

GARY HEBERT Governor GREG BELL Lieutenant Governor

State of Utah Department of Commerce Division of Public Utilities

ORIGINAL

FRANCINE GIANI Executive Director
October 3, 2013

THOMAS BRADY

Deputy Director

CHRIS PARKER

Director, Division of Public Utilities

TO:

Jenny Prescott, Vice President of Customer Service and Finance, All West Communications, Inc.

Eddie L. Cox, President, Bear Lake Communications/Central UtahTelephone/Skyline Telecom

Arthur Brothers, CEO, Beehive Telephone Company, Inc. R. Kirk Lee, Manager, Government & External Affairs, Citizens and Navajo Communications

Kip Wilson, General Manager, Direct Communications Cedar Valley, LLC

Brock Johansen, CEO, Emery Telecom/Carbon-Emery Telecom, Inc. /Hanksville Telecom

Kent B. Sanders, Gunnison

Paul Cox, General Manager, Manti Telephone Company Michael R. East, CEO/General Manager, South Central Utah Telephone Association

Bruce H. Todd, CEO/General Manager, UBTA-UBET Communications, Inc.

James H. Woody, Executive VP/Dir. Of R&D, Union Telephone Company, Inc.

FROM:

DIVISION OF PUBLIC UTILITIES

Chris Parker, Director

Bill Duncan, Manager, Telecommunications and Water & Paul M. Anderson, Utility Technical Consultant (M.C.)

Paul M. Anderson, Utility Technical Consultant And

Re:

Utah Docket No. 13-999-06, In the Matter of State Certification of Rural Carriers' Compliance with 47

U.S.C. Section 254(e)

CC Docket No. 96-45, In the Matter of Federal-State Joint

Board on Universal Service

Annual State Certification Pursuant to 47 C.F.R. §54.314

As part of the annual certification process referenced above, the Division requests that companies provide copies of Form 481 which they file with the Federal Communications Commission (FCC) by October 15, 2013 to the Utah Public



Service Commission (UPSC). The States are required to file certifications pursuant to section 54.314 of the FCC rules by December 16, 2013.

Therefore, pursuant to Utah Code 54-3-22, the Division requests that this information be forwarded to the UPSC to include your company in the certification letter to the FCC.

If you have any questions, please contact the above personnel at the Division.

cc: Ray Hendershot, GVNW Consulting, Inc.
John Harvey, Utah Public Service Commission

1.	m 481 - Carrier Annual Reporting Hection Form		0	CC Form 481 MB Control No. 3060-0 ly 2013	986/OMB Control No. 3060-0819
<010>	Study Area Code	502279			
<015>	Study Area Name	GUNNISON TEL CO			
<020>	Program Year	2014			·
<030>	Contact Name: Person USAC should contact with questions about this data	Natalie Gleave		M-10-7	
<035>	Contact Telephone Number: Number of the person identified in data line <030	435-528-7236 D>		······································	
<039>	Contact Email Address: Email of the person identified in data line <030>	natalieg@gtelco.	net		
ANNUA	L REPORTING FOR ALL CARRIERS				54.313 54.422 Completion Completi Required Require
<100>	Service Quality improvement Reporting		(complete attached work	sheet)	(check box when complete)
<200> <210>	Outage Reporting (voice) < check box	if no outages to repor	(complete attached work	sheet)	
<310>	Unfulfilled Service Requests (voice) Detail on Attempts (voice) Unfulfilled Service Requests (broadband) Detail on Attempts (broadband)	0	(attach descriptive docu		
<400> <410> <420> <430> <440> <450>	Number of Complaints per 1,000 customers (voice Fixed 0.0 Mobile Number of Complaints per 1,000 customers (brownian Mobile Mobile 1,000 customers (brownian Mobile 1,000 customers (brownian Mobile 1,000 customers (brownian Mobile 1,000 customers (brownian Mobile 1,000 customers (voice 1,000 custome				
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<2000> <2005>	Rate of Return Carriers, Proceed to <u>ROR Additio</u>	Price Cap Local Exchai	nge Carriers (check to indicate certifi (complete attached work	isheet)	
<3000> <3005>			(check to indicate certifi (complete attached work		

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S (001)	(100) Service Quality Improvement Reporting	FCC Form 481
Data C	Data Collection Form	July 2013
	Study Area Code	
<015>	Study Area Name GUNNISON TEL CO	
<020>	Program Year	
<030>	Contact Name - Person USAC should contact regarding this data Natalie Gleave	Language and the state of the s
<035>	Contact Telephone Number - Number of person identified in data line <030> 435-528-7236	
<039>	1 1	
<110>	Has your company received its ETC certification from the FCC? (yes / no)	
44	4,202(a) "5	
7117	year brait fried with this tee:	
	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) "S year plan" on file with the FCC, as it relates to your provision of voice telephony service.	
<112>	Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only	
	required to address voice telephony service. Name of Attached Document (pdf)	ment (ndf)
	Please check these boxes below to confirm that the attached PDF, on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54,202(a). The information shall be submitted at the wire center level or census block as appropriate.	
<113>	Maps detailing progress towards meeting plan targets	
<114>	Report how much universal service (USF) support was received	
416	How (USF) was used to improve service quality How (USF) was used to improve service coverage	
<117>	How (USF) was used to improve service capacity	
<118>	Provide an explanation of network improvement targets not met in the prior calendar year.	

Data Collection Form (200) Service Outage Reporting (Voice) 502279 FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013

<035> Contact Telephone Number - Number of person identified in data line <030> 435-528-7236
<035> Contact Email Address - Émail Address of person identified in data line <030> natalieg@gtelco.net

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

2014 Natalie Gleave

GUNNISON TEL CO

4020>

Program Year

<015> Study Area Name

<010> Study Area Code

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			-												all that apply)	Description (Charle	Service Outage	ê
		.						٠							(Yes / No)	Study Areas	Affect Multiple	ð
															Resolution	Service Outage		€ \$
												-			Procedures	Preventative		₹

					See attached worksheet					Exchange (ILEC) SAC (CETC) Rate Type Service Rate State Subscriber Line Charge State Universal Service Fee	Recidentia i oca	<703> <a1></a1>	Single State-Wide Residential Local Service Charge		L	l Į		<010> Study Area Code 502279	(700) Price Offerings including Voice Rate Data OMB Control No. 3C July 2013
										_	Mandato								PCC FORM 48.1 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
										Total per line Rates and Fee-		<€>							MB Control No. 3060-0819

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	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
	060-0
	919

<010> Study Area Code

Contact Name - Person USAC should contact regarding this data

Natalie Gleave

4035> Contact Telephone Number - Number of person identified in data line <030> 435-528-7236

4039> Contact Email Address - Email Address of person identified in data line <030> natalieg@gtelco.net

<015> Study Area Name
<020> Program Year
<030> Contact Name - Person USAC should contact regarding this data

2014

GUNNISON TEL CO

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	-											Exchange (ILEC)
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							worksheet	See attached				State Regulated Fees
	-				-	-				-		Total Rate and Fees
												Broadband Service - Download Speed (Mbps)
					-						-	Broadband Service - Upload Speed (Mbps)
				-								Usage Allowance (GB)
									-			Usage Allowance Action Taken When Limit Reached (select)

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- 1	<a2></a2>	<813> 2
		<812> Operating Company Gunnison Telephone Company
		<811> Holding Company
	•	<810> Reporting Carrier Gunnison Telephone Company
	o net	<039> Contact Email Address - Email Address of person identified in data line <030> nataling@gtelco.net
The second state of the se		<035> Contact Telephone Number - Number of person identified in data line <030> 435-528-7236
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		<020> Program Year 2014
	المالية والمراشدية	
		<010> Study Area Code 502279
OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013		Data Collection Form
		(800) Operating Companies

		Aller and the state of the stat
(900) Trik Data Coll	(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	502279
<015>	<015> Study Area Name	GUNNISON TEL CO
<020>	<020> Program Year	201.4
<030>	<030> Contact Name - Person USAC should contact regarding this data	Natalie Gleave
<035>	<035> Contact Telephone Number - Number of person identified in data line <030> 435-528-7236	2 < 030> 435-528-7236
<039>	<039> Contact Email Address - Email Address of person identified in data line <030> natalies@gtelco.net	€ <030> natalieg@gtelco,net

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

<920> Tribal Government Engagement Obligation

Name of Attached Document (.pdf)

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

<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> <926> Compliance with Facilities Siting rules Compliance with Land Use permitting requirements
- <928> <927> Compliance with Cultural Preservation review processes Compliance with Environmental Review processes
- <929> Compliance with Tribal Business and Licensing requirements.

(Yes,No, Select NA)

10/04/2013

<1210>	<039>	<035>	<030>	<020>	<015>	<010>	(1200) Ter Lifeline Data Colle
<1210> Terms & Conditions of Voice Telephony Lifeline Plans	<039> Contact Email Address - Email Address of person identified in data line <030>	<035> Contact Telephone Number - Number of person identified in data line <030>	Contact Name - Person USAC should contact regarding this data	<020> Program Year	<015> Study Area Name	Study Area Code	(1200) Terms and Condition for Lifeline Customers Lifeline Data Collection Form
Name of attached document (.pdf)	natalieg@gtelco.net	435-528-7236	Natalie Gleave	2014	GUNNISON TEL CO	502279	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013

<1210 ×	<1210> Terms & Conditions of Voice Telephony Lifeline Plans	
	-	Name of attached document (.pdf)
<1220>	Link to Public Website	HTTP http://www.gtelco.net
	"Please check these boxes below to confirm that the attached PDF, on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:	
<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	
<1222>	Details on the number of minutes provided as part of the plan,	
<1223>	<1223> Additional charges for toll calls, and rates for each such plan.	

10/04/2013

CO00 Price Cap Carrier Additional Documentation	Data Collection Form ONE Contest (Section Form) ONE Control (No. 3060-0986/OM8 Control No. 306	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 Live 2013 L
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Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))		
Connec		
<2018> 5th year Broadband Service Certification		
	2021,	
contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of), as a recipient odresses of	
community anchor institutions to which began providing access to broadband	; to broadband	
	Name of Attached Document Listing Required Information	
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Countries No. 3600.03 Coun	3000) Ra	rte Of Return Carrier Additional Documentation		FCC Form 481
South Area Code South Area Name South Area	ata Coll	ection form		OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
The contract Name - Protect ISAC Conditions and Contract Reporting the data	Ì			
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Contract Entail Audiness: Entail Audiness of persons identified in detail line datable on part of the contract	₩	 Person USAC should contact regarding this data hone Number - Number of person identified in data line <03: 	435-528-7236	
the bases below to note compliance on its few year service quality plan (pursuant to 97 CFR § 54.232(6)) and, they remarkly had carriers, examing compliance with the financial receptor of 5 Vear Plan Milectore Certification (47 CFR § 54.232(6)(1)), as a receptor of 54 Faxes it support from the transched PDF, on line 3012, contains the required information pursuant to \$4.331(6)(1)), as a receptor of 54 Faxes if support final provide the number, names, and addresses of community, and/or institutions (54.54.331(f)(1))), as a construction response of community and/or institutions (54.54.331(f)(1))). The preceding advisors to broadband service in the preceding advisors to which they providing access to broadband service in the preceding advisors or which they providing access to broadband service in the preceding advisors or which they providing in the preceding advisors to broadband service in the preceding advisors to which they providing in the preceding advisors to broadband service in the preceding advisors or which they providing in the preceding advisors to providing in the preceding advisors to which they providing in the preceding advisors to provide the boses below to confirm your providing in the preceding flagor if for independent certified public accountment. **Capped the information which has been adjusted to a relieve by an independent certified public accountment of the providing information in the providing information in the providing information in the providing information in the preceding advisors to a providing information in the pro	669	Contact Email Address - Email Address of person identified in data line <030>	natalieg@qtelco.net	
Progress Report on 5 Year Plan Milestone Certification (47 CFR § 54.3 Please check this box to confirm that: contains the required information pur recipient of CAF has il support shall addresses of community anchor institutions (47 CFR is your company a Privately Held ROR is your company a Privately Held ROR if yes, does your company file the RUS please check these boxes to confirm to contains the required information pur requires: Electronic copy of their annual RUS re relecommunitiations Borrowers) PDF of Balance Sheet, Income Statem to the response is yes on line 3014, att report and all required documentation if the response is yes on line 3014, is the report and all required documentation if the response is yes on line 3018, pie confirm your submission, on line 3018 Either a copy of their audited financial in a format comparable to RUS Operat PDF of Balance Sheet, Income Statem Wanagement letter issued by the inde- that performed the company's financial in a format companable to RUS Operating Copy of their financial statement whice independent certified public accountant Underlying information subjected to a public accountant Underlying information subjected to a PDF of Balance Sheet, income Statem Attach the workefacet lictions required a PDF of Balance Sheet, income Statem	CHECK t	ne boxes below to note compliance on its five year service quality plan (pursual rep 5 cz 4110HD) further control to the province on its five year service quality plan (pursual	early CFR § 54.202(a)) and, for privately held cerriers, ensuring the information reported on this form and in the documents attach	compliance with the financial reporting requirements set forth in 47 and the foundation of the first of the f
Name of Attached Document Listing Required Information Prease check this box to confirm that the attached PDF, on line 3012, combines the required information pursuant to \$43.31(f)(1)(f)), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions (xi CFR § 54.335(f)(1)(f))) If yes, does your company a Phately Held ROR Carler (xi CFR § 54.335(f)(1)(f))) If yes, does your company file the RIL samular legant Please check these boxes to confirm that the attached PDF, on line 3017, Contains the required information pursuant to § 54.315(f)(2), complience requires: Electronic copy of their annual RIS reports (Operating Report for Telecommunications is borrowers) PDF of Balance Sheet, Income Statement and Statement of Cash Flows If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3018 pressant to § 54.315(f)(2), contains: Elther a copy of their analized financial statement of Cash Flows Management letter issued by the independent certified public accountant If the response is to no line 3018, please check the boxes below to confirm your submission, on line 3018 pressant to § 54.315(f)(2), contains: Elther a copy of their analized financial statement of Cash Flows Management letter issued by the independent certified public accountant If the response is to no line 3018, please check the boxes below to confirm your submission, on line 3018 pressant to § 54.315(f)(2), contains: Contains: If the response is to no line 3018, please check the boxes below to confirm your submission, on line 3018 pressant to § 54.315(f)(2), contains: Contains: If the response is to no line 3018, please check the boxes below Management letter financial statement of Cash Flows Management letter financial statement with his been subject to review by an independent certified public accountant Underlying information and Statement and Statement of Cash Flows Name of Attached Document Listing Required Information In the response i		Progress Report on 5 Year Plan		
combains the required information pursuant to § 54.313 (5)(1)(8), as a recipion of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which the gean providing access to broadband service in the preceding calendar year. Community Anchor Institutions (47 CFR § 54.313(f(1)(1))) If yes, does your company in the text IIIs annual report. Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f(1)) complience requires: Electronic copy of their sanual RUS reports (Operating Report for Telecommunications Borrowers) PDF of Balance Sheet, Income Statement and Statement of Cash Flows If the response is you on line 3014, struct your company audited? If the response is the on line 3014 pursuant to § 54.313(f(2), contains is the required documentation in a 5014 pursuant to § 54.313(f(2), contains is the response in the one of Russer check the boxes below to confirm your submission, on line 3016 pursuant to § 54.313(f(2), contains is the response in the one of Russer check the boxes below to confirm your submission, on line 3018, please check the boxes below to company for their audited financial statement; or (2) a financial report in a format companable to Russer check the boxes below to confirm your submission, on line 3018, please check the boxes below to confirm your submission, on line 3018, please check the boxes below to confirm your submission, on line 3018, please check the boxes below to company? financial statement of Cash Flows Name of Attached Document Listing Required information in a format companable to Russer check the boxes below to confirm your submission, on line 3018 please check the boxes below to confirm your submission, on line 3018 please check the boxes below to confirm your submission, on line 3018 please check the boxes below to confirm your submission, on line 3018 please check the boxes below to confirm your submission, on line 3018 please check the boxes below to confir	(3010)	Milestone Certification (47 CFR § 54.313(f)(1) $\{i\}$) Please check this box to confirm that the attached PDF, on line 3012,	Name of Attached Document Listing Required Information	
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Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers) PDF of Balance Sheet, Income Statement and Statement of Cash Flows If the response is yes on line 3014, attach your company's RUS annual report and all required documentation If the response is yes on line 3014, lis your company audited? If the response is yes on line 3014, lis your company audited? If the response is yes on line 3015, please check the boxes below to confirm your submission, on line 3016 pursuant to \$ 54.313(f)(2), contains Either a copy of their audited financial statement; or (2) a financial report in a format companable to RUS Operating Report for Telecommunications pDF of Balance Sheet, Income Statement and Statement of Cash Flows Management letter 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: Capy of their financial statement which has been subject to review by an independent certified public accountant; or (2) a financial report in a format companable to RUS Operating Report for Telecommunications Borrowers, Underlying information subjected to an officer certification. PDF of Balance Sheet, Income Statement and Statement of Cash Flows Name of Attached Document Listing Required information. PDF of Balance Sheet, Income Statement and Statement of Cash Flows Name of Attached Document Listing Required information.	(3012) (3013) (3014)	Community Anchor institutions (47 CFR § 54.313(f)(1)(i)) is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2)) if yes, does your company file the RUS annual report Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance	Name of Attached Document Listing Required Information	(Yes/No)
If the response is yes on line 3014, attach your company's RUS annual report and all required documentation If the response is yes on line 3014, by your company auditeef? If the response is no nine 3014, is your company auditeef? If the response is yes on line 3014, is your company auditeef? If the response is yes on line 3014, is your company auditeef? If the response is yes on line 3015, please check the boxes below to confirm your submission, on line 3026 pursuant to \$54.313(f)(2), contains: Either a copy of their audited financial statement; or (2) a financial report in a format companable to RUS Operating Report for Telecommunications PDF of Balance Sheet, Income Statement and Statement of Cash Flows Management letter 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 3018, please check the boxes below to confirm your submission, on line 3018, please check the boxes below to confirm your submission, on line 3018, please check the boxes below to confirm your submission, on line 3018, please check the boxes below to confirm your submission, on line 3018, please check the boxes below to confirm your submission, on line 3018, please check the boxes below to confirm your submission, on line 3018, please check the boxes below to confirm your submission, on line 3018, please check the boxes below to review by an independent certified public accountant If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3018, please check the boxes below to review by an independent certified public accountant Underlying information subjected to an officer ceitification. PDF of Balance Sheet, Income Statement and Statement of Cash Flows Name of Attached Document Listing Required information	(3015)	requires: Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)		
If the response is yes on line 3014, attach your company's RUS annual report and all required documentation. If the response is no on line 3014, is your company audited? If the response is no on line 3015, please theck the boxes below to confirm your submission, on line 3016, please theck the boxes below to report a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications. PDF of Balance Sheet, Income Statement and Statement of Cash Flows Management letter 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 3018, please theck the boxes below to confirm your submission, on line 3018, please check the boxes below to confirm your submission, on line 3018 pressure to \$ 54.313(f)(2), contains: If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3018, please check the boxes below to confirm your submission, on line 3018, please check the boxes below to confirm your submission, on line 3018, please the the boxes below to confirm your submission, on line 3018, please the boxes below to confirm your submission, on line 3018 please the boxes below to confirm your submission, on line 3018, please check the boxes below to confirm your submission, on line 3018, please check the boxes below to confirm your submission, on line 3018, please check the boxes below to confirm your submission, on line 3018, please check the boxes below to confirm your submission, on line 3018, please check the boxes below to confirm your submission, on line 3018, please check the boxes below to confirm your submission, on line 3018, please check the boxes below that that performent the company's financial audit. If the response is not necessary to please the post of the p	(3016)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		
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: Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications PDF of Balance Sheet, Income Statement and Statement of Cash Flows Management letter 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: 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, Underlying information subjected to a review by an independent certified public accountant Underlying information subjected to an officer certification. PDF of Balance Sheet, Income Statement and Statement of Cash Flows Name of Attached Document Listing Required information Attach the worksheet listing required information	(3017) (3018)	If the response is yes on line 3014, attach your company's RUS anhual report and all required documentation If the response is no on line 3014, is your company audited?	Name of Attached Document Listing Required information	[Yes/No)
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Management letter 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 § \$4.313(f)(2), contains: 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, Underlying information subjected to a review by an independent certified public accountant Underlying information subjected to an officer certification. PDF of Balance Sheet, income Statement and Statement of Cash Flows Name of Attached Document Listing Required information Name of Attached Document Listing Required information	(3020)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		
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Borrowers, Underlying information subjected to a review by an independent certified public accountant Underlying information subjected to an officer certification. Underlying information subjected to an officer certification. PDF of Balance Sheet, income Statement and Statement of Cash Flows Attach the worksheet letter required information Name of Attached Document Listing Required information	(3022)	contains: Copy of their financial statement which has been subject to review by an independent centified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Tejecommunications		
Underlying information subjected to an officer certification. PDF of Balance Sheet, Income Statement and Statement of Cash Flows Attach the workshoet littler required information Name of Attached Document Listing Required information	(3023)	Borrowers, Underlying information subjected to a review by an independent certified public accountant		
PDF Of Belatice Street, incurre statement and externent of cesh mows. Attach the worksheet littler required information. Name of Attached Document Listing Required information.	(3024)	Underlying information subjected to an officer certification.		
	(3026)	Attach the worksheet listing required information	Name of Attached Document Listing Required information	502279ut3026

100	ion - Reporting Car ection Form	Ter FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	502279
<015>	Study Area Name	GUNNISON TEL CO
<020>	Program Year	2014
<030>	Contact Name - Per	son USAC should contact regarding this data Natalie Gleave
<035>	Contact Telephone	Number - Number of person identified in data line <030> 435-528-7236
<039>	Contact Email Addre	ess - Email Address of person identified in data line <030> natalieg@gtelco.net

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

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate. GUNNISON TEL CO Name of Reporting Carrier: CERTIFIED ONLINE 10/04/2013 Signature of Authorized Officer: Date Printed name of Authorized Officer: Natalie Gleave Title or position of Authorized Officer: Accountant Telephone number of Authorized Officer: 435-528-7236 Filing Due Date for this form: 10/15/2013 502279 Study Area Code of Reporting Carrier: 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.

	tion - Agent / Carrier lection Form			FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	502279	•	
<015>	Study Area Name	GUNNISON TEL CO		
<020>	Program Year	2014		
<030>	Contact Name - Perso	n USAC should contact regarding this data	Natalie Gleave	
<035>	Contact Telephone Nu	umber - Number of person identified in data li	ine <030> 435-528-7236	
<039>	Contact Email Address	- Email Address of nerson identified in data l	me <nan> natalieg@qtelco.n</nan>	et.

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

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

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent	Authorized to File Annual Reports for CAF	or LI Recipients on Behalf of Reporting Carrier	
i, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the Information reported herein is accurate.			
Name of Reporting Carrier:			
Name of Authorized Agent or Employee of Agent:			
Signature of Authorized Agent or Employee of Agent:		Date:	
Printed name of Authorized Agent or Employee of Agent:			
Title or position of Authorized Agent or Employee of Agent			
Telephone number of Authorized Agent or Employee of Ag	ent:		
		Y.	

Attachments