

***Via Federal Express and E-Filing***

July 1, 2015

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 Absaraka Cooperative Telephone Co., Inc.

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 Absaraka Cooperative Telephone Co., Inc. This filing is made pursuant to Sections 54.313 and 54.422 of the Federal Communications Commission (FCC) Rules.

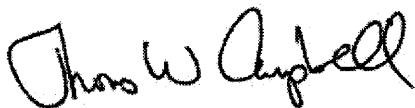
Enclosed please find one copy of the Public FCC Form 481 which contains a copy of the "Redacted - For Public Inspection" copy of the Form for Absaraka Cooperative Telephone Co., Inc. that will be filed with the FCC and a Request to Protect Trade Secret Information on behalf of Absaraka Cooperative Telephone Co., Inc. 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 Absaraka Cooperative Telephone Co., Inc.'s Trade Secret FCC Form 481 which contains the "Confidential Copy" of the Company's 481 Form that has been filed with USAC 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 CFR 54.314 (a).

Please contact the undersigned if you need further information.

Please contact me if further information is required.

Sincerely,



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

**FCC Form 481 - Carrier Annual Reporting  
Data Collection Form**

FCC Form 481  
OMB Control No. 3090-0086/OMB Control No. 3090-0015  
July 2013

|                                                                                       |                      |
|---------------------------------------------------------------------------------------|----------------------|
| <010> Study Area Code                                                                 | 381601               |
| <015> Study Area Name                                                                 | ABSARAKA COOP TEL CO |
| <020> Program Year                                                                    | 2016                 |
| <030> Contact Name: Person USAC should contact with questions about this data         | Tom Campbell         |
| <035> Contact Telephone Number:<br>Number of the person identified in data line <030> | 6516218511 ext.      |
| <039> Contact Email Address:<br>Email of the person identified in data line <030>     | tcampbell@otcpas.com |

| <b>ANNUAL REPORTING FOR ALL CARRIERS</b>                                                                                     |                                                                                                          |  | <b>54.313<br/>Completion<br/>Required</b> | <b>54.422<br/>Completion<br/>Required</b> |
|------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|--|-------------------------------------------|-------------------------------------------|
|                                                                                                                              |                                                                                                          |  | (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)                                                                                   | 0                                                                                                        |  | <input checked="" type="checkbox"/>       | <input checked="" type="checkbox"/>       |
| <310> Detail on Attempts (voice)                                                                                             | <div style="border: 1px solid black; height: 40px; width: 100%;"></div><br>(attach descriptive document) |  | <input type="checkbox"/>                  | <input type="checkbox"/>                  |
| <320> Unfulfilled Service Requests (broadband)                                                                               | 0                                                                                                        |  | <input checked="" type="checkbox"/>       | <input checked="" type="checkbox"/>       |
| <330> Detail on Attempts (broadband)                                                                                         | <div style="border: 1px solid black; height: 40px; width: 100%;"></div><br>(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                                                                                                                  | 0.0                                                                                                      |  | <input checked="" type="checkbox"/>       | <input checked="" type="checkbox"/>       |
| <420> Mobile                                                                                                                 | 0.0                                                                                                      |  | <input checked="" type="checkbox"/>       | <input checked="" type="checkbox"/>       |
| <430> Number of Complaints per 1,000 customers (broadband)                                                                   |                                                                                                          |  | <input checked="" type="checkbox"/>       | <input checked="" type="checkbox"/>       |
| <440> Fixed                                                                                                                  | 0.0                                                                                                      |  | <input checked="" type="checkbox"/>       | <input checked="" type="checkbox"/>       |
| <450> Mobile                                                                                                                 | 0.0                                                                                                      |  | <input checked="" type="checkbox"/>       | <input checked="" 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; height: 40px; width: 100%;"></div><br>381601nd510.pdf                             | (attached descriptive document)                                                                          |  | <input checked="" type="checkbox"/>       | <input checked="" type="checkbox"/>       |
| <600> Functionality in Emergency Situations                                                                                  | (check to indicate certification)                                                                        |  | <input checked="" type="checkbox"/>       | <input checked="" type="checkbox"/>       |
| <610> <div style="border: 1px solid black; height: 40px; width: 100%;"></div><br>381601nd610.pdf                             | (attached descriptive document)                                                                          |  | <input checked="" type="checkbox"/>       | <input checked="" type="checkbox"/>       |
| <700> Company Price Offerings (voice)                                                                                        | (complete attached worksheet)                                                                            |  | <input checked="" type="checkbox"/>       | <input checked="" type="checkbox"/>       |
| <710> Company Price Offerings (broadband)                                                                                    | (complete attached worksheet)                                                                            |  | <input checked="" type="checkbox"/>       | <input checked="" 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 checked="" type="radio"/>                                    | (if yes, complete attached worksheet)                                                                    |  | <input checked="" type="checkbox"/>       | <input checked="" type="checkbox"/>       |
| <1000> Voice Services Rate Comparability Certification                                                                       | Yes                                                                                                      |  | <input checked="" type="checkbox"/>       | <input checked="" type="checkbox"/>       |
| <1010> <div style="border: 1px solid black; height: 40px; width: 100%;"></div><br>381601nd1010.pdf                           | (attach descriptive document)                                                                            |  | <input checked="" type="checkbox"/>       | <input checked="" 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 checked="" type="checkbox"/>       |
| <1110>                                                                                                                       | (complete attached worksheet)                                                                            |  | <input checked="" type="checkbox"/>       | <input checked="" type="checkbox"/>       |
| <1200> Terms and Condition for Lifeline Customers                                                                            | (complete attached worksheet)                                                                            |  | <input checked="" 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 checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <3005> | (complete attached worksheet)     | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

**(100) Service Quality Improvement Reporting  
Data Collection Form**

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

|       |                                                                                                           |                                                                    |
|-------|-----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <010> | Study Area Code                                                                                           | 381601                                                             |
| <015> | Study Area Name                                                                                           | ABSARAKA COOP TEL CO                                               |
| <020> | Program Year                                                                                              | 2016                                                               |
| <030> | Contact Name - Person USAC should contact regarding this data                                             | Tom Campbell                                                       |
| <035> | Contact Telephone Number - Number of person identified in data line <030>                                 | 6516218511 ext.                                                    |
| <039> | Contact Email Address - Email Address of person identified in data line <030>                             | tcampbell@otcpas.com                                               |
| <110> | Has your company received its ETC certification from the FCC?                                             | <input checked="" type="radio"/> (yes / no ) <input 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? | <input type="radio"/> (yes / no ) <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.

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.

381601nd112.docx, 381601nd112.pdf

Name of Attached Document

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

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

(200) Service Outage Reporting (Voice)  
Data Collection Form

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

|       |                                                                               |                      |
|-------|-------------------------------------------------------------------------------|----------------------|
| <010> | Study Area Code                                                               | 381601               |
| <015> | Study Area Name                                                               | ABSARAKA COOP TEL CO |
| <020> | Program Year                                                                  | 2016                 |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Tom Campbell         |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 6516218511 ext.      |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tcampbell@otcpas.com |

[illegible]

[illegible]

FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3050-0819  
July 2013

|       |                                                                               |                      |
|-------|-------------------------------------------------------------------------------|----------------------|
| <010> | Study Area Code                                                               | 381601               |
| <015> | Study Area Name                                                               | ABSARAKA COOP TEL CO |
| <020> | Program Year                                                                  | 2016                 |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Tom Campbell         |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 6516218511 ext.      |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tcampbell@otcpas.com |

[illegible]

[illegible]

(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                                                               | 381601               |
| <015> | Study Area Name                                                               | ABSARAKA COOP TEL CO |
| <020> | Program Year                                                                  | 2016                 |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Tom Campbell         |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 6516218511 ext.      |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tcampbell@otopas.com |

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

|       |                                         |  |
|-------|-----------------------------------------|--|
| <920> | Tribal Government Engagement Obligation |  |
|-------|-----------------------------------------|--|

Name of Attached Document

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

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

|                                          |  |  |  |  |  |  |  |  |  |
|------------------------------------------|--|--|--|--|--|--|--|--|--|
| Select<br>Yes or No or<br>Not Applicable |  |  |  |  |  |  |  |  |  |
|------------------------------------------|--|--|--|--|--|--|--|--|--|

(1100) No Terrestrial Backhaul Reporting  
Data Collection Form

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

|       |                                                                               |                      |
|-------|-------------------------------------------------------------------------------|----------------------|
| <010> | Study Area Code                                                               | 381601               |
| <015> | Study Area Name                                                               | ABSORAKA COOP TEL CO |
| <020> | Program Year                                                                  | 2016                 |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Tom Campbell         |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 6516218511 ext.      |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tcampbell@otcpas.com |

<1120> Please 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. 3060-08319  
July 2013

|       |                                                                               |                      |
|-------|-------------------------------------------------------------------------------|----------------------|
| <010> | Study Area Code                                                               | 381601               |
| <015> | Study Area Name                                                               | ABSARAKA COOP TEL CO |
| <020> | Program Year                                                                  | 2016                 |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Tom Campbell         |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 6516218511 ext.      |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tcampbell@otcpas.com |

Name of Attached Document

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

<1220> Link to Public Website HTTP

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

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

(2000) Price Cap Carrier Additional Documentation  
 Data Collection Form  
 Including Rate of Return Carriers affiliated with Price Cap Local Exchange Carriers

FCC Form 481  
 OMB Control No. 3050-0086/OMB Control No. 3050-0019  
 MAY 2013

<010> Study Area Code 281601  
 <015> Study Area Name ABSHAKA COOP TEL CO  
 <020> Program Year 2016  
 <030> Contact Name - Person USAC should contact regarding this data TOM CAMPBELL  
 <035> Contact Telephone Number - Number of person identified in data line <030> 65162218511 ext.  
 <039> Contact Email Address - Email Address of person identified in data line <030> tcampbell@otopas.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))

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

Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(iii), 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

**[3006] Rule 02 Return Carrier Additional Documentation**  
**Data Collection Form**

FCC Form 481  
 OMB Control No. 3060-0956/OMB Control No. 3060-0819  
 July 2013

<010> Study Area Code 381601  
 <015> Study Area Name ABSARAKA COOP TEL CO  
 <020> Program Year 2016  
 <030> Contact Name - Person USAC should contact regarding this data Tom Campbell  
 <035> Contact Telephone Number - Number of person identified in data line <030> 6516218511 ext.  
 <039> Contact Email Address - Email Address of person identified in data line <030> tcampbell1@otcdas.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))

381601nd3010.pdf

Name of Attached Document Listing Required Information

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

☒

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

381601nd3012.pdf

Name of Attached Document Listing Required Information

(3013) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))  
 (3014) If yes, does your company file the RUS annual report

☒ ☒

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?  
 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

☒ ☒

381601nd3026.pdf

Name of Attached Document Listing Required Information

(3026) Attach the worksheet listing required information

☐

(3000) Rate Of Return Carrier Additional Documentation (Continued)

Data Collection Form

FCC Form 481  
OMB Control No. 3060-0065/OMB Control No. 3060-0819  
July 2013

|       |                                                                               |                      |
|-------|-------------------------------------------------------------------------------|----------------------|
| <010> | Study Area Code                                                               | 381601               |
| <015> | Study Area Name                                                               | ABSARAKA COOP TEL CO |
| <020> | Program Year                                                                  | 2016                 |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Tom Campbell         |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 6516218511 ext.      |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tcampbell@otcdas.com |

Financial Data Summary

|                                         |        |
|-----------------------------------------|--------|
| (3027) Revenue                          | 102511 |
| (3028) Operating Expenses               | 121378 |
| (3029) Net Income                       | -18867 |
| (3030) Telephone Plant In Service(TPIS) | 433960 |
| (3031) Total Assets                     | 555001 |
| (3032) Total Debt                       | 0      |
| (3033) Total Equity                     | 549510 |
| (3034) Dividends                        | 0      |

|                                                                   |                                                                                  |
|-------------------------------------------------------------------|----------------------------------------------------------------------------------|
| <b>Certification - Reporting Carrier<br/>Data Collection Form</b> | FCC Form 481<br>OMB Control No. 3080-0086/OMB Control No. 3060-0819<br>July 2013 |
|-------------------------------------------------------------------|----------------------------------------------------------------------------------|

|                                                                                     |                      |
|-------------------------------------------------------------------------------------|----------------------|
| <010> Study Area Code                                                               | 381601               |
| <015> Study Area Name                                                               | ABSARAKA COOP TEL CO |
| <020> Program Year                                                                  | 2016                 |
| <030> Contact Name - Person USAC should contact regarding this data                 | Tom Campbell         |
| <035> Contact Telephone Number - Number of person identified in data line <030>     | 6516218511 ext.      |
| <039> Contact Email Address - Email Address of person identified in data line <030> | tcampbell@otcpas.com |

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

|                                                                                                                                                                                                                                                                                                       |                                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|
| <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<br/>Data Collection Form</b> | FCC Form 481<br>OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2013 |
|---------------------------------------------------------------|----------------------------------------------------------------------------------|

|                                                                                     |                      |
|-------------------------------------------------------------------------------------|----------------------|
| <010> Study Area Code                                                               | 381601               |
| <015> Study Area Name                                                               | ABSARAKA COOP TEL CO |
| <020> Program Year                                                                  | 2016                 |
| <030> Contact Name - Person USAC should contact regarding this data                 | Tom Campbell         |
| <035> Contact Telephone Number - Number of person identified in data line <030>     | 6516218511 ext.      |
| <039> Contact Email Address - Email Address of person identified in data line <030> | tcampbell@otcpas.com |

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

| <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: <u>Tom Campbell</u>                                                                                                                                                                                                                                                                                                                                                                                            |                                                  |
| Name of Reporting Carrier: <u>ABSARAKA COOP TEL CO</u>                                                                                                                                                                                                                                                                                                                                                                                   |                                                  |
| Signature of Authorized Officer: <u>CERTIFIED ONLINE</u>                                                                                                                                                                                                                                                                                                                                                                                 | Date: <u>06/24/2015</u>                          |
| Printed name of Authorized Officer: <u>Ann Faught</u>                                                                                                                                                                                                                                                                                                                                                                                    |                                                  |
| Title or position of Authorized Officer: <u>General Manager</u>                                                                                                                                                                                                                                                                                                                                                                          |                                                  |
| Telephone number of Authorized Officer: <u>7018963404 ext.</u>                                                                                                                                                                                                                                                                                                                                                                           |                                                  |
| Study Area Code of Reporting Carrier: <u>381601</u>                                                                                                                                                                                                                                                                                                                                                                                      | Filing Due Date for this form: <u>07/01/2015</u> |
| 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: <u>ABSARAKA COOP TEL CO</u>                                                                                                                                                                                                                                                                                                 |                                                  |
| Name of Authorized Agent or Employee of Agent: <u>Tom Campbell</u>                                                                                                                                                                                                                                                                                     |                                                  |
| Signature of Authorized Agent or Employee of Agent: <u>CERTIFIED ONLINE</u>                                                                                                                                                                                                                                                                            | Date: <u>06/24/2015</u>                          |
| Printed name of Authorized Agent or Employee of Agent: <u>Tom Campbell</u>                                                                                                                                                                                                                                                                             |                                                  |
| Title or position of Authorized Agent or Employee of Agent: <u>Consultant</u>                                                                                                                                                                                                                                                                          |                                                  |
| Telephone number of Authorized Agent or Employee of Agent: <u>6516218511 ext.</u>                                                                                                                                                                                                                                                                      |                                                  |
| Study Area Code of Reporting Carrier: <u>381601</u>                                                                                                                                                                                                                                                                                                    | Filing Due Date for this form: <u>07/01/2015</u> |
| 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

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1/1/2015

<703>

[illegible]

|       |                                                                               |                      |
|-------|-------------------------------------------------------------------------------|----------------------|
| <010> | Study Area Code                                                               | 381601               |
| <015> | Study Area Name                                                               | ABSARAKA COOP TEL CO |
| <020> | Program Year                                                                  | 2016                 |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Tom Campbell         |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 6516218511 ext.      |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tcampbell@otcpas.com |

[illegible]

**REDACTED - FOR PUBLIC INSPECTION**

SAC: 381601

State: ND

Absaraka Coop Tel Co

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

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**ATTACHMENT REDACTED IN ENTIRETY**

SAC: 381601

State: ND

Absaraka Coop Tel Co

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

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1. Absaraka Coop Tel Co (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;

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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.
- 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.
- 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: 381601

State: ND

Absaraka Coop Tel Co

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

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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: 381601

State: ND

Absaraka Coop Tel Co

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

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Absaraka Coop Tel Co 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.

**REDACTED - FOR PUBLIC INSPECTION**

SAC: 381601

State: MN

Absaraka Coop Tel Co

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

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

On April 16, 2015 the Wireline Competition Bureau announced results of the Urban Rate Survey for Voice Services as part of FCC Public Notice DA 15-470. Referenced in this public notice are the results required to meet the rate comparability as noted:

“Based on the survey results, the reasonable comparability benchmark for voice services is \$47.48.<sup>3</sup>

<sup>3</sup> Id. at 17694, para. 84.”

As required Absaraka Coop Tel Co hereby certifies that its current fixed voice services for residential subscribers as defined in the USF/ICC Transformation Order is below \$47.48.

SAC: 381601  
 State: ND  
 Absaraka Coop Tel Co  
 Form 481 Line No. 1210 Lifeline Plans Terms and Conditions

**Lifeline Terms and Conditions**

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

**Lifeline Program Eligibility Information**

**Program Based Eligibility**

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

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

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.

2014 Federal Poverty Guidelines – 135%

| <b>Household<br/>Size</b>       |    | <b>48 Contiguous<br/>States and D.C.</b> |
|---------------------------------|----|------------------------------------------|
| 1                               | \$ | 15,755                                   |
| 2                               |    | 21,236                                   |
| 3                               |    | 26,717                                   |
| 4                               |    | 32,198                                   |
| 5                               |    | 37,679                                   |
| 6                               |    | 43,160                                   |
| 7                               |    | 48,641                                   |
| 8                               |    | 54,122                                   |
| For Each Additional Person, Add |    | 5,481                                    |

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

SAC: 381601  
State: ND  
Absaraka Coop Tel Co  
Form 481 Line No. 1210 Lifeline Plans Terms and Conditions

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**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 and link-up service.
  - b. Advertising of the available universal service in media of general circulation in the Company's designated service area. Availability may be advertised in newspapers, company newsletters, company or civic internet sites, bill stuffer, direct mailings, or other means intended to convey availability throughout the designated service area.
- 5 The specific Company terms and conditions for the Companies Lifeline Plans are set forth in pages included in Exhibit 1, attached.

**REDACTED - FOR PUBLIC INSPECTION**

Exhibit 1

SAC: 381601

State: ND

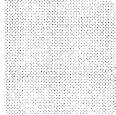
Absaraka Coop Tel Co

Form 481 Line No. 1210 Lifeline Plans Terms and Conditions

**REDACTED - FOR PUBLIC INSPECTION**Residence and Business Service

Rates for Residence and Business Service Line Charge shall be the same.

Monthly Charge and Discounts for Local Exchange Telephone Service

Base Rate Area Service  \$16.00

911 Fee  \$1.00

Monthly Pay Discounts \$1.00 less than the access charge set by the FCC + between \$ .30 and \$ .50/call as set by board on current accounts

Federal Lifeline Support \$9.25 Credit  
Applied to the FCC End User Charge first, remainder to be applied to rest of charges.

Minimum total for bill \$17.78  
"Lifeline" minimum total for bill \$ 8.53

| Absaraka Long Distance Call Plans |                    |                    |                              |                          |
|-----------------------------------|--------------------|--------------------|------------------------------|--------------------------|
|                                   | Monthly Charge     | Plan Minutes       | Overage charge<br>per minute | Effective<br>Rate/Minute |
| Call 60 Plan                      | \$5.95             | 60                 | \$0.15                       | 9.9 cents                |
| Call 200 Plan                     | \$17.95            | 200                | \$0.15                       | 8.9 cents                |
| Call 350 Plan                     | \$26.95            | 350                | \$0.15                       | 7.7 cents                |
| Call 600 Plan                     | \$43.95            | 600                | \$0.15                       | 7.3 cents                |
| Call 1000 Plan                    | \$73.95            | 1000               | \$0.15                       | 7.3 cents                |
| Flat Rate                         |                    |                    |                              |                          |
| Option 1                          | Volume Discounts   | Rate per Minute    |                              |                          |
| \$0 to \$24.99                    | 0.0%               | 14 cents           |                              |                          |
| \$25 to \$49.99                   | 2.5%               | 13.7 cents         |                              |                          |
| \$50 to \$99.99                   | 5.0%               | 13.3 cents         |                              |                          |
| \$100 to \$249.99                 | 10.0%              | 12.6 cents         |                              |                          |
| \$250+                            | 20.0%              | 11.2 cents         |                              |                          |
| Flat Rate                         |                    |                    |                              |                          |
| Option 2                          | Interstate Minutes | Intrastate Minutes |                              |                          |
| No volume discounts               | 6.5 cents          | 14 cents           |                              |                          |

## REDACTED - FOR PUBLIC INSPECTION

SAC: 381601

State: MN

Absaraka Coop Tel Co

Response to Line 3010 – Milestone Certification (47 CFR §54.313(f)(1)(i))

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Absaraka Coop Tel Co hereby certifies that throughout 2014, it took reasonable steps to provide upon reasonable request broadband service at actual speeds of at least 4 Mbps downstream/1 Mbps upstream, and currently, it is taking reasonable steps to provide upon reasonable request actual speeds of at least 10 Mbps downstream/1 Mbps upstream broadband service at with latency suitable for real-time applications, including Voice over Internet Protocol, and usage capacity that is reasonably comparable to comparable offerings in urban areas as determined in an annual survey, and that requests for such service are met within a reasonable amount of time.

**REDACTED - FOR PUBLIC INSPECTION**

SAC: 381601

State: MN

Absaraka Coop Tel Co

Response to Line 3012 – Progress Report on 5 Year Plan – Community Anchor Institutions (47 CFR  
§54.313(f)(1)(ii))

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Absaraka Coop Tel Co has no newly served community anchor institutions that began receiving  
broadband in the preceding calendar year.

**REDACTED - FOR PUBLIC INSPECTION**

SAC: 381601

State: ND

Absaraka Coop Tel Co

Form 481 Line No. 3026

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**ATTACHMENT REDACTED IN ENTIRETY**