
|                  | 361389mn510.pdf  | ]   |   |
| <510>            |  | (attached descriptive document)                                 | <b>✓ ✓</b>                              |
|                  |  |   |   |
|                  |  |   |   |
| <600>            | Functionality in Emergency Situations 361389mn610.pdf  | (check to indicate certification)                               | ✓ ✓                                     |
|                  | 361369IIII1610.pdf   |   |   |
|                  |  | (attached descriptive document)                                 | V V                                     |
| <610>            |  |   |   |
| <700>            | Company Price Offerings (voice)  | (complete attached worksheet)                                   | <b>✓</b> ////////                       |
| <710>            | Company Price Offerings (broadband)  | (complete attached worksheet)                                   |   |
| <800>            | Operating Companies and Affiliates   | (complete attached worksheet)                                   |   |
|                  |  | res, complete attached worksheet)                               |   |
| <1000>           | Voice Services Rate Comparability  361389mn10110.pdf   | (check to indicate certification)                               | · / / / / / / / / / / / / / / / / / / / |
|                  |  |   |   |
| <1010            | >  | (attach descriptive document)                                   | <b>✓</b>                                |
|                  |  |   |   |
| <1100            | > Terrestrial Backhaul (Y/N)?  | not, check to indicate certification)                           |   |
| <1110            | ,  | (complete attached worksheet)                                   |   |
| <1200            | Terms and Condition for Lifeline Customers   | (complete attached worksheet)                                   | <i>√</i>                                |
|                  | Price Cap Carriers, Proceed to Price Cap Additional Documentation Works                      | heet  |   |
| ×2000:           | Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange                   |   |   |
| <2000><br><2005> |  | (check to indicate certification) (complete attached worksheet) |   |
| _5557            | Rate of Return Carriers, Proceed to ROR Additional Documentation Works                       |   |   |
| <3000>           |  | (check to indicate certification)                               | <b>✓</b> [[[]]]]                        |
| <3005>           |  | (complete attached worksheet)                                   | <b>✓</b>                                |

|       | ervice Quality Improvement Reporting<br>ollection Form   |              |                 | FCC Form 481<br>OMB Control No. 3060-0986/OMB Control No. 306<br>July 2013 | 0-0819 |
|-------|--|--------------|-----------------|--|--------|
| <010> | Study Area Code  | 361389       |                 |  |        |
| <015> | Study Area Name  | FARMERS MUTU | JAL TEL         |  |        |
| <020> | Program Year   | 2015         |                 |  |        |
| <030> | Contact Name - Person USAC should contact regarding this data  | Tom Campbel: | 1               |  |        |
| <035> | Contact Telephone Number - Number of person identified in data line <030>  | 6516218511   | ext.            |  |        |
| <039> | Contact Email Address - Email Address of person identified in data line <030>  | tcampbell@ot | tcpas.com       |  |        |
| <110> | Has your company received its ETC certification from the FCC?  | (yes         | s/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         | s/no) O O       |  |        |
| <112> | 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.  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 CETC which only receives frozen support, your progress report is only required to address voice telephony service. | company is a | 361389mn112.pdf |  |        |
|       | Please check these boxes below to confirm that the attached documents(s), on li 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.   | ine          |                 | Name of Attached Document  |        |
| <113> | Maps detailing progress towards meeting plan targets   |              |                 |  |        |
| <114> | Report how much universal service (USF) support was received   |              | ✓               |  |        |
| <115> | How (USF) was used to improve service quality  |              | ✓               |  |        |
| <116> | How (USF)was used to improve service coverage  |              | ✓               |  |        |
| <117> | How (USF) was used to improve service capacity   |              | ✓               |  |        |
| <118> | Provide an explanation of network improvement targets not met in the prior calendar year.  |              |                 |  |        |
|       |  |              |                 |  |        |

| (200) Service Outage Reporting (Voice) | FCC Form 481  |
|--|---|
| Data Collection Form                   | OMB Control No. 3060-0986/OMB Control No. 3060-0819 |
|  | July 2013   |

| <010> | Study Area Code   | 361389               |
|-------|---|----------------------|
| <015> | Study Area Name   | FARMERS MUTUAL TEL   |
| <020> | Program Year  | 2015                 |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Tom Campbell         |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 6516218511 ext.      |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tcampbell@otcpas.com |

<220>

| <a></a> | <b1></b1>    | <b2></b2>    | <b3></b3>  | <b4></b4> | <c1></c1>                 | <c2></c2> | <d></d>        | <e></e>            | <f></f>         | <g></g>        | <h>&gt;</h>  |
|---------|--------------|--------------|------------|-----------|---------------------------|-----------|----------------|--------------------|-----------------|----------------|--------------|
| NORS    |              |              |            |           |                           |           |                |                    | Did This Outage |                |              |
|         | Outage Start | Outage Start | Outage End | -         | Number of                 |           | 911 Facilities | Service Outage     | Affect Multiple |                |              |
| Number  | Date         | Time         | Date       | Time      | <b>Customers Affected</b> |           | Affected       | Description (Check | Study Areas     | Service Outage | Preventative |
|         |              |              |            |           |                           | Customers | (Yes / No)     | all that apply)    | (Yes / No)      | Resolution     | Procedures   |
|         |              |              |            |           |                           |           |                |                    |                 |                |              |
|         |              |              |            |           |                           |           |                |                    |                 |                |              |
|         |              |              |            |           |                           |           |                |                    |                 |                |              |
|         |              |              |            |           |                           |           |                |                    |                 |                |              |
|         |              |              |            |           |                           |           |                |                    |                 |                |              |
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|         |              |              |            |           |                           |           |                |                    |                 |                |              |
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|         |              |              |            |           |                           |           |                |                    |                 |                |              |
|         |              |              |            |           |                           |           |                |                    |                 |                |              |
|         |              |              |            |           |                           |           |                |                    |                 |                |              |
|         |              |              |            |           |                           |           |                |                    |                 |                |              |
|         |              |              |            |           |                           |           |                |                    |                 |                |              |
|         |              |              |            |           |                           |           |                |                    |                 |                |              |
|         |              |              |            |           |                           |           |                |                    |                 |                |              |
|         |              |              |            |           |                           |           |                |                    |                 |                |              |
|         |              |              |            |           |                           |           |                |                    |                 |                |              |
|         |              |              |            |           |                           |           |                |                    |                 |                |              |
|         |              |              |            |           |                           |           |                |                    |                 |                |              |
|         |              |              |            |           |                           |           |                |                    |                 |                |              |
|         |              |              |            |           |                           |           |                |                    |                 |                |              |
|         |              |              |            |           |                           |           |                |                    |                 |                |              |
|         |              |              |            |           |                           |           |                |                    |                 |                |              |

| (700) Price Offerings including Voice Rate Data | FCC Form 481   |
|---|--|
| Data Collection Form                            | OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2013 |

| <010> | Study Area Code   | 361389               |
|-------|---|----------------------|
| <015> | Study Area Name   | FARMERS MUTUAL TEL   |
| <020> | Program Year  | 2015                 |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Tom Campbell         |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 6516218511 ext.      |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tcampbell@otcpas.com |

| <701> | Residential Local Service Charge Effective Date    | 1/1/2014 |
|-------|--|----------|
| <702> | Single State-wide Residential Local Service Charge |          |

| <703> | <a1></a1> | <a2></a2>       | <a3></a3>  | <b1></b1> | <b2></b2>         | <b3></b3>                    | <b4></b4>                   | <b5></b5>               | <c></c>                       |
|-------|-----------|-----------------|------------|-----------|-------------------|------------------------------|-----------------------------|-------------------------|-------------------------------|
|       | •         | ()              | (2==2)     |           | Residential Local |                              |                             | Mandatory Extended Area |                               |
|       | State     | Exchange (ILEC) | SAC (CETC) | Rate Type | Service Rate      | State Subscriber Line Charge | State Universal Service Fee | Service Charge          | Total per line Rates and Fees |
|       |           |                 |            |           |                   |                              |                             |                         |                               |
|       |           |                 |            |           |                   |                              |                             |                         |                               |
|       |           |                 |            |           |                   |                              |                             |                         |                               |
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|       |           |                 |            |           | 0 1               |                              |                             |                         |                               |
|       |           |                 |            |           | See at            | tached worksheet             |                             |                         |                               |
|       |           |                 |            |           |                   |                              |                             |                         |                               |
|       |           |                 |            |           |                   |                              |                             |                         |                               |
|       |           |                 |            |           |                   |                              |                             |                         |                               |
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|       |           |                 |            |           |                   |                              |                             |                         |                               |
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|       |           |                 |            |           |                   |                              |                             |                         |                               |
|       |           |                 |            |           |                   |                              |                             |                         |                               |
|       |           |                 |            |           |                   |                              |                             |                         |                               |

| (710) Broadband Price Offerings | FCC Form 481  |
|---------------------------------|---|
| Data Collection Form            | OMB Control No. 3060-0986/OMB Control No. 3060-0819 |
|                                 | July 2013   |

| <010> | Study Area Code   | 361389               |
|-------|---|----------------------|
| <015> | Study Area Name   | FARMERS MUTUAL TEL   |
| <020> | Program Year  | 2015                 |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Tom Campbell         |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 6516218511 ext.      |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tcampbell@otcpas.com |

| <711> | <a1></a1> | <a2></a2>       | <b1></b1>        | <b2></b2>               | <c></c>             | <d1></d1>                                       | <d2></d2>                                  | <d3></d3>               | <d4></d4>   |
|-------|-----------|-----------------|------------------|-------------------------|---------------------|---|--|-------------------------|---|
|       | State     | Exchange (ILEC) | Residential Rate | State Regulated<br>Fees | Total Rate and Fees | Broadband Service -<br>Download Speed<br>(Mbps) | Broadband Service -<br>Upload Speed (Mbps) | Usage Allowance<br>(GB) | Usage Allowance<br>Action Taken When<br>Limit Reached {select } |
|       |           |                 |                  |                         |                     |   |  |                         |   |
|       |           |                 |                  |                         |                     |   |  |                         |   |
|       |           |                 |                  |                         |                     |   |  |                         |   |
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|       |           |                 |                  |                         |                     |   |  |                         |   |
|       |           |                 |                  |                         |                     |   |  |                         |   |
|       |           |                 |                  | - See attacl            | hed                 |   |  |                         |   |
|       |           |                 | ,                | <del>worksheet -</del>  |                     |   |  |                         |   |
|       |           |                 |                  |                         |                     |   |  |                         |   |
|       |           |                 |                  |                         |                     |   |  |                         |   |
|       |           |                 |                  |                         |                     |   |  |                         |   |
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|       |           |                 |                  |                         |                     |   |  |                         |   |
|       |           |                 |                  |                         |                     |   |  |                         |   |

| (800) Ope | erating Companies       |   | FCC Form 481   |
|-----------|-------------------------|---|--|
| Data Coll | ection Form             |   | OMB Control No. 3060-0986/OMB Control No. 3060-0819  July 2013 |
| <010>     | Study Area Code         |   | 361389   |
| <015>     | Study Area Name         |   | FARMERS MUTUAL TEL   |
| <020>     | Program Year            |   | 2015   |
| <030>     | Contact Name - Person I | JSAC should contact regarding this data               | Tom Campbell   |
| <035>     | Contact Telephone Num   | ber - Number of person identified in data line <030>  | 6516218511 ext.  |
| <039>     | Contact Email Address - | Email Address of person identified in data line <030> | tcampbell@otcpas.com   |
| <810>     | Reporting Carrier       | Farmers Mutual Telephone Company                      |  |
| <811>     | Holding Company         |   |  |
| <812>     | Operating Company       | Farmers Mutual Telephone Company                      |  |

| <813> | <a1></a1>  | <a2></a2> | <a3></a3>                                      |
|-------|------------|-----------|--|
|       | Affiliates | SAC       | Doing Business As Company or Brand Designation |
|       |            |           |  |
| -     |            |           |  |
|       |            |           |  |
|       |            |           |  |
| -     |            |           |  |
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|           | oal Lands Reporting<br>ection Form   |       |                      | FCC Form 481<br>OMB Control No. 3060-0986/OMB Control No.<br>July 2013 | 3060-0819 |
|-----------|--|-------|----------------------|--|-----------|
| <010>     | Study Area Code  |       | 361389               |  |           |
| <015>     | Study Area Name  |       | FARMERS MUTUAL TEL   |  |           |
| <020>     | Program Year   |       | 2015                 |  |           |
| <030>     | Contact Name - Person USAC should contact regarding this data                                  |       | Tom Campbell         |  |           |
| <035>     | Contact Telephone Number - Number of person identified in data line <                          |       | 6516218511 ext.      |  |           |
| <039>     | Contact Email Address - Email Address of person identified in data line <                      | <030> | tcampbell@otcpas.com |  |           |
| <910>     | Tribal Land(s) on which ETC Serves   |       |                      |  |           |
| <920>     | Tribal Government Engagement Obligation  |       | Name of Attach       | ed Document  |           |
| If your c | ompany serves Tribal lands, please select (Yes,No, NA) for each these boxes                    |       |                      |  |           |
| -         | m the status described on the attached document(s), on line 920,                               |       |                      |  |           |
| demons    | trates coordination with the Tribal government pursuant to                                     | Sele  |                      |  |           |
| § 54.313  | s(a)(9) includes:  | (Yes, |                      |  |           |
| <921>     | Needs assessment and deployment planning with a focus on Tribal community anchor institutions. | NA    |                      |  |           |
| <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.                                    |       |                      |  |           |
|           |  |       |                      |  |           |

|        | o Terrestrial Backhaul Reporting<br>ection Form   |                      | FCC Form 481<br>OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2013 |
|--------|---|----------------------|--|
| <010>  | Study Area Code   | 361389               |  |
| <015>  | Study Area Name   | FARMERS MUTUAL TEL   |  |
| <020>  | Program Year  | 2015                 |  |
| <030>  | Contact Name - Person USAC should contact regarding this data   | Tom Campbell         |  |
| <035>  | Contact Telephone Number - Number of person identified in data line <030>   | 6516218511 ext.      |  |
| <039>  | Contact Email Address - Email Address of person identified in data line <030>   | tcampbell@otcpas.com |  |
| <1120> | Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G)  |                      |  |
| <1130> | Please check this box 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) |                      |  |
|        |   |                      |  |
|        |   |                      |  |

| Lifeline  | erms and Condition for Lifeline Customers   |           |                      | FCC Form 481  OMB Control No. 3060-0986/OMB Control No. 3060-0819  July 2013 |
|-----------|---|-----------|----------------------|--|
|           |   |           |                      | · ·  |
| <010>     | Study Area Code   |           | 361389               |  |
| <015>     | Study Area Name   |           | FARMERS MUTUAL TEL   |  |
| <020>     | Program Year  |           | 2015                 |  |
| <030>     | Contact Name - Person USAC should contact regarding this data   |           | Tom Campbell         |  |
| <035>     | Contact Telephone Number - Number of person identified in data line   |           | 6516218511 ext.      |  |
| <039>     | Contact Email Address - Email Address of person identified in data line   | e <030>   | tcampbell@otcpas.com |  |
|           |   |           | 361389mn1210.pdf     |  |
| <1210>    | Terms & Conditions of Voice Telephony Lifeline Plans  |           |                      |  |
|           |   | _         |                      | Name of Attached Document  |
| <1220>    | Link to Public Website  | HTTP<br>— |                      |  |
| or the we | neck these boxes below to confirm that the attached document(s), on line 121 bsite listed, on line 1220, contains the required information pursuant to (a)(2) annual reporting for ETCs receiving low-income support, carriers must report: | 10,       |                      |  |
| <1221>    | Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,   | <b>√</b>  |                      |  |
| <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.  | <b>√</b>  |                      |  |
|           |   |           |                      |  |

| (2000) Pr | ice Cap Carrier Additional Documentation  |                                     |                   |   | FCC Form 481                |                                |
|-----------|---|-------------------------------------|-------------------|---|-----------------------------|--------------------------------|
| Data Coll | ection Form   |                                     |                   |   | OMB Control No. 3060-       | 0986/OMB Control No. 3060-0819 |
| Includina | Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers   |                                     |                   |   | July 2013                   |                                |
|           |   |                                     |                   |   |                             |                                |
|           |   |                                     |                   |   |                             |                                |
| <010>     | Study Area Code   | 361389                              |                   |   |                             |                                |
| <015>     | Study Area Name   | FARMERS MUTUAL TEL                  |                   |   |                             |                                |
| <020>     | Program Year  | 2015                                |                   |   |                             |                                |
| <030>     | Contact Name - Person USAC should contact regarding this data   | Tom Campbell                        |                   |   |                             |                                |
| <035>     | Contact Telephone Number - Number of person identified in data line <030>   | 6516218511 ext.                     |                   |   |                             |                                |
| <039>     | Contact Email Address - Email Address of person identified in data line <030>   | tcampbell@otcpas.com                |                   |   |                             |                                |
|           |   |                                     |                   |   |                             |                                |
|           |   |                                     |                   |   |                             |                                |
| CHECK th  | ne boxes below to note compliance as a recipient of Incremental Connect Amer  | ica Phase I support, frozen High Co | ost support, High | Cost support to offset acc              | cess charge reductions, and | l Connect America Phase II     |
|           | support as set forth in 47 CFR § 54.313(b),(c),(d),(  |                                     |                   | • | -                           |                                |
|           |   |                                     |                   |   |                             |                                |
|           |   |                                     |                   |   |                             |                                |
|           | Incremental Connect America Phase I reporting   |                                     |                   |   |                             |                                |
| <2010>    | 2nd Year Certification {47 CFR § 54.313(b)(1)}  |                                     |                   |   |                             |                                |
| <2011>    | 3rd Year Certification {47 CFR § 54.313(b)(2)}  |                                     |                   |   |                             |                                |
|           | •   |                                     |                   |   |                             |                                |
|           | Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))   |                                     |                   |   |                             |                                |
| <2012>    | 2013 Frozen Support Certification   |                                     |                   |   |                             |                                |
| <2013>    | 2014 Frozen Support Certification   |                                     |                   |   |                             |                                |
| <2014>    | 2015 Frozen Support Certification   |                                     |                   |   |                             |                                |
| <2015>    | 2016 and future Frozen Support Certification  |                                     |                   |   |                             |                                |
|           |   |                                     |                   |   |                             |                                |
|           | Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}  |                                     |                   |   |                             |                                |
| <2016>    | Certification Support Used to Build Broadband   |                                     |                   |   |                             |                                |
|           | Connect America Phase II Reporting {47 CFR § 54.313(e)}   |                                     |                   |   |                             |                                |
| <2017>    | 3rd year Broadband Service Certification  |                                     |                   |   |                             |                                |
| <2017>    | •   |                                     |                   |   |                             |                                |
| <2019>    | 5th year Broadband Service Certification  |                                     |                   | Ħ                                       |                             |                                |
| \2013>    | Interim Progress Certification  |                                     |                   | <u>—</u>                                |                             |                                |
| <2020>    | Please check the box to confirm that the attached document(s), on pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support | line 2021, contains the required    | d information     |   |                             |                                |
|           | addresses of community anchor institutions to which began providi   |                                     |                   |   |                             |                                |
|           | preceding calendar year.  | ing decess to broadbaria service    | iii tiic          |   |                             |                                |
|           |   |                                     |                   |   |                             |                                |
|           |   | Г                                   |                   |   |                             |                                |
|           |   |                                     |                   |   |                             |                                |
|           |   |                                     |                   |   |                             |                                |
| <2021>    | Interim Progress Community Anchor Institutions  |                                     |                   |   |                             |                                |
|           |   |                                     |                   |   | l                           |                                |
|           |   |                                     |                   |   | l                           |                                |
|           |   | L                                   | Name of Att       | ached Document Listing Re               | equired Information         |                                |
|           |   |                                     | ivaine of Att     | ached Document Listing Re               | equired information         |                                |

| (3000) R       | ate Of Return Carrier Additional Documentation   |   | FCC Form 481  |
|----------------|--|---|---|
| Data Col       | lection Form   |   | OMB Control No. 3060-0986/OMB Control No. 3060-0819 |
|                |  |   | July 2013   |
| =              |  |   |   |
| <010><br><015> | Study Area Code Study Area Name  | 361389<br>FARMERS MUTUAL TEL  |   |
| <020>          | Program Year   | 2015  |   |
| <030>          | Contact Name - Person USAC should contact regarding this data  | Tom Campbell  |   |
| <035><br><039> | Contact Telephone Number - Number of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030>  | 6516218511 ext.<br>tcampbell@otcpas.com   |   |
|                |  |   |   |
| CHECK t        | he boxes below to note compliance on its five year service quality plan (pursua<br>CFR § 54.313(f)(2). I further certify that i  | nt to 47 CFR § 54.202(a)) and, for privately held carriers, ensurii<br>he information reported on this form and in the documents atta |   |
|                |  |   |   |
|                |  |   |   |
| (3010)         | Progress Report on 5 Year Plan  Milestone Certification {47 CFR § 54.313(f)(1)(i)}   |   |   |
|                | Milestone certification (47 CFR & 54.515(1)(1)(1))   | Name of Attached Document Listing Required Infor  | rmation   |
|                | Discourse the state is the section of first the state of the state of the section | - '   | maton   |
|                | Please check this box to confirm that the attached document(s), on line<br>§ 54.313 (f)(1)(ii), the carrier shall provide the number, names, and add<br>providing access to broadband service in the preceding calendar year.  |   |   |
|                |  |   |   |
| (3012)         | Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}  |   |   |
| (,             |  |   |   |
|                |  | Name of Attached Document Listing Required Information  |   |
|                | Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)} If yes, does your company file the RUS annual report  | (Yes/No) (Yes/No) (Yes/No)  | lpha  |
| (3014)         |  | ц   |   |
|                | check these boxes to confirm that the attached document(s), on line 30   | 7, contains the required information pursuant to § 54.313(  |   |
| (3015)         | Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)  |   | L 🗸   |
| (3016)         | Document(s) for Balance Sheet, Income Statement and Statement of C   | ash Flows   |   |
|                |  | 361389mn3017.pdf  |   |
| (3017)         | If the response is yes on line 3014, attach your company's RUS annual  |   |   |
|                | report and all required documentation  |   |   |
|                |  | Name of Attached Document Listing Required Information  | <del></del>   |
| (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   |   |   |
| (3019)         | confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains<br>Èither a copy of their audited financial statement; or (2) a financial report in a   | former company his to DUC Operating Deport for Telecommunication  |   |
| (5015)         | Ettier a copy of their addited illiancial statement, of (2) a liliancial report. If a  | ormat comparable to KOS Operating Report for Telecommunicat   | ions [  |
| (3020)         | Document(s) for Balance Sheet, Income Statement and Statement of 0   | Cash Flows  | 41  |
| (3021)         | Management letter 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   |   |   |
| (3023)         | Borrowers, Underlying information subjected to a review by an independent certified  |   |   |
| (3023)         | public accountant  |   |   |
| (3024)         | Underlying information subjected to an officer certification.  |   |   |
| (3025)         | Document(s) for Balance Sheet, Income Statement and Statement of C   | ash flows   |   |
|                |  |   |   |
| (3026)         | Attach the worksheet listing required information  |   |   |
|                |  |   |   |
|                | · ·  | Name of Attached Document Listing Required Information  |   |

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

| <010> | Study Area Code   | 361389               |
|-------|---|----------------------|
| <015> | Study Area Name   | FARMERS MUTUAL TEL   |
| <020> | Program Year  | 2015                 |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Tom Campbell         |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 6516218511 ext.      |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tcampbell@otcpas.com |

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

# Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate. Name of Reporting Carrier: Signature of Authorized Officer: Date Printed name of Authorized Officer: Title or position of Authorized Officer: Telephone number of Authorized Officer: 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.

|       | tion - Agent / Carrier<br>Jection Form  | FCC Form 481<br>OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2013 |
|-------|---|--|
| <010> | Study Area Code   | 361389   |
| <015> | Study Area Name   | FARMERS MUTUAL TEL   |
| <020> | Program Year  | 2015   |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Tom Campbell   |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 6516218511 ext.  |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tcampbell@otcpas.com   |

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

| I certify that (Name of Agent) <u>Tom Campbell</u> also certify that I am an officer of the reporting carrier; my responsibilit agent; and, to the best of my knowledge, the reports and data provided | is authorized to submit the information reported on behalf of the reporting carrier. I<br>les include ensuring the accuracy of the annual data reporting requirements provided to the authorized<br>to the authorized agent is accurate. |
|--|--|
| Name of Authorized Agent: Tom Campbell   |  |
| Name of Reporting Carrier: FARMERS MUTUAL TEL  |  |
| Signature of Authorized Officer: CERTIFIED ONLINE  | Date: 06/27/2014   |
| Printed name of Authorized Officer: Kevin Beyer  |  |
| Title or position of Authorized Officer: CEO   |  |
| Telephone number of Authorized Officer: 3203242800 ext.  |  |
| Study Area Code of Reporting Carrier: 361389   | Filing Due Date for this form: 07/01/2014  |

#### TO BE COMPLETED BY THE AUTHORIZED AGENT:

| Certification of Agent Authorized to File Annual Reports for CAF or LI Recip  | pients on Behalf of Reporting        | g Carrier                       |
|---|--------------------------------------|---------------------------------|
| as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service suppo | port recipients on behalf of the rep | orting carrier: I have provided |
| e data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the inform      | •                                    | • , .                           |
| mme of Reporting Carrier: FARMERS MUTUAL TEL  |                                      |                                 |
| mme of Authorized Agent or Employee of Agent: Tom Campbell  |                                      |                                 |
| gnature of Authorized Agent or Employee of Agent: CERTIFIED ONLINE  | Date:                                | 06/27/2014                      |
| inted name of Authorized Agent or Employee of Agent: Tom Campbell   |                                      |                                 |
| le or position of Authorized Agent or Employee of Agent Consultant  |                                      |                                 |
| lephone number of Authorized Agent or Employee of Agent: 6516218511 ext.  |                                      |                                 |
|   | 01/2014                              |                                 |

Attachments

| (700) Prid | ce Offerings including Voice Rate Data  |                      | FCC Form 481   |
|------------|---|----------------------|--|
| Data Coll  | ection Form   |                      | OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2013 |
|            |   |                      |  |
| <010>      | Study Area Code   | 361389               |  |
| <015>      | Study Area Name   | FARMERS MUTUAL TEL   |  |
| <020>      | Program Year  | 2015                 |  |
| <030>      | Contact Name - Person USAC should contact regarding this data                 | Tom Campbell         |  |
| <035>      | Contact Telephone Number - Number of person identified in data line <030>     | 6516218511 ext.      |  |
| <039>      | Contact Email Address - Email Address of person identified in data line <030> | tcampbell@otcpas.com |  |
|            |   |                      |  |
| <701>      | Residential Local Service Charge Effective Date 1/1/2014                      |                      |  |

<703>

<702> Single State-wide Residential Local Service Charge

| <a1></a1> | <a2></a2>       | <a3></a3>  | <b1></b1> | <b2></b2>         | <b3></b3>                    | <b4></b4>                   | <b5></b5>               | <c></c>                       |
|-----------|-----------------|------------|-----------|-------------------|------------------------------|-----------------------------|-------------------------|-------------------------------|
|           |                 |            |           | Residential Local |                              |                             | Mandatory Extended Area |                               |
| State     | Exchange (ILEC) | SAC (CETC) | Rate Type | Service Rate      | State Subscriber Line Charge | State Universal Service Fee | Service Charge          | Total per line Rates and Fees |
| MN        | Bellingham      |            | FR        | 15.0              | 0.0                          | 0.0                         | 0.0                     | 15.0                          |
| MN        | Cerro Gordo     |            | FR        | 15.0              | 0.0                          | 0.0                         | 3.16                    | 15.0                          |
| MN        | Marietta        |            | FR        | 15.0              | 0.0                          | 0.0                         | 0.0                     | 15.0                          |
| SD        | West Marietta   |            | FR        | 15.0              | 0.0                          | 0.0                         | 0.0                     | 15.0                          |
|           |                 |            |           |                   |                              |                             |                         |                               |
|           |                 |            |           |                   |                              |                             |                         |                               |
|           |                 |            |           |                   |                              |                             |                         |                               |
|           |                 |            |           |                   |                              |                             |                         |                               |
|           |                 |            |           |                   |                              |                             |                         |                               |
|           |                 |            |           |                   |                              |                             |                         |                               |
|           |                 |            |           |                   |                              |                             |                         |                               |
|           |                 |            |           |                   |                              |                             |                         |                               |
|           |                 |            |           |                   |                              |                             |                         |                               |
|           |                 |            |           |                   |                              |                             |                         |                               |
|           |                 |            |           |                   |                              |                             |                         |                               |
|           |                 |            |           |                   |                              |                             |                         |                               |
|           |                 |            |           |                   |                              |                             |                         |                               |
|           |                 |            |           |                   |                              |                             |                         |                               |
|           |                 |            |           |                   |                              |                             |                         |                               |
|           |                 |            |           |                   |                              |                             |                         |                               |

| (710) Broadband Price Offerings | FCC Form 481  |
|---------------------------------|---|
| Data Collection Form            | OMB Control No. 3060-0986/OMB Control No. 3060-0819 |
|                                 | July 2013   |

| <010> | Study Area Code   | 361389               |
|-------|---|----------------------|
| <015> | Study Area Name   | FARMERS MUTUAL TEL   |
| <020> | Program Year  | 2015                 |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Tom Campbell         |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 6516218511 ext.      |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tcampbell@otcpas.com |

| <711> | <a1></a1> | <a2></a2>       | <b1></b1>           | <b2></b2>            | <c> <d1></d1></c>       | <d2></d2>           | · <d3></d3> |                 | <d4></d4>  |
|-------|-----------|-----------------|---------------------|----------------------|-------------------------|---------------------|-------------|-----------------|--|
| (/11/ | State     | Exchange (ILEC) | Residential<br>Rate | State Regulated Fees | Total Rates<br>and Fees | Broadband Service - |             | Usage Allowance | Usage Allowance<br>Action Taken<br>When Limit Reached {select} |
|       | MN        | All             | 68.45               | 0.0                  | 68.45                   | 20.0                | 20.0        | 300.0           | Overage Charge   |
|       |           |                 |                     |                      |                         |                     |             |                 |  |
|       |           |                 |                     |                      |                         |                     |             |                 |  |
|       |           |                 |                     |                      |                         |                     |             |                 |  |
|       |           |                 |                     |                      |                         |                     |             |                 |  |
|       |           |                 |                     |                      |                         |                     |             |                 |  |
|       |           |                 |                     |                      |                         |                     |             |                 |  |
|       |           |                 |                     |                      |                         |                     |             |                 |  |
|       |           |                 |                     |                      |                         |                     |             |                 |  |
|       |           |                 |                     |                      |                         |                     |             |                 |  |
|       |           |                 |                     |                      |                         |                     |             |                 |  |
|       |           |                 |                     |                      |                         |                     |             |                 |  |
|       |           |                 |                     |                      |                         |                     |             |                 |  |
|       |           |                 |                     |                      |                         |                     |             |                 |  |
|       |           |                 |                     |                      |                         |                     |             |                 |  |
|       |           |                 |                     |                      |                         |                     |             |                 |  |
|       |           |                 |                     |                      |                         |                     |             |                 |  |
|       |           |                 |                     |                      |                         |                     |             |                 |  |
|       |           |                 |                     |                      |                         |                     |             |                 |  |
|       |           |                 |                     |                      |                         |                     |             |                 |  |
|       |           |                 |                     |                      |                         |                     |             |                 |  |

SAC: 361389 State: MN

Farmers Mutual Tel

Form 481 Line No. 112 Five Year Service Quality Improvement Plan

#### **ATTACHMENT REDACTED IN ENTIRETY**

Page 1 of 4

SAC: 361389 State: MN

Farmers Mutual Tel

Form 481 Line No 510 Compliance with Service Quality Standards and Consumer Protection

#### South Dakota:

- 1. Farmers Mutual Tel MN (Company) will provide service on a timely basis to requesting customers within the Company's designated service area where the Company's network already passes the potential customers premises, and
- 2. The Company will provide service, within a reasonable period of time, if the potential customer is within the Company's designated service area but outside the Company's existing network coverage, if the service can be provided at reasonable cost by:
  - a. Modifying or replacing the requesting customers equipment.
  - b. Adjusting network or customer facilities.

#### 3. Service Quality Standards

#### The Company:

- Provides voice grade access to the public switched network.
- Provides flat rated local exchange service with no addition charge to end users.
- Provides access to the emergency services provided by local government or other public safety organization, such as 911 and enhanced 911.
- Provides toll blocking and toll limitation services.
- Advertises the availability of its services and the charges using media of general distribution.
- Maintains a business office providing customers with access to a customer service representative either in person or via a local telephone call or toll-free telephone number during normal business hours.
- Directs after hour calls to the Company's help desk.
- Directs trouble reports to the on-call technician.
- Tracks all service orders to ensure they are completed in a timely manner.
- Measures its service connection and service interruption performance on a regular basis.
- Trains employees to:
  - Answer all incoming calls promptly.
  - o Respond to all inquiries for information promptly and courteously.
  - Investigate thoroughly all customer complaints.
  - Be knowledgeable about products and service offerings so they can assist the customer with selecting the best service option.
- Has a process for periodic inspection, testing and preventive maintenance of its equipment to permit the rendering of safe, adequate and continuous service at all times.

Page 2 of 4

SAC: 361389 State: MN

Farmers Mutual Tel

Form 481 Line No. 510 Compliance with Service Quality Standards and Consumer Protection

**South Dakota**: (Cont'd)

#### 4. Consumer Protection Rules

The Company has established operating procedures designed to facilitate compliance with applicable consumer protection rules which include compliance with the Customer Proprietary Network Information (CPNI) rules. The operating procedures include:

- Appointment of a compliance officer.
- A manual detailing the specific procedures for protecting consumer information.
- Employee training on an annual basis.
- A disciplinary process for improper use of consumer information.

SAC: 361389 State: MN

Farmers Mutual Tel

Form 481 Line No. 510 Compliance with Service Quality Standards and Consumer Protection

\_\_\_\_\_

#### Minnesota:

In addition to the items noted above for South Dakota, as required by MN. Rule "7812.0700 Minnesota General Service Quality Requirements. Subpart 1" the local services provided by Farmers Mutual Tel are provided under internal company operating procedures and publically available tariffs which are in compliance with applicable Minnesota Public Utility Commission orders and rules including:

7810.0100 DEFINITIONS. 7810.0200 SCOPE. 7810.0300 STATUTORY AUTHORITY.

#### **RECORDS AND REPORTS**

7810.0400 RETENTION OF RECORDS.
7810.0500 DATA TO BE FILED WITH THE COMMISSION.
7810.0600 REPORT TO COMMISSION ON SERVICE DISRUPTION.
7810.0900 LOCATION OF RECORDS.

#### **CUSTOMER RELATIONS**

7810.1000 INFORMATION AVAILABLE TO CUSTOMER AND PUBLIC. 7810.1100 COMPLAINT PROCEDURES. 7810.1200 RECORD OF COMPLAINT.

#### **CUSTOMER BILLING; DEPOSIT AND GUARANTEE REQUIREMENTS**

7810.1400 CUSTOMER BILLING.

7810.1500 DEPOSIT AND GUARANTEE REQUIREMENTS.

7810.1600 DEPOSIT.

7810.1700 GUARANTEE OF PAYMENT.

#### **DISCONNECTION OF SERVICE; SERVICE DELAY**

7810.1800 PERMISSIBLE SERVICE DISCONNECTIONS WITH NOTICE.

7810.1900 PERMISSIBLE SERVICE DISCONNECTIONS WITHOUT NOTICE.

7810.2000 NONPERMISSIBLE REASONS TO DISCONNECT SERVICE.

7810.2100 MANNER OF DISCONNECTION.

7810.2200 RECONNECTION OF SERVICE.

7810.2300 NOTICE REQUIREMENTS.

7810.2400 BILL DISPUTES.

7810.2500 ESCROW PAYMENTS.

7810.2600 WAIVING RIGHT TO DISCONNECT; EMERGENCY STATUS.

7810.2800 DELAY IN INITIAL SERVICE OR UPGRADE.

#### **DIRECTORIES**

7810.2900 CONTENT OF DIRECTORIES.

7810.3000 DIRECTORY ASSISTANCE.

7810.3100 CHANGES OR ERROR OF LISTED NUMBER.

#### **ENGINEERING**

7810.3200 CONSTRUCTION OF TELEPHONE PLANT. 7810.3300 MAINTENANCE OF PLANT AND EQUIPMENT.

7810.3900 EMERGENCY OPERATIONS.

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SAC: 361389 State: MN

Farmers Mutual Tel

Form 481 Line No. 510 Compliance with Service Quality Standards and Consumer Protection

Minnesota: (cont'd)

#### **INSPECTIONS, TESTS, SERVICE REQUIREMENTS**

7810.4100 ACCESS TO TEST FACILITIES.

7810.4300 ACCURACY REQUIREMENTS.

7810.4900 ADEQUACY OF SERVICE.

7810.5000 UTILITY OBLIGATIONS.

7810.5100 TELEPHONE OPERATORS.

7810.5200 ANSWERING TIME.

7810.5300 DIAL SERVICE REQUIREMENTS.

7810.5400 INTEROFFICE TRUNKS.

7810.5500 TRANSMISSION REQUIREMENTS.

7810.5800 INTERRUPTIONS OF SERVICE.

7810.5900 CUSTOMER TROUBLE REPORTS.

7810.6000 PROTECTIVE MEASURES.

7810.6100 SAFETY PROGRAM.

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SAC: 361389 State: MN

Farmers Mutual Tel

Form 481 Line No. 610 Description of Functionality in Emergency Situations

#### Farmers Mutual Tel:

- Established reasonable provisions to meet emergencies resulting from failures of lighting or power service, sudden and prolonged increases in traffic, illness of operators or from fire, storm, or acts of God including provisions for emergency power that meet or exceed the rule requirement to provide:
  - o A minimum of four hours of battery service in each central office.
  - o A permanently installed power unit in exchanges exceeding 5000 lines.
  - Mobile power units that can be delivered on short notice and which can be readily.
     connected in offices without installed emergency power facilities.
- Has informed employees as to the procedures to be followed, including reasonable rerouting of traffic around damaged facilities and the deployment of emergency power, in the event of emergency in order to prevent or mitigate interruption or impairment of telecommunications service.

SAC: 361389 State: MN

Farmers Mutual Tel

Form 481 Line No. 1010 Descriptive document for Voice Services Rate Comparability

Line 1010 – Description of Voice Services Rate Comparability: Provide a detailed description of how your pricing of fixed voice services is no more than two standard deviations above the applicable national average urban rate for voice service, as published annually by the Wireline Competition Bureau, as required in 47 C.F.R. § 54.313(a)(10).

On March 20, 2014 the Wireline Competition Bureau announced results of the Urban Rate Survey for Voice Services; as part the FCC Public Notice DA 14-384. Referenced in this public notice are the results required to meet the rate comparability as noted:

"Based on the survey responses, the Bureau also calculated the reasonable comparability benchmark for voice services to be \$46.96.9

9. ld. at 17694, para. 84."

As required Farmers Mutual Tel hereby certifies that its current fixed voice services for residential subscribers as defined in the USF/ICC Transformation Order is below \$46.96.

SAC: 361389 State: MN

Farmers Mutual Tel

Form 481 Line No. 1210 Lifeline Plans Terms and Conditions

#### **Lifeline Terms and Conditions**

1. Farmers Mutual Tel (Company) offers lifeline program-supported service to qualified low-income residential consumers for one telephone line per eligible household. The lifeline program provides discounts to eligible low-income consumers to help them establish and maintain telephone service. Lifeline assistance lowers the cost of basic, monthly local telephone service. Eligible consumers can receive \$9.25 per month in discounts. In addition, the Federal Universal Service Charge is not assessed to consumers participating in Lifeline. Toll Blocking prevents the placement of all long distance calls for which a subscriber would be charged. Toll Blocking is available to eligible consumers at no cost. Also, by choosing the option, consumers are usually not charged a deposit.

#### **Lifeline Program Eligibility Information**

#### **Program Based Eligibility**

Consumers are eligible for Lifeline if they, one of their dependents or their household participate in one of the following qualifying assistance programs:

Low Income Home Energy Assistance Program (LIHEAP)

Federal Public Housing Assistance (Section 8)

Supplemental Nutrition Assistance Program (SNAP)

Medicaid

National School Lunch Program (NSLP) and receives lunch through the program

Supplemental Security Income (SSI)

Temporary Assistance for Needy Families (TANF)

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Lifeline applicant must present documentation demonstrating eligibility either through participation in one of the qualifying federal assistance programs or through income-based means.

Acceptable documentation of program-based eligibility includes: current or prior year's statement of benefits from a qualifying program; notice letter of participation in a qualifying program; program participation documents; or another official document evidencing the consumer's participation in a qualifying program.

#### **Income Based Eligibility**

In addition, consumers are eligible for Lifeline if their household income is at or below 135% of the federal poverty guidelines.

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2014 Federal Poverty Guidelines – 135%

| Household<br>Size               | <br>States and D.C. |  |
|---------------------------------|---------------------|--|
| 1                               | \$<br>15,755        |  |
| 2 3                             | 21,236<br>26,717    |  |
| 4<br>5                          | 32,198              |  |
| 6                               | 37,679<br>43,160    |  |
| 7                               | 48,641<br>54,122    |  |
| For Each Additional Person, Add | 5,481               |  |
|                                 |                     |  |

Acceptable documentation of income eligibility includes: prior year's state, federal or Tribal tax return; current income statement from an employer or paycheck stub; social security statement of benefits; Veterans Administration statement of benefits; retirement/pension statement of benefits; unemployment/workmen's compensation statement of benefits; federal or Tribal notice of letter participating in General Assistance; or a divorce decree or child support award or other official document containing income information.

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Farmers Mutual Tel

Form 481 Line No. 1210 Lifeline Plans Terms and Conditions

#### **Lifeline Terms and Conditions (Continued)**

#### <u>Lifeline Terms and Conditions (Continued)</u>

#### **Lifeline Program Eligibility Information (Continued)**

#### **Recertification of Lifeline Eligibility**

Lifeline recipients are required to recertify their eligibility annually. Failure to properly recertify a recipient's continued eligibility for the Lifeline program will result in termination of the Lifeline recipient's monthly Lifeline discount and de-enrollment from the Lifeline Program.

#### **Additional Lifeline Program Information**

The Lifeline program is limited to one benefit per household, consisting of either wireline or wireless service. A household is defined, for purposes of the Lifeline Program, as an individual or group of individuals who live together at the same address and share income and expenses. Lifeline is government benefit program, and consumers who willfully make false statements in order to obtain the benefit can be punished by fine or imprisonment or can be barred from the program.

- 2. The Company's flat rate plans include unlimited local exchange calling including usage to designated nearby local exchange areas. The flat rate plans do not include any toll usage. The rates for any toll usage are determined by the rate plans of the Toll Provider(s) that are selected by lifeline end users.
- 3. The Company has met and will meet the requirements of eligible telecommunications carrier advertising. This includes:
  - a. A full description of available services in the Company's Official telephone directory, including the process to be used by customers to quality for lifeline and link-up service.
  - b. Advertising of the available universal service in media of general circulation in the Company's designated service area. Availability may be advertised in newspapers, company newsletters, company or civic internet sites, bill stuffer, direct mailings, or other means intended to convey availability throughout the designated service area.
- The specific Company terms and conditions for the Companies Lifeline Plans are set forth in pages included in Exhibit 1, attached.

Page 3 of 3

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Farmers Mutual Tel

Form 481 Line No. 1210 Lifeline Plans Terms and Conditions

#### Minnesota:

#### Rates:

The Company's Local service rates that serve as its Lifeline Plans are filed in Compliance with the regulatory requirements of Minn. Rules Ch. 7810 and Minn. Rules pt. 7812.0600.

#### **Lifeline Terms and Conditions:**

The Company will adhere to Lifeline Terms and Conditions above as well as Minnesota Administrative Rule "7817.0400 - Eligibility for Telephone Assistance Credits" which states:

#### Minnesota Administrative Rule 237 Chapter 7817.0400

Subpart 1. Information provided. Each local service provider shall annually mail a notice of the availability of the telephone assistance plan to each residential subscriber in a regular billing. If a subscriber has chosen to receive the regular billing other than through U.S. mail, the local service provider shall send the notice in a regular billing using the delivery method chosen by the subscriber for delivery of the regular billing. The notice must state the following: YOU MAY BE ELIGIBLE FOR ASSISTANCE IN PAYING YOUR TELEPHONE BILL IF YOU RECEIVE BENEFITS FROM CERTAIN LOW-INCOME ASSISTANCE PROGRAMS OR MEET CERTAIN INCOME LIMITS. FOR MORE INFORMATION OR AN APPLICATION FORM PLEASE CONTACT

(local service provider) . On request, the local service provider shall mail to a person an application form developed by the commission and the Department of Commerce, and a brochure that describes the telephone assistance plan's eligibility requirements and application process.

Subpart 2. Application process. On completing and signing the application certifying under penalty of perjury that the information provided by the applicant is true and that the statutory criteria for eligibility are satisfied, the applicant must return it to the local service provider for enrollment in the telephone assistance plan. An application may be made by the subscriber, the subscriber's spouse, or a person authorized by the subscriber to act on the subscriber's behalf.

**Subpart 4. Eligibility criteria.** To be eligible for a telephone assistance credit the applicant must:

- A. be a subscriber who resides in Minnesota or has moved to Minnesota and intends to remain; and
- B. be eligible for the federal Lifeline telephone service discount.

Subpart 7. Applicant and recipient responsibilities. Each applicant and each recipient shall provide current information to the local service provider about permanent changes that affect the applicant's or recipient's eligibility.

#### Subpart 8. Local service provider responsibilities.

- A. A local service provider shall begin providing telephone assistance credits to an applicant in the earliest possible billing cycle but not later than the second billing cycle following submission of a completed application demonstrating eligibility. If certified, the local service provider shall notify the applicant by, for example, placing telephone assistance credits on the bill.
- B. If an applicant is denied eligibility, the local service provider shall notify the applicant in writing of the reasons for the denial, of the right to appeal, and of the right to reapply.

Exhibit 1

SAC: 361389 State: MN

Farmers Mutual Tel

Form 481 Line No. 1210 Lifeline Plans Terms and Conditions

### FARMERS MUTUAL TELEPHONE COMPANY BELLINGHAM. MINNESOTA

Section 4 Page 1

#### LOCAL EXCHANGE SERVICE

The rates for Local Exchange Service are subject to the conditions set forth herein and the General Regulations governing provision of service. The General Regulations are set forth in Section 2 of this tariff book.

#### Local Exchange Service

- A. The Local Exchange Service Rates in this section are for service only and do not include any terminal equipment beyond the point of demarcation.
- B. The rates applicable to Local Exchange Service are composed of a Line Access Rate component plus (where applicable) an Extended Area Service component.

#### C. Service Upgrades

- 1) All services have been upgraded to business individual line and residence individual line service.
- 2) The rates shown on the rate schedule will be applied.

#### D. Extended Area Service

- 1) Establishment and discontinuance of EAS will be contingent upon Commission authorization.
- 2) Extended Area Service rate component.
  - a) EAS is a premium-type service offering made by the Company to certain exchanges, under specific conditions.
  - b) The Extended Area Service rate component, where applicable, is included in the Local Exchange Service Rate.

#### E. Taxes

1) Applicable taxes levied by state, county and local taxing authorities are in addition to the rates set forth in this tariff. (See also General Regulations, Section 2).

Effective: 10-1-00

FARMERS MUTUAL TELEPHONE COMPANY BELLINGHAM, MINNESOTA

Section 4 Page 2 Revision 2

#### LOCAL EXCHANGE SERVICE

#### Rates

|  |                                 | Monthly Charges         |                                  |                   |  |  |  |
|--|---------------------------------|-------------------------|----------------------------------|-------------------|--|--|--|
| Class of Service   | Access<br>Line<br><u>Charge</u> | EAS<br>Additive         | Total                            |                   |  |  |  |
| Bellingham and Marietta Exchanges  |                                 |                         |                                  |                   |  |  |  |
| Business: One Party - Access Key System Line - Access Basic Coin Telephone Service | \$ 15.00<br>15.00<br>15.00      |                         | \$ 15.00 (<br>15.00 (<br>15.00 ( | (I)<br>(I)<br>(I) |  |  |  |
| Residence:<br>One Party - Access   | \$ 15.00                        |                         | \$ 15.00                         | (I)               |  |  |  |
| School Classroom Service: * One Party - Access                                     | \$ 15.00                        |                         | \$ 15.00 (                       | (I)               |  |  |  |
| Cerro Gordo Exchange   |                                 |                         |                                  |                   |  |  |  |
| Business: One Party - Access Key System Line - Access Basic Coin Telephone Service | \$ 15.00<br>15.00<br>15.00      | \$ 3.16<br>3.16<br>3.16 | 18.16 (<br>18.16 (<br>18.16 (    | (I)<br>(I)        |  |  |  |
| Residence:<br>One Party - Access   | \$ 15.00                        | \$ 3.16                 | \$ 18.16 ( <sup>)</sup>          | I)                |  |  |  |
| School Classroom Service: * One Party - Access                                     | \$ 15.00                        | \$ 3.16                 | \$ 18.16 (                       | 1)                |  |  |  |
| EAS Additive:  | Business                        | Residential             | School<br>Classroom<br>Service   |                   |  |  |  |
| Facility Cost Lost Access Revenue  | \$ 1.16<br>2.00                 | \$ 1.16<br>2.00         | \$ 1.16<br>2.00                  |                   |  |  |  |
| Total  | \$ 3.16                         | \$ 3.16                 | \$ 3.16                          |                   |  |  |  |

<sup>\*</sup> School classroom service is one party flat rate local exchange access line service offered to public schools that conduct classes within the range of kindergarten through 12th grade pursuant to Minnesota Statute Section 237.065. This additional service is available to ensure access to telephone service from each classroom and other areas within the school, as determined by the school board. Existing service provided to all areas of the school prior to the effective date of this tariff will be billed at the current rates. Upon approval by the school board, this service must be installed in all remaining classrooms within the school and other areas within the school, as determined by the school board, within the time period specified by the company. This service is not available in areas within the school where telephone service is used for business administrative purposes of the schools.

Effective: 5-1-13

FARMERS MUTUAL TELEPHONE COMPANY BELLINGHAM, MINNESOTA

Section 4 Page 3 Revision 1

#### LOCAL EXCHANGE SERVICE

#### Extended Area Service (EAS)

<u>Exchange</u> <u>EAS to Exchange</u>

Bellingham Cerro Gordo
Bellingham Marietta
Bellingham Odessa
Cerro Gordo Bellingham
Cerro Gordo Marietta
Marietta Bellingham
Marietta Cerro Gordo

#### School District Extended Area Service (EAS)

Cerro GordoBoyd (Citizens)Cerro GordoDawson (Frontier)Boyd (Citizens)Cerro GordoDawson (Frontier)Cerro Gordo

Effective: <u>9-1-02</u>

SAC: 361389 State: MN

Farmers Mutual Tel

Form 481 Line No. 1210 Lifeline Plans Terms and Conditions

Farmers Mutual Tel offers service to customers in South Dakota in the Marietta Exchange at the same rates as referenced in the MN Tariff pages included in this filing.

Residential Local Service - \$15.00

Business Local Service - \$15.00

SAC: 361389 State: MN

Farmers Mutual Tel

Form 481 Line No. 3017 RUS Annual Report

#### **ATTACHMENT REDACTED IN ENTIRETY**