

**DOCKET NO. UM 1726**

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

Name of Eligible Telecommunications Carrier: Eagle Telephone System, INC

Filing date: 6/30/2015

Is this: Original submission?  X  
OR  
Revised submission? \_\_\_\_\_

Person to contact for questions:

Name: Brandi Sangster

Phone Number: 541-893-6111

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))

\_\_\_\_\_ Form 481 (High-cost per 47 CFR § 54.313, Low-income per 54.422)<sup>1</sup>

X Form 690 (Mobility Fund per 47 CFR § 54.1009)

\_\_\_\_\_ Affidavit for High-Cost Support

---

**Filing deadlines:** The deadlines for filing items required by 47 CFR § 54 are the same as 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.

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.

---

<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

### FILING INSTRUCTIONS

Please file submissions in Docket No. UM 1726. 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 [puc.filingcenter@state.or.us](mailto:puc.filingcenter@state.or.us). 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 via US mail 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](mailto:Kay.Marinos@state.or.us).



[USAC Home](#) | [High Cost Program](#) | [Search Tools](#) | [Form 690](#)

---

## CONFIRMATION

---

**Congratulations. Your filing has been successfully certified.**

Filing 1 was successfully certified on Tue 30 Jun 15 01:07:44 PM EDT by mike@eagletelephone.com .

SAC : 538001

SPIN : 143037281

Carrier Name : Eagle Telephone System, Inc.

Program Year : 2015

Filing Type : Annual Reporting

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

[Return to 690 Search](#)

[Print This Page](#)

<010> Study Area Code	538001
<015> Study Area Name	Eagle Telephone System, Inc.
<020> Program Year	2015
<030> Contact Name: Person USAC should contact with questions about this data	Brandi Sangster
<035> Contact Telephone Number: Number of the person identified in data line <030>	5418936111 ext.
<039> Contact Email: Email of the person identified in data line <030>	eagle@eagletelephone.com

(check box when complete)

<040> <b>Has the information required pursuant to §54.1009 been provided with a Form 481 filing (Y/N)</b>	<040>	<input type="radio"/> <input checked="" type="radio"/>
<041> Attach a description of the documents filed with the Form 481 reporting	<041>	<input type="text"/>
<042> Cite the Study Area Code (SAC) for the Form 481 reporting	<042>	<input type="text"/>
<050> <b>Carrier Contact Information</b> (complete attached worksheet)	<050>	<input checked="" type="checkbox"/>
<060> <b>Coverage and Performance Report</b> (complete attached worksheet)	<060>	<input checked="" type="checkbox"/>
<070> <b>Urban Rate Comparability Certification</b> (complete attached certification)	<070>	<input checked="" type="checkbox"/>
<080> <b>Tribal Lands Reporting (y/n?)</b> (Does this study area cover tribal lands? Yes or No) (if yes, complete the attached worksheet)	<080>	<input type="radio"/> <input checked="" type="radio"/>
<090> <b>Project Update Information</b> (complete attached worksheet)	<090>	<input checked="" type="checkbox"/>
<100> <b>Certifications</b>		
<101> Reporting Carrier Certification (complete attached certification)	<101>	<input checked="" type="checkbox"/>
<102> Agent Certification (complete attached certification)	<102>	<input type="checkbox"/>

**Notice to Individuals Required by the Paperwork Reduction Act of 1995**

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements)

Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

<010>	Study Area Code	538001
<015>	Study Area Name	Eagle Telephone System, Inc.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Brandi Sangster
<035>	Contact Telephone Number - Number of person identified in data line <030>	5418936111 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	eagle@eagletelephone.com

**Reporting Carrier / Mobility Fund Phase 1 Winning Bidder**

<110>	FCC Registration Number	0004523817
<111>	Filing Carrier Name	Eagle Telephone System, INC
<112>	Winning Bidder Carrier Name	Eagle Telephone System, INC
<113>	Street Address (or PO Box)	PO Box 178
<114>	City	Richland
<115>	State	OR
<116>	Zip-Code	97870
<117>	Telephone Number	5418936115 ext.
<118>	Fax Number	5418936903
<119>	Email Address	eagle@eagletelephone.com

**Contact Information**

if same as above, indicate in this box



<120>	Name (First, MI, Last, Suffix)	Brandi Sangster
<121>	Filing Carrier Name	Eagle Telephone System, INC
<122>	Street Address (or PO Box)	PO Box 178
<123>	City	Richland
<124>	State	OR
<125>	Zip-Code	97870
<126>	Telephone Number	5418936115 ext.
<127>	Fax Number	5418936903
<128>	Email Address	eagle@eagletelephone.com

**Authorized Agent Information**

if no agent, indicate in this box



<130>	Name (First, MI, Last, Suffix)	
<131>	Company	
<132>	Street Address (or PO Box)	
<133>	City	
<134>	State	
<135>	Zip-Code	
<136>	Telephone Number	
<137>	Fax Number	
<138>	Email Address	



<010> Study Area Code	538001
<015> Study Area Name	Eagle Telephone System, Inc.
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Brandi Sangster
<035> Contact Telephone Number - Number of person identified in data line <030>	5418936111 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 CERTIFICATION DATA ON ITS OWN BEHALF:**

<b>Certification of Officer or Employee as to Compliance with 47 CFR §54.1009(a)(4)</b>	
I certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	Eagle Telephone System, Inc.
Signature of Authorized Officer:	CERTIFIED ONLINE <span style="float: right;">Date 06/30/2015</span>
Printed name of Authorized Officer:	Mike Lattin
Title or position of Authorized Officer:	President
Telephone number of Authorized Officer:	5418936115 ext.
Study Area Code of Reporting Carrier:	538001 <span style="float: right;">Filing Due Date for this form: 07/01/2015</span>
<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 REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:**

<b>Certification of Officer or Employee to authorize an Agent to file Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier</b>	
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 or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported 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 or Employee:	Date:
Printed name of Authorized Officer or Employee:	
Title or position of Authorized Officer or Employee:	
Telephone number of Authorized Officer or Employee:	
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:**

<b>Certification of Agent Authorized to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier</b>	
I, as agent for the reporting carrier, certify that I am authorized to submit the certification 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>	

<010> Study Area Code 538001  
 <015> Study Area Name Eagle Telephone System, Inc.  
 <020> Program Year 2015  
 <030> Contact Name - Person USAC should contact regarding this data Brandi Sangster  
 <035> Contact Telephone Number - Number of person identified in data line <030> 5418936111 ext.  
 <039> Contact Email Address - Email Address of person identified in data line <030> eagle@eagletelephone.com

<142> State \_\_\_\_\_

<143> County \_\_\_\_\_

<144> Tribal Land(s) on which ETC Serves \_\_\_\_\_

<145> Tribal Government Engagement Obligation

Name of Attached Document (.pdf)

If your company serves Tribal lands, please select (Yes, No, Not Applicable) for each of these boxes to confirm the status described on the attached PDF, on line 145, demonstrates coordination with the Tribal government pursuant to § 54.1004 includes:

- <146> Needs assessment and deployment planning with a focus on Tribal community anchor institutions;
- <147> Feasibility and sustainability planning;
- <148> Marketing services in a culturally sensitive manner;
- <149> Compliance with Rights of way processes
- <150> Compliance with Land Use permitting requirements
- <151> Compliance with Facilities Siting rules
- <152> Compliance with Environmental Review processes
- <153> Compliance with Cultural Preservation review processes
- <154> Compliance with Tribal Business and Licensing requirements.

Select (Yes, No, Not Applicable)



<010> Study Area Code	538001
<015> Study Area Name	Eagle Telephone System, Inc.
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Brandi Sangster
<035> Contact Telephone Number - Number of person identified in data line <030>	5418936111 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	eagle@eagletelephone.com

<200> Date Authorized to Receive Support	07/18/2013
<201> Targeted Completion Date	12/31/2013
<202> Total Mobility Fund Support Awarded	7589.4
<203> Total Mobility Fund Support Disbursed	2529.8

<210> Actual Completion Date

<211> Project Status Description (attached)   
 {Name of PDF attached}

Please check these boxes below to confirm that the attached PDF, on line 211, contains a project status pursuant to §54.1005(b)(2)(v). The information shall be submitted as appropriate.

<212> Status of Network Deployment - Network Design	<input checked="" type="checkbox"/>
<213> Status of Network Deployment - Construction	<input type="checkbox"/>
<214> Status of Network Deployment - Deployment	<input checked="" type="checkbox"/>
<215> Status of Network Deployment - Maintenance	<input type="checkbox"/>
<216> Project Budget Status	<input checked="" type="checkbox"/>
<217> Project Plan Status	<input checked="" type="checkbox"/>

<218> Certify Network will Support 3G/4G Mobile Service (Yes / No)

<010>	Study Area Code	538001
<015>	Study Area Name	Eagle Telephone System, Inc.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Brandi Sangster
<035>	Contact Telephone Number - Number of person identified in data line <030>	5418936111 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 ON ITS OWN BEHALF:**

<b>Certification of Officer as to the Accuracy of the Data Reported for Mobility Fund Recipients</b>	
<b>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.</b>	
Name of Reporting Carrier:	Eagle Telephone System, Inc.
Signature of Authorized Officer:	CERTIFIED ONLINE <span style="float: right;">Date 06/30/2015</span>
Printed name of Authorized Officer:	Mike Lattin
Title or position of Authorized Officer:	President
Telephone number of Authorized Officer:	5418936111 ext.
Study Area Code of Reporting Carrier:	538001 <span style="float: right;">Filing Due Date for this form: 07/01/2015</span>
<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>	

<010>	Study Area Code	538001
<015>	Study Area Name	Eagle Telephone System, Inc.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Brandi Sangster
<035>	Contact Telephone Number - Number of person identified in data line <030>	5418936111 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	eagle@eaqletelephone.com

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

<b>Certification of Officer to Authorize an Agent to File for Mobility Fund Recipients on Behalf of Reporting Carrier</b>	
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 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:**

<b>Certification of Agent Authorized to File for Mobility Fund Recipients on Behalf of Reporting Carrier</b>	
I, as agent for the reporting carrier, certify that I am authorized to submit the reports for Mobility Fund 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

