

DOCKET NO. UM 1822

**Cover Sheet for Submission of
2017 Annual ETC Certification Reports**

Name of Eligible Telecommunications Carrier: St Paul Cooperative Telephone Association

Filing date: _____ June 8th 2017 _____

Is this: Original submission? _____
OR
Revised submission? _____

Person to contact for questions:

Name _____ Nick Schneider _____

Phone number _____ 503-633-2111 _____

E-mail address _____ nick@stpaultel.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)¹

_____ HUBB Portal Broadband Information²

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

Affidavit for High-Cost Support

Filing deadlines: The Oregon 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 3, 2017. The CAF/ICC support data is due on the same day as the ETC's interstate access tariff filing (see FCC DA 17-258 for dates).

¹ 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.

² Federal Price Cap carriers only.

AFFIDAVIT CERTIFYING USE OF UNIVERSAL SERVICE FUNDS

I, Nick Schneider, being of lawful age and duly sworn, on my oath, state that I am the Secretary/Treasurer of St Paul Cooperative Telephone Association 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, St Paul Cooperative Telephone Association 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 St Paul Cooperative Telephone Association in Oregon was used in the preceding calendar year (2016) and will be used in the coming calendar year (2018) only for the provision, maintenance and upgrading of facilities and services for which the support is intended.

DATED this 8th day of June, 2017.

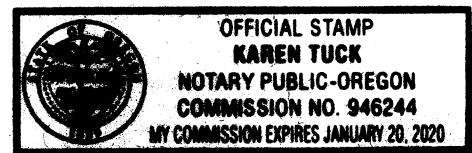
By: Nick Schneider
Its: Secretary/Treasurer

SUBSCRIBED AND SWORN to before me this 8 day of June, 2017.

Karen Tuck

Notary public in and for the State of Oregon

My Commission Expires: Jan 20, 2020



**FCC Form 481 - Carrier Annual Reporting
Data Collection Form**FCC Form 481
OMB Control No. 3060-9986/OMB Control No. 3060-0619
July 2013

| | |
|---|--------------------|
| <010> Study Area Code | 532396 |
| <015> Study Area Name | ST PAUL COOP ASSN |
| <020> Program Year | 2018 |
| <030> Contact Name: Person USAC should contact with questions about this data | Nick Schneider |
| <035> Contact Telephone Number: Number of the person identified in data line <030> | 5036332111 ext. |
| <039> Contact Email Address: Email of the person identified in data line <030> | nick@stpaultel.com |
| Form Type | 54.313 and 54.422 |

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

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

<010> Study Area Code 532396
<015> Study Area Name ST PAUL COOP ASSN
<020> Program Year 2018
<030> Contact Name - Person USAC should contact regarding this data Nick Schneider
<035> Contact Telephone Number - Number of person identified in data line <030> 5036332111 ext.
<039> Contact Email Address - Email Address of person identified in data line <030> nick@stpaultel.com

<210> For the prior calendar year, were there any reportable voice service outages? _____ No

| <220> <a> NORS Reference Number | <b1> Outage Start Date | <b2> Outage Start Time | <b3> Outage End Date | <b4> Outage End Time | <c1> Number of Customers Affected | <c2> Total Number of Customers | <d> 911 Facilities Affected (Yes / No) | <e> Service Outage Description (Check all that apply) | <f> Did This Outage Affect Multiple Study Areas (Yes / No) | <g> Service Outage Resolution | <h> Preventative Procedures |
|--|------------------------------|------------------------------|----------------------------|----------------------------|---|--------------------------------------|---|--|--|-------------------------------------|-----------------------------------|
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**(300) Unfulfilled Service Request
Data Collection Form**

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

<010> Study Area Code 532396

<015> Study Area Name ST PAUL COOP ASSN

<020> Program Year 2018

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

<035> Contact Telephone Number - Number of person identified in data line <030> 5036332111 ext.

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

<300> Unfulfilled service request (voice)

<310> Detail on attempts (voice) _____
Name of Attached Document

<320> Unfulfilled service request (broadband)

<330> Detail on attempts (broadband) _____
Name of Attached Document

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

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

| | | |
|-------|--|------------------------------|
| <010> | Study Area Code | 532396 |
| <015> | Study Area Name | ST PAUL COOP ASSN |
| <020> | Program Year | 2018 |
| <030> | Contact Name - Person USAC should contact regarding this data | Nick Schneider |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 5036332111 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | nick@stpaultel.com |
| <400> | Select from the drop-down list to indicate how you would like to report voice complaints (zero or greater) for voice telephony service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize. | Offered only fixed voice |
| <410> | Complaints per 1000 customers for fixed voice | 0.0 |
| <420> | Complaints per 1000 customers for mobile voice | |
| <430> | Select from the drop-down list to indicate how you would like to report end-user customer complaints (zero or greater) for broadband service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize. | Offered only fixed broadband |
| <440> | Complaints per 1000 customers for fixed broadband | 0.0 |
| <450> | Complaints per 1000 customers for mobile broadband | |

**(500) Compliance With Service Quality Standards and Consumer Protection Rules
Data Collection Form**FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

| | | |
|-------|--|---------------------------|
| <010> | Study Area Code | 532396 |
| <015> | Study Area Name | ST PAUL COOP ASSN |
| <020> | Program Year | 2018 |
| <030> | Contact Name - Person USAC should contact regarding this data | Nick Schneider |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 5036332111 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | nick@stpaultel.com |
| <500> | Certify compliance with applicable service quality standards and consumer protection rules | Yes |
| <510> | Descriptive document for Service Quality Standards & Consumer Protection Rules Compliance | StPaulTel 532396OR510.pdf |
| <515> | Certify compliance with applicable minimum service standards | |

**(600) Functionality in Emergency Situations
Data Collection Form**FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

| | |
|---|---------------------------|
| <010> Study Area Code | 532396 |
| <015> Study Area Name | ST PAUL COOP ASSN |
| <020> Program Year | 2018 |
| <030> Contact Name - Person USAC should contact regarding this data | Nick Schneider |
| <035> Contact Telephone Number - Number of person identified in data line <030> | 5036332111 ext. |
| <039> Contact Email Address - Email Address of person identified in data line <030> | nick@stpaultel.com |
| <600> Certify compliance regarding ability to function in emergency situations | Yes |
| <610> Descriptive document for Functionality in Emergency Situations | StPaulTel 532396OR610.pdf |

(900) Tribal Lands Reporting
Data Collection Form

FCC Form 487
OMB Control No. 3060-0985/OMB Control No. 3060-0819
July 2013

<010> Study Area Code 532396
 <015> Study Area Name ST PAUL COOP ASSN
 <020> Program Year 2018
 <030> Contact Name - Person USAC should contact regarding this data Nick Schneider
 <035> Contact Telephone Number - Number of person identified in data line <030> 5036332111 ext.
 <039> Contact Email Address - Email Address of person identified in data line <030> nick@stpaultel.com

<900> Does the filing entity offer tribal land services? (Y/N) No

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

<920> Tribal Government Engagement Obligation

Name of Attached Document

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

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

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| Select Yes or No or Not Applicable |
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**(1000) Voice and Broadband Service Rate Comparability
Data Collection Form**

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

| | | |
|-------|---|--------------------|
| <010> | Study Area Code | 532396 |
| <015> | Study Area Name | ST PAUL COOP ASSN |
| <020> | Program Year | 2018 |
| <030> | Contact Name - Person USAC should contact regarding this data | Nick Schneider |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 5036332111 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | nick@stpaultel.com |

<1000> Voice services rate comparability certification Yes

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

Name of Attached Document

<1020> Broadband comparability certification

Yes - Pricing is no more than the most recent applicable benchmark announced by the Wireline Competition Bureau

Name of Attached Document

<1030> Attach detailed description for broadband comparability compliance

**(1100) No Terrestrial Backhaul Reporting
Data Collection Form**

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

| | | |
|-------|---|--------------------|
| <010> | Study Area Code | 532396 |
| <015> | Study Area Name | ST PAUL COOP ASSN |
| <020> | Program Year | 2018 |
| <030> | Contact Name - Person USAC should contact regarding this data | Nick_Schneider |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 5036332111 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | nick@stpaultel.com |

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

Yes

<1130> Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(g).

**(1200) Terms and Condition for Lifeline Customers
Lifeline
Data Collection Form**

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

<010> Study Area Code 532396
 <015> Study Area Name ST. PAUL COOP ASSN
 <020> Program Year 2018
 <030> Contact Name - Person USAC should contact regarding this data Nick Schneider
 <035> Contact Telephone Number - Number of person identified in data line <030> 5036332111 ext.
 <039> Contact Email Address - Email Address of person identified in data line <030> nickstpaultel.com

StPaulTel. 532396OR1210.pdf

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

<1220> Link to Public Website

HTTP www.oregon.gov/puc

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

- <1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,
- <1222> Details on the number of minutes provided as part of the plan,
- <1223> Additional charges for toll calls, and rates for each such plan.

(2005) Price Cap Carrier Additional Documentation

Data Collection Form

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

FCC Form 481

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

July 2013

| | | |
|-------|---|--------------------|
| <010> | Study Area Code | 532396 |
| <015> | Study Area Name | ST PAUL COOP ASSN |
| <020> | Program Year | 2018 |
| <030> | Contact Name - Person USAC should contact regarding this data | Nick Schneider |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 5036332111 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | nick@stpaultel.com |

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

| | | | |
|---------|---|--|--|
| <2011> | 3rd Year Certification 47 CFR §54.313(b)(1)(ii) - Note that for the July 2017 certification, this applies to Round 2 recipients of Incremental Support. | | |
| <2022> | Recipient certifies, representing year three after filing a notice of acceptance of funding pursuant to 54.312(c), that the locations in question are not receiving support under the Broadband Initiatives Program or the Broadband Technology Opportunities Program for projects that will provide broadband with speeds of at least 4 Mbps/1Mbps - 54.313(b)(2)(i). Round 2 recipients only. | | |
| <2023> | The attachment on line 2024 includes a statement of the total amount of capital funding expended in the previous year in meeting Connect America Phase I deployment obligations, accompanied by a list of census blocks indicating where funding was spent. This covers year three - 54.313(b)(2)(ii). Round 2 recipients only. | | |
| <2024A> | Round 2 Recipient of Incremental Support? | | |
| <2024B> | Attach list of census blocks indicating where funding was spent in year three - 54.313(b)(2)(ii). Round 2 recipients only. | | |
| <2025A> | Round 2 Recipient of Incremental Support? | | |
| <2025B> | Attach geocoded Information for Phase I milestone reports (Round 2 for year three) - Connect America Fund , WC Docket 10-90, Report and Order, FCC 13-73, paragraph 35 (May 22, 2013). | | |
| <2015> | 2016 and future Frozen Support Certification 47 CFR § 54.313(c)(4) | | |

(2005) Price Cap Carrier Additional Documentation

Data Collection Form

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

FCC Form 481

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

July 2013

Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}

<2016> Certification support used to build broadband

Connect America Phase II Reporting {47 CFR § 54.313(e)}

<2017A> Connect America Fund Phase II recipient?

<2017C> Total amount of Phase II support, if any, the price cap carrier used for capital expenditures in 2016.

<2018> Attach the number, names, and addresses of community anchor institutions to which the carrier newly began providing access to broadband service in the preceding calendar year - 54.313(e)(1)(ii)(A)

Name of Attached Document Listing Required Information

<2019> Recipient certifies that it bid on category one telecommunications and Internet access services in response to all FCC Form 470 postings seeking broadband service that meets the connectivity targets for the schools and libraries universal service support program for eligible schools and libraries located within any area in a census block where the carrier is receiving Phase II model-based support, and that such bids were at rates reasonably comparable to rates charged to eligible schools and libraries in urban areas for comparable offerings - 54.313(e)(1)(ii)(C)

| | | |
|-------|---|--------------------|
| <010> | Study Area Code | 532396 |
| <015> | Study Area Name | ST PAUL COOP ASSN |
| <020> | Program Year | 2018 |
| <030> | Contact Name - Person USAC should contact regarding this data | Nick Schneider |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 5036332111 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | nick@stpaultel.com |

Select from the drop down menu or check the boxes below to note compliance with 54.313(f)(1). Privately held carriers must ensure compliance with the financial reporting requirements set forth in 47 CFR 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

Progress Report on 5 Year Plan
(3009) Carrier certifies to 54.313(f)(1)(iii)

Yes - Attach Certification

(3010A) Certification of Public Interest Obligations {47 CFR § 54.313(f)(1)(i)} StPaulTel 5323960R3010.pdf

(3010B) Please Provide Attachment Name of Attached Document Listing Required Information

(3012A) Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)} No - No New Community Anchors

(3012B) Please Provide Attachment Name of Attached Document Listing Required Information

(3013) Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)} (Yes/No)

(3014) If yes, does your company file the RUS annual report (Yes/No)

Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:

(3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)

(3016) Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows

(3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation Name of Attached Document Listing Required Information

(3018) If the response is no on line 3014, is your company audited? (Yes/No)

If the response is yes on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:

(3019) Either a copy of their audited financial statement; or
(2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers

(3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

(3021) Management letter and/or audit opinion issued by the independent certified public accountant that performed the company's financial audit.

If the response is no on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:

(3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers

(3023) Underlying information subjected to a review by an independent certified public accountant

(3024) Underlying information subjected to an officer certification.

(3025) Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows

(3026) Attach the worksheet listing required information Name of Attached Document Listing Required Information

StPaulTel 5323960R3020.pdf, StPaulTel 5323960R3021.pdf

(3005) Rate Of Return Carrier Additional Documentation (Continued)
 Data Collection Form

FCG Form 483
 OMB Control No. 3060-0986/OMB Control No. 3060-0839
 July 2013

<010> Study Area Code 532396
 <015> Study Area Name ST PAUL COOP ASSN
 <020> Program Year 2018
 <030> Contact Name - Person USAC should contact regarding this data Nick Schneider
 <035> Contact Telephone Number - Number of person identified in data line <030> 5036332111 ext.
 <039> Contact Email Address - Email Address of person identified in data line <030> nick@stbaultel.com

| | |
|---|---------|
| Financial Data Summary | |
| (3027) Revenue | 790590 |
| (3028) Operating Expenses | 712396 |
| (3029) Net Income | 175240 |
| (3030) Telephone Plant In Service(TPIS) | 1838057 |
| (3031) Total Assets | 2916619 |
| (3032) Total Debt | 0 |
| (3033) Total Equity | 2916619 |
| (3034) Dividends | 0 |

| | | |
|-------|---|--------------------|
| <010> | Study Area Code | 522396 |
| <015> | Study Area Name | ST PAUL COOP ASSN |
| <020> | Program Year | 2018 |
| <030> | Contact Name - Person USAC should contact regarding this data | Nick Schneider |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 5036332111 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | nick@stpaultel.com |

4005 Rural Broadband Experiment

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

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

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

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

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

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

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

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

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

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

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

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

| | |
|---|--------------------|
| <010> Study Area Code | 532396 |
| <015> Study Area Name | ST PAUL COOP ASSN |
| <020> Program Year | 2018 |
| <030> Contact Name - Person USAC should contact regarding this data | Nick Schneider |
| <035> Contact Telephone Number - Number of person identified in data line <030> | 5036332111 ext. |
| <039> Contact Email Address - Email Address of person identified in data line <030> | nick@stpaultel.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: | ST PAUL COOP ASSN |
| Signature of Authorized Officer: | CERTIFIED ONLINE Date: 06/02/2017 |
| Printed name of Authorized Officer: | Nick Schneider |
| Title or position of Authorized Officer: | Sec/Tres |
| Telephone number of Authorized Officer: | 5036332111 ext. |
| Study Area Code of Reporting Carrier: | 532396 Filing Due Date for this form: 07/03/2017 |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | |

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

| | |
|---|--------------------|
| <010> Study Area Code | 532396 |
| <015> Study Area Name | ST PAUL COOP ASSN |
| <020> Program Year | 2018 |
| <030> Contact Name - Person USAC should contact regarding this data | Nick Schneider |
| <035> Contact Telephone Number - Number of person identified in data line <030> | 5036332111 ext. |
| <039> Contact Email Address - Email Address of person identified in data line <030> | nick@stpaultel.com |

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

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

TO BE COMPLETED BY THE AUTHORIZED AGENT:

| Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier | |
|--|--------------------------------|
| I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate. | |
| Name of Reporting Carrier: | |
| Name of Authorized Agent Firm: | |
| Signature of Authorized Agent or Employee of Agent: | Date: |
| Name of Authorized Agent Employee: | |
| 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

5323960R510

Consumer Protection

St. Paul Cooperative Telephone Association complies with the requirements of 47 CFR Part 64 Subpart U, Customer Proprietary Network information and the Federal Trade Commission Red Flag rules to prevent identity theft. A manual for each of those programs is in place and is part of the employee's handbook. Employee training is conducted annually and new hires are instructed on the programs as required by their job functions.

Service Quality Standards

Voice

St. Paul Cooperative Telephone Association complies with the service standards of the State of Oregon as promulgated in the Oregon Administrative Rules 860-034-0390, Retail Telecommunications Service Standards for Small Telecommunications Utilities.

Broadband

St. Paul Cooperative Telephone Association complies with the service standards as established by NECA Tariff #5 and is committed to provide the highest quality service to its broadband customers.

St Paul Cooperative Telephone Association

532396OR610

54.313 (a)(6) Ability to Remain functional in emergency Situations

Back-up Power

St. Paul Cooperative Telephone Association has the following back-up power capabilities:

Switches – stand alone and/or host

Switch A 30kw Generator, propane fuel, 250 gallon fuel tank also 15 hour of battery back-up.

Remote Central Offices

No Remote Offices

Subscriber carrier)DLC, AFC, OPM, etc)

Calix 1 10 Hours of battery back-up also have portable generator.

Calix 2 Same as above.

Calix 3 Same as above.

Calix 4 Same as above.

Network Interface Devices (NIDs)

St. Paul Cooperative Telephone Association has 198 customers with metallic (copper) connections to the Central Office and their NIDs are powered from the Central Office.

St Paul Cooperative Telephone Association has 160 customers with non-metallic (fiber optic) connections to the Central Office. These customers' NIDs are battery powered in case of emergency. The batteries are rated to last 8 hours.

Ability to reroute traffic around damaged facilities:

St Paul Cooperative Telephone Association is investigating the installation of redundant facilities for interexchange carrier traffic.

Capability to manage traffic spikes resulting from emergency situations

St. Paul Cooperative Telephone Association has 358 customers, switching capacity of 1000 simultaneous calls, and transport capacity for 96 simultaneous calls. St Paul Cooperative Telephone Association takes no responsibility for the capabilities of interconnected networks to manage traffic spikes resulting from emergency situations, but will continue its best efforts for its networks during such events.

LIFELINE FOR ST PAUL COOPERATIVE TELEPHONE ASSOCIATION CUSTOMERS

Lifeline, also known as Oregon Telephone Assistance Program (OTAP), is a government program that offers qualified people a discount on their monthly local telephone bill. You will save up to \$12.75 for your basic monthly bill. You're eligible for Lifeline if you participate in any of the following programs; Food Stamps, Low Income Home Energy Assistance Program (LIHEAP), Supplemental Security Income (SSI), Welfare Medical ID Card, Oregon Health Plan. And are at or below 135% of the federal poverty level guidelines based on annual income and number of household.

Being a Lifeline customer does not protect you from being disconnected if you fail to pay your telephone bill.

To receive an application for Lifeline Service you may contact the Residential Service Protection Fund (RSPF) Programs at 1-800-848-4442 or 503-373-7171 in Salem; TTY users can call 1-800-648-3458; or write to:

Oregon Public Utility Commission
Po Box 1088
Salem, Or. 97308

Lifeline y para los consumidores de la Cooperativa de la Asociacion de Telefonos.

Lifeline, tambien conocida como el Programa de Asistencia Telefonica de Oregon (OTAP), es un programa del gobierno que ofrece a personas calificadas un descuento en su cuenta mensual telefonica. Usted ahorrara hasta \$12.75 para su cuenta basica mensual. Usted es elegible para Lifeline; si usted participa en cualquier de los siguientes programas; Estampillas de Comida, Programa de Asistencia con la Electricidad para personas de bajos recursos (LIHEAP), Beneficios de Desabilidad para Persona Incapacitada (SSI), Tarjeta de Seguro Medico, El Plan de Salud de Oregon y si esta en el nivel o mas bajo del 135% del nivel de pobreza federal basado en la guia annual de recursos o en el numero de miembros de familia.

Ser miembro de **Lifeline** no le protegera de estar desconectado de servicio si usted no paga su cuenta mensual.

Para recibir una solicitud para **Lifeline** favor de ponerse en contacto con Residential Service Protection Fund (RSPF) al 1-800-848-4442 o 503-373-7171 en Salem; Consumidores Sordos pueden llamar al 1-800-648-3458; o escribir a:

Oregon Public Utility Commission
PO Box 1088
Salem, Or. 97308



532396OR3010

June 1, 2017

Ms. Marlene H. Dortch
Secretary
Federal Communications Commission
9300 East Hampton Drive
Capitol Heights, MD 20743

Re: WC Docket No. 14-58, 2015 Annual Report, Form 481 for High-Cost Recipient 54.313(f)(1) "Public Interest Obligation"

Dear Ms. Dortch:

In compliance with the filing requirements associated with, and attached to Form 481, we wish to advise the Commission that St Paul Cooperative Telephone Association provides High Speed Internet service to its customers and:

- Has taken reasonable steps to provide upon reasonable request broadband service at actual speeds of 10 Mbps downstream / 1 Mbps upstream;
- Provides latency suitable for real-time applications including VoIP and usage capacity which is reasonably comparable to those in urban areas and;
- That reasonable requests for service are met within a reasonable timeframe.

If there are questions, I may be contacted at 503-633-2111

Sincerely,

A handwritten signature in black ink that reads "Nick Schneider".

Nick Schneider
Manager

ST. PAUL COOPERATIVE TELEPHONE ASSOCIATION

Balance Sheets

December 31, 2016 and 2015

| ASSETS | 2016 | 2015 |
|--|---------------------|---------------------|
| Current Assets: | | |
| Cash and cash equivalents | \$ 162,021 | \$ 605,077 |
| Marketable securities | 624,294 | 460,783 |
| Accounts receivable, net of allowance for doubtful accounts of zero | 80,621 | 73,250 |
| Prepaid expenses | 29,778 | 25,839 |
| Total Current Assets | 896,714 | 1,164,949 |
| Other Assets: | | |
| Other investments | 21,647 | 21,647 |
| Prepaid pension cost | 160,201 | - |
| Total Other Assets | 181,848 | 21,647 |
| Property, Plant, and Equipment: | | |
| In service | 3,866,325 | 3,687,407 |
| Construction in process | 98,945 | 22,047 |
| | 3,965,270 | 3,709,454 |
| Less accumulated depreciation | 2,127,213 | 1,957,412 |
| Property, Plant, and Equipment, net | 1,838,057 | 1,752,042 |
| | \$ 2,916,619 | \$ 2,938,638 |
| LIABILITIES AND MEMBERS' EQUITY | | |
| Current Liabilities: | | |
| Accounts payable | \$ 17,662 | \$ 119,927 |
| Accrued expenses | 8,622 | 9,500 |
| Customer deposits | 1,200 | 3,300 |
| Total Current Liabilities | 27,484 | 132,727 |
| Unclaimed Patronage Capital Distributions Payable | 15,050 | 18,157 |
| Members' Equity: | | |
| Memberships - fully paid | 106,500 | 107,500 |
| Memberships - partly paid | 15,138 | 14,222 |
| Other equity | 744,308 | 733,067 |
| Accumulated other comprehensive income (loss) | 4,904 | (1,278) |
| Patronage capital | 2,003,235 | 1,934,243 |
| Total Members' Equity | 2,874,085 | 2,787,754 |
| | \$ 2,916,619 | \$ 2,938,638 |

ST. PAUL COOPERATIVE TELEPHONE ASSOCIATION

Statements of Operations

December 31, 2016 and 2015

| | <u>2016</u> | <u>2015</u> |
|------------------------------|-------------------|-------------------|
| Operating Revenues: | | |
| Local network | \$ 105,500 | \$ 108,772 |
| Network access | 588,569 | 573,431 |
| Long distance | 33,389 | 37,614 |
| Miscellaneous | 63,132 | 68,594 |
| Total Operating Revenues | <u>790,590</u> | <u>788,411</u> |
| Operating Expenses: | | |
| Plant specific operations | 143,132 | 125,618 |
| Plant nonspecific operations | 34,928 | 27,655 |
| Depreciation | 169,801 | 159,078 |
| Long distance | 24,426 | 25,183 |
| Customer operations | 70,675 | 101,381 |
| Corporate operations | 240,700 | 216,276 |
| Operating taxes | 28,734 | 23,645 |
| Total Operating Expenses | <u>712,396</u> | <u>678,836</u> |
| Operating Margin | <u>78,194</u> | <u>109,575</u> |
| Other Income: | | |
| Investment and other income | 31,404 | 42,185 |
| Nonregulated activity, net | 45,864 | 38,711 |
| Ticketing services, net | 19,778 | 15,713 |
| Total Other Income | <u>97,046</u> | <u>96,609</u> |
| Net Margin | <u>\$ 175,240</u> | <u>\$ 206,184</u> |

ST. PAUL COOPERATIVE TELEPHONE ASSOCIATION

Statements of Cash Flows

December 31, 2016 and 2015

| | <u>2016</u> | <u>2015</u> |
|---|--------------------------|--------------------------|
| Cash Flows from Operating Activities: | | |
| Net margin | \$ 175,240 | \$ 206,184 |
| Adjustments to reconcile net margin to net cash provided by operating activities: | | |
| Realized gain on marketable securities | (3,145) | (7,044) |
| Depreciation | 169,801 | 159,078 |
| Depreciation on nonregulated equipment | 17,929 | 11,711 |
| Changes in operating assets and liabilities: | | |
| Accounts receivable | (7,371) | 1,649 |
| Prepaid expenses | (3,939) | (4,823) |
| Prepaid pension cost | (160,201) | - |
| Accounts payable | (105,698) | 1,196 |
| Accrued expenses | (878) | (105) |
| Customer deposits | (2,100) | 500 |
| Net Cash Provided by Operating Activities | <u>79,638</u> | <u>368,346</u> |
| Cash Flows from Investing Activities: | | |
| Purchases of plant and equipment | (258,579) | (243,162) |
| Purchases of nonregulated equipment | (11,733) | (6,941) |
| Proceeds from sales and maturities of marketable securities | 152,496 | 176,239 |
| Purchases of marketable securities | <u>(306,680)</u> | <u>(5,180)</u> |
| Net Cash Used by Investing Activities | <u>(424,496)</u> | <u>(79,044)</u> |
| Cash Flows from Financing Activities: | | |
| Decrease in memberships | (84) | (1,533) |
| Retirement of patronage capital | <u>(98,114)</u> | <u>(75,346)</u> |
| Net Cash Used by Financing Activities | <u>(98,198)</u> | <u>(76,879)</u> |
| Net Increase (Decrease) in Cash and Cash Equivalents | (443,056) | 212,423 |
| Cash and Cash Equivalents, beginning | <u>605,077</u> | <u>392,654</u> |
| Cash and Cash Equivalents, ending | \$ <u><u>162,021</u></u> | \$ <u><u>605,077</u></u> |
| Supplemental Disclosures of Noncash Investing and Financing Activities: | | |
| Noncash additions of property and equipment | \$ <u><u>3,433</u></u> | \$ <u><u>100,428</u></u> |

See accompanying notes to financial statements.

INDEPENDENT AUDITORS' REPORT

The Board of Directors
St. Paul Cooperative Telephone Association
St. Paul, Oregon

We have audited the accompanying financial statements of St. Paul Cooperative Telephone Association (an Oregon cooperative corporation), which comprise the balance sheets as of December 31, 2016 and 2015, and the related statements of operations, comprehensive income, changes in members' equity, and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of St. Paul Cooperative Telephone Association, as of December 31, 2016 and 2015, and the results of its operations and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Aldrich CPAs + Advisory LLP

Salem, Oregon
March 16, 2017