



ATTORNEYS AT LAW

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ZACHARY E. PELHAM

zep@pearce-durick.com

October 15, 2013



Darrel Nitschke
Executive Director
ND Public Service Commission
Capitol
600 E. Boulevard, Twelfth Floor
Bismarck, ND 58505

RE: Midcontinent Communications FCC Form 481 – Carrier Annual Reporting

Dear Mr. Nitschke:

Enclosed for filing please find an original and seven copies of Midcontinent's FCC Form 481 – Carrier Annual Reporting along with Exhibits B, C, and D. By separate cover letter, and separately bound and placed in a sealed envelope labeled "TRADE SECRET – PRIVATE," is one copy of the Confidential Exhibit A referenced in the document.

Thank you.

Sincerely,

PEARCE & DURICK

ZACHARY E. PELHAM
Counsel to Midcontinent Communications

ZEP/ak
Enclosures

FCC Form 481 - Carrier Annual 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	389011
<015> Study Area Name	MIDCONTINENT COMMUNICATIONS
<020> Program Year	2014
<030> Contact Name: Person USAC should contact with questions about this data	Mary Lohnes
<035> Contact Telephone Number: Number of the person identified in data line <030>	(605) 357-5459
<039> Contact Email Address: Email of the person identified in data line <030>	mary_lohnes@zmi.net

ANNUAL REPORTING FOR ALL CARRIERS	54.313	54.422
	Completion	Completion
	Required	Required

			(check box when complete)	
<100> Service Quality Improvement Reporting	<i>(complete attached worksheet)</i>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<200> Outage Reporting (voice)	<i>(complete attached worksheet)</i>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<210> <input checked="" type="checkbox"/> <-- check box if no outages to report				
<300> Unfulfilled Service Requests (voice)	<input type="text" value="0"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<310> Detail on Attempts (voice)	<input type="text"/>	<i>(attach descriptive document)</i>	<input type="checkbox"/>	<input type="checkbox"/>
<320> Unfulfilled Service Requests (broadband)	<input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>
<330> Detail on Attempts (broadband)	<input type="text"/>	<i>(attach descriptive document)</i>	<input type="checkbox"/>	<input type="checkbox"/>
<400> Number of Complaints per 1,000 customers (voice)			<input checked="" type="checkbox"/>	<input type="checkbox"/>
<410> Fixed	<input type="text" value="0.15"/>			
<420> Mobile	<input type="text"/>			
<430> Number of Complaints per 1,000 customers (broadband)			<input type="checkbox"/>	<input type="checkbox"/>
<440> Fixed	<input type="text"/>			
<450> Mobile	<input type="text"/>			
<500> Service Quality Standards & Consumer Protection Rules Compliance	<i>(check to indicate certification)</i>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<510> 389011ND510 EX. B	<i>(attach descriptive document)</i>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<600> Functionality in Emergency Situations	<i>(check to indicate certification)</i>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<610> 389011ND610 EX. C	<i>(attach descriptive document)</i>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<700> Company Price Offerings (voice)	<i>(complete attached worksheet)</i>		<input type="checkbox"/>	<input type="checkbox"/>
<710> Company Price Offerings (broadband)	<i>(complete attached worksheet)</i>		<input type="checkbox"/>	<input type="checkbox"/>
<800> Operating Companies and Affiliates	<i>(complete attached worksheet)</i>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900> Tribal Land Offerings (Y/N)? <input type="radio"/> <input type="radio"/>	<i>(if yes, complete attached worksheet)</i>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<1000> Voice Services Rate Comparability	<i>(check to indicate certification)</i>		<input type="checkbox"/>	<input type="checkbox"/>
<1010>	<i>(attach descriptive document)</i>		<input type="checkbox"/>	<input type="checkbox"/>
<1100> Terrestrial Backhaul (Y/N)? <input type="radio"/> <input type="radio"/>	<i>(if not, check to indicate certification)</i>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<1110>	<i>(complete attached worksheet)</i>		<input type="checkbox"/>	<input type="checkbox"/>
<1200> Terms and Condition for Lifeline Customers	<i>(complete attached worksheet)</i>		<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>	<i>(check to indicate certification)</i>		<input type="checkbox"/>	<input type="checkbox"/>
<2005>	<i>(complete attached worksheet)</i>		<input type="checkbox"/>	<input type="checkbox"/>

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

<3000>	<i>(check to indicate certification)</i>		<input type="checkbox"/>	<input type="checkbox"/>
<3005>	<i>(complete attached worksheet)</i>		<input type="checkbox"/>	<input 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	389011
<015>	Study Area Name	MIDCONTINENT COMMUNICATIONS
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Mary Lohne
<035>	Contact Telephone Number - Number of person identified in data line <030>	(605) 357-5459
<039>	Contact Email Address - Email Address of person identified in data line <030>	mary_lohne@mni.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.

389001ND112 Ex. A

Name of Attached Document (.pdf)

Please check these boxes below to confirm that the attached PDF, 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	<input type="checkbox"/>	
<114> Report how much universal service (USF) support was received	<input checked="" type="checkbox"/>	
<115> How (USF) was used to improve service quality	<input checked="" type="checkbox"/>	
<116> How (USF) was used to improve service coverage	<input checked="" type="checkbox"/>	
<117> How (USF) was used to improve service capacity	<input checked="" type="checkbox"/>	
<118> Provide an explanation of network improvement targets not met in the prior calendar year.	<input checked="" type="checkbox"/>	

(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	389011
<015>	Study Area Name	MIDCONTINENT COMMUNICATIONS
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Mary Lohnes
<035>	Contact Telephone Number - Number of person identified in data line <030>	(605) 357-5459
<039>	Contact Email Address - Email Address of person identified in data line <030>	mary_lohnes@mml.net

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

<920> Tribal Government Engagement Obligation

Name of Attached Document (.pdf)

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached PDF, 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, No, NA)

**(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	389011
<015> Study Area Name	MIDCONTINENT COMMUNICATIONS
<020> Program Year	2014
<030> Contact Name - Person USAC should contact regarding this data	Mary Lohnes
<035> Contact Telephone Number - Number of person identified in data line <030>	(605) 357-5459
<039> Contact Email Address - Email Address of person identified in data line <030>	mary_lohnes@mml.net

Please check this box to confirm no terrestrial backhaul
<1120> options exist within the supported area pursuant to § 54.313(G)

Please check this box to confirm the reporting carrier offers
<1130> 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	389011
<015> Study Area Name	MIDCONTINENT COMMUNICATIONS
<020> Program Year	2014
<030> Contact Name - Person USAC should contact regarding this data	Mary Lohnes
<035> Contact Telephone Number - Number of person identified in data line <030>	(605) 357-5459
<039> Contact Email Address - Email Address of person identified in data line <030>	mary_lohnes@mmi.net

<1210> Terms & Conditions of Voice Telephony Lifeline Plans 389001ND1210 Ex. D

Name of attached document (.pdf)

<1220> Link to Public Website HTTP _____

"Please check these boxes below to confirm that the attached PDF, 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 <i>Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers</i>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	389011
<015>	Study Area Name	MIDCONTINENT COMMUNICATIONS
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Mary Lohnea
<035>	Contact Telephone Number - Number of person identified in data line <030>	(605) 357-5459
<039>	Contact Email Address - Email Address of person identified in data line <030>	mary_lohnea@mni.net

CHECK the boxes below 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))	<input type="checkbox"/>
<2011>	3rd Year Certification (47 CFR § 54.313(b)(2))	<input type="checkbox"/>
Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))		
<2012>	2013 Frozen Support Certification	<input type="checkbox"/>
<2013>	2014 Frozen Support Certification	<input type="checkbox"/>
<2014>	2015 Frozen Support Certification	<input type="checkbox"/>
<2015>	2016 and future Frozen Support Certification	<input type="checkbox"/>
Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))		
<2016>	Certification Support Used to Build Broadband	<input type="checkbox"/>
Connect America Phase II Reporting (47 CFR § 54.313(e))		
<2017>	3rd year Broadband Service Certification	<input type="checkbox"/>
<2018>	5th year Broadband Service Certification	<input type="checkbox"/>
<2019>	Interim Progress Certification	<input type="checkbox"/>
<2020>	Please check the box to confirm that the attached PDF , 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.	<input type="checkbox"/>
<2021>	Interim Progress Community Anchor Institutions	Name of Attached Document Listing Required Information _____

(3000) Rate Of Return Carrier Additional Documentation Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	389011
<015>	Study Area Name	MIDCONTINENT COMMUNICATIONS
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Mary Lohnen
<035>	Contact Telephone Number - Number of person identified in data line <030>	(605) 357-5459
<039>	Contact Email Address - Email Address of person identified in data line <030>	mary.lohnen@mmi.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.

Progress Report on 5 Year Plan		
(3010) Milestone Certification (47 CFR § 54.313(f)(1)(i)) Please check this box to confirm that the attached PDF, on line 3012,	Name of Attached Document Listing Required Information	<input type="checkbox"/>
(3011) contains the required information pursuant to § 54.313 (f)(1)(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.		
(3012) Community Anchor institutions (47 CFR § 54.313(f)(1)(ii))	Name of Attached Document Listing Required Information	<input type="checkbox"/>
(3013) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))		<input type="checkbox"/> (Yes/No)
(3014) If yes, does your company file the RUS annual report		<input type="checkbox"/> (Yes/No)
Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:		
(3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)		<input type="checkbox"/>
(3016) PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(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	
(3018) If the response is no on line 3014, is your company audited?		<input type="checkbox"/> (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		<input type="checkbox"/>
(3020) PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3021) Management letter issued by the independent certified public accountant that performed the company's financial audit.		<input type="checkbox"/>
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,		<input type="checkbox"/>
(3023) Underlying information subjected to a review by an independent certified public accountant		<input type="checkbox"/>
(3024) Underlying information subjected to an officer certification.		<input type="checkbox"/>
(3025) PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3026) Attach the worksheet listing required information	Name of Attached Document Listing Required Information	<input type="checkbox"/>

Certification - Reporting 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	389011
<015> Study Area Name	MIDCONTINENT COMMUNICATIONS
<020> Program Year	2014
<030> Contact Name - Person USAC should contact regarding this data	Mary Lohnes
<035> Contact Telephone Number - Number of person identified in data line <030>	(605) 357-5459
<039> Contact Email Address - Email Address of person identified in data line <030>	mary_lohnes@cmi.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:	MIDCONTINENT COMMUNICATIONS
Signature of Authorized Officer:	CERTIFIED ONLINE Date 10/14/2013
Printed name of Authorized Officer:	Tom Simmons
Title or position of Authorized Officer:	SR VP of Public Policy
Telephone number of Authorized Officer:	605-357-5491
Study Area Code of Reporting Carrier:	389011 Filing Due Date for this form: 10/15/2013
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	389011
<015>	Study Area Name	HIDCONTINENT COMMUNICATIONS
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Mary Lohnes
<035>	Contact Telephone Number - Number of person identified in data line <030>	(605) 357-5459
<039>	Contact Email Address - Email Address of person identified in data line <030>	mazy_lohnes@smi.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.	

Attachments

Exhibit A

Line Item 112

Filed by Separate Cover as “Trade Secret-Private”

Exhibit B

Line Item 510

Service Quality Standards and Consumer Protection Rules

Exhibit B

Midcontinent Communications certifies that it complies with the applicable service quality standards and consumer protection in accordance with 47 § 54.313(a)(5). Midcontinent provides extensive training along with written policies and procedures to all its employees to meet the standards.

MIDCONTINENT COMMUNICATIONS
Telephony Policies, Procedures, Processes

Table of Contents

Basic Phone Line

- Features/Benefits/How To
- Offers Eligibility
- Order Entry
- Service Codes
- Trouble Call Staging Charts
- Troubleshooting

Additional Phone Line

- Features/Benefits/How To
- Order Entry
- Service Codes
- Trouble Call Staging Charts
- Troubleshooting

Digital Phone Package

- Features/Benefits/Hot To
- Feature Removal
- Offers Eligibility
- Order Entry
- Trouble Call Staging Charts
- Troubleshooting

3PV/LOA

- When to Use
- Preparing 3PV
- Preparing our Customer
- 3PV for Minnesota & North Dakota
- 3PV for South Dakota
- 3PV Error Handling
- LOA/ELOA

CPNI

- Requirements
- Call Records
- Telephone Account Information

- Information Customer CPNI
- Address Change
- CPNI Tutorial

Directory / 411

- Listing Options
- Close Schedule
- Directory Assistance Exemption
- Disputes – 411
- Listing Change – One Time Charge
- Online Directory
- Order Entry
- Phonebook requests
- Post Close Date Directory Update Requests
- Publication Locations
- Reference Guide
- Service Codes
- Troubleshooting

Telephone Features & Feature Blocks

- Features
- Feature Blocks
- Feature Groups
- X Market Discontinued Features
- Troubleshooting

Lifeline

- Features/Benefits/How To
- Customer Information – Application Process
- Options for Receiving Applications
- Order Entry

Long Distance

- Features/Benefits/How To
- Calling Cards
- Disputes
- Excessive Long Distance Usage
- International
- Local Calling Areas
- PIC/PLIC/IPIC

- Troubleshooting
- Unbilled Charges

Toll-Free Numbers

- Features/Benefits/How To
- Order Entry

Exhibit C

Line Item 610

Functionality in Emergency Situations

Exhibit C

Midcontinent Communications certifies that it complies with the requirements to be able to remain functional in emergency situations as set in 47 § 54.202(a)(2). Midcontinent utilizes power supplies within its network which converts commercial power to network nodes, amplifiers and customer premise equipment. Each power supply unit shall have battery backup in order to continue to provide network power in the event of a commercial power failure. Portable generators shall be deployed to provide continuous uninterrupted power augmenting the battery power life cycle. Midcontinent is able to reroute traffic around damaged facilities and is capable of managing traffic spikes.

Exhibit D

Line Item 1210



Midcontinent® Lifeline Assistance

Stay
connected

We're Here To Help

For some people, especially the homebound, telephone and Internet services are a lifeline to the outside world. Low-income subscribers can apply for aid to help with their telephone and broadband bill through Midcontinent's Lifeline Assistance program. If you have any questions, please call 1.800.888.1300 and we'll be happy to assist you.

About Lifeline Assistance

Lifeline provides eligible subscribers telephone and broadband services at a reduced monthly rate. Lifeline subscribers may also receive equipment at no charge and free installation.

Service must be in the eligible participant's name. (Only ONE credit per service per household.)

To Apply, complete form on other side, attach the required income documents then mail to:

Midcontinent Communications
P.O. Box 5010
Sioux Falls, SD 57117-9908

Important to Remember

- Willfully making false statements to obtain Lifeline Assistance benefits can result in de-enrollment from the program. (Telephone Lifeline is a federally funded benefit and willfully making false statements will also result in fines and imprisonment.)
- Only one Lifeline service is available per household. A household is defined, for purposes of the Lifeline program, as any individual or group of individuals who live together at the same address and share income and expenses and is not permitted to receive Lifeline benefits from multiple providers. Violation of the one-per-household limitation will result in the subscriber's de-enrollment from the program.
- Lifeline is a non-transferable benefit and the subscriber may not transfer his/her benefit to any other person.



(please print)

Lifeline Assistance Form

Last Name _____ First Name _____ Middle _____

Check the box for service(s) you would like to enroll in: Broadband Telephone Both

Street Address _____ City _____ State _____ Zip _____

Billing Address _____ City _____ State _____ Zip _____

(Fill in only if different than service address)

Is this a permanent or temporary residence for you? Permanent Temporary (Temporary addresses must be verified every 90 days.)

Check the box that best describes where you live: I live on Tribal Land I do not live on Tribal Land

Date of birth: Month _____ Day _____ Year _____ Last four digits of your Social Security #: _____

Telephone Number: _____ Telephone Company: _____

(Fill in only if different than Midcontinent Communications.)

Number of people living in your household: _____

Qualifications and Instructions:

People who are currently participating in at least one of the following or have an annual income at or below 135%** of the Federal Poverty Guideline can qualify for Midcontinent's Lifeline Assistance program. Service must be in the name of the eligible participant. And, to the best of your knowledge, the household is not already receiving broadband and/or telephone Lifeline service. You may need to re-certify eligibility at any time – failure to re-certify will result in de-enrollment and termination of benefits.

1. I receive benefits from the following program(s):

(Check all that apply and attach proof.)

- Medicaid/Medical Assistance
- Federal Public Housing (FPHA) or Section 8 Assistance
- Supplemental Security Income (SSI)
- Supplemental Nutrition Assistance Program (SNAP) formerly known as Food Stamps
- Low-Income Home Energy Assistance Program (LIHEAP)
- National School Free Lunch Program
- Minnesota Family Investment Program (MFIP)
- Temporary Assistance for Needy Families (TANF)
- Tribally Administered Head Start (for those meeting income qualifying standard)
- Bureau of Indian Affairs General Assistance
- Tribally Administered Temporary Assistance for Needy Families (TTANF)

2. I do not receive benefits from any of the programs listed under Part 1, however my income is at or below 135% of Federal Poverty Guideline.

(Please attach one of the documents below if you did not check any boxes in #1. Proof of income must be valid and current.)

- Last year's State, Federal or Tribal Tax Return
- A Federal or Tribal notice letter of participation in General Assistance Program
- Three consecutive months of most recent paycheck stub
- Veterans Administration Benefits Statement
- Unemployment/Workmen's Compensation Statement
- Child Support Document (if proves income)
- Current annual income statement from employer
- Social Security Benefits Statement
- Retirement/Pension Benefits Statement
- Divorce Decree (if proves income)
- Other official document that proves income:

I agree to notify Midcontinent Communications within 30 days should any of the following become true: (1) if I no longer participate in any of the above qualifying programs (2) my income rises above 135% of the Federal Poverty Guideline (3) if my address changes, I will provide the new address. I have read the information on this application and understand I must meet one of the criteria above to receive service discounts on my home telephone line and/or data service. Failure to provide the required information and documentation will result in termination of Lifeline benefits. I further understand that my household may apply for only ONE credit for all services. Midcontinent may provide my name, telephone number, and address to USAC (Universal Service Administrative Company) and/or its agents for the purpose of verifying that the subscriber does not receive more than one Lifeline benefit. I certify that under the possible penalty of perjury all preceding information is true to the best of my knowledge.

Applicant Signature _____

Print Authorized Representative Name[†] _____

Date _____

Day Phone Number[†] _____ Date[†] _____

To Apply, complete this form, attach the required income documents then mail to:

Midcontinent Communications
P.O. Box 5010
Sioux Falls, SD 57117-9908

[†]Fill in only if you are an "Authorized Representative" for the applicant; are submitting this form on behalf of this customer and are willing to assist the applicant in seeking Lifeline service discounts.

1.800.888.1300 • midcocomm.com



**Federal Poverty Guideline x 1.35 = Qualifying Income Level. The percentage is subject to change. Services not available in all areas. Some restrictions may apply.



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Security. Affordability. Crystal Clarity.

Home phone service doesn't get any easier than this!

Our digital phone service works just like your current phone service. You dial the same way. You use the same phone equipment you always have. But with our crystal clear digital signal, it'll sound like you're standing right next to the person on the other end of the line!

Our Digital Phone package is packed full of features. We give you unlimited* long distance – plus eight of our most requested calling features – all for one great price!

Talk all you want – there's no need to watch the clock. No complicated calling plans. And no dropped calls. Midcontinent Digital Phone service gives you much more, for much less. It's the new way to talk.

MY LOCATION

57105

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Digital Phone Package*

Basic Digital Phone Line

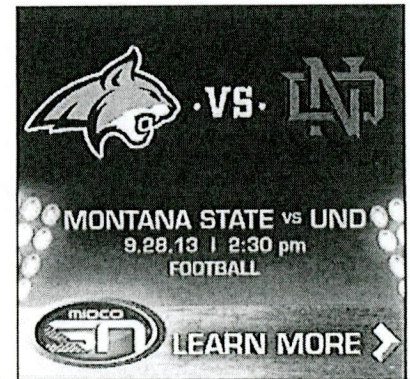
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\$20.00 per mo.

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Includes local phone line, unlimited calling to any U.S. State, Canada, the Virgin Islands, Puerto Rico and Guam plus Call Waiting ID, 3-Way Calling, Call Forwarding Universal, Last Call Return, Continuous Redial, Speed Call 30, Distinctive Ringing, Caller ID Name & Number (Includes Anonymous Call Rejection. Caller ID equipment not included) and Voicemail with eVOICE.



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* Unlimited and local and long distance calling (up to 5,000 minutes per month) to the continental U.S., Alaska, Hawaii, Canada, U.S. Virgin Islands, Puerto Rico and Guam. Other locations are considered International and charged at per minute calling rates. Calling card calls, collect calls, 800 number calls, operator assisted calls, and directory assistance are not included. Digital Phone service is subject to Terms and Conditions.

** Includes Anonymous Call Rejection. Caller ID equipment not included. All services are per month unless otherwise indicated.

All services are per month unless otherwise indicated. Services not available in all areas. Some restrictions may apply.

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