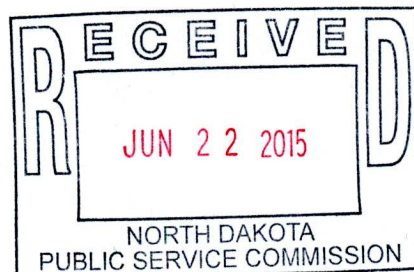




PO Box 2027, Minot ND 58702
701-858-1200, 1-800-737-9130

A SUBSIDIARY OF SRT COMMUNICATIONS, INC.



June 22, 2015

ND Public Service Commission
Darrell Nitschke, Executive Secretary
600 E. Boulevard, Dept. 408
Bismarck, ND 58505-0480

WC DOCKET NO. 14-58

Attached are three copies of North Dakota Network Co. ("NDNC") FCC Form 481 – Carrier Annual Reporting for the 2016 Program Year.

I will also be emailing a copy to ndpsc@nd.gov.

A handwritten signature in black ink, appearing to read "Julie Lizotte". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

JULIE LIZOTTE – DIRECTOR OF REGULATORY AFFAIRS

Enclosures – 3 Copies FCC Form 481

2 **PU-15-26** Filed: 6/22/2015 Pages: 26
Form 481 - Copy of FCC 47CFR Sect. 54.313 Annual Report

North Dakota Network Co.

<010> Study Area Code	389004
<015> Study Area Name	NORTH DAKOTA NETWORK COMPANY
<020> Program Year	2016
<030> Contact Name: Person USAC should contact with questions about this data	Julie Lizotte
<035> Contact Telephone Number: Number of the person identified in data line <030>	7018585233 ext.
<039> Contact Email Address: Email of the person identified in data line <030>	julieel@srttel.com

ANNUAL REPORTING FOR ALL CARRIERS	54.313	54.422
	Completion Required	Completion Required

			(check box when complete)	
<100>	Service Quality Improvement Reporting (complete attached worksheet)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<200>	Outage Reporting (voice) (complete attached worksheet)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210>	<input checked="" type="checkbox"/> <-- check box if no outages to report		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<300>	Unfulfilled Service Requests (voice) <input style="width: 50px;" type="text" value="0"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<310>	Detail on Attempts (voice) <div style="border: 1px solid black; height: 40px; width: 100%; margin-top: 5px;"></div> (attach descriptive document)		<input type="checkbox"/>	<input type="checkbox"/>
<320>	Unfulfilled Service Requests (broadband) <input style="width: 50px;" type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>
<330>	Detail on Attempts (broadband) <div style="border: 1px solid black; height: 40px; width: 100%; margin-top: 5px;"></div> (attach descriptive document)		<input type="checkbox"/>	<input type="checkbox"/>
<400>	Number of Complaints per 1,000 customers (voice)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<410>	Fixed <input style="width: 50px;" type="text" value="0.0"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<420>	Mobile <input style="width: 50px;" type="text" value="0.0"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<430>	Number of Complaints per 1,000 customers (broadband)		<input type="checkbox"/>	<input type="checkbox"/>
<440>	Fixed <input style="width: 50px;" type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>
<450>	Mobile <input style="width: 50px;" type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>
<500>	Service Quality Standards & Consumer Protection Rules Compliance (check to indicate certification)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510>	<div style="border: 1px solid black; padding: 2px;">389004NDSVCQLTY510.pdf</div> (attached descriptive document)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600>	Functionality in Emergency Situations (check to indicate certification)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610>	<div style="border: 1px solid black; padding: 2px;">389004NDFUNCERGENCY610.pdf</div> (attached descriptive document)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700>	Company Price Offerings (voice) (complete attached worksheet)		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<710>	Company Price Offerings (broadband) (complete attached worksheet)		<input type="checkbox"/>	<input type="checkbox"/>
<800>	Operating Companies and Affiliates (complete attached worksheet)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900>	Tribal Land Offerings (Y/N)? <input type="radio"/> <input type="radio"/> (if yes, complete attached worksheet)		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<1000>	Voice Services Rate Comparability Certification <input type="radio"/> Yes <input type="radio"/> No		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<1010>	<div style="border: 1px solid black; height: 40px; width: 100%; margin-top: 5px;"></div> (attach descriptive document)		<input type="checkbox"/>	<input type="checkbox"/>
<1100>	Certify whether terrestrial backhaul options exist (Yes or No) <input checked="" type="radio"/> <input type="radio"/> (if not, check to indicate certification)		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<1110>	(complete attached worksheet)		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<1200>	Terms and Condition for Lifeline Customers (complete attached worksheet)		<input type="checkbox"/>	<input checked="" type="checkbox"/>

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

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

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

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

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

COPY

(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	389004
<015> Study Area Name	NORTH DAKOTA NETWORK COMPANY
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Julie Lizotte
<035> Contact Telephone Number - Number of person identified in data line <030>	7018585233 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	julieel@srattel.com

<110> Has your company received its ETC certification from the FCC?	(yes / no) <input checked="" type="radio"/> <input type="radio"/>
If your answer to Line <110> is yes, do you have an existing §54.202(a) "5	
<111> year plan" filed with the FCC?	(yes / no) <input type="radio"/> <input checked="" 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

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

- <113> Maps detailing progress towards meeting plan targets**
- <114> Report how much universal service (USF) support was received**
- <115> How much (USF) was used to improve service quality and how support was used to improve service quality**
- <116> How much (USF) was used to improve service coverage and how support was used to improve service coverage**
- <117> How much (USF) was used to improve service capacity and how support was used to improve service capacity**
- <118> Provide an explanation of network improvement targets not met in the prior calendar year.**

NORTH DAKOTA NETWORK CO. (389004)
(510) COMPLIANCE WITH APPLICABLE SERVICE QUALITY AND CONSUMER PROTECTION
STANDARDS 47 C.F.R. §54.313(a)(5)
FCC FORM 481, PROGRAM YEAR 2016

North Dakota Network Co. ("NDNC") (dba, SRT Wireless) shall comply with the service quality and consumer protection standards established below in providing the basic telecommunications service to its end-user customers.

1. Customer Care Service Answered and Attended - The duration from the time the address information required for setting up a call is received by the network to the time the NDNC representative answers the call. Also, availability of adequate personnel to provide sufficient customer care.
 - (a) NDNC's standard answer time is one to three rings.
 - (b) NDNC has sufficient personnel to handle customer calls and/or customer visits for residential and business general customer service, billing and credit assistance. Also, NDNC has a Network Operations Center which provides after hours customer care.

2. Availability of Service - The interval between the customer request for wireless service and the provision of the service by NDNC.
 - (a) NDNC's standard waiting time for wireless service activation is 30 minutes.

3. Customer and/or Non-Customer Reported Trouble - The duration from the time a customer notifies NDNC of a trouble, or when a trouble is detected by NDNC, to the time when the service has been restored to normal working order.
 - (a) NDNC strives to repair service to normal working order within a 24 hour period.
 - (b) Any wireless tower trouble requires an immediate response.

4. End User Billing, Timing and Accuracy - The measure of the number of incorrect bills per 1,000 bills issued. An incorrect bill is one which has been determined by NDNC to have been issued with a billing error.
 - (a) NDNC's billing disputes are less than 1% on a monthly basis.
 - (b) Any billing dispute is resolved immediately. If credit is due to the customer, the credit will appear on the next billing statement.
 - (c) NDNC bills on a monthly basis. Customers can elect to have paper statements mailed to their residence or business, or they can elect to receive their bill on-line.
 - (d) Customer's can use NDNC's on-line bill pay, pay with a credit card by phone using NDNC's automated bill pay method, or they can visit either of NDNC's two locations to pay their bill in person.

5. Service Coverage and Quality - Quality of service throughout NDNC's serving area.
 - (a) NDNC has 70 tower sites which covers approximately 70% of our BTA
 - (b) Dropped call Rate - less than 1%
 - (c) Access Failure Rate - less than 1%
 - (d) Voice Call Completion - 99.998%
 - (e) SMS Completion - 99.999%

6. Disconnection and Reconnection of Service – The period where NDNC disconnects and reconnects service after overdue payment is received.
 - (a) NDNC will work with the customer to set up payment arrangements. If agreed upon payment arrangements are not followed and new terms cannot be satisfactorily fulfilled, then the account can be disconnected for non-pay.
 - (b) Service disconnection for non pay will take place three months after customer has not paid for essential services.
 - (c) Reconnection will occur when essential service charges are paid in full, and service will be reconnected within one hour.

7. Consumer Protection – NDNC has security measures in place to avoid call detail and customer account record information from being distributed to unauthorized parties.
 - (a) NDNC complies with the FCC's Customer Proprietary Network Information ("CPNI") and Red Flag requirements. Also, NDNC posts an On-line Privacy Policy on www.srt.com.
 - (b) "Bill Shock" – NDNC provides text notification to customers of their minutes and data usage on a weekly basis. If the customer does not want to receive these messages, they must notify NDNC to opt out of receiving these messages.

NORTH DAKOTA NETWORK CO. (389004)
(610) FUNCTIONALITY IN EMERGENCY SITUATIONS
47 C.F.R. § 54.313(a)(6)
47 C.F.R. § 54.202(a)(2)
FCC FORM 481, PROGRAM YEAR 2016

North Dakota Network Co. (dba SRT Wireless) has battery back up in the Host Central Office and all Cell Site locations that provide at least 8 hours battery back up in the event of a commercial power failure. In addition, the Host Central Office and many Cell Site locations have diesel or natural gas electric generators to support the cell site in the case of an extended power outage. Those Cell Sites that do not have on site generators can be supported by portable generators via a generator plug and transfer switch.

All Cell Sites utilize the Public Switched Telephone Network to connect to the Host MSC switch. SRT Wireless relies on the SONET ring architecture of the serving telephone company to provide protected redundant routes to Cell Sites. Traffic is monitored monthly to ensure busy hour calls failures are kept to a minimum and Cell Sites have voice capacity to support normal business operations and unexpected high traffic events.

Short term emergency situations are monitored by the Network Operations Center, 24 hours per day, 365 days per year. Extended, critical, or time-sensitive emergency situations involve the SRT Crisis Management Team which responds with all required resources up to the executive level.

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

<010>	Study Area Code	389004
<015>	Study Area Name	NORTH DAKOTA NETWORK COMPANY
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Julie Lizotte
<035>	Contact Telephone Number - Number of person identified in data line <030>	7018585233 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	julieel@srttel.com

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

Turtle Mountain Band of Chippewa Indians

<920> Tribal Government Engagement Obligation

389004NDTRIBAL900.pdf

Name of Attached Document

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select Yes or No or Not Applicable
Yes
Yes
Yes
Yes
Yes
Yes
Yes
Yes
Yes

900

NDNC

NORTH DAKOTA NETWORK COMPANY

A SUBSIDIARY OF SRT COMMUNICATIONS INC

PO Box 2027 • Minot, ND 58702
701-858-1200 • 1-800-737-9130

December 8, 2014

Mr. Richard McCloud, Chairman
Turtle Mountain Band of Chippewa Indians
4180 Hwy. 281
Belcourt, ND 58316

Dear Mr. McCloud,

In accordance with the Federal Communications Commission's (FCC) release of the recent USF/ICC Transformation Order (Order), the FCC is working together with the Office of Native Affairs and Policy (ONAP) and the Wireless Telecommunications and Wireline Competitions Bureaus to provide guidance on the Tribal engagement obligations adopted in the Order. The goal is to create substantive dialogue between communication providers and Tribal Nations, and to focus on identifying commonalities, increasing efficiencies and building relationships.

Since North Dakota Network Co. ("NDNC") serves Tribal lands in the Northeastern portion of Rolette County, we would like to encourage Tribal leaders to review the following: (1) a needs assessment and deployment planning with a focus on Tribal community anchor institutions; (2) feasible and sustainability planning; (3) marketing services in a culturally sensitive manner; (4) rights of way process, land use permitting, facilities siting, environmental and cultural preservation review processes; and (5) compliance with Tribal business and licensing requirements.

If you would like to engage in further conversation with NDNC's management, please let us know and we would be glad to arrange a visit. Hopefully NDNC is doing its part to provide your community with the most reliable and updated services possible.

Sincerely,



Steven D. Lysne
CEO, General Manager

(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	389004
<015> Study Area Name	NORTH DAKOTA NETWORK COMPANY
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Julie Lizotte
<035> Contact Telephone Number - Number of person identified in data line <030>	7018585233 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	julieel@rttel.com

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

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

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

<010>	Study Area Code	389004
<015>	Study Area Name	NORTH DAKOTA NETWORK COMPANY
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Julie Lizotte
<035>	Contact Telephone Number - Number of person identified in data line <030>	7018585233 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	julieel@srttel.com

<1210> Terms & Conditions of Voice Telephony Lifeline Plans	389004NDLIFELINE1210.pdf Name of Attached Document
---	---

<1220> Link to Public Website	HTTP http://www.srt.com/onlinestore/do/content/legal
-------------------------------	--

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

- <1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,
- <1222> Details on the number of minutes provided as part of the plan,
- <1223> Additional charges for toll calls, and rates for each such plan.

**NORTH DAKOTA NETWORK CO. (389004)
(1210)LIFELINE PLANS TERMS AND
CONDITIONS 47 C.F.R. §54.422(a)(2)
FCC FORM 481, PROGRAM YEAR 2016**

LIFELINE SERVICE

A. General

1. The Federal Communications Commission and the North Dakota Public Service Commission require that an Eligible Telecommunications Carrier must offer Lifeline Service, and Enhanced Lifeline and Link Up Service for Tribal Land Residents. Tribal Lands include any federally recognized Indian tribe's reservation, pueblo, or colony.
2. Link Up means an assistance program for qualifying low-income consumers, a reduction in the customary charge for commencing telecommunications service for a single telecommunications connection at a consumer's principal place of residence.
3. Lifeline service means a retail local telecommunications offering for which qualifying low-income consumers pay reduced charges. Lifeline service includes all the services designated for PCS service support. Lifeline service also includes toll limitation. "Toll limitation" includes "toll blocking", an arrangement under which a qualified Lifeline consumer of telecommunications service chooses not to purchase long distance "toll" services for calling outside the local calling area.
4. Lifeline assistance is not available when a subscriber is already receiving one or more Lifeline services concurrently, or one or more subscribers in a household are receiving Lifeline services concurrently.
5. All Lifeline customers will be required to recertify on an annual basis.

B. Wireless Plan Options:

NATIONWIDE SMARTPHONE PLANS				REGIONAL SMARTPHONE PLANS		
Nationwide UNLIMITED UNLIMITED Talk UNLIMITED Text UNLIMITED Pics 3GB Data** \$90 a month	Nationwide 1000 1000 Minutes Talk UNLIMITED Text UNLIMITED Pics 3GB Data** \$80 a month	Nationwide 500 500 Minutes Talk UNLIMITED Text UNLIMITED Pics 3GB Data** \$70 a month	+ Add a Smartphone \$30 Add a Basic Phone \$20 Add Data (up to 10GB) \$10/1GB	Regional UNLIMITED UNLIMITED Talk UNLIMITED Text UNLIMITED Pics 3GB Data** \$70 a month	Regional 2000 2000 Minutes Talk UNLIMITED Text UNLIMITED Pics 3GB Data** \$60 a month	+ Add a Smartphone \$30 Add a Basic Phone \$12 Add Data (up to 10GB) \$10/1GB
BASIC PLANS				BASIC PLANS		
Nationwide UNLIMITED UNLIMITED Talk UNLIMITED Text UNLIMITED Pics 30 MB Data** \$70 a month	Nationwide 500 500 Minutes Talk UNLIMITED Text UNLIMITED Pics 30 MB Data** \$50 a month	Nationwide 500 (Voice Only*) 500 Minutes Talk Free Incoming Text \$40 a month	+ Add a Basic Phone \$20 a month	Regional 2000 2000 Minutes Talk UNLIMITED Text UNLIMITED Pics 30MB Data** \$35 a month	Regional 2000 (Voice Only*) 2000 Minutes Talk FREE Incoming Text \$25 a month	+ Add a Basic Phone \$12 a month
<small>* Overage is billed at 60¢ per minute on nationwide plans except unlimited. ** Data Overage (per 1MB) \$1.50.</small>				<small>* Overage or domestic long distance billed at 1.5¢ per minute on regional plans except unlimited. ** Data Overage (per 1MB) \$1.50.</small>		

April 2013

NORTH DAKOTA NETWORK CO. (389004)
(1200)LIFELINE PLANS TERMS AND CONDITIONS
47 C.F.R. §54.422(a)(2)

FCC FORM 481, PROGRAM YEAR 2016

C. Program Based Eligibility

1. A subscriber can receive the Lifeline assistance by providing NDNC their current or prior year's statement of benefits from a qualifying assistance program, a notice or letter of participation in a qualifying assistance program, program participation documents, or another official document demonstrating that the prospective subscriber, one or more of the prospective subscriber's dependents or the prospective subscriber's household receives benefits from a qualifying assistance program. Applicant must complete NDNC's Lifeline Assistance Application. Eligible programs include:

Medicaid
Supplemental Nutrition Assistance Program (SNAP)
Supplemental Security Income (SSI)
Federal Public Housing Assistance (Section 8) (FPHA)
Low Income Home Energy Assistance (LIHEAP)
Temporary Assistance for Needy Families (TANF)
National School Lunch Program (NSLP)

D. Income Based Eligibility

1. A qualifying low income subscriber is eligible to receive Lifeline assistance by certifying under the Income-Based method. The subscriber's household income must be at or below 135% of the Federal Poverty Guidelines. The Universal Service Administration Company (USAC) will be the point of reference to determine the Federal Poverty Guidelines. The subscriber must complete NDNC's Assistance Application, provide NDNC income documentation, and certify the number of household members. The income of all household members will be used to determine eligibility. Acceptable income documentation includes:

Prior year's state, federal, or tribal tax return
Current income statement from an employer
Paycheck stub (must present three consecutive months)
Social security statement of benefits
Veterans administration statement of benefits
Federal or tribal notice letter of participation in General Assistance
Child Support
Divorce Decree
Other official document

**NORTH DAKOTA NETWORK CO. (389004)
(1200)LIFELINE PLANS TERMS AND
CONDITIONS 47 C.F.R. §54.422(a)(2)
FCC FORM 481, PROGRAM YEAR 2016**

E. Lifeline Availability and Support Amount

1. Lifeline assistance is available on any North Dakota Network Co. wireless plan as specified in the above Section B., Wireless Plan Options.

2. Federal Lifeline support in the amount of \$9.25 per month will be made available to qualifying low-income consumers.

July 1, 2013

North Dakota Network Co. (dba SRT Wireless)

Section 54.422 Low Income Annual Report

Terms and conditions of voice telephony service plans offer to Lifeline subscribers

**ENHANCED LIFELINE AND LINK UP SERVICE
TRIBAL LANDS**

A. General

1. In order to receive Enhanced Lifeline for residents of Tribal lands, a consumer must complete and sign a SRT Assistance Application.
2. In addition to the \$9.25 Lifeline support indicated in Section 2, Sheet 8 (D), Enhanced Lifeline Assistance for residents of Tribal Lands are eligible to receive an additional \$25 in support. The total amount of Enhanced Lifeline support cannot exceed the amount of the Basic Wireless Service Plan Charge.

B. Program Based Eligibility - Tribal Lands

1. Residents of Tribal lands who are eligible to receive one of the following assistance programs are eligible to receive Enhanced Lifeline.

Medicaid
Supplemental Nutrition Assistance Program (SNAP)
Supplemental Security Income (SSI)
Federal Public Housing Assistance (Section 8) (FPHA)
Low Income Home Energy Assistance (LIHEAP)
Temporary Assistance for Needy Families (TANF)
National School Lunch Program (NSLP)
Bureau of Indian Affairs General Assistance Program
Tribally administered Temporary Assistance for Needy Families (TTANF)
Food Distribution Program on Indian Reservations (FDPIR)
Head Start (meeting income qualifying standards)

C. Income Based Eligibility – Tribal Lands

1. A qualifying low income subscriber is eligible to receive Enhanced Lifeline assistance by certifying under the Income-Based method. The subscriber's household income must be at or below 135% of the Federal Poverty Guidelines. The Universal Service Administration Company (USAC) will be the point of reference to determine the Federal Poverty Guidelines. The subscriber must complete SRT's Assistance Application, provide SRT income documentation, and certify the number of household members. The income of all household members will be used to determine eligibility.

July 1, 2013

North Dakota Network Co. (dba SRT Wireless)

Section 54.422 Low Income Annual Report

Terms and conditions of voice telephony service plans offer to Lifeline subscribers

**ENHANCED LIFELINE AND LINK UP SERVICE
TRIBAL LANDS**

C. Income Based Eligibility – Tribal Lands, continued...

Acceptable forms of documentation include:

- Prior year's state, federal, or tribal tax return
- Current income statement from an employer
- Paycheck stub (must present three consecutive months)
- Social security statement of benefits
- Veterans administration statement of benefits
- Federal or tribal notice letter of participation in General Assistance
- Child Support
- Divorce Decree
- Other official document

D. Enhanced Linkup - Tribal Lands

1. A resident of Tribal Lands who is eligible to receive Enhanced Lifeline is also eligible to receive Expanded Link Up.
2. A 100 percent reduction, up to \$100, of the customary charge for commencing telecommunications service for a single telecommunications connection.
3. An eligible resident of Tribal lands may receive the benefit of the Enhanced Tribal Link Up program for a second or subsequent time only for otherwise qualifying commencement of telecommunications service at a principal place of residence with an address different from the address for which Tribal Link Up assistance was provided previously.

E. Enhanced Lifeline Availability and Support Amount - Tribal lands

1. Enhanced Lifeline assistance is available on any North Dakota Network Co. wireless plan as specified in the above Section B., Wireless Plan Options.
2. Federal Lifeline support in the amount of \$9.25 per month will be made available to qualifying low-income consumers. Additional federal Lifeline support of up to \$25 per month will be made available to eligible residents of Tribal lands. The total Lifeline support cannot exceed the Basic Wireless Service Plan Charge.

(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
---	--

<010>	Study Area Code	
<015>	Study Area Name	389004
<020>	Program Year	NORTH DAKOTA NETWORK COMPANY
<030>	Contact Name - Person USAC should contact regarding this data	2016
<035>	Contact Telephone Number - Number of person identified in data line <030>	Julie Lizotte
<039>	Contact Email Address - Email Address of person identified in data line <030>	7018565233 ext. juliee1@sittel.com

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

- <2010> 2nd Year Certification {47 CFR § 54.313(b)(1)i}
- <2011a> 3rd Year Certification {47 CFR § 54.313(b)(1)ii}
- <2011b> Attachment {47 CFR § 54.313(b)(1)ii}

Name of Attached Document(s) Listing Required Information

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

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

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

- <2016> Certification Support Used to Build Broadband

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

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

- <2021> Interim Progress Community Anchor Institutions

Name of Attached Document(s) Listing Required Information

(3000) Rate Of Return Carrier Additional Documentation 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	389004
<015> Study Area Name	NORTH DAKOTA NETWORK COMPANY
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Julie Lizotte
<035> Contact Telephone Number - Number of person identified in data line <030>	7018585233 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	juliee1@rttel.com

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

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

Name of Attached Document Listing Required Information

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

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

Name of Attached Document Listing Required Information

(3013) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2)) Yes No

(3014) If yes, does your company file the RUS annual report (Yes/No) Yes No

Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:

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

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

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

Name of Attached Document Listing Required Information

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

If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

(3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications

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

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

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

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

(3023) Underlying information subjected to a review by an independent certified public accountant

(3024) Underlying information subjected to an officer certification.

(3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

(3026) Attach the worksheet listing required information

Name of Attached Document Listing Required Information

(3000) Rate Of Return Carrier Additional Documentation (Continued) Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	389004
<015> Study Area Name	NORTH DAKOTA NETWORK COMPANY
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Julie Lizotte
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<039> Contact Email Address - Email Address of person identified in data line <030>	juliee1@srattel.com

Financial Data Summary

(3027) Revenue

(3028) Operating Expenses

(3029) Net Income

(3030) Telephone Plant In Service(TPIS)

(3031) Total Assets

(3032) Total Debt

(3033) Total Equity

(3034) Dividends

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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<039> Contact Email Address - Email Address of person identified in data line <030>	juliee1@rxtel.com

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

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier: NORTH DAKOTA NETWORK COMPANY	
Signature of Authorized Officer: CERTIFIED ONLINE	Date 06/17/2015
Printed name of Authorized Officer: Steve Lysne	
Title or position of Authorized Officer: CEO/General Manager	
Telephone number of Authorized Officer: 7018585246 ext.	
Study Area Code of Reporting Carrier: 389004	Filing Due Date for this form: 07/01/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	389004
<015> Study Area Name	NORTH DAKOTA NETWORK COMPANY
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Julie Lizotte
<035> Contact Telephone Number - Number of person identified in data line <030>	7018585233 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	juliee1@srattel.com

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

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent: _____	
Name of Reporting Carrier: _____	
Signature of Authorized Officer: _____	Date: _____
Printed name of Authorized Officer: _____	
Title or position of Authorized Officer: _____	
Telephone number of Authorized Officer: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier: _____	
Name of Authorized Agent or Employee of Agent: _____	
Signature of Authorized Agent or Employee of Agent: _____	Date: _____
Printed name of Authorized Agent or Employee of Agent: _____	
Title or position of Authorized Agent or Employee of Agent: _____	
Telephone number of Authorized Agent or Employee of Agent: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	



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CONFIRMATION

Congratulations. Your filing has been successfully certified.

Filing 1 was successfully certified on Wed 17 Jun 15 10:13:41 AM EDT by stevedl@srttel.com .

SAC : 389004

SPIN : 143015776

Carrier Name : NORTH DAKOTA NETWORK COMPANY

Program Year : 2016

A confirmation email will be sent to the email address on record for your user ID. Please email USAC at HCCERTS@USAC.ORG if you do not receive this email within 24 hours.

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