

**Via Federal Express and E-Filing**

October 14, 2013

Mr. Darrell Nitschke  
Director of Administration/Executive Secretary  
North Dakota Public Service Commission  
State Capitol  
600 East Boulevard, Dept. 408  
Bismarck, ND 58505-0480



Re: FCC Form 481 – High Cost and Low-Income Annual Report for Halstad Telephone Company (SACs 389002 and 361401)

Dear Mr. Nitschke:

This filing is being made to file the FCC Form 481 – High Cost and Low-Income Annual Report (FCC Form 481) for Halstad Telephone Company (SACs 389002 and 361401). This filing is made pursuant to Sections 54.313 and 54.422 of the Federal Communications Commission (FCC) Rules.

Enclosed please find eight copies of the Public FCC Form 481 for Halstad Telephone (SAC 389002 that will be filed with the FCC and USAC, a "Redacted - For Public Inspection" copy of the FCC Form 481 for Halstad Telephone Company (SAC 361401) that will be filed with the FCC and a Request to Protect Trade Secret Information on behalf of Halstad Telephone Company contained in the FCC 481 Form for SAC 361401. A copy of each of these documents has also been provided by email to [ndpsc@nd.gov](mailto:ndpsc@nd.gov). In a separate sealed envelope, marked "Trade Secret - Private," is Halstad Telephone Company's Trade Secret FCC Form 481 for SAC 361401 which contains the "Confidential Copy" of the Company's 481 Form for SAC 361401 that has been filed with US AC and will be filed with the FCC.

We request the North Dakota Public Service Commission to file the annual certification regarding high-cost and low income support with USAC and the FCC, pursuant to 47 CFR54.314 (a).

Please contact me if further information is required.

Sincerely,

A handwritten signature in black ink that reads "Tom Campbell".

Tom Campbell  
Telecommunications Consultant  
TCampbell@otcpas.com  
651-621-8511  
Enclosures  
CC: All Parties of Record

4 PU-13-720 Filed 10/14/2013 Pages: 54  
ETC Annual Report - FCC Form 481  
Halstad Telephone Company

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

<010> Study Area Code	389002
<015> Study Area Name	Halstad Telephone Company
<020> Program Year	2014
<030> Contact Name: Person USAC should contact with questions about this data	Tom Campbell
<035> Contact Telephone Number: Number of the person identified in data line <030>	651-621-8511
<039> Contact Email Address: Email of the person identified in data line <030>	tcampbell@otcpas.com

ANNUAL REPORTING FOR ALL CARRIERS	54.313 Completion Required	54.422 Completion Required
-----------------------------------	----------------------------------	----------------------------------

			(check box when complete)	
<100> Service Quality Improvement Reporting	<i>(complete attached worksheet)</i>		<input type="checkbox"/>	<input type="checkbox"/>
<200> Outage Reporting (voice)	<i>(complete attached worksheet)</i>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210> <input checked="" type="checkbox"/> <-- check box if no outages to report				
<300> Unfulfilled Service Requests (voice)	<input style="width: 50px; text-align: center;" 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 checked="" type="checkbox"/>
<410> Fixed	<input style="width: 50px; text-align: center;" type="text" value="0.0"/>			
<420> Mobile	<input style="width: 50px; text-align: center;" type="text" value="0.0"/>			
<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 checked="" type="checkbox"/>
<510> <input style="width: 100px;" type="text" value="389002nd510"/>	<i>(attached descriptive document)</i>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600> Functionality in Emergency Situations	<i>(check to indicate certification)</i>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610> <input style="width: 100px;" type="text" value="389002nd610"/>	<i>(attached descriptive document)</i>		<input checked="" type="checkbox"/>	<input checked="" 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 checked="" 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> <input style="width: 100px;" type="text"/>	<i>(attach descriptive document)</i>		<input type="checkbox"/>	<input type="checkbox"/>
<1100> Terrestrial Backhaul (Y/N)?	<input checked="" 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"/>

<b>(100) Service Quality Improvement Reporting Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
---	--

<010> Study Area Code	389002
<015> Study Area Name	Halstad Telephone Company
<020> Program Year	2014
<030> Contact Name - Person USAC should contact regarding this data	Tom Campbell
<035> Contact Telephone Number - Number of person identified in data line <030>	651-621-8511
<039> Contact Email Address - Email Address of person identified in data line <030>	tcampbell@otcpas.com

<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.

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
- <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.










<b>(900) Tribal Lands Reporting Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
--	--

<010>	Study Area Code	389002
<015>	Study Area Name	Halstad Telephone Company
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Tom Campbell
<035>	Contact Telephone Number - Number of person identified in data line <030>	651-621-8511
<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 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)

<b>(1100) No Terrestrial Backhaul Reporting Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
--	--

<010>	Study Area Code	389002
<015>	Study Area Name	Halstad Telephone Company
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Tom Campbell
<035>	Contact Telephone Number - Number of person identified in data line <030>	651-621-8511
<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)

<b>(1200) Terms and Condition for Lifeline Customers</b> <b>Lifeline</b> <b>Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
--	--

<010>	Study Area Code	389002
<015>	Study Area Name	Halstad Telephone Company
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Tom Campbell
<035>	Contact Telephone Number - Number of person identified in data line <030>	651-621-8511
<039>	Contact Email Address - Email Address of person identified in data line <030>	tcampbell@otcpas.com

<1210> Terms & Conditions of Voice Telephony Lifeline Plans 389002nd1210

---

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.

<b>(2000) Price Cap Carrier Additional Documentation</b> <b>Data Collection Form</b> <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
---	--

<010>	Study Area Code	389002
<015>	Study Area Name	Halstad Telephone Company
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Tom Campbell
<035>	Contact Telephone Number - Number of person identified in data line <030>	651-621-8511
<039>	Contact Email Address - Email Address of person identified in data line <030>	tcampbell@otcpas.com

**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.**

<b>Incremental Connect America Phase I reporting</b>		
<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"/>
<b>Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))</b>		
<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"/>
<b>Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))</b>		
<2016>	Certification Support Used to Build Broadband	<input type="checkbox"/>
<b>Connect America Phase II Reporting (47 CFR § 54.313(e))</b>		
<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 _____



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

<010> Study Area Code	389002
<015> Study Area Name	Halstad Telephone Company
<020> Program Year	2014
<030> Contact Name - Person USAC should contact regarding this data	Tom Campbell
<035> Contact Telephone Number - Number of person identified in data line <030>	651-621-8511
<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:**

<b>Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients</b>	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	
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.	

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

<010> Study Area Code	389002
<015> Study Area Name	Halstad Telephone Company
<020> Program Year	2014
<030> Contact Name - Person USAC should contact regarding this data	Tom Campbell
<035> Contact Telephone Number - Number of person identified in data line <030>	651-621-8511
<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:

<b>Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier</b>	
I certify that (Name of Agent) <u>Tom Campbell</u> 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:	Tom Campbell
Name of Reporting Carrier:	Halstad Telephone Company
Signature of Authorized Officer:	CERTIFIED ONLINE Date: 10/10/2013
Printed name of Authorized Officer:	Thomas Maroney
Title or position of Authorized Officer:	CEO
Telephone number of Authorized Officer:	2184562125
Study Area Code of Reporting Carrier:	389002 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.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

<b>Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier</b>	
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:	Halstad Telephone Company
Name of Authorized Agent or Employee of Agent:	Tom Campbell
Signature of Authorized Agent or Employee of Agent:	CERTIFIED ONLINE Date: 10/10/2013
Printed name of Authorized Agent or Employee of Agent:	Tom Campbell
Title or position of Authorized Agent or Employee of Agent:	Consultant
Telephone number of Authorized Agent or Employee of Agent:	651-621-8511
Study Area Code of Reporting Carrier:	389002 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.	

## Attachments



SAC: 389002

State: ND

Halstad Telephone Company

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

---

1. Halstad Telephone Company (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. Deploying a roof-mounted antenna or other equipment;
  - c. Adjusting the nearest cell tower;
  - d. Adjusting network or customer facilities;
  - e. Reselling services from another carrier's facilities to provide service; or
  - f. Employing, leasing, or constructing an additional cell site, cell extender, repeater, or other similar equipment.

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 and on its website.
- 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.
  - 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.

SAC: 389002

State: ND

Halstad Telephone Company

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

---

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: 389002

State: ND

Halstad Telephone Company

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

---

Halstad Telephone Company has:

- Established reasonable provisions' to meet emergencies resulting from failures of lighting or power service, sudden and prolonged increases in traffic, or from fire, storm, or acts of God including provisions for emergency power that provide:
  - A minimum of four hours of battery service in each central office.
  - A permanently installed power unit in exchanges, or
  - Mobile power units that can be delivered on short notice and which can be readily connected in offices without installed emergency power facilities.
  
- 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: 389002  
 State: ND  
 Halstad Telephone Company  
 Form 481 Line No. 1210 Lifeline Plans Terms and Conditions

### Lifeline Terms and Conditions

- Halstad Telephone Company (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's Free Lunch Program  
 Supplemental Security Income (SSI)  
 Temporary Assistance for Needy Families (TANF)

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.

2013 Federal Poverty Guidelines – 135%

Household Size	48 Contiguous States and D.C.
1	\$ 15,512
2	20,939
3	26,366
4	31,793
5	37,220
6	42,647
7	48,074
8	53,501
For Each Additional Person, Add	5,427

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.

SAC: 389002  
State: ND  
Halstad Telephone Company  
Form 481 Line No. 1210: Lifeline Plans Terms and Conditions

---

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

#### **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 Local services for (Company) that serve as its Lifeline Plans are in Compliance with the Essential telecommunications service as specified in North Dakota Chapter 49-21 4.c as follows:
  - C. Primary flat rate residence basic telephone service including the following service elements:
    - 1) Billing and collecting of the telecommunications company's charges for the service
    - 2) Primary directory listing
    - 3) Access to assistance
    - 4) Access to emergency 911 service and emergency operator assistance in the local exchange areas in which emergency 911 service is not available
    - 5) Except as provided in section 49-02-01.1, mandatory, flat-rate extended area service to designated nearby local exchange areas.
    - 6) Transmission service necessary for the connection between the end user's premises and the local exchange central office switch including a trunk connection that has inward dialing and necessary signaling service such as touchtone used by end users for service.
3. The Company is a non-incumbent local exchange carrier and it will offer a local usage plan comparable to the one offered by the incumbent exchange carrier in its designated service area.
4. 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 lifeline end users.
5. The Company acknowledges that the North Dakota Public Service Commission (the Commission) may require it to provide equal access to long distance carriers in the event that no other eligible telecommunications carrier is providing equal access within the proposed designated service area. (If wireless carriage is involved, the Company acknowledges that the Federal Communications Commission may require the Company to provide equal access to long distance carriers in the event no other eligible telecommunications carrier is providing equal access within the designated service area.)

SAC: 389002  
State: ND  
Halstad Telephone Company  
Form 481 Line No. 1210 Lifeline Plans Terms and Conditions

---

6. 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 qualify for lifeline.
  - 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.
  
- 7 The specific Company terms and conditions for the Company's Lifeline Plans are set forth in pages included in Exhibit 1, attached.

SAC: 389002  
State: ND  
Halstad Telephone Company  
Form 481 Line No. 1210 Lifeline Plans Terms and Conditions

---

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 Services are composed of a Line Access Rate component plus (where applicable) on Extended Area Service component.
- C. All Local Exchange Services include:
  - a. A Primary directory listing
  - b. Access to Directory assistance
  - c. Access to emergency 911 service and emergency operator assistance in local exchange areas in which emergency 911 service is not available.
- 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 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 federal, state, county and local taxing authorities are in addition to the rates set forth in this Tariff. (See also General Regulations, Section 2).
- E. Fee/Surcharges
  - 1) Additional Fees as set forth in this tariff or established by the FCC may be applicable to Local Exchange Service. Those fees and the conditions for their application and collection are also applied universally to other telephone companies for all practical purposes and are not a result of a Company originated filing.

LOCAL EXCHANGE SERVICE

---

RATES

Exchange: Hillsboro, North Dakota

Class of Service

Monthly Rates

BUSINESS:

One Party and Coin	\$ 19.50
Trunk Hunting Rate	\$ 9.50
Coin Supervision	\$ 2.00

RESIDENCE:

One Party	\$ 14.00
-----------	----------

All rates are billed in advance. Payment for service is due when the statement is rendered.

Extended Area Service (EAS)

Halstad, MN  
West Halstad, ND  
Shelly, MN  
West Shelly, MN  
Hillsboro, ND, customers of Qwest

SAC: 389002  
State: ND  
Halstad Telephone Copany  
Form 481 Line No. 3017

---

No Document Required for (3017)

# REDACTED - FOR PUBLIC INSPECTION

<b>FCC Form 481 - Carrier Annual Reporting</b> <b>Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0985/OMB Control No. 3060-0819 July 2013
---	--

<010> Study Area Code	361401
<015> Study Area Name	Halstad Telephone Company
<020> Program Year	2014
<030> Contact Name: Person USAC should contact with questions about this data	Tom Campbell
<035> Contact Telephone Number: Number of the person identified in data line <030>	651-621-8511
<039> Contact Email Address: Email of the person identified in data line <030>	tcampbell@otcpas.com

<b>ANNUAL REPORTING FOR ALL CARRIERS</b>	<b>54.313</b>	<b>54.422</b>
	<b>Completion</b>	<b>Completion</b>
	<b>Required</b>	<b>Required</b>

			(check box when complete)	
<100>	Service Quality Improvement Reporting <span style="float: right; font-size: small;">(complete attached worksheet)</span>	<input type="checkbox"/>	<input type="checkbox"/>	
<200>	Outage Reporting (voice) <span style="float: right; font-size: small;">(complete attached worksheet)</span>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<210>	<input checked="" type="checkbox"/> <-- check box if no outages to report			
<300>	Unfulfilled Service Requests (voice) <span style="float: right; font-size: small;">(attach descriptive document)</span>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<310>	Detail on Attempts (voice)	<input type="checkbox"/>	<input type="checkbox"/>	
<320>	Unfulfilled Service Requests (broadband) <span style="float: right; font-size: small;">(attach descriptive document)</span>	<input type="checkbox"/>	<input type="checkbox"/>	
<330>	Detail on Attempts (broadband)	<input type="checkbox"/>	<input type="checkbox"/>	
<400>	Number of Complaints per 1,000 customers (voice)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<410>	Fixed <input style="width: 50px;" type="text" value="0.0"/>			
<420>	Mobile <input style="width: 50px;" type="text" value="0.0"/>			
<430>	Number of Complaints per 1,000 customers (broadband)	<input type="checkbox"/>	<input type="checkbox"/>	
<440>	Fixed <input style="width: 50px;" type="text"/>			
<450>	Mobile <input style="width: 50px;" type="text"/>			
<500>	Service Quality Standards & Consumer Protection Rules Compliance <span style="float: right; font-size: small;">(check to indicate certification)</span>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<510>	<input style="width: 100px;" type="text" value="361401mn510"/> <span style="float: right; font-size: small;">(attached descriptive document)</span>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<600>	Functionality in Emergency Situations <span style="float: right; font-size: small;">(check to indicate certification)</span>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<610>	<input style="width: 100px;" type="text" value="361401mn610"/> <span style="float: right; font-size: small;">(attached descriptive document)</span>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<700>	Company Price Offerings (voice) <span style="float: right; font-size: small;">(complete attached worksheet)</span>	<input type="checkbox"/>	<input type="checkbox"/>	
<710>	Company Price Offerings (broadband) <span style="float: right; font-size: small;">(complete attached worksheet)</span>	<input type="checkbox"/>	<input type="checkbox"/>	
<800>	Operating Companies and Affiliates <span style="float: right; font-size: small;">(complete attached worksheet)</span>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<900>	Tribal Land Offerings (Y/N)? <input type="radio"/> <input checked="" type="radio"/> <span style="float: right; font-size: small;">(if yes, complete attached worksheet)</span>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<1000>	Voice Services Rate Comparability <span style="float: right; font-size: small;">(check to indicate certification)</span>	<input type="checkbox"/>	<input type="checkbox"/>	
<1010>	<input style="width: 100px;" type="text"/> <span style="float: right; font-size: small;">(attach descriptive document)</span>	<input type="checkbox"/>	<input type="checkbox"/>	
<1100>	Terrestrial Backhaul (Y/N)? <input checked="" type="radio"/> <input type="radio"/> <span style="float: right; font-size: small;">(if not, check to indicate certification)</span>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<1110>	<span style="float: right; font-size: small;">(complete attached worksheet)</span>	<input type="checkbox"/>	<input type="checkbox"/>	
<1200>	Terms and Condition for Lifeline Customers <span style="float: right; font-size: small;">(complete attached worksheet)</span>	<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>	<span style="float: right; font-size: small;">(check to indicate certification)</span>	<input type="checkbox"/>	<input type="checkbox"/>
<2005>	<span style="float: right; font-size: small;">(complete attached worksheet)</span>	<input type="checkbox"/>	<input type="checkbox"/>

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

<3000>	<span style="float: right; font-size: small;">(check to indicate certification)</span>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<3005>	<span style="float: right; font-size: small;">(complete attached worksheet)</span>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

# REDACTED - FOR PUBLIC INSPECTION

<b>(100) Service Quality Improvement Reporting Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
---	--

<010> Study Area Code	361401
<015> Study Area Name	Halstad Telephone Company
<020> Program Year	2014
<030> Contact Name - Person USAC should contact regarding this data	Tom Campbell
<035> Contact Telephone Number - Number of person identified in data line <030>	651-621-8511
<039> Contact Email Address - Email Address of person identified in data line <030>	tcampbell@otcpas.com

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

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 type="checkbox"/>
<115> How (USF) was used to improve service quality		<input type="checkbox"/>
<116> How (USF) was used to improve service coverage		<input type="checkbox"/>
<117> How (USF) was used to improve service capacity		<input type="checkbox"/>
<118> Provide an explanation of network improvement targets not met in the prior calendar year.		<input type="checkbox"/>









# REDACTED - FOR PUBLIC INSPECTION

<b>(900) Tribal Lands Reporting Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
--	--

<010>	Study Area Code	361401
<015>	Study Area Name	Halstad Telephone Company
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Tom Campbell
<035>	Contact Telephone Number - Number of person identified in data line <030>	651-621-8511
<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 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)

# REDACTED - FOR PUBLIC INSPECTION

<b>(1100) No Terrestrial Backhaul Reporting Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
--	--

<010> Study Area Code	361401
<015> Study Area Name	Halstad Telephone Company
<020> Program Year	2014
<030> Contact Name - Person USAC should contact regarding this data	Tom Campbell
<035> Contact Telephone Number - Number of person identified in data line <030>	651-621-8511
<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)

# REDACTED - FOR PUBLIC INSPECTION

(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

<010>	Study Area Code	361401
<015>	Study Area Name	Halstad Telephone Company
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Tom Campbell
<035>	Contact Telephone Number - Number of person identified in data line <030>	651-621-8511
<039>	Contact Email Address - Email Address of person identified in data line <030>	tcampbell@otcpas.com

<1210> Terms & Conditions of Voice Telephony Lifeline Plans 361401mn1210  
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.

# REDACTED - FOR PUBLIC INSPECTION

<b>(2000) Price Cap Carrier Additional Documentation</b> <b>Data Collection Form</b> <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
---	--

<010> Study Area Code	361401
<015> Study Area Name	Halstad Telephone Company
<020> Program Year	2014
<030> Contact Name - Person USAC should contact regarding this data	Tom Campbell
<035> Contact Telephone Number - Number of person identified in data line <030>	651-621-8511
<039> Contact Email Address - Email Address of person identified in data line <030>	tcampbell@otcpas.com

**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))
- <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
- <2018>
5th year Broadband Service Certification
- <2019>
Interim Progress Certification
- <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.

- <2021>
Interim Progress Community Anchor Institutions
Name of Attached Document Listing Required Information



# REDACTED - FOR PUBLIC INSPECTION

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

<010> Study Area Code	361401
<015> Study Area Name	Halstad Telephone Company
<020> Program Year	2014
<030> Contact Name - Person USAC should contact regarding this data	Tom Campbell
<035> Contact Telephone Number - Number of person identified in data line <030>	651-621-8511
<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:

<b>Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients</b>	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	
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:
<small>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.</small>	

# REDACTED - FOR PUBLIC INSPECTION

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

<010>	Study Area Code	361401
<015>	Study Area Name	Halstad Telephone Company
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Tom Campbell
<035>	Contact Telephone Number - Number of person identified in data line <030>	651-621-8511
<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:**

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) <u>Tom Campbell</u> 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:	Tom Campbell
Name of Reporting Carrier:	Halstad Telephone Company
Signature of Authorized Officer:	CERTIFIED ONLINE
	Date: 10/09/2013
Printed name of Authorized Officer:	Thomas Maroney
Title or position of Authorized Officer:	CEO
Telephone number of Authorized Officer:	2184562125
Study Area Code of Reporting Carrier:	361401
	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.	

**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:	Halstad Telephone Company
Name of Authorized Agent or Employee of Agent:	Tom Campbell
Signature of Authorized Agent or Employee of Agent:	CERTIFIED ONLINE
	Date: 10/09/2013
Printed name of Authorized Agent or Employee of Agent:	Tom Campbell
Title or position of Authorized Agent or Employee of Agent:	Consultant
Telephone number of Authorized Agent or Employee of Agent:	651-621-8511
Study Area Code of Reporting Carrier:	361401
	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.	

Attachments



# REDACTED - FOR PUBLIC INSPECTION

SAC: 361401

State: MN

Halstad Telephone Company

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

---

## North Dakota:

1. Halstad Telephone Company (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. Deploying a roof-mounted antenna or other equipment;
  - c. Adjusting the nearest cell tower;
  - d. Adjusting network or customer facilities;
  - e. Reselling services from another carrier's facilities to provide service; or
  - f. Employing, leasing, or constructing an additional cell site, cell extender, repeater, or other similar equipment.

## 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 and on its website.
- 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.
  - 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.

SAC: 361401

State: MN

Halstad Telephone Company

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

---

**North 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: 361401

State: MN

Halstad Telephone Company

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

---

**Minnesota:**

In addition to the service quality standards noted above for North Dakota, as required by MN. Rule "7812.0700 Minnesota General Service Quality Requirements. Subpart 1" the local services provided by Halstad Telephone Company 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.

# REDACTED - FOR PUBLIC INSPECTION

Page 4 of 4

SAC: 361401

State: MN

Halstad Telephone Company

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.

# REDACTED - FOR PUBLIC INSPECTION

Page 1 of 1

SAC: 361401

State: MN

Halstad Telephone Company

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

---

Halstad Telephone Company has:

- 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:
  - A minimum of four hours of battery service in each central office.
  - 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: 361401  
State: MN  
Halstad Telephone Company  
Form 481 Line No. 1210 Lifeline Plans Terms and Conditions

**Lifeline Terms and Conditions**

- Halstad Telephone Company (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's Free Lunch Program
- Supplemental Security Income (SSI)
- Temporary Assistance for Needy Families (TANF)

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.

2013 Federal Poverty Guidelines – 135%

<u>Household Size</u>	<u>48 Contiguous States and D.C.</u>
1	\$ 15,512
2	20,939
3	26,366
4	31,793
5	37,220
6	42,647
7	48,074
8	53,501
For Each Additional Person, Add	5,427

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.

SAC: 361401  
State: MN  
Halstad Telephone Company  
Form 481 Line No. 1210 Lifeline Plans Terms and Conditions

---

**Lifeline Terms and Conditions (Continued)**

**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 Local services for (Company) that serve as its Lifeline Plans are in Compliance with the Essential telecommunications service as specified in North Dakota Chapter 49-21 4.c as follows:
  - C. Primary flat rate residence basic telephone service including the following service elements:
    - 1) Billing and collecting of the telecommunications company's charges for the service
    - 2) Primary directory listing
    - 3) Access to assistance
    - 4) Access to emergency 911 service and emergency operator assistance in the local exchange areas in which emergency 911 service is not available
    - 5) Except as provided in section 49-02-01.1, mandatory, flat-rate extended area service to designated nearby local exchange areas.
    - 6) Transmission service necessary for the connection between the end user's premises and the local exchange central office switch including a trunk connection that has inward dialing and necessary signaling service such as touchtone used by end users for service.
3. 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.
4. 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 qualify for lifeline.
  - 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.
- 5 The specific Company terms and conditions for the Company's Lifeline Plans are set forth in pages included in Exhibit 1, attached.

SAC: 361401  
State: MN  
Halstad Telephone Company  
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.

**REDACTED - FOR PUBLIC INSPECTION**

Exhibit 1

SAC: 361401  
State: MN  
Halstad Telephone Company  
Form 481 Line No. 1210 Lifeline Plans Terms and Conditions

# REDACTED - FOR PUBLIC INSPECTION

HALSTAD TELEPHONE COMPANY  
HALSTAD, 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. 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.
- D. Taxes
  - 1) Applicable taxes levied by federal, state, county and local taxing authorities are in addition to the rates set forth in this tariff. (See also General Regulations, Section 2).
- E. Fee/Surcharges
  - 1) Additional fees as set forth in this tariff or established by the FCC may be applicable to Local Exchange Service. Those fees and the conditions for their application and collection are also applied universally to other telephone companies for all practical purposes and are not a result of a Company originated filing.

**REDACTED - FOR PUBLIC INSPECTION**

HALSTAD TELEPHONE COMPANY  
HALSTAD, MINNESOTA

Section 4  
Page 2  
Revision 1

LOCAL EXCHANGE SERVICE

---

Rates

Exchange

Class of Service	Monthly Rates				
	<u>Bygland and Fisher</u>	<u>Climax M.N. and West Climax N.D.</u>	<u>Halstad M.N. and West Halstad N.D.</u>	<u>Nielsville M.N. and West Nielsville N.D.</u>	<u>Shelly M.N. and West Shelly N.D.</u>
BUSINESS:					
One Party and Coin	\$ 19.50(R)	\$ 19.50(I)	\$ 19.50(I)	\$ 19.50(I)	\$ 19.50(I)
Trunk Hunting Rate	9.50	9.50	8.25	8.00	8.00
Coin Supervision	2.00	2.00	2.00	2.00	2.00
RESIDENCE:					
One Party	14.00(R)	14.00(I)	14.00(I)	14.00(I)	14.00(I)

All rates are billed in advance. Payment for service is due when the statement is rendered.

# REDACTED - FOR PUBLIC INSPECTION

HALSTAD TELEPHONE COMPANY  
HALSTAD, MINNESOTA

Section 4  
Page 3

## LOCAL EXCHANGE SERVICE

---

### Extended Area Service (EAS)

<u>Exchange</u>	<u>EAS to Exchange</u>
Bygland	East Grand Forks, MN Fisher, MN Emerado, ND Grand Forks, ND Grand Forks Air Base, ND Manvel, ND
Climax/West Climax	Nielsen, MN
Fisher	Bygland, MN Crookston, MN East Grand Forks, MN Grand Forks, ND
Halstad/West Halstad	Ada, MN Hendrum-Perley, MN Hillsboro, ND-701-636 Shelly, MN
Nielsen/West Nielsen	Climax, MN Shelly, MN
Shelly/West Shelly	Halstad, MN Hillsboro, ND-701-636 Nielsen, MN

**REDACTED - FOR PUBLIC INSPECTION**

SAC: 361401

State: MN

Halstad Telephone Company

Form 481 Line No. 3017 RUS Annual Report

---

**ATTACHMENT REDACTED IN ENTIRETY**