## **DOCKET NO. UM 1726**

## Cover Sheet for Submission of 2015 Annual ETC Certification Reports

| Name of Eligible Telecommunications Carrier: Eagle Telephone System, INC dba Snake<br>River PCS  |
|--|
| Filing date: 6/29/2015   |
| Is this: Original submission?XOR Revised submission?   |
| Person to contact for questions:   |
| Name: Brandi Sangster  |
| Phone Number: <u>541-893-6115</u>  |
| E-mail Address: eagle@eagletelephone.com   |
| Documents included in this filing (please check applicable items):   |
| CAF/ICC Support (47 CFR § 54.304)  |
| Rate Floor Data (47 CFR § 54.313(h))   |
| X Form 481 (High-cost per 47 CFR § 54.313, Low-income per 54.422) <sup>1</sup>   |
| Form 690 (Mobility Fund per 47 CFR § 54.1009)  |
| X Affidavit for High-Cost Support  |
| Filing deadlines: The deadlines for filing items required by 47 CFR § 54 are the same a the deadlines for filing with the FCC. The notarized affidavit for high-cost support must be filed no later than the due date for the FCC Form 481. Based on current information, it appears that all items other than CAF/ICC support data are due by July 1, 2015. The |

CAF/ICC support data are due the same day as the ETC's interstate access tariff filing.

<sup>&</sup>lt;sup>1</sup> Lifeline-only ETCs must provide all information specified in 47 CFR § 54.422(b) even if the ETC does not submit this information to the FCC.

## **DOCKET NO. UM 1726**

If revisions to an original submission are filed with the FCC or USAC, a copy of the revisions must be filed with the Oregon Commission no later than five business days following submission to the FCC or USAC.

## **FILING INSTRUCTIONS**

Please file submissions in Docket No. <u>UM 1726</u>. You do not need to include a cover letter if you use the cover sheet. Please fill in all relevant information.

Filings must be electronically submitted to the PUC Filing Center. You may e-mail documents to <a href="mailto:puc.filingcenter@state.or.us">puc.filingcenter@state.or.us</a>. Please note that the upload process is no longer an option for filing. See the PUC website for further instructions. If selected portions of documents, e.g., network plans, are to receive confidential treatment, those portions should not be filed electronically. You may electronically file redacted versions of documents containing confidential information, but then follow-up by sending full versions including confidential information printed on yellow paper.

After filing electronically, please send two hard copies of the filing package (cover sheet and filed information) to the PUC Filing Center. Be sure to include the original affidavit with the raised seal or notary's mark evident. Hard copies of confidential material should be filed in accordance with confidential designation requirements described in OAR 860-011-0080.

Regular delivery methods may be used to send all hard copy documents; overnight or express delivery is not necessary. As the Commission will be moving to new offices at the end of June, please send hard copy documents to the Filing Center <u>via US mail</u> using the following post office box address:

Public Utility Commission of Oregon Attn: Filing Center PO Box 1088 Salem, OR 97308-1088

If you have any questions regarding the reporting requirements, please contact Kay Marinos at 503-378-6730 or send an e-mail to Kay.Marinos@state.or.us.

## Mike Lattin

From:

Form481@usac.org

Sent:

Monday, June 29, 2015 2:31 PM

To:

mike@eagletelephone.com

Subject:

Form 481 Certification Confirmation



## Form 481 Certification Confirmation

Congratulations. Your filing has been successfully certified.

Filing Number: 1

Certification Date and Time: Mon Jun 29 17:31:04 EDT 2015

Filing Created By: mike@eagletelephone.com

SAC: 539007

SPIN: 143034497

Carrier: EAGLE TELEPHONE SYSTEMS, INC. DBA SNAKE RIVER PCS

Program Year: 2016

This is a system generated email. Please do not respond to this message.

© 1997-2015, Universal Service Administrative Company, All Rights Reserved. USAC | 2000 L Street NW | Suite 200 | Washington, DC 20036



USAC Home | High Cost Program | Search Tools | Form 481

### CONFIRMATION

## Congratulations. Your filing has been successfully certified.

Filing 1 was successfully certified on Mon 29 Jun 15 05:28:15 PM EDT by mike@eagletelephone.com .

SAC:

539007

SPIN:

143034497

Carrier Name: EAGLE TELEPHONE SYSTEMS, INC. DBA SNAKE RIVER PCS

Program Year: 2016

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

Return to 481 Search Print Confirmation Page

© 1997-2015, Universal Service Administrative Company, All Rights Reserved.

Website & Privacy Policies

| FCC For          | m 481 - Carrier Annual Reporting<br>Data Collection Form                           |                           | FCC Farm 481<br>(OM8 Contro) No. 3960-<br>July 2013  | 0966/DMS Control No. 3060-0819  |
|------------------|--|---------------------------|--|---|
| <010>            | Study Area Code  | 539007                    |  |   |
| <015>            | Study Area Name  | EAGLE TELEPHONE SYSTEMS,  | INC. DBA SNAKE RIVER PCS   |   |
| <020>            | Program Year   | 2016                      |  |   |
| <030>            | Contact Name: Person USAC should contact with questions about this data            | Brandi Sangster           |  |   |
| <035>            | Contact Telephone Number:<br>Number of the person identified in data line <030>    | 5418936115 ext.           |  |   |
| <039>            | Contact Email Address:<br>Email of the person identified in data line <030>        | eagle@eagletelephone.com  | 1  |   |
| ANNUA            | LEREPORTING FOR ALL CARRIERS   |                           |  | 54.313 54.422 Completion Completion Required Required (check box when complete) |
| <1.00>           | Service Quality Improvement Reporting  | (cam                      | plete attached worksheet)  | 1   |
| <200>            | Outage Reporting (voice)   | (com                      | plete attached worksheet)  | <b>/</b> /  |
| <210>            |  | o outages to report       |  | /   |
| <300>            | Unfulfilled Service Requests (voice)   |                           |  |   |
| <310>            | Detail on Attempts (voice)   | .*                        |  |   |
|                  |  |                           | (attach descriptive o  | ocument   |
| <320>            | Unfulfilled Service Requests (broadband)   |                           |  |   |
| <330>            | Detail on Attempts (broadband)   |                           | (attach descriptive  | document)   |
|                  | Number of Complaints per 1,000 customers (voice                                    | )                         |  |   |
| <410><br><420>   | Fixed 0.0<br>Mobile 0.0  |                           |  | / /   |
| <430>            |  | iband)_                   |  | 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1  |
| <440>            | Fixed  |                           |  |   |
| <450><br><500>   | Mobile Service Quality Standards & Consumer Protection    539007 line 510 2015.pdf | Rules Compliance (cl      | neck to indicate certification)  | <b>4 4</b>  |
| <510>            |  |                           | (attached descriptive document)  |   |
| acon.            | Functionally in Emouson as City skippe   |                           | e de la frança de la companya de la |   |
| <b>~</b> 0∪∪>    | Functionality in Emergency Situations 5390071ine6102015.pdf                        | (a                        | heck to Indicate certification)  |   |
|                  |  | (at                       | tached descriptive document)   | 1 1   |
| <610>            |  |                           |  |   |
| <700>            | Company Price Offerings (voice)  | fac                       | omplete attached worksheet)  |   |
| <710>            |  | ·                         | omplete attached worksheet)  |   |
|                  | Operating Companies and Affiliates Tribal Land Offerings (Y/N)?                    | ·                         | omplete attached worksheet)<br>omplete attached worksheet)   |   |
|                  | Voice Services Rate Comparability Certification                                    |                           | applicable   | <b>/</b>  |
| <1010            | <b>&gt;</b>  |                           | attach descriptive document}   |   |
| <1100            | > Certify whether terrestrial backhaul options exist                               | (Yes or No) O             | (if not, check to indicate certification)  |   |
| <1110;<br><1200; | Terms and Condition for Lifeline Customers   | •                         | complete attached warksheet)<br>complete attached warksheet)   |   |
|                  | Price Cap Carriers, Proceed to Price Cap Additiona                                 | il Documentation Workshee | et   | <del>-</del>  |
| <2000>           | including Rate-of-Return Carriers affiliated with i                                |                           | rriers<br>theck to Indicate certification)   | N. Carlo  |
| <2000>           |  | (c                        | omplete attached worksheet)  |   |
| <3000>           | · · · · · · · · · · · · · · · · · · ·  |                           | EL<br>check to indicate certification)   |   |
| <3005>           |  | (c                        | omplete attached worksheet)  |   |

| 200           | rvice Quality improvement Reporting   | FCC Form 481   |
|---------------|---|--|
| Data Co       | llection Form   | OMB Control No. 3050-0986/DM8 Control No. 3050-0815<br>July 2013   |
| 20-50 S242562 |   | The state of the s |
| <010>         | Study Area Code   | 539007   |
| <015>         | Study Area Name   | EAGLE TELEPRONE SYSTEMS, INC. DBA SWAKE RIVER PCS  |
| <020>         | Program Year  | 2016   |
| ·<030>        | Contact Name - Person USAC should contact regarding this data   | Brandi Sangster  |
| <035>         | Contact Telephone Number - Number of person identified in data line <030>   | 5418936115 ext.  |
| <039>         | Contact Email Address - Email Address of person identified in data line <030>   | eagledeaglatelephone.com   |
| <110>         | Has your company received its ETC certification from the FCC?   | (yes / no ) O O  |
| <111>         | If your answer to Line <1.10> is yes, do you have an existing \$54.202(a) "5 year plan" filed with the FCC?   | (yes/no) O O   |
| <112>         | 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 telaphony service.  Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your of CETC which only receives frozen support, your progress report is only required to address voice telephony service. |  |
|               | Please select the appropriate responses below (Yes, No, Not Applicable) to confit that the attached document(s), on line 112, contains a progress report on its five service quality improvement plan pursuant to §54.202(a). The information shall submitted at the wire center level or census block as appropriate.  | a-year   |
| <113>         | Maps detailing progress towards meeting plan targets  | Not Applicable   |
| <114>         | Report how much universal service (USF) support was received  | Yes  |
| <115>         | How much (USF) was used to improve service quality and how support was used to impro  | ove service quality Not Applicable   |
| <116>         | How much (USF) was used to improve service coverage and how support was used to improve   |  |
| <117>         | How much (USF) was used to improve service capacity and how support was used to imp   | The state of the s |
| <118>         | Provide an explanation of network improvement targets not met in the prior calendar year.   | Not Applicable   |
|               |   |  |

| Contract of the Contract of th | ection Form          | Reporting (Vol  | ce)            | 5 7 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 |                    |   |  |               | o es la o                             |        | -0986/OMB Control N | lo): 3060 <b>-</b> 0819 |
|--|----------------------|-----------------|----------------|---|--------------------|---|--|---------------|---------------------------------------|--------|---------------------|-------------------------|
| Mac V  |                      |                 |                | , Karangayan,                           |                    |   | Trans April 100 (100 (100 (100 (100 (100 (100 (100 | A Ref. (seek) | ىلى جى چىدىد                          | y 2013 | \$1 14 16 V2 2      | 3.44 (3.56 (3.47)       |
| <010>  | Study Area C         | ade             |                |   |                    | 539007  |  |               |                                       |        |                     |                         |
| <015>  | 115> Study Area Name |                 |                |   | RAGLE TELEP        | EAGLE TELEPHONE SYSTEMS, INC. DBA GNAKE NIVER FCS |  |               |                                       |        |                     |                         |
| <020>  | Program Yea          | r               |                |   |                    | 2016  |  |               |                                       |        |                     |                         |
| <030>  | Contact Nam          | ie - Person USA | C should conta | ct regarding thi                        | s data             | Brandi Sangater                                   |  |               |                                       |        |                     |                         |
| <035>  | Contact Tele         | phone Number    | - Number of p  | erson identified                        | in data line <030> | 5418936115  |  |               | · · · · · · · · · · · · · · · · · · · |        |                     |                         |
| <039>  |                      |                 |                |   | In data line <030> | eagle@eagle                                       | etelephone.com                                     |               | · · · · · · · · · · · · · · · · · · · |        |                     |                         |
| <220>  | <a>&gt;</a>          | <b1></b1>       | <b2></b2>      | <53>                                    | <b4></b4>          | <c1></c1>   | <c2></c2>  | <d>&gt;</d>   | <                                     | ф      | <u>-</u>            | <h>&gt;</h>             |

|   | <a>&gt;</a>                 | <b1></b1>            | <b2></b2>            | <b3></b3>          | <b4></b4>          | <c1></c1>                       | <c2></c2>                    | <d>&gt;</d>                              | <e></e>   | ➾   | ≪p>                          | <h>&gt;</h>                |
|---|-----------------------------|----------------------|----------------------|--------------------|--------------------|---------------------------------|------------------------------|--|---|---|------------------------------|----------------------------|
|   | NORS<br>Reference<br>Number | Outage Start<br>Date | Outage Stort<br>Time | Outage End<br>Date | Outage End<br>Time | Number of<br>Customers Affected | Total Number of<br>Customers | 911 Facilities<br>Affected<br>(Yes / No) | Service Outage<br>Description (Check<br>all that apply) | Did This Outage<br>Affect Multiple<br>Study Areas<br>(Yes / No) | Service Outage<br>Resolution | Preventative<br>Procedures |
| ŀ |                             |                      |                      |                    |                    |                                 |                              |  |   |   |                              |                            |
| ŀ |                             |                      |                      |                    |                    |                                 |                              |  | ļ   |   |                              |                            |
| ŀ |                             |                      |                      |                    |                    |                                 |                              |  |   |   |                              |                            |
| ŀ |                             |                      |                      |                    | <del></del>        |                                 |                              |  | ļ   |   |                              |                            |
| ŀ |                             |                      |                      |                    |                    | <u> </u>                        |                              |  | <b></b>   |   |                              |                            |
| ŀ |                             |                      |                      |                    |                    | ·                               |                              |  | -   |   |                              |                            |
| ŀ | <del></del>                 |                      |                      |                    |                    |                                 |                              |  |   |   |                              |                            |
| ŀ |                             |                      |                      |                    |                    |                                 |                              |  |   |   |                              |                            |
| t |                             |                      |                      |                    | -                  |                                 |                              |  | <u> </u>  |   |                              | <del></del>                |
| Ì |                             |                      |                      |                    |                    |                                 |                              |  |   |   |                              |                            |
| Ī |                             |                      |                      |                    |                    |                                 |                              |  |   |   |                              |                            |
| I |                             |                      |                      |                    |                    |                                 |                              |  |   |   |                              |                            |
| L |                             |                      |                      |                    |                    |                                 |                              |  |   |   |                              |                            |
| L |                             |                      |                      |                    |                    |                                 |                              |  |   |   |                              |                            |
| ŀ |                             |                      |                      |                    |                    |                                 |                              |  |   |   |                              |                            |
| ŀ |                             |                      |                      |                    |                    |                                 |                              |  |   |   |                              |                            |
| ŀ |                             |                      |                      |                    |                    |                                 |                              |  |   |   |                              |                            |
| ŀ |                             |                      |                      |                    |                    |                                 |                              |  |   |   | <del></del>                  |                            |
| ŀ |                             |                      |                      |                    |                    |                                 | <del></del>                  |  |   |   |                              |                            |
| Ļ |                             |                      |                      |                    |                    | L                               |                              | L  | L   | l <u></u>   | l                            |                            |

|                    | ce Offerings including Voice Rete Data<br>Istion Form  | FCC Form 481<br>OMB Control No. 3060-0986/GM8 Control No. 3060-0819 |
|--------------------|--|---|
| 177-20-17-17-17-17 | and the second s | giul/2013   |
| <010>              | Study Area Code  | 539007  |
| <015>              | Study Area Name  | EAGLE TELEPHONE SYSTEMS, INC. DEA SHAKE RIVER 909                   |
| <020>              | Program Year   | 2016  |
| <030>              | Contact Name - Person USAC should contact regarding this data  | Brandi Sangster   |
| <035>              | Contact Telephone Number - Number of person Identified in data line <030>  | 5418936115 ext.   |
| <039>              | Contact Email Address - Email Address of person Identified in data line <030>  | dagle@eagletelephone.com  |
|                    |  |   |
| <701>              | Residential Local Service Charge Effective Date 1/1/2015   |   |
| <702>              | Single State-wide Residential Local Service Charge 23.34   |   |

| 01> | Residential Local Service Charge Effective Date    | 1/1/2015 |
|-----|--|----------|
| 02> | Single State-wide Residential Local Service Charge | 23.34    |
|     |  |          |

| 1        | State       | Exchange (ILEC) | SAC (CETC)                                       | Rate Type                             | Residential Local<br>Service Rate | <b3> State Subscriber Line Charge</b3> | State Universal Service Fee | Mandatory Extended Area<br>Service Charge | Total per line Rates and F                       |
|----------|-------------|-----------------|--|---------------------------------------|-----------------------------------|--|-----------------------------|---|--|
| -        |             |                 | <b></b>  | <del></del> -                         |                                   |  |                             |   |  |
| ⊢        | ——— <u></u> |                 |  |                                       |                                   |  |                             | · . ·                                     |  |
| $\vdash$ |             | <del> </del>    |  |                                       |                                   |  |                             |   |  |
| $\vdash$ |             | ····            | <b> </b>   | · · · · · · · · ·                     |                                   |  | ·                           |   |  |
| -        |             |                 |  |                                       |                                   |  |                             |   |  |
| $\vdash$ |             | <del></del>     | <del> </del>                                     |                                       |                                   |  |                             |   |  |
| $\vdash$ |             | ·               |  |                                       |                                   |  |                             |   |  |
| ⊬        |             |                 | <del>                                     </del> |                                       |                                   |  |                             |   |  |
| $\vdash$ |             |                 |  |                                       |                                   |  | -,                          |   |  |
| $\vdash$ |             |                 |  |                                       |                                   |  |                             |   |  |
| <u> </u> |             |                 | L  |                                       |                                   |  |                             |   |  |
| $\vdash$ |             |                 |  |                                       |                                   |  |                             |   |  |
| $\vdash$ |             |                 |  |                                       |                                   |  |                             |   |  |
| -        |             |                 |  |                                       |                                   |  |                             |   |  |
| _        |             |                 |  |                                       |                                   |  |                             |   |  |
| $\vdash$ |             |                 |  |                                       |                                   |  |                             |   |  |
| $\vdash$ |             |                 |  |                                       |                                   |  |                             |   |  |
| $\vdash$ |             |                 |  |                                       |                                   |  |                             |   |  |
| $\vdash$ |             |                 |  | · · · · · · · · · · · · · · · · · · · |                                   |  |                             |   |  |
| <u></u>  |             |                 |  |                                       |                                   |  |                             |   |  |
| 1.       | !           |                 |  |                                       |                                   |  |                             |   | <del>                                     </del> |

| Data Collection Form: OMB Control No: 3050-0986 (OMB Control No: 3050-0986 |
|---|
|   |
| 1/UV 2013   |
| <010> Study Area Code 539007  |
| <015> Study Area Name EAGLE TELEPHONE SYSTEMS, INC. DBA SNAKE RIVER PCS   |
| <020> Program Year 2016   |
| <030> Contact Name - Person USAC should contact regarding this data Brandi Sangeter   |
| <035> Contact Telephone Number - Number of person identified in data line <030> 5419936115 ext.   |
| Contact Email Address - Email Address of person identified in data line <030> eagle@eagletelephone.com  |

<711>

| <a>i&gt;<ai><a>i&gt;<a>i</a></a></ai></a> | <b>42</b> >     | *bD                                   | ×62>   | ₹ <b>0</b>          | di> Broadband Service - Download Speed | <d2></d2>           | <d3><br/>Usage Allowance</d3> | CG4> Usage Allowance Action Taken When |
|---|-----------------|---------------------------------------|--|---------------------|--|---------------------|-------------------------------|--|
| State                                     | Exchange (ILEC) | Residential Rate                      |  | Total Rate and Fees |  | Upload Speed (Mbps) | (GB)                          | Limit Reached (select)                 |
|   |                 |                                       |  |                     |  |                     |                               | <del></del>                            |
|   |                 |                                       |  |                     |  |                     |                               | <del></del>                            |
|   |                 |                                       |  |                     |  |                     |                               | <del></del>                            |
|   |                 |                                       |  |                     | · · · · · · · · · · · · · · · · · · ·  |                     |                               |  |
|   |                 |                                       |  |                     |  |                     |                               |  |
|   |                 |                                       |  |                     |  | <u></u>             |                               |  |
|   |                 | <del></del>                           |  |                     | <u> </u>                               |                     |                               |  |
|   |                 |                                       | · · · · · · · · · · · · · · · · · · ·            |                     |  |                     |                               | /                                      |
|   |                 |                                       |  |                     | <del> </del>                           |                     |                               |  |
|   |                 |                                       |  |                     |  |                     |                               |  |
|   |                 |                                       |  |                     | *                                      |                     |                               |  |
| <u> </u>                                  |                 |                                       |  | ļ                   | ·                                      |                     |                               |  |
| <u> </u>                                  |                 | · · · · · · · · · · · · · · · · · · · |  |                     |  |                     |                               |  |
|   | · · ·           | <del></del>                           | <del>                                     </del> |                     |  |                     |                               |  |
|   |                 | i                                     |  |                     |  |                     |                               |  |
|   |                 |                                       |  |                     |  |                     |                               |  |
|   | [               |                                       |  |                     |  |                     |                               |  |

| 11.77    | erating Companies   |                         |                       | FCCForm/481  |
|----------|---|-------------------------|-----------------------|--|
| Data Col | lection Form  |                         |                       | QMB Control No. 3050-0986/OMB Control No. 3050-0815<br>July 2013 |
| <010>    | Study Area Code   | 539007                  |                       |  |
| <015>    | Study Area Name   |                         | ONE SYSTEMS, INC. DBA | SHAYE DIVED DEC  |
| <020>    | Program Year  | 2016                    |                       |  |
| <030>    | Contact Name - Person USAC should contact regarding this data                 | Brandi Sanga            | ter                   |  |
| <035>    | Contact Telephone Number - Number of person identified in data line <030>     |                         | xt.                   |  |
| <039>    | Contact Email Address - Email Address of person identified in data line <030> | eagle@eaglet            | elephone.com          | · · · · · · · · · · · · · · · · · · ·                            |
| <81.0>   | Reporting Carrier Eagle Telephone System, INC dba Snake River                 | r PCS                   |                       |  |
| <811>    | Holding Company Sagle Telephone Systems, Inc.                                 |                         |                       |  |
| <812>    | Operating Company Eagle Telephone System, INC dba Snake Rive                  | r PCS                   |                       |  |
| 1        |   | Property and the second |                       |  |
| <813>    | cal>  |                         | K925                  | <d3></d3>  |
|          | Affiliates  |                         | SAC                   | Doing Business As Company or Brand Designation                   |
|          |   |                         | <u> </u>              |  |
| -        |   | · •                     |                       |  |
|          |   |                         |                       |  |
|          |   |                         |                       |  |
|          |   |                         |                       |  |
|          |   |                         |                       |  |
| -        | ······································  |                         |                       |  |
| -        |   |                         | <del> </del>          |  |
| -        |   |                         |                       |  |
| . •      |   |                         | <del></del>           |  |
|          |   |                         |                       |  |
|          |   |                         |                       |  |
|          | · · · · · · · · · · · · · · · · · · ·   |                         | <u> </u>              |  |
| -        |   |                         |                       |  |
| -        | <u> </u>  |                         | <del> </del>          | <u> </u>   |
| -        |   |                         | <del> </del>          |  |
| •        |   | ·····                   |                       |  |
|          |   |                         | 1                     |  |
| -        |   |                         |                       |  |
| _        |   |                         |                       |  |
| -        |   |                         |                       |  |

| 12.2  | Dal Lands Reporting<br>ection Form  | FCC Form 481<br>OMB Control No. 3060:0986/0MB Control No. 3060-0819<br>JULY 2013 |
|---|---|--|
| <010><br><015><br><020>                                     | Study Area Code<br>Study Area Name<br>Program Year  | 539907 EAGLE TELEFICHE SYSTEMS, INC. DBA SHAKE RIVER FCS 2016                    |
| <030><br><035><br><039>                                     | Contact Name - Person USAC should contact regarding this data<br>Contact Telephone Number - Number of person identified in data line <0   |  |
| <910>   | Contact Email Address - Email Address of person identified in data line <  Tribal Land(s) on which ETC Serves   | 30> eagle@eagletelephone.com   |
| •   |   |  |
| <920>   | Tribal Government Engagement Obligation   | Name of Attached Document  |
| to confi<br>demons  | ompany serves Tribal lands, please select (Yes,No, NA) for each these boxes<br>on the status described on the attached document(s), on line 920,<br>trates coordination with the Tribal government pursuant to<br>[[a](9] includes:   | Select Yes or No or Not Applicable   |
| <921> <922> <923> <924> <925> <926> <927> <928> <928> <928> | Needs assessment and deployment planning with a focus on Tribal community anchor institutions. Feasibility and sustainability planning; Marketing services in a culturally sensitive manner; Compliance with Rights of way processes Compliance with Land Use permitting requirements Compliance with Facilities Siting rules Compliance with Environmental Review processes Compliance with Cultural Preservation review processes Compliance with Tribal Business and Licensing requirements. | NOTAPPERATE  |
|   |   |  |

|        | o Terrestrial Backhaul Reporting<br>Hection Form   | FCC Form 481<br>OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>(III) 2013 |
|--------|--|---|
| <010>  | Study Area Code<br>Study Area Name   | 519007  |
| <020>  | Program Year   | EAGLE TELEPHONE SYSTEMS, INC. DBA SNAKE RIVER PCS 2016                            |
| <030>  | Contact Name - Person USAC should contact regarding this data  | Brandi Sangster   |
| <035>  | Contact Telephone Number - Number of person Identified in data line <030>  | 5418935115 ext.   |
| <039>  | Contact Email Address - Email Address of person identified in data line <030>  | eagle@eagletelephone.com  |
| <1120> | Please confirm whether terrestrial backhaul options exist within the supported area pursuant to § 54.313(g) (Yes, No).   |   |
| <1130> | Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 upstream within the supported area pursuant to § 54.313(g). | kbps  |
|        |  |   |

| Lifeline       | erms and Condition for Lifeline Customers<br>ection Form                    |          | FCC Form A81<br>DMB Control No. +2000-0986/DMB Control No. 3060-0819 |
|----------------|---|----------|--|
| and the second |   |          | July 2013  |
| <010>          | Study Area Code   |          | 539007   |
| <015>          | Study Area Name   | •        | EAGLE TELESHONE SYSTEMS, INC. DEA SNAKE RIVER BCS                    |
| <020>          | Program Year  |          | 2016   |
| <030>          | Contact Name - Person USAC should contact regarding this data               |          | Brandi Sangster  |
| <035>          | Contact Telephone Number - Number of person identified in data lin          |          | 5410936115 ext.  |
| <039>          | Contact Email Address - Email Address of person identified in data li       | ne <030: | engleseagletelephons.com   |
|                |   |          |  |
|                |   |          | lifelins basic service ad poster modified.pdf                        |
|                |   |          | ·  |
| <1210>         | Terms & Conditions of Voice Telephony Lifeline Plans                        |          |  |
|                |   | 1        |  |
|                | •   | •        | Name of Attached Document  |
| <1220>         | Link to Public Website  |          |  |
| \122U>         | Link to Public Website  | HTTP     | www.eagletelephone.com   |
|                |   |          |  |
| "Please cl     | neck these boxes below to confirm that the attached document(s), on line 1. | 210      |  |
|                | bsite listed, on line 1220, contains the required information pursuant to   | 210,     |  |
|                | a)(2) annual reporting for ETCs receiving low-income support, carriers must |          |  |
| annually r     |   |          | •  |
|                | -   |          |  |
| <1221>         | Information describing the terms and conditions of any voice                | 1        |  |
|                | telephony service plans offered to Lifeline subscribers,                    | وجنا     | •  |
|                |   |          |  |
| <1222>         | Details on the number of minutes provided as part of the plan,              | 17       |  |
|                | provided as part of the plan,   |          |  |
| 4              |   | ·        |  |
| <1223>         | Additional charges for toil calls, and rates for each such plan.            |          |  |
|                |   |          |  |
|                | ·   |          |  |

| Data Col                             | tce Cap Carrier Additional Occumentation<br>action Form<br>Rete: of Secum Carriers offiliated with Price Cap Lacal Exchange Carriers   | FCCForm 481<br>OMB Control No. 3060-0986/GMB Control No. 3060-0819<br>Fully 2013  |
|--------------------------------------|--|---|
| <010>                                | Study Area Code  |   |
| <015>                                | Study Area Name  | 53907   |
| <020>                                | Program Year   | EAGLE TELEFRONE SYSTEMS, INC. DHA SMAKE KIVER FUB   |
| <030>                                | Contact Name - Person USAC should contact regarding this data  | 2016  |
| <035>                                | Contact Telephone Number - Number of person identified in data line <030>  | Granci Sangater   |
| <039>                                | Contact Email Address - Email Address of person identified in data line <030>  | 3418936115 ext.   |
|                                      |  | eagle@eagleterepnome.com  |
| Select th<br>Connect                 |  | a recipiont of incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and action reported on this form and in the documents attached below is accurate. |
| <2011a                               |  |   |
| <2011b                               |  |   |
|                                      |  | Name of Attached Document(s) Listing Required Information   |
| <2012><br><2013><br><2014><br><2015> | 2014 Frozen Support Calculation (47 CFR § 54.313(c)[2]]<br>2015 Frozen Support Calculation (47 CFR § 54.313(c)(3)]   |   |
| <2016>                               | Price Cap Carrier Connact America ICC Support (47 CFR § S4.313(d)) Certification Support Used to Build Broadband   |   |
| <2017><br><2018:<br><2019:           | 5th year Broadband Service Certification   |   |
| <2020>                               | Please check the box to confirm that the attached document(s), on lin<br>pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF phase II support si<br>addresses of community anchor institutions to which began providing<br>preceding calendar year. | e 2021,contains the required information hall provide the number, names, and access to broadband service in the   |
| <2021>                               | Interim Progress Community Anchar Institutions   | Name of Attached Documents) Listing Required Information  |

| Control No.   December   Period   Control No.   December   Period   Control No.   December   Dece       |          | eta Of Ratum Carrier Additional Documentation   | CCFom48),  |
|--|----------|---|--|
| State Area Cade  13 9107  State Area Name  1900 State Name  1900 State Area Name  1900 State Na     | Data Col | lection Form  |  |
| Study Area Name  (Attach to Documents Study Indiana Area  Study Area Name  (Attach to Documents Study Indiana Area  Study Area Name  (Attach to Documents Study Indiana Area  Study Area Name  (Attach to Documents Study Indiana Area  Study Area Name  Name of Attached Document Unling Required Information  (Text Not  Study Area Name  Study Area Name  Information  Name of Attached Document Unling Required Information  (Text Not  Study Area Name  Information  Name of Attached Document Unling Required Information  (Text Not  Information  Text Not  Information  Information  Information  Information  Information  Informati     | -        |   |  |
| ACID Contact Name - Paton LINE Charles of Security for the Security of the Security of Security (Security Contact Targetons Name - Paton LINE Charles of Security for the Security of Security of Security (Security Contact Targetons Name - Paton LINE Charles of Security for the Security of Security of Security (Security Contact Targetons Name - Paton LINE Charles of Security of Security (Security Contact Targetons Name - Paton LINE Charles of Security Charles of Security (Security Charles) (Security Char     |          |   |  |
| GODS - Costact Flavore Inches in Number of prosposed field for allia GODDs - 2005-2005-2005-2005-2005-2005-2005-20   |          |   | EAGLE TELEPHONE SYSTEMS, INC. DBA SNAKE RIVER PCS  |
| Cotted Templore Number of Jesus and Section of Section (1992)  Contact Templore Number of Jesus and Section of Section (1992)  Contact Templore Number of Jesus and Section (1992)  Cotted Section (1992)  Name of Attached Occurrent Using Required Information (1992)  Name of At     |          |   | 2016   |
| Chicaet Enail Address - Small Address of person identified is defined and CRUD.  Activation and CRUT and Activation - Commission of the CRUT and Activation - CRUT and Activatio     |          |   |  |
| CHECK the beaus below to not to confirm on the time year account of CR18 \$4.32(0)(2) and, for privately hold current, exaculting compliance with the financial apporting requirements act of CR18 \$4.32(0)(2). Hundre certify that the Information reported on this form and in the documents attached below to accord.  [2010] Progress Report on 5 Year Man.  Milleriones Certification (CF CR18 \$4.333(0)(2)):  Name of Attached Decument Uniting Required information  Philosophy of the CR18 \$4.333(0)(2) in the confirm that the attached document(s), on line 3012 contains the required information pursuant to gravity and the providing scores to the containing account to the co |          |   |  |
| (2012) Progress Report on 5 Year Plan.  (2014) Progress Report on 5 Year Plan.  (2014) Progress Report on 5 Year Plan.  (2015) Progress Report on 5 Year Plan.  (2016) Milestone Certification (47 CFR § 54.319(C)(I))  (2017) Progress Report on 5 Year Plan.  (2018) Milestone Certification (47 CFR § 54.319(C)(I))  (2018) Progress Report on 5 Year Plan.  (2019) Progress Report on 5 Year Plan.  (2014) Milestone Certification (47 CFR § 54.319(C)(I))  (2014) Progress Report on 5 Year Plan.  (2014) Progress Report on 5 Year Plan.  (2015) Progress Report on 5 Year Plan.  (2016) Progress Report on 5 Year Plan.  (2017) Progress Report on 5 Year Plan.  (2017) Progress Report on 5 Year Plan.  (2018) Progress Report on 5 Year Plan.  (2018) Progress Report on 5 Year Plan.  (2019) Progress Report on 5 Year Plan.     |          |   | eachedragletelephone.com   |
| Milestone Certification (of CPM § 4.4.35(f)(3)(ii))  Name of Attached Document Using Required Information  Please check this box to confirm that the estached document(s), on line 3012 contains the required information pursuant to providing access to broadband revivale in the proceeding celeridar year.  (5012)  Community Aurhor Institutions (47 CPR § 5.4.315(f)(3)(iii))  Name of Attached Document Using Required Information pursuant to your company a Privately Held RDR Curier (47 CPR § 5.4.315(f)(3)(iii))  Name of Attached Document Listing Required Information pursuant to your company a Privately Held RDR Curier (47 CPR § 5.4.315(f)(2)(iii))  Name of Attached Document Listing Required Information (Virelife)      | CHECK    | and the second second to the combination of the first feat service desirth bigg forth forth   | (10 4/ CHI 9 54-202(3)) and, for privately held carriers, ensuring compliance with the financial constitution requirements are forth in AT   |
| Name of Attached Document Unting Required Information  Name of Attached Document Unting Required Information  (3011) Fleese check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to providing access to transcribed new rowfor in the providing definitor year.  (3012) Community Anchor Institutions (47 CFR \$54.313(f)(1)(f))  Name of Attached Document Listing Required Information (Yea/No)  (3014) If Yes, does year company a Privately Held ROR Carrier (47 CFR \$54.313(f)(2)(f))  Name of Attached Document Listing Required Information (Yea/No)  (3015) If Yes, does year company in this HIU Santual report  (3015) Electronic copy of this assual 3U.F reports (Operating Report for Telecommunications acrossed in that the attached document(s), on line 3917, contains the required information pursuant to § 64.313(f)(2) compliance requires:  (3015) Electronic copy of this assual 3U.F reports (Operating Report for Telecommunications acrossed in the third assual 3U.F reports (Operating Report for Telecommunications acrossed in the state of Attached Document Listing Required Information  (3015) Document(s) for Balanco Street, Income Statement and Statement of Cash Flows  (3016) The response is no on line 3014, state the bosts below to confirm your authorition. In the Statement of Cash Flows  (3017) Document(s) for Balanco Street, income Statement and Statement of Cash Flows  (3018) The response is no on line 3014, pitch chart the bosts below to confirm your authorition. In the Statement of Cash Flows  (3019) The statement Listing Required Information is stated by the independent certified public accountant (1) and public accountant   |          |   |  |
| Name of Attached Document Unting Required Information  Name of Attached Document Unting Required Information  (3011) Fleese check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to providing access to transcribed new rowfor in the providing definitor year.  (3012) Community Anchor Institutions (47 CFR \$54.313(f)(1)(f))  Name of Attached Document Listing Required Information (Yea/No)  (3014) If Yes, does year company a Privately Held ROR Carrier (47 CFR \$54.313(f)(2)(f))  Name of Attached Document Listing Required Information (Yea/No)  (3015) If Yes, does year company in this HIU Santual report  (3015) Electronic copy of this assual 3U.F reports (Operating Report for Telecommunications acrossed in that the attached document(s), on line 3917, contains the required information pursuant to § 64.313(f)(2) compliance requires:  (3015) Electronic copy of this assual 3U.F reports (Operating Report for Telecommunications acrossed in the third assual 3U.F reports (Operating Report for Telecommunications acrossed in the state of Attached Document Listing Required Information  (3015) Document(s) for Balanco Street, Income Statement and Statement of Cash Flows  (3016) The response is no on line 3014, state the bosts below to confirm your authorition. In the Statement of Cash Flows  (3017) Document(s) for Balanco Street, income Statement and Statement of Cash Flows  (3018) The response is no on line 3014, pitch chart the bosts below to confirm your authorition. In the Statement of Cash Flows  (3019) The statement Listing Required Information is stated by the independent certified public accountant (1) and public accountant   | /anin)   | Progress Report on 5 Year Plan  | · · · · · · · · · · · · · · · · · · ·  |
| Fleates check this box in confirm that the allached document(s), on line 3012 contains the required information pursuant to \$ \$5.313 (f) (19), but each contain the present of the number, name, and addresses of community anchor institutions to which began providing scotes to broadbard elevation in the presenting relevator year.    (3012)   Community Anchor Institutions (47 CRS § \$4.313 (f) (1)(s)   Name of Attached Document(s) and Pursuant (1907)   Name of Attached Document Listing Required Information (    | (2040)   |   | i  |
| Fileste check this box to confirm that the attached document(s), on the p. 0171.2 contains the required information pursuant to provide the combets, name, and editionses of continually anchor habitations do which began providing access to broadband service in the preceding celeratory year.    (5012)   Community Anchor institutions (47 CFR § 54.318(f(1)(6))   |          | 7(/(-)(/)   |  |
| (8012) Community Anchor institutions (47 CFR § 54.314)(1)(1))  Name of Attached Document Listing Required Information  (8013) Its your company a Privately Meld ROIR Carter (47 CFR § 54.314)(1)(1)  Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.314)(1)(2) compliance requires:  (8015) Electronic copy of their amount MIX response Ciperating Report for Telecommunications deprevently  (8016) Document(s) for Balance Street, income Statement and Statement of Cash Plows  (8017) If the response is yet on line 3014, is your company's 8US saneal report and all required documentation  (8018) Electronic copy of their amounts is yet on line 3016, retach your company's 8US saneal report and all required documentation  (8019) When response is yet on line 3016, place check the boxes below to confirm your submission, on line 3016, is your company's 8US saneal report and all required documentation  (8010) Document(s) for Balance Sheel, income Statement and Statement of Cash Flows  (8011) If the response is yet on line 3016, place sheck the boxes below to confirm your submission, on line 3016 provement to (2) & furnish theypert in a format companish to RUS Operating Report for Telecommunications  (8010) Document(s) for Balance Sheel, income Statement and Statement of Cash Flows  (8011) If the response is no on line 3018, places check the boxe below to confirm your submission, on line 3018, places check the boxe below to confirm your submission, on line 3018 provement is 54.3134(R).  (8011) Operating Report for Indianation submission is 54.3134(R).  (8012) Operating financial statement which has been subject to review by an independent certified public accountant.  (8013) Operating information subjected to an efficer certification.  (8014) Decompling information subjected to an efficer certification.  |          |   | Name of Attached Document Listing Required Information   |
| (8012) Community Anchor institutions (47 CFR § 54.314)(1)(1))  Name of Attached Document Listing Required Information  (8013) Its your company a Privately Meld ROIR Carter (47 CFR § 54.314)(1)(1)  Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.314)(1)(2) compliance requires:  (8015) Electronic copy of their amount MIX response Ciperating Report for Telecommunications deprevently  (8016) Document(s) for Balance Street, income Statement and Statement of Cash Plows  (8017) If the response is yet on line 3014, is your company's 8US saneal report and all required documentation  (8018) Electronic copy of their amounts is yet on line 3016, retach your company's 8US saneal report and all required documentation  (8019) When response is yet on line 3016, place check the boxes below to confirm your submission, on line 3016, is your company's 8US saneal report and all required documentation  (8010) Document(s) for Balance Sheel, income Statement and Statement of Cash Flows  (8011) If the response is yet on line 3016, place sheck the boxes below to confirm your submission, on line 3016 provement to (2) & furnish theypert in a format companish to RUS Operating Report for Telecommunications  (8010) Document(s) for Balance Sheel, income Statement and Statement of Cash Flows  (8011) If the response is no on line 3018, places check the boxe below to confirm your submission, on line 3018, places check the boxe below to confirm your submission, on line 3018 provement is 54.3134(R).  (8011) Operating Report for Indianation submission is 54.3134(R).  (8012) Operating financial statement which has been subject to review by an independent certified public accountant.  (8013) Operating information subjected to an efficer certification.  (8014) Decompling information subjected to an efficer certification.  |          | Please check this box to confirm that the attached document(s), on line 30  | 112 contains the sequipad information purposed to  |
| Solid   Soli       |          | 9 34.313 (1)(1)(1)), the camer strail provide the number, names, and address  | sees of community anchor institutions to which began   |
| Solid   Soli       |          |   |  |
| Solid   Soli       |          |   |  |
| Solid   Soli       | (gnss)   | Community Anchor Institutions (47 CEO 6 to 12 1/0/0/0/0/0)  | 1  |
| Syour company a Privately Held ROR Carrier (47 CR \$ \$ \$4.313([1/2)]   (Yes/No)   (Yes/    | (3022)   | Community August magnetone lay care a paratalisticity   | I  |
| Syour company a Privately Held ROR Carrier (47 CR \$ \$ \$4.313([1/2)]   (Yes/No)   (Yes/    |          |   |  |
| If yes, does your company file the RUS annual report   Please check those boxes to confirm that the attached document(e), on line 3017, contains the required information pursuant to \$ 54.313(f)(2) compliance requires:   Solid   |          |   |  |
| Solidar   Soli       | ,,       |   |  |
| Solidar   Soli       | Piease   | check these boxes to confirm that the attached documentish on line 3017   | contains the maulant information premium to F 54 044(00)   |
| Telecommunications dorrowers)  [S015] Document(s) for Balance Sheet, income Statement and Statement of Cash Flows  [S017] If the response is yee on line S014, stach your company's RUS annual report and all required documentation  [S018] If the response is no on line S014, is your company audited?  [S019] If the response is no on line S014, is your company audited?  [S019] Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecontinunications  [S020] Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows  [S021] Management letter and sudit opinion issued by the independent certified public accountant that performed the company's financial audit   Prince reports in on line S018, place check the boxe below to confirm your audited statement which has been subject to review by an independent certified public accountant comparable to RUS Operating Report for Telecommunications (S022) Operating S18, place 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 (S022) Underlying information subjected to a review by an independent certified public accountant (S022) Underlying information subjected to an officer certification.  [S022] Underlying information subjected to an officer certification.  [S023] Observation, of the S022 of the subjected to an officer certification of the subjected to an officer certification.  [S023] Observation, of the S022 of the subjected to an officer certification.  [S024] Observation (S022) Observation of the subjected to an officer certification.  [S025] Observation (S022) Observation of the subjected of the subj     | (antel   | Electronic commentation of the feature of the feature of the same | contains the reduner unotivenest bringarit to 3 oct 2 (2)(3) combination ledgings:   |
| Source   S       | (auto)   | Tolocommunications Romanum)   | u u  |
| Solary   If the response is yes on line 3014, stach your company's RUS annual report and all required documentation  | (anset   |   | -  |
| (3013)   If the response is no on line 9014, is your company audited?   (Yes/No)   (Ye       | (3010)   | Econitetria) for easing extern income distallant and sintement of Cas   | h Flows  |
| (3013)   If the response is no on line 9014, is your company audited?   (Yes/No)   (Ye       |          |   |  |
| (3013)   If the response is no on line 9014, is your company audited?   (Yes/No)   (Ye       | (3017)   | If the response is yes on line 3014, attach your company's RUS annual   | 1  |
| If the response is no on line 9014, is your company audited?   (Yes/No)   If the response is yet on line 2015, please check the boxes below to confirm your submission, on line 2005 provients to § 54.315(Fig.) contains  |          | report and all required documentation   | 1  |
| If the response is no on line 9014, is your company audited?   (Yes/No)   If the response is yet on line 2015, please check the boxes below to confirm your submission, on line 2005 provients to § 54.315(Fig.) contains  |          |   | I I  |
| If the response is no on line 9014, is your company audited?   (Yes/No)   If the response is yet on line 2015, please check the boxes below to confirm your submission, on line 2005 provients to § 54.315(Fig.) contains  |          |   | Name of Attached Document Listing Required Information   |
| if the response is yes on line 3018, place check the boxes below to confirm your submission, on line 3028 pursuant to \$5.4.3.13(f)(2), ontains  [3039] Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications  [3030] Document(s) for Balance Sheet, income Statement and Statement of Cash Flows  [3031] Management letter and audit opinion issued by the independent certified public accountant that performed the company's financial audit  If the response is no on line 3028, please sheck the boxes below to confirm your admission, on line 3028 pursuant to \$5.9.13(f)(2), contains:  [3032] Copy of their financial statement which has been subject to review by an independent certified public accountant or 13 financial report in a format comparable to RUS Operating Report for Telecommunications  [3033] Underlying Information subjected to a review by an independent certified public accountant  [3042] Underlying Information subjected to an officer certification.  [3036] Attach the worksheet listing required Information  [3036] Attach the worksheet listing required Information  | (3018)   | If the response is no on line 9014, is your company audited?  | ~~   |
| confirm your submission, on line 3026 pursuant to \$54.3.13(f)(2), ontains  (\$000) Document(s) for Balance Sheet, Income Statement or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications  (\$000) Management leiter and sudit opinion issued by the independent certified public accountant that performed the company's financial audit lifther response is no on line 3028, please check the boxes below to confirm your submission, on line 3028, please check the boxes below to confirm your submission, on line 3028, please check the boxes below to confirm your submission, on line 3028, please check the boxes below to confirm your submission, on line 3028, please check the boxes below to confirm your submission, on line 3028 per submission on the 3028 pursuant to \$54,313(f)(2), contains:  [\$0000] Copy of their financial statement which has been subject to review by an independent certified public accountant to \$1000 per submission subjected to a review by an independent certified public accountant.  [\$0000] The financial statement which has been subjected to an officer certified public accountant.  [\$0000] Actual Medicing information subjected to an officer certification.  [\$00000] Document(s) for Balance Sheet, snoome Statement and Statement of Cash Flows.  | ,,       |   | (36)40)  |
| (3022) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows    (3021) Management letter and audit opinion issued by the independent certified public accountant that performed the company's financial audit  |          | confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains  | ·  |
| (3022) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows    (3021) Management letter and audit opinion issued by the independent certified public accountant that performed the company's financial audit  | (3019)   | Either a copy of their audited financial statement; or (2) a financial report in a for  | mat comparable to RUS Operating Report for Telecontmunications   |
| (3021) Management letter and studit 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 loves hollow to confirm your submission, on line 5026 pursuant to § 54,315(f)(1), contains:  (3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or 21 a financial reports a format comparable to RUS Operating Report for Telecommunications Gornowan.  (3023) Underlying Information subjected to a review by an independent certified public accountant (3024) Underlying Information subjected to an officer certification.  (3025) Document(a) for Balance Sheet, Income Statement and Statement of Cash Flows.   |          |   |  |
| If the response is no on line 3038, please check the boxes below to confirm your admission, on line 3026 pursuant to § 54,313(f)(2), contains:  (\$022) Copy of their financial statement which has been subject to review by an indepandent certified public accountant; or 2) a financial report in a femate comparable to RIM Operating Report for Telecommunications  (\$022) Copy of their financial statement which has been subject to review by an indepandent certified public accountant of the statement o   | (3020)   | Document(s) for Balance Sheet, Income Statement and Statement of Ca   | sh Flows   |
| to confirm your submission, on line 5026 pursuant to § 54,313(f)(2), contains:  [3022] Copy of their financial statement which has been subject to review by an indepandent certified public accountant, or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications  [3023] Underlying information subjected to a review by an independent certified public accountant  [3024] Underlying information subjected to an officer certification.  [3025] Occurrent(e) for Balance Sheet, sncome Statement and Statement of Cash Flows.   | (3021)   |   | olic accountant that performed the company's financial audit   |
| (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 public accountant  (3024) Underlying Information subjected to an officer certification.  (3025) Docuntent(s) for Balance Sheet, snoome Statement and Statement of Cash Flows.   |          | If the response is no on line 3018, please check the boxes below  |  |
| (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  gornewers.  (3023) Underlying information subjected to a review by an independent certified public accountant (3024) Underlying information subjected to an efficer certification.  (3023) Operating information subjected to an efficer certification.  (3023) Operating information subjected to an efficer certification.  (3024) Underlying information subjected to an efficer certification.  (3026) Attach the worksheet listing required information  |          |   |  |
| Indepandent contributed 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] Obcuntent(e) for Badance Sheet, snoome Statement and Statement of Cash Flows.   |          | contains:   | ·  |
| Independent certified public accountant; or 2) a filancial report in a format comparable to RUS Operating Report for Telecommunications  Borrowers.  (3032) Underlying information subjected to a review by an independent certified public accountant (3024)  Underlying information subjected to an officer certification.  (3025) Docuntent(¢) for Balance Sheet, snoome Statement and Statement of Cash Flows.   | (3022)   | Copy of their financial statement which has been subject to review by an  | ( <del>)</del> 1   |
| Borrowan,  |          | independent certified public accountant; or 2) a financial report in a  | <u></u>  |
| (302a) Underlying information subjected to a review by an independent certified public accountant (3074) Underlying information subjected to an officer certification. (302a) Underlying information subjected to an officer certification. (302b) Docuntent(s) for Balance Sheet, knoome Statement and Statement of Cash Flows.  (302c) Attach the worksheet listing required information   |          | format comparable to RUS Operating Report for Telecommunications  |  |
| public accountant  (3024) Underlying information subjected to an officer certification.  (3025) Document(s) for Balance Sheet, knowne Statement and Statement of Cash Flows.  (3026) Attach the worksheet listing required information   |          |   |  |
| public accountant  (3024) Underlying information subjected to an officer certification.  (3025) Document(s) for Balance Sheet, knowne Statement and Statement of Cash Flows.  (3026) Attach the worksheet listing required information   | (30231   | Underlying information subjected to a review by an independent exercises  |  |
| (3024) Underlying information subjected to an officer certification. (3025) Document(s) for Balance Sheet, snoome Statement and Statement of Cash Flows.  (3026) Attach the worksheet listing required information   | ()       | public accountant   | <b>:</b>   |
| (3025) Document(s) for Balance Sheet, knowne Statement and Statement of Cash Flows.  (3026) Attach the worksheet listing required Information  | (3074)   |   |  |
| (3026) Attach the worksheet listing required information   |          |   | No. of the last of |
|  | ,1       |   | III FRIMS  |
|  |          |   | į  |
|  | (anse)   | Attack the unreviewed littles mouled before a   |  |
| Name of Attached Document Listing Required Information   | (3020)   | street on solvenest pring technica intolusion   | ·  |
| Name of Attached Document Usting Required Information  |          | · · · · · · · · · · · · · · · · · · ·   | 1  |
| Name of Attached Document Listing Required information   |          | 1   |  |
|  |          |   | Name of Attached Document Listing Required information   |

| A STATE OF THE PROPERTY OF THE | SALTES WELL DANIES OF THE |                         | M. Carrier and the State of the Control of the |  |                                   |
|--|---------------------------|-------------------------|--|--|-----------------------------------|
| (3000) Rate Of Return Carner Additional Documentation (Conti   | mud)                      |                         |  | 7 FCC Form 481   |                                   |
| Data Collection Form   |                           |                         |  | OMB Control No. 30                                     | 60-0586/CMB Control No. 3060-0819 |
|  |                           |                         |  | July 2013  | and the second second             |
|  |                           |                         |  |  |                                   |
| <010> Study Area Code  |                           | 539007                  |  |  |                                   |
| <015> Study Area Name <020> Program Year   |                           | EAGLE TELEPHONE SYSTEMS | , INC. DEA SNAKE R                             | IVER FCS   |                                   |
| <030> Contact Name - Person USAC should contact regarding this   | riata                     | 2015<br>Brandi Sangater |  |  |                                   |
| <035> Contact Telephone Number - Number of person Identified   | In data line <030>        | 5418936115 ext.         | ·  |  |                                   |
| <039> Contact Email Address - Email Address of person identified   |                           | eagle@eagletelephone.cr | )m   |  |                                   |
|  | Control Sections (Control |                         | CATHOLIC AND SOCIETY OF THE PARTY              | e Tiber (il la la Mais più con servici de la constanta |                                   |
|  |                           |                         |  |  |                                   |
|  |                           |                         |  | •  |                                   |
|  |                           |                         |  |  | -                                 |
| Financial Data Summary   |                           |                         |  |  |                                   |
| •  | ĺ                         |                         |  |  |                                   |
| (3027) Revenue   | <u> </u>                  |                         |  |  |                                   |
| **   |                           |                         |  |  |                                   |
| (3028) Operating Expenses  | <u> </u>                  |                         |  |  | •                                 |
|  |                           | 7811                    |  |  |                                   |
| (3029) Net Income  | <u> </u>                  |                         | 1  |  |                                   |
| innerit it is a committee of   |                           |                         | <del></del> -                                  |  |                                   |
| (3030) Telephone Plant In Service(TPIS)  |                           |                         |  |  |                                   |
| (2024) T-t-1 4   |                           | <del></del>             |  |  |                                   |
| (3031) Total Assets  | l l                       | •                       |  |  |                                   |
| (3032) Total Debt  | <u> </u>                  |                         |  |  |                                   |
| (SSS2) TOTAL DEDI  |                           |                         |  |  |                                   |
| (3033) Total Equity  |                           |                         |  |  |                                   |
| **************************************   | L                         |                         |  |  |                                   |
| (3034) Dividends   |                           |                         | _  |  |                                   |
|  | L                         |                         | 1  |  |                                   |
|  |                           |                         | <del></del>                                    |  |                                   |

| Certification - Reporting Carrier<br>Data Collection Form                           | FCC Form 481<br>OMB Control No. 3050-0986/OMB Control No. 3050-0919 |
|---|---|
| <010> Study Area Code   | 9 July 2013   |
| <015> Study Area Name   | 539007 EAGLE TELEPHONE SYSTEMS, INC. DBA SNAKE RIVER PCS            |
| <020> Program Year  | 2016  |
| <030> Contact Name - Person USAC should contact regarding this data                 | Brandi Sangster   |
| <035> Contact Telephone Number - Number of person identified in data line <030>     | 5418936115 ext.   |
| <039> Contact Email Address - Email Address of person identified in data line <030> | eagle@eagletelephone.com  |

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

## Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate. Name of Reporting Carrier: EAGLE TELEPHONE SYSTEMS, INC. DBA SNAKE RIVER PCS Signature of Authorized Officer: CERTIFIED ONLINE Printed name of Authorized Officer: Mike Lattin Title or position of Authorized Officer: Presidenc Telephone number of Authorized Officer: 5418936115 ext. Study Area Code of Reporting Carrier: 539007 Filling Due Date for this form: 07/01/2015 Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

| Certification - Agent / Carrier<br>Data Collection Form                             | FCC Form 481<br>OMB Control No. 3050-0985/CMB Control No. 3050-0819<br>FUN 2013 |
|---|---|
| <010> Study Area Code   | 539007  |
| <015> Study Area Name   | EAGLE TELEPHONE SYSTEMS, INC. DBA SNAKE RIVER PCS                               |
| <020> Program Year  | 2016  |
| <030> Contact Name - Person USAC should contact regarding this data                 | Brandi Sangster   |
| <035> Contact Telephone Number - Number of person Identified in data line <030>     | 5418936115 ext.   |
| <039> Contact Email Address - Email Address of person identified in data line <030> | escienced et al cohora est  |

## 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 |  |  |  |
|---|--|--|--|
| certify that (Name of Agent)  | Is authorized to submit the information reported on behalf of the reporting carrier. I   |  |  |
| Name of Authorized Agent:   |  |  |  |
| Name of Reporting Carrier:  |  |  |  |
| Signature of Authorized Officer:  | Date:  |  |  |
| Printed name of Authorized Officer:   |  |  |  |
| Title or position of Authorized Officer:  |  |  |  |
| Telephone number of Authorized Officer:   |  |  |  |
| Study Area Code of Reporting Carrier:   | Filing Due Date for this form:   |  |  |
| Persons willfully making false statements on this form can be р<br>U  | ounished 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:

| Z=1 SHEEK A   | uthorized to File Annual Reports for CAF or LI Recipient   | ts on Benair of Reporting Carrier   |
|---|--|---|
| , as agent for the reporting carrier, certify that I am author<br>the data reported herein based on data provided by the re | rized to submit the annual reports for universal service support re<br>porting carrier; and, to the best of my knowledge, the informatio | ecipients on behalf of the reporting carrier; I have provided<br>n reported herein is accurate. |
| Name of Reporting Carrier:  |  |   |
| Name of Authorized Agent or Employee of Agent:  |  |   |
| ignature of Authorized Agent or Employee of Agent:  |  | Date:   |
| rinted name of Authorized Agent or Employee of Agent:   |  | Date.   |
| itle or position of Authorized Agent or Employee of Agent   |  |   |
| elephone number of Authorized Agent or Employee of Ager   | nt:  |   |
| itudy Area Code of Reporting Carrier:   | Filing Due Date for this form:   | <del></del>   |

Attachments

## AFFIDAVIT CERTIFYING USE OF UNIVERSAL SERVICE FUNDS

I, Mike Lattin, being of lawful age and duly sworn, on my oath, state that I am the President of Eagle Telephone System, d.b.a. Snake River PCS and that I am authorized to execute this Affidavit on behalf of the Company, and the facts set forth in this Affidavit are true to the best of my knowledge, information and belief.

Pursuant to the requirements of the Federal Communications Commission, 47 C.F.R. § 54.314, Eagle Telephone System, d.b.a. Snake River PCS hereby certifies to the Public Utility Commission of Oregon that it is eligible to receive federal high-cost support for the program years cited.

I attest that all federal high-cost support provided to Eagle Telephone System, d.b.a. Snake River PCS in Oregon was used in the preceding calendar year (2014) and will be used in the coming calendar year (2016) only for the provision, maintenance and upgrading of facilities and services for which the support is intended.

| DATED this 24th day of June, 2                  | 2015.  |
|---|--|
| By: Com.  | (Officer's Name)   |
| Its: President                                  | (Officer's Title)  |
| SUBSCRIBED AND SWORN to before me               | this 24 day of June, 2015.   |
| Brand A lungster                                | ·  |
| Notary public in and for the State of <u>OV</u> | egon (Carlotte Carlotte Carlot |

My Commission Expires: Wy 26, 2016

## AFFIDAVIT CERTIFYING EMERGENCY FUNCTIONALITY AND COMPLIANCE WITH SERVICE QUALITY AND CONSUMER PROTECTION MEASURES 54.313(a)(5) AND 54.313(a)(6)

J. Mike Lattin, being of lawful age and duly sworn, on my oath, state that I am the President of Eagle Telephone System, Inc. d.b.a. Snake River PCS and that I am authorized to execute this Affidavit on behalf of the Company, and the facts set forth in this Affidavit are true and accurate to the best of my knowledge, information, and belief.

The Company hereby certifies to the **Oregon Public Utility Commission**, **Federal Communications Commission**, and the **Universal Service Administrative Company** pursuant to the requirements under 47 C.F.R. 54.313(a)(5) and 54.313(a)(6) that in the provisioning of wireless voice services:

- 1) Snake River PCS has established operating procedures designed to facilitate compliance with applicable consumer protection rules.
- 2) Snake River PCS has established operating procedures designed to facilitate compliance with the <u>CTIA Consumer Code for Wireless Carriers</u>.
- Snake River PCS has established operating procedures designed to facilitate compliance with service quality standards which may include customer remedies and improvement plans.
- 4) Snake River PCS is able to remain functional in emergency situations including a reasonable amount of back-up power to ensure functionality without an external power source, the ability to re-route traffic around damaged facilities, and the capability to manage traffic spikes resulting from emergency situations.

| DATED this 24th day of June, 2015.                                      |     |   |
|---|-----|---|
| Eagle Telephone System, Inc. d.b.a. Snake River PCS                     |     |   |
| By: War   |     |   |
| Mike Lattin President   |     |   |
| SUBSCRIBED AND SWORN to before me this 24th day of June State of Oregon | ne_ | _, 2015.  |
| My Commission Expires: July 26, 2016                                    |     | OFFICIAL SEAL BRANDI A SANGSTE NOTARY PUBLIC - OREG |

## AFFADAVIT CERTIFYING COMPLIANCE WITH SERVICE QUALITY AND CONSUMER PROTECTION MEASURES 54.313(a)(5) AND 54.313(a) (6)

J. Mike Lattin, being of lawful age and duly sworn, on my oath, state that I am the President of Eagle Telephone System, Inc. d.b.a. Snake River PCS and that I am authorized to execute this Affidavit on behalf of the Company, and the facts set forth in this Affidavit are true and accurate to the best of my knowledge, information, and belief.

The Company hereby certifies to the **Oregon Public Utility Commission**, **Federal Communications Commission**, and the **Universal Service Administrative Company** pursuant to the requirements under 47 C.F.R. 54.313(a)(5) and 54.313(a)(6) that in the provisioning of wireless voice services:

- 1) Snake River PCS has established operating procedures designed to facilitate compliance with applicable consumer protection rules.
- 2) Snake River PCS has established operating procedures designed to facilitate compliance with service quality standards which may include customer remedies and improvement plans.
- 3) Snake River PCS uses the CTIA Consumer Code for Wireless Carriers as a guideline for providing our customers with information to help them make informed choices when selecting wireless service. We disclose all of our rates and terms of service to the customer, in the form of plan pamphlets and information on our website. We have maps available that show where our service is generally available. We provide contract terms to customers and confirm changes in service. We allow a 30 day trial period for all new service connects. We provide specific disclosures in our advertising. We separately identify carrier charges from state and federal taxes on our billing statements and we also disclose said taxes on our website and plan pamphlets. We provide the customer the right to terminate service for changes to contract terms. We provide ready access to customer service with our telephone number and customer service contact information on our website and billing statements. We respond to customer inquiries and complaints from government agencies within 30 days of receiving complaints from any such agency. We abide by federal CPNI laws regarding customer privacy. We provide customers with free notifications for voice, data and messaging usage and international roaming. We clearly disclose tools and services for the customer to track, monitor and/or set limits on their voice, messaging, roaming and data usage.

DATED this 24 day of June 2015.

Eagle Telephone System, Inc. d.b.a. Snake River PCS

Mike Lattin

President

| <u>ne</u> , 2015.   |
|---|
| OFFICIAL SEAL BRANDI A SANGSTER NOTARY PUBLIC - OREGON COMMISSION NO. 470340 AY COMMISSION EXPIRES JULY. 26, 2016 |
|   |

## NEED ASSISTANCE PAYING YOUR TELEPHONE BILL? YOU MAY QUALIFY FOR THE OREGON TELEPHONE ASSISTANCE PROGRAM (OTAP).

Program (OTAP), which can provide low-income households discounts of up to \$12.75 off our basic service rate. To find out if you qualify, visit www.puc.state.or.us. Qualifying low-income households may apply for the Snake River PCS is your local wireless provider and a participant in the Oregon Telephone Assistance OTAP program online at http://www.rspf.org or www.puc.state.or.us

We provide our customers reliable, quality cellular service with our basic mobile mini-plan at a price comparable to that of our local basic wire-line service.

# Basic Cellular Service Available From Snake River PCS

Our basic mini plan includes 200 daytime local minutes, 40 travel minutes, free incoming texts, unlimited long distance (within your worksheet if there are multiple subscribers at one address. The service is not transferable and only eligible customers may available at \$23.34 per month, taxes included. Our taxes do not change from month to month, this is a set rate. The OTAP credit is available on all of our service plans. If you have questions regarding our plans or assistance programs, please contact us at 541minute allotment), voicemail, caller id and unlimited mobile to mobile minutes (with all other SRPCS customers). This plan is telephone assistance programs please visit www.lifeline.gov. \* The program is limited to one discount per household. Use the 8936115 or stop by our office at 349 1st Street, Richland, OR. For more information regarding the lifeline/link up America enroll in the program. Federal lifeline supports are paid entirely by the Federal Lifeline Program.

Snake River PCS

WHERE YOU LIVE & PLAY

Richland, OR

541-893-6115 V.eadletelephone.com

YOUR TELEPHONE SERVICE

IS YOUR

-803-611E