



GARY HEBERT
Governor
GREG BELL
Lieutenant Governor

State of Utah
Department of Commerce
Division of Public Utilities

ORIGINAL

FRANCINE GIANI
Executive Director

THOMAS BRADY
Deputy Director

CHRIS PARKER
Director, Division of Public Utilities

October 3, 2013

TO:

Jenny Prescott, Vice President of Customer Service and Finance, All West Communications, Inc.
Eddie L. Cox, President, Bear Lake Communications/Central Utah Telephone/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 *CP*
Bill Duncan, Manager, Telecommunications and Water *BD*
Paul M. Anderson, Utility Technical Consultant *PA*

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

FCC Form 481 - Carrier Annual Reporting Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	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
<035> Contact Telephone Number: Number of the person identified in data line <030>	435-528-7236
<039> Contact Email Address: Email of the person identified in data line <030>	natalieg@gtelco.net

ANNUAL REPORTING FOR ALL CARRIERS	54.313	54.422
	Completion Required	Completion Required

(check box when complete)

<100> Service Quality Improvement Reporting	<i>(complete attached worksheet)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<200> Outage Reporting (voice)	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210> <input checked="" type="checkbox"/> ← check box if no outages to report			
<300> Unfulfilled Service Requests (voice)	<input type="text" value="0"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<310> Detail on Attempts (voice)	<i>(attach descriptive document)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<320> Unfulfilled Service Requests (broadband)	<input type="text"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<330> Detail on Attempts (broadband)	<i>(attach descriptive document)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<400> Number of Complaints per 1,000 customers (voice)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<410> Fixed	<input type="text" value="0.0"/>		
<420> Mobile	<input type="text"/>		
<430> Number of Complaints per 1,000 customers (broadband)		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<440> Fixed	<input type="text"/>		
<450> Mobile	<input type="text"/>		
<500> Service Quality Standards & Consumer Protection Rules Compliance	<i>(check to indicate certification)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510> 502279ut510	<i>(attached descriptive document)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600> Functionality in Emergency Situations	<i>(check to indicate certification)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610> 502279ut610	<i>(attached descriptive document)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700> Company Price Offerings (voice)	<i>(complete attached worksheet)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<710> Company Price Offerings (broadband)	<i>(complete attached worksheet)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<800> Operating Companies and Affiliates	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900> Tribal Land Offerings (Y/N)? <input type="radio"/> <input checked="" type="radio"/>	<i>(if yes, complete attached worksheet)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<1000> Voice Services Rate Comparability	<i>(check to indicate certification)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<1010>	<i>(attach descriptive document)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<1100> Terrestrial Backhaul (Y/N)? <input checked="" type="radio"/> <input type="radio"/>	<i>(if not, check to indicate certification)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<1110>	<i>(complete attached worksheet)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<1200> Terms and Condition for Lifeline Customers	<i>(complete attached worksheet)</i>	<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>	<i>(check to indicate certification)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<2005>	<i>(complete attached worksheet)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

<3000>	<i>(check to indicate certification)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<3005>	<i>(complete attached worksheet)</i>	<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 502279

<015> Study Area Name GUNNISON TEL CO

<020> Program Year 2014

<030> Contact Name - Person 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 Address - Email Address of person identified in data line <030> natalieg@verizon.net

<110> Has your company received its ETC certification from the FCC? (yes / no) (yes) (no)

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) (yes) (no)

<111> If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

Please check these boxes below to confirm that the attached PDF, on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

<113> Maps detailing progress towards meeting plan targets

<114> Report how much universal service (USF) support was received

<115> How (USF) was used to improve service quality

<116> How (USF) was used to improve service coverage

<117> How (USF) was used to improve service capacity

<118> Provide an explanation of network improvement targets not met in the prior calendar year.

Name of Attached Document (.pdf)

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

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

<010> Study Area Code 502279

<015> Study Area Name GRONITSON TEL CO

<020> Program Year 2014

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

<035> Contact Telephone Number - Number of person identified in data line <030> 435-538-7236

<039> Contact Email Address - Email Address of person identified in data line <030> natalieg@telco.net

<20>	<a>	<b1>	<b2>	<b3>	<b4>	<c1>	<c2>	<d>	<e>	<f>	<g>	<h>
NORS Reference Number	Outage Start Date	Outage Start Time	Outage End Date	Outage End Time	Number of Customers Affected	Total Number of Customers	911 Facilities Affected (Yes / No)	Service Outage Description (Check all that apply)	Did This Outage Affect Multiple Study Areas (Yes / No)	Service Outage Resolution	Preventative Procedures	
See attached worksheet --												

(700) Price Offerings Including Voice Rate Data
Data Collection 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 - Person USAC should contact regarding this data

Natalie Gleave

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

438-528-7236

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

natalie@gteco.net

<701> Residential Local Service Charge Effective Date

1/1/2013

<702> Single State-wide Residential Local Service Charge

<a1>	<a2>	<a3>	<01>	<b2>	<b3>	<b4>	<b5>	<c>
State	Exchange (LFC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fees
				-- See attached worksheet				

(710) Broadband Price Offerings Data Collection 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 - Person USAC should contact regarding this data

Natalie Glaeve

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

435-528-7236

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

natalie@gstelco.net

<010> State	<020> Exchange (ILEC)	<030> Residential Rate	<035> State Regulated Fees	<040> Total Rate and Fees	<050> Broadband Service - Download Speed (Mbps)	<060> Broadband Service - Upload Speed (Mbps)	<070> Usage Allowance (Gb)	<080> Usage Allowance Action Taken When Limit Reached (select)
-- See attached worksheet --								

(800) Operating Companies

Data Collection 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 - Person 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 Address - Email Address of person identified in data line <030> natalie@telco.net

<810> Reporting Carrier Gunnison Telephone Company

<811> Holding Company

<812> Operating Company Gunnison Telephone Company

<813>	<81> Affiliates	<82> SAC	<83> Doing Business As Company or Brand Designation
-- See attached worksheet --			

**(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> Study Area Name GUNNISON TEL CO

<020> Program Year 2014

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

<035> Contact Telephone Number - Number of person identified in data line <030> 435-528-7236

<039> Contact Email Address - Email Address of person identified in data line <030> natalieg@gtelco.net

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

<920> Tribal Government Engagement Obligation
Name of Attached Document (.pdf)

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

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

Select (Yes, No, NA)	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

**(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 502279
<015> Study Area Name GUNNISON TEL CO
<020> Program Year 2014
<030> Contact Name - Person 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 Address - Email Address of person identified in data line <030> natalieg@grtelco.net

<1120> Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G)

<1130> Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 Kbps upstream within the supported area pursuant to § 54.313(G)

**(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	502279
<015>	Study Area Name	GUNNISON TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person 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 Address - Email Address of person identified in data line <030>	natalieg@telco.net

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of attached document (.pdf)

<1220> Link to Public Website

HTTP <http://www.gvtelco.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> Additional charges for toll calls, and rates for each such plan.

<010> Study Area Code 502279

<015> Study Area Name GUNNISON TEL CO

<020> Program Year 2014

<090> Contact Name - Person 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 Address - Email Address of person identified in data line <030> nataliegleave@telco.net

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

Year	Support Type	Compliance Status	Name of Attached Document Listing Required Information
<2010>	Incremental Connect America Phase I reporting	<input type="checkbox"/>	
<2011>	2nd Year Certification (47 CFR § 54.313(b)(1)) 3rd Year Certification (47 CFR § 54.313(b)(2))	<input type="checkbox"/>	
<2012>	Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))	<input type="checkbox"/>	
<2013>	2013 Frozen Support Certification	<input type="checkbox"/>	
<2014>	2014 Frozen Support Certification	<input type="checkbox"/>	
<2015>	2015 Frozen Support Certification	<input type="checkbox"/>	
<2016>	2016 and future Frozen Support Certification	<input type="checkbox"/>	
<2016>	Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d)) Certification Support Used to Build Broadband	<input type="checkbox"/>	
<2017>	Connect America Phase II Reporting (47 CFR § 54.313(e))	<input type="checkbox"/>	
<2017>	3rd Year Broadband Service Certification	<input type="checkbox"/>	
<2018>	5th Year Broadband Service Certification	<input type="checkbox"/>	
<2019>	Interim Progress Certification	<input type="checkbox"/>	
<2020>	Please check the box to confirm that the attached PDF, on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	<input type="checkbox"/>	
<2021>	Interim Progress Community Anchor Institutions	<input type="checkbox"/>	

(3000) Rate Of Return Carrier Additional Documentation
Data Collection Form

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

502279
GUNTISON TEL CO
2014
Natalie Gleave
435-528-7235
natalie@ata1.co.net

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.

- Progress Report on 5 Year Plan**
- (3010) Milestone Certification (47 CFR § 54.313(f)(1)(i))
Please check this box to confirm that the attached PDF, on line 3012, contains the required information pursuant to § 54.313 (f)(1)(i), 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.
Name of Attached Document Listing Required Information:
 - (3011) Community Anchor Institutions (47 CFR § 54.313(f)(2)(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 requirements:
Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)
Name of Attached Document Listing Required Information: Yes/No Yes/No
 - (3012) PPF 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
Name of Attached Document Listing Required Information:
 - (3013) 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 3025 pursuant to § 54.313(f)(2), contains:
Name of Attached Document Listing Required Information: Yes/No Yes/No
 - (3014) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications PPF of Balance Sheet, Income Statement and Statement of Cash Flows
Name of Attached Document Listing Required Information: Yes/No Yes/No
 - (3015) Management letter issued by the independent certified public accountant that performed the company's financial audit.
Name of Attached Document Listing Required Information:
 - (3016) If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3025 pursuant to § 54.313(f)(2), contains:
Name of Attached Document Listing Required Information:
 - (3017) 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.
Name of Attached Document Listing Required Information:
 - (3018) Underlying information subjected to a review by an independent certified public accountant
Name of Attached Document Listing Required Information:
 - (3019) Underlying information subjected to an officer certification.
Name of Attached Document Listing Required Information:
 - (3020) PPF of Balance Sheet, Income Statement and Statement of Cash Flows
Name of Attached Document Listing Required Information:
 - (3021) Attach the worksheet listing required information
Name of Attached Document Listing Required Information:

502279uc3.026

Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	502279
<015> Study Area Name	GUNNISON TEL CO
<020> Program Year	2014
<030> Contact Name - Person 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 Address - 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.	
Name of Reporting Carrier:	GUNNISON TEL CO
Signature of Authorized Officer:	CERTIFIED ONLINE
Date	10/04/2013
Printed name of Authorized Officer:	Natalie Gleave
Title or position of Authorized Officer:	Accountant
Telephone number of Authorized Officer:	435-528-7236
Study Area Code of Reporting Carrier:	502279
Filing Due Date for this form:	10/15/2013
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	502279
<015> Study Area Name	GUNNISON TEL CO
<020> Program Year	2014
<030> Contact Name - Person 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 Address - Email Address of person identified in data line <030>	natalieg@gtelco.net

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

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

TO BE COMPLETED BY THE AUTHORIZED AGENT:

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

Attachments