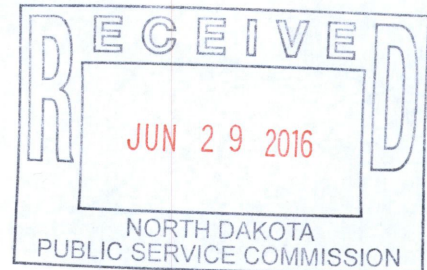


***Via Federal Express and E-Filing***

June 29, 2016

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



Re: FCC Form 481 – High Cost and Low-Income Annual Report for Halstad Telephone Company

Dear Mr. Nitschke:

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

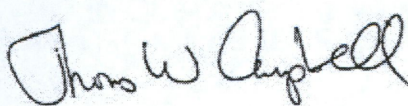
Enclosed please find one copy of the FCC Form 481 for Halstad Telephone Company that will be filed with the FCC. A copy of the document has also been provided by email to [ndpsc@nd.gov](mailto:ndpsc@nd.gov).

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

Please contact 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

<b>FCC Form 481 - Carrier Annual Reporting Data Collection Form</b>	<b>FCC Form 481</b> OMB Control No. 3060-0886/OMB Control No. 3060-0819 July 2013
---	---

<010> Study Area Code	389002
<015> Study Area Name	Halstad Telephone Company
<020> Program Year	2017
<030> Contact Name: Person USAC should contact with questions about this data	Pamela Hintz
<035> Contact Telephone Number: Number of the person identified in data line <030>	6516218535 ext.
<039> Contact Email Address: Email of the person identified in data line <030>	phintz@otcpas.com
Form Type	54.422

**(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

389002

<015> Study Area Name

Halstad Telephone Company

<020> Program Year

2017

<030> Contact Name - Person USAC should contact regarding this data

Pamela Hintz

<035> Contact Telephone Number - Number of person identified in data line <030>

6516218535 ext.

<039> Contact Email Address - Email Address of person identified in data line <030>

phintz@ctcpaa.com

<110> Has your company received its ETC certification from the FCC?

(yes / no)

<111> If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?

(yes / no)

If your answer to Line <111> is yes, please 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.




**(300) Unfulfilled Service Request  
Data Collection Form**

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

<010> Study Area Code

389002

<015> Study Area Name

Halstad Telephone Company

<020> Program Year

2017

<030> Contact Name - Person USAC should contact regarding this data

Pamela Hintz

<035> Contact Telephone Number - Number of person identified in data line <030>

6516218535 ext.

<039> Contact Email Address - Email Address of person identified in data line <030>

phintz@otcpas.com

<300> Unfulfilled service request (voice)

<310> Detail on attempts (voice)

\_\_\_\_\_

<320> Unfulfilled service request (broadband)

<330> Detail on attempts (broadband)

\_\_\_\_\_

Name of Attached Document

Name of Attached Document

(400) Number of Complaints per 1,000 customers  
Data Collection Form

FCC Form 481  
OMB Control No. 3060-0985/OMB Control No. 3060-0819  
July 2013

<010>	Study Area Code	389002
<015>	Study Area Name	Halestad Telephone Company
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Famela Hintz
<035>	Contact Telephone Number - Number of person identified in data line	6516218535 ext.
<039>	Contact Email Address - Email Address of person identified in data line	phintz@otcpas.com
<400>	Select from the drop-down list to indicate how you would like to report voice complaints (zero or greater) for voice telephony service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize.	
<410>	Complaints per 1000 customers for fixed voice	
<420>	Complaints per 1000 customers for mobile voice	
<430>	Select from the drop-down list to indicate how you would like to report end-user customer complaints (zero or greater) for broadband service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize.	
<440>	Complaints per 1000 customers for fixed broadband	
<450>	Complaints per 1000 customers for mobile broadband	

**(500) Compliance With Service Quality Standards and Consumer Protection Rules**  
**Data Collection Form**

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

<010>	Study Area Code	389002
<015>	Study Area Name	Balstad Telephone Company
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Pamela Hintz
<035>	Contact Telephone Number - Number of person identified in data line <030>	6516218535 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	phintz@otcpae.com

<500> Certify compliance with applicable service quality standards and consumer protection rules

<510> Descriptive document for Service Quality Standards & Consumer Protection Rules Compliance

**(600) Functionality in Emergency Situations  
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010> Study Area Code	389002
<015> Study Area Name	Haiatad Telephone Company
<020> Program Year	2017
<030> Contact Name - Person USAC should contact regarding this data	Fameia Hincz
<035> Contact Telephone Number - Number of person identified in data line <030>	6516218535 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	phincz@otcpas.com
<600> Certify compliance regarding ability to function in emergency situations	
<610> Descriptive document for Functionality in Emergency Situations	







**(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 389002  
 <015> Study Area Name Hallett Telephone Company  
 <020> Program Year 2017  
 <030> Contact Name - Person USAC should contact regarding this data Pamela Hintz  
 <035> Contact Telephone Number - Number of person identified in data line <030> 6516218535 ext.  
 <039> Contact Email Address - Email Address of person identified in data line <030> phintz@otcpae.com

<900> Does the filing entity offer tribal land services? (Y/N)

<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:

Select Yes or No or Not Applicable

- <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.

**(1000) Voice and Broadband Service Rate Comparability  
Data Collection Form**

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

<010>	Study Area Code	389002
<015>	Study Area Name	Harstad Telephone Company
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Pamela Hintz
<035>	Contact Telephone Number - Number of person identified in data line <030>	6516218535 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	phintz@otcpar.com

<1000> Voice services rate comparability certification

<1010> Attach detailed description for voice services rate comparability compliance

\_\_\_\_\_  
Name of Attached Document

<1020> Broadband comparability certification

<1030> Attach detailed description for broadband comparability compliance

\_\_\_\_\_  
Name of Attached Document

**(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	389002
<015>	Study Area Name	Haistad Telephone Company
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Pamela Hintz
<035>	Contact Telephone Number - Number of person identified in data line <030>	6516218535 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	phintz@otcpas.com

<1100> Certify whether terrestrial backhaul options exist (Y/N)

<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 389002  
 <015> Study Area Name Halstad Telephone Company  
 <020> Program Year 2017  
 <030> Contact Name - Person USAC should contact regarding this data Pamela Hintz  
 <035> Contact Telephone Number - Number of person identified in data line <030> 651.621.8535 ext.  
 <039> Contact Email Address - Email Address of person identified in data line <030> phintz@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.

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

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

<010> Study Area Code 389002  
 <015> Study Area Name Halstead Telephone Company  
 <020> Program Year 2017  
 <030> Contact Name - Person USAC should contact regarding this data Pamela Hintz  
 <035> Contact Telephone Number - Number of person identified in data line <030> 6516218535 ext.  
 <039> Contact Email Address - Email Address of person identified in data line <030> ph.intz@otcpas.com

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental 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) - Note that for the July 1 2016 certification, this applies to Round 2 recipients of Incremental Support

<2011> 3rd Year Certification 47 CFR § 54.313(b)(1)(ii) - Note that for the July 1 2016 certification, this applies to Round 1 recipients of Incremental Support

<2022> Recipient certifies, representing year two after filing a notice of acceptance of funding pursuant to 54.312(c), that the locations in question are not receiving support under the Broadband Initiatives Program or the Broadband Technology Opportunities Program for projects that will provide broadband with speeds of at least 4 Mbps/1Mbps - 54.313(b)(2)(i). Round 2 recipients only.

<2023> The attachment on line 2024 includes a statement of the total amount of capital funding expended in the previous year in meeting Connect America Phase I deployment obligations, accompanied by a list of census blocks indicating where funding was spent. This covers year two - 54.313(b)(2)(iii). Round 2 recipients only.

<2024A> Round 2 Recipient of Incremental Support?

<2024B> Attach list of census blocks indicating where funding was spent in year two - 54.313(b)(2)(ii). Round 2 recipients only.

<2025A> Round 1 or Round 2 Recipient of Incremental Support?

<2025B> Attach geocoded information for Phase I milestone reports (Round 1 for year three and Round 2 for year two) - Connect America Fund, WC Docket 10-90, Report and Order, FCC 13-

<2015> 2016 and future Frozen Support Certification 47 CFR § 54.313(c)(4)







Name of Attached Document Listing  
Required Information

Name of Attached Document Listing  
Required Information

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

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

**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)}**

<2017A> Connect America Fund Phase II recipient?

<2017B> Attach information for Phase II - 54.313(e)(1) - list of geocoded locations already meeting the 54.309 public interest obligations at the end of calendar year 2015 and total amount of Phase II support, if any, the price

<2018> cap carrier used for capital expenditures in 2015. Attach the number, names, and addresses of community anchor institutions to which the carrier newly began providing access to broadband service in the preceding calendar year - 54.313(e)(2)(ii)

<2019> Recipient certifies that it bid on category one telecommunications and Internet access services in response to all FCC Form 470 postings seeking broadband service that meets the connectivity targets for the schools and libraries universal service support program for eligible schools and libraries located within any area in a census block where the carrier is receiving Phase II model-based support, and that such bids were at rates reasonably comparable to rates charged to eligible schools and libraries in urban areas for comparable offerings - 54.313(e)(2)(v)

<2020> Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 40% of its supported locations in the state on December 31, 2017 - 54.313(e)(3)

<2021> Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 60% of its supported locations in the state on December 31, 2018 - 54.313(e)(4)

<2026> Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 80% of its supported locations in the state on December 31, 2019 - 54.313(e)(5)

<2027> Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 100% of its supported locations in the state on December 31, 2020 - 54.313(e)(6)

Name of Attached Document Listing  
 Required Information

Name of Attached Document Listing  
 Required Information

<010> Study Area Code 389002

<015> Study Area Name Halstad Telephone Company

<020> Program Year 2017

<030> Contact Name - Person USAC should contact regarding this data Pamela Hintz

<035> Contact Telephone Number - Number of person identified in data line <030> 6516218535 ext.

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

Complete the items below to note compliance with 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.

- (3009) Progress Report on 5 Year Plan  
Carrier certifies to 54.313(f)(1)(iii)
- (3010A) Milestone Certification {47 CFR § 54.313(f)(1)(i)}
- (3010B) Please Provide Attachment Name of Attached Document Listing Required Information
- (3012A) Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}
- (3012B) Please Provide Attachment 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)
- Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:
- (3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)
- (3016) Document(s) with 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 Borrowers
- (3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows
- (3021) Management letter and/or 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

(3005) Rate Of Return Carrier Additional Documentation (Continued)

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

Data Collection Form

<010>	Study Area Code	389002
<015>	Study Area Name	Hallett Telephone Company
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Pamela Hintz
<035>	Contact Telephone Number - Number of person identified in data line <030>	6516218535 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	phintz@otcpar.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	

<010>	Study Area Code	389002
<015>	Study Area Name	Halstad Telephone Company
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Pamela Hintz
<035>	Contact Telephone Number - Number of person identified in data line <030>	6516218535 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	phintz@otcpas.com

**4005 Rural Broadband Experiment**

Authorized Rural Broadband Experiment (RBE) recipients must address the certification for public interest obligations, provide a list of newly served community anchor institutions, and provide a list of locations where broadband has been deployed.

**Public Interest Obligations – FCC 14-98 (paragraphs 26-29, 78)**

Please address Line 4001 regarding compliance with the Commission's public interest obligations. All RBE participants must provide a response to Line 4001.

**4001.** Recipient certifies that it is offering broadband to the identified locations meeting the requisite public interest obligations consistent with the category for which they were selected, including broadband speed, latency, usage capacity, and rates that are reasonably comparable to rates for comparable offerings in urban areas?

**Community Anchor Institutions – FCC 14-98 (paragraph 79)**

**4003a.** RBE participants must provide the number, names, and addresses of community anchor institutions to which they newly deployed broadband service in the preceding calendar year. On this line, please respond (yes – attach new community anchors, no – no new anchors) to indicate whether this list will be provided.

If yes to 4003A, please provide a response for 4003B.

**4003b.** Provide the number, names and addresses of community anchor institutions to which the recipient newly began providing access to broadband service in the preceding calendar year. Name of Attached Document Listing Required Information

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**Broadband Deployment Locations – FCC 14-98 (paragraph 80)**

**4004a.** Attach a list of geocoded locations to which broadband has been deployed as of the June 1st immediately preceding the July 1st filing deadline for the FCC Form 481. Name of Attached Document Listing Required Information

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**4004b.** Attach evidence demonstrating that the recipient is meeting the relevant public service obligations for the identified locations. Materials must at least detail the pricing, offered broadband speed and data usage allowances available in the relevant geographic area. Name of Attached Document Listing Required Information

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

<010> Study Area Code	389002
<015> Study Area Name	Halstad Telephone Company
<020> Program Year	2017
<030> Contact Name - Person USAC should contact regarding this data	Pamela Hintz
<035> Contact Telephone Number - Number of person identified in data line <030>	6516218535 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	phintz@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: CERTIFIED ONLINE	Date 06/24/2016
Printed name of Authorized Officer: Mark Forseth	
Title or position of Authorized Officer: Operations manager	
Telephone number of Authorized Officer: 2184562125 ext.	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

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

<010> Study Area Code	389002
<015> Study Area Name	Halstad Telephone Company
<020> Program Year	2017
<030> Contact Name - Person USAC should contact regarding this data	Pamela Hintz
<035> Contact Telephone Number - Number of person identified in data line <030>	6516218535 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	phintz@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>Olsen Thielen</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:	Olsen Thielen
Name of Reporting Carrier:	Halstad Telephone Company
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:	389002 Filing Due Date for this form: 07/01/2016
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

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

<b>Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier</b>	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	Halstad Telephone Company
Name of Authorized Agent Firm:	Olsen Thielen
Signature of Authorized Agent or Employee of Agent:	Date: 06/23/2016
Name of Authorized Agent Employee:	Tom Campbell
Title or position of Authorized Agent or Employee of Agent:	Consultant
Telephone number of Authorized Agent or Employee of Agent:	6516218511 ext.
Study Area Code of Reporting Carrier:	389002 Filing Due Date for this form: 07/01/2016
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

## Attachments

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

**Lifeline Terms and Conditions**

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

**Lifeline Program Eligibility Information**

**Program Based Eligibility**

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

- Low Income Home Energy Assistance Program (LIHEAP)
- Federal Public Housing Assistance (Section 8)
- Supplemental Nutrition Assistance Program (SNAP)
- Medicaid
- National School Lunch Program (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.

2015 Federal Poverty Guidelines – 135%

<u>Household Size</u>	<u>48 Contiguous States and D.C.</u>
1	\$ 15,890
2	21,506
3	27,122
4	32,738
5	38,354
6	43,970
7	49,586
8	55,202
For Each Additional Person, Add	5,616

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.

**Lifeline Terms and Conditions (Continued)**

**Lifeline Program Eligibility Information (Continued)**

**Recertification of Lifeline Eligibility**

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

**Additional Lifeline Program Information**

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

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

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6. The Company has met and will meet the requirements of eligible telecommunications carrier advertising. This includes:
  - a. A full description of available services in the Company's Official telephone directory, including the process to be used by customers to qualify for lifeline.
  - b. Advertising of the available universal service in media of general circulation in the Company's designated service area. Availability may be advertised in newspapers, company newsletters, company or civic internet sites, bill stuffer, direct mailings, or other means intended to convey availability throughout the designated service area.
  
- 7 The specific Company terms and conditions for the Company's Lifeline Plans are set forth in pages included in Exhibit 1, attached.

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LOCAL EXCHANGE SERVICE

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

Local Exchange Service

- A. The Local Exchange Service Rates in this section are for service only and do not include any terminal equipment beyond the point of demarcation.
- B. The rates applicable to Local Exchange Services are composed of a Line Access Rate component plus (where applicable) on Extended Area Service component.
- C. All Local Exchange Services include:
  - a. A Primary directory listing
  - b. Access to Directory assistance
  - c. Access to emergency 911 service and emergency operator assistance in local exchange areas in which emergency 911 service is not available.
- D. Extended Area Service
  - 1) Establishment and discontinuance of EAS will be contingent upon Commission authorization.
  - 2) Extended Area Service rate component
    - a) EAS is a premium-type service offering by the Company to certain exchanges, under specific conditions.
    - b) The Extended Area Service rate component, where applicable, is included in the Local Exchange Service Rate.
- E. Taxes
  - 1) Applicable taxes levied by federal, state, county and local taxing authorities are in addition to the rates set forth in this Tariff. (See also General Regulations, Section 2).
- E. Fee/Surcharges
  - 1) Additional Fees as set forth in this tariff or established by the FCC may be applicable to Local Exchange Service. Those fees and the conditions for their application and collection are also applied universally to other telephone companies for all practical purposes and are not a result of a Company originated filing.

LOCAL EXCHANGE SERVICE

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RATES

Exchange: Hillsboro, North Dakota

Class of Service

Monthly Rates

BUSINESS:

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

RESIDENCE:

One Party	\$ 14.00
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All rates are billed in advance. Payment for service is due when the statement is rendered.

Extended Area Service (EAS)

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