

DOCKET NO. UM 1688

**Cover Sheet for Submission of
2014 Annual ETC Certification Reports**

Name of Eligible Telecommunications Carrier: Clear Creek Mutual Telephone Company

Filing date: June 30, 2014

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

Person to contact for questions:

Name: Sharon Adams

Phone number: 503.631.2101

E-mail address: sadams@clearcreek.coop

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)¹

N/A 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, 2014. The CAF/ICC support data are due the same day as the ETC's interstate access tariff filing.

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.



Clear Creek
Communications

18238 S Fischers Mill Road,
Oregon City, OR 97045-9696
Phone: 503.631.2101
Fax: 503.631.2098
www.ccmtec.com

REDACTED-FOR PUBLIC INSPECTION

June 30, 2014

Marlene H. Dortch, Secretary
Federal Communications Commission
Office of the Secretary
445 12th Street, S.W.
Washington, D.C. 20554

RE: **Confidential Financial Information Subject to Protective Order in WC Docket Nos. 10-90, 07-135, 05-337, 03-109, CC Docket Nos. 01-92, 96-45, GN Docket No. 09-51, WT Docket No. 10-208, Before the Federal Communications Commission**

Dear Ms. Dortch:

Clear Creek Mutual Telephone Company (CCMTC), a privately-held rate of return carrier receiving high cost support, has electronically submitted FCC Form 481 to the Commission with redacted financial data, in compliance with 47 C.F.R. §§ 54.313 and 54.422.

As specified in the Protective Order, issued on November 16, 2012 by the Commission, two copies of the redacted confidential information are being filed simultaneously with the non-redacted confidential information. The redacted information for this filing and each page of the file where confidential information has been omitted is marked "REDACTED - FOR PUBLIC INSPECTION"

Please feel free to contact me with any questions regarding this particular matter.

Sincerely,

Mitchell Moore, President
Clear Creek Mutual Telephone Company

Enclosures

cc Mr. Charles Tyler, FCC Telecommunications Access Policy Division
Oregon Public Utility Commission

**FCC Form 481 - Carrier Annual Reporting
Data Collection Form**

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

<010> Study Area Code	532363
<015> Study Area Name	CLEAR CREEK MUTUAL
<020> Program Year	2015
<030> Contact Name: Person USAC should contact with questions about this data	Sharon Adams
<035> Contact Telephone Number: Number of the person identified in data line <030>	5036312101 ext.
<039> Contact Email Address: Email of the person identified in data line <030>	sadams@clearcreek.coop

ANNUAL REPORTING FOR ALL CARRIERS	54.313	54.422
	Completion Required	Completion Required

			(check box when complete)	
<100> Service Quality Improvement Reporting	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<200> Outage Reporting (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<210> <input checked="" type="checkbox"/> <-- check box if no outages to report		<input checked="" type="checkbox"/>		
<300> Unfulfilled Service Requests (voice)	<input type="text" value="0"/>	<input checked="" type="checkbox"/>		
<310> Detail on Attempts (voice)	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> (attach descriptive document)	<input type="checkbox"/>		
<320> Unfulfilled Service Requests (broadband)	<input type="text" value="0"/>	<input checked="" type="checkbox"/>		
<330> Detail on Attempts (broadband)	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> (attach descriptive document)	<input type="checkbox"/>		
<400> Number of Complaints per 1,000 customers (voice)				
<410> Fixed	<input type="text" value="0.0"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<420> Mobile	<input type="text" value="0.0"/>			
<430> Number of Complaints per 1,000 customers (broadband)		<input checked="" type="checkbox"/>		
<440> Fixed	<input type="text" value="0.0"/>			
<450> Mobile	<input type="text" value="0.0"/>			
<500> Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<510> <div style="border: 1px solid black; padding: 2px;">532363or510.pdf</div>	(attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<600> Functionality in Emergency Situations	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<610> <div style="border: 1px solid black; padding: 2px;">532363or610.pdf</div>	(attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<700> Company Price Offerings (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>		
<710> Company Price Offerings (broadband)	(complete attached worksheet)	<input checked="" type="checkbox"/>		
<800> Operating Companies and Affiliates	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<900> Tribal Land Offerings (Y/N)?	(if yes, complete attached worksheet)	<input checked="" type="checkbox"/>		
<1000> Voice Services Rate Comparability	(check to indicate certification)	<input checked="" type="checkbox"/>		
<1010> <div style="border: 1px solid black; padding: 2px;">532363or1010.pdf</div>	(attach descriptive document)	<input checked="" type="checkbox"/>		
<1100> Terrestrial Backhaul (Y/N)?	(if not, check to indicate certification)	<input checked="" type="checkbox"/>		
<1110>	(complete attached worksheet)	<input type="checkbox"/>		
<1200> Terms and Condition for Lifeline Customers	(complete attached worksheet)		<input checked="" type="checkbox"/>	

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

<2000> Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers	(check to indicate certification)	<input type="checkbox"/>	
<2005>	(complete attached worksheet)	<input type="checkbox"/>	

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

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

**(100) Service Quality Improvement Reporting
Data Collection Form**

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

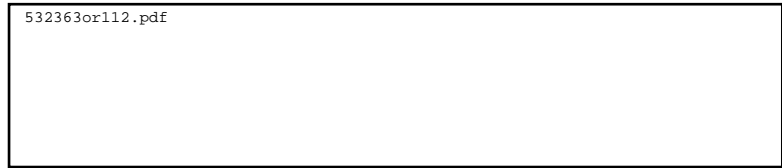
<010> Study Area Code	532363
<015> Study Area Name	CLEAR CREEK MUTUAL
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Sharon Adams
<035> Contact Telephone Number - Number of person identified in data line <030>	5036312101 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	sadams@clearcreek.coop

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

If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC? (yes / no)

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

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



Name of Attached Document

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

- <113> Maps detailing progress towards meeting plan targets
- <114> Report how much universal service (USF) support was received
- <115> How (USF) was used to improve service quality
- <116> How (USF) was used to improve service coverage
- <117> How (USF) was used to improve service capacity
- <118> Provide an explanation of network improvement targets not met in the prior calendar year.

**(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	532363
<015>	Study Area Name	CLEAR CREEK MUTUAL
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Sharon Adams
<035>	Contact Telephone Number - Number of person identified in data line <030>	5036312101 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	sadams@clearcreek.coop

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

(700) Price Offerings including Voice Rate Data
Data Collection Form

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

<010>	Study Area Code	532363
<015>	Study Area Name	CLEAR CREEK MUTUAL
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Sharon Adams
<035>	Contact Telephone Number - Number of person identified in data line <030>	5036312101 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	sadams@clearcreek.coop

<701>	Residential Local Service Charge Effective Date	1/1/2014
<702>	Single State-wide Residential Local Service Charge	

<703>	<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<b4>	<b5>	<c>
	State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fees

-- See attached worksheet

(710) Broadband Price Offerings
Data Collection Form

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

<010> Study Area Code 532363
<015> Study Area Name CLEAR CREEK MUTUAL
<020> Program Year 2015
<030> Contact Name - Person USAC should contact regarding this data Sharon Adams
<035> Contact Telephone Number - Number of person identified in data line <030> 5036312101 ext.
<039> Contact Email Address - Email Address of person identified in data line <030> sadams@clearcreek.coop

<711>	<a1>	<a2>	<b1>	<b2>	<c>	<d1>	<d2>	<d3>	<d4>
State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rate and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached {select }	

-- See attached worksheet --

**(900) Tribal Lands Reporting
Data Collection Form**

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

<010>	Study Area Code	532363
<015>	Study Area Name	CLEAR CREEK MUTUAL
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Sharon Adams
<035>	Contact Telephone Number - Number of person identified in data line <030>	5036312101 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	sadams@clearcreek.coop

<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 document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

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

Select (Yes, No, NA)

**(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	532363
<015>	Study Area Name	CLEAR CREEK MUTUAL
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Sharon Adams
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<039>	Contact Email Address - Email Address of person identified in data line <030>	sadams@clearcreek.coop

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

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

(1200) Terms and Condition for Lifeline Customers Lifeline Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	532363
<015>	Study Area Name	CLEAR CREEK MUTUAL
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Sharon Adams
<035>	Contact Telephone Number - Number of person identified in data line <030>	5036312101 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	sadams@clearcreek.coop

<1210> Terms & Conditions of Voice Telephony Lifeline Plans	<div style="border: 1px solid black; width: 100%; height: 80px; margin-bottom: 5px;"> 532363or1210.pdf </div> Name of Attached Document
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<1220> Link to Public Website	HTTP www.puc.state.or.us/Pages/rspf/otap.aspx
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“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.

(2000) Price Cap Carrier Additional Documentation

FCC Form 481

Data Collection Form

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

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

July 2013

<010>	Study Area Code	532363
<015>	Study Area Name	CLEAR CREEK MUTUAL
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<039>	Contact Email Address - Email Address of person identified in data line <030>	sadams@clearcreek.coop

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

Incremental Connect America Phase I reporting

- <2010> 2nd Year Certification {47 CFR § 54.313(b)(1)}
- <2011> 3rd Year Certification {47 CFR § 54.313(b)(2)}

Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}

- <2012> 2013 Frozen Support Certification
- <2013> 2014 Frozen Support Certification
- <2014> 2015 Frozen Support Certification
- <2015> 2016 and future Frozen Support Certification

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)}

- <2017> 3rd year Broadband Service Certification
- <2018> 5th year Broadband Service Certification
- <2019> Interim Progress Certification
- <2020> Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

- <2021> Interim Progress Community Anchor Institutions

Name of Attached Document Listing Required Information

(3000) Rate Of Return Carrier Additional Documentation	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010> Study Area Code	532363
<015> Study Area Name	CLEAR CREEK MUTUAL
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Sharon Adams
<035> Contact Telephone Number - Number of person identified in data line <030>	5036312101 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	sadams@clearcreek.coop

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

(3010) **Progress Report on 5 Year Plan**
Milestone Certification (47 CFR § 54.313(f)(1)(i))

Name of Attached Document Listing Required Information

(3011) Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

(3012) Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))

Name of Attached Document Listing Required Information

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

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

Please check these boxes to confirm that the attached document(s), 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) for 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) (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

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

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

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

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

(3026) Attach the worksheet listing required information

532363or3026.pdf

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
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<010>	Study Area Code	532363
<015>	Study Area Name	CLEAR CREEK MUTUAL
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<039>	Contact Email Address - Email Address of person identified in data line <030>	sadams@clearcreek.coop

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:	CLEAR CREEK MUTUAL
Signature of Authorized Officer:	CERTIFIED ONLINE Date 06/30/2014
Printed name of Authorized Officer:	Mitchell Moore
Title or position of Authorized Officer:	President
Telephone number of Authorized Officer:	5036312101 ext.
Study Area Code of Reporting Carrier:	532363 Filing Due Date for this form: 07/01/2014
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	532363
<015>	Study Area Name	CLEAR CREEK MUTUAL
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Sharon Adams
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<039>	Contact Email Address - Email Address of person identified in data line <030>	sadams@clearcreek.coop

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	
<p>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.</p>	
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	
<p>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.</p>	
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

Response Line 112
CLEAR CREEK MUTUAL TELEPHONE COMPANY
532363

Initial Five Year Service Quality Improvement Plan

REDACTED –FOR PUBLIC INSPECTION

ATTACHMENT REDACTED IN ENTIRETY

(4 pages)

Response Line 510
CLEAR CREEK MUTUAL TELEPHONE COMPANY
532363

Service Quality Standards & Consumer Protection Rules Compliance:

Pursuant to 47 C.F.R. § 54.313(a)(5) and or 47 C.F.R. § 54.422(b)(3) CLEAR CREEK MUTUAL TELEPHONE COMPANY is in compliance with appropriate FCC Service Quality Standards and Consumer Protection Rules. CLEAR CREEK MUTUAL TELEPHONE COMPANY provides CPNI training to all of its new employees and in addition trains all of its existing employees on an annual basis. CLEAR CREEK MUTUAL TELEPHONE COMPANY also conducts subscriber outreach regarding CPNI by periodically placing CPNI explanation messages onto its website informing subscribers on CPNI rules and regulations. In addition CLEAR CREEK MUTUAL TELEPHONE COMPANY trains staff on Red Flag issues on an annual basis. All Clear Creek Mutual Telephone Company employees are required to sign and acknowledge that they have completed CPNI and Red Flag training and understand obligations to adherence of applicable rules.

CLEAR CREEK MUTUAL TELEPHONE COMPANY also outlines its rates, terms, and conditions under which CLEAR CREEK MUTUAL TELEPHONE COMPANY offers service in its Local Exchange Tariff. The tariff explains customer rights and obligations, customer service, dispute resolution, deposits, billing and payment options, disconnection of service as well as cancellation of service options. CLEAR CREEK MUTUAL TELEPHONE COMPANY keeps its tariffs available for public inspection at its business offices.

Response Line 610
CLEAR CREEK MUTUAL TELEPHONE COMPANY
532363

Functionality in Emergency Situations:

Pursuant to 47 C.F.R. § 54.313(a)(6) and 47 C.F.R § 54.22(b)(4) as set forth in 47 C.F.R. § 54.202(a)(2) CLEAR CREEK MUTUAL TELEPHONE COMPANY meets the requirements to remain functional in emergency situations and has the following capabilities: Back-up power is provided to CLEAR CREEK MUTUAL TELEPHONE COMPANY'S central office by use of a fixed generator and batteries that provide it with 36 hours of emergency power. In addition, CLEAR CREEK MUTUAL TELEPHONE COMPANY 's field electronics have 8 hours of back-up power by use of mobile generators and batteries. CLEAR CREEK MUTUAL TELEPHONE COMPANY also has SONET technology deployed in its core fiber optic network that is self-healing and will automatically reroute traffic should a fiber cut occur. In addition CLEAR CREEK MUTUAL TELEPHONE COMPANY has connectivity to the neighboring exchanges of Beavercreek, Canby, C and Reliance Connects to exchange traffic and also has connectivity to the LATA Tandem which further provides capabilities of handling traffic. Lastly, CLEAR CREEK MUTUAL TELEPHONE COMPANY is prepared and capable of managing traffic spikes resulting from emergency situations and has developed procedures for employees to follow during emergency situations.

Response Line 1010
CLEAR CREEK MUTUAL TELEPHONE COMPANY
532363

Voice Services Comparability Report

Pursuant to 47 C.F.R. § 54.313 (a) (10) Clear Creek Mutual Telephone Company, (“Clear Creek”) is in compliance with the requirement that voice services is no more than two standard deviations above the national average urban rate for voice services of \$46.96 as specified in Public Notice DA 14-384 issued on March 20, 2014. Clear Creek’s current total local end-user rates¹ of \$29.70 (which includes a local fee of \$18.89, state USF fee of \$2.33 and mandatory extended area service charges of \$8.48) and \$22.08 (which includes a local fee of \$18.89, state USF fees of \$1.73 and mandatory extended area service charges of \$1.46) are not above the standard deviation as specified in the USF/ICC Transformation Order.²

¹ Local End Use Rate as defined in USF/ICC Transformation Order 26 FCC Rcd at 17751, Para. 238

² USF/ICC Transformation Order, 26 FCC Rcd at 17694, Para. 84 (footnote included) “The standard deviation is a measure of dispersion. The sample standard deviation is the square root of the sample variance. The sample variance is calculated as the sum of the squared deviations of the individual observations in the sample of data from the sample average divided by the total number of observations in the sample minus one. In a normal distribution, about 68 percent of the observations lie within one standard deviation above and below the average and about 95 percent of the observations lie within two standard deviations above and below the average.”

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Terms and Conditions of Voice Telephony Lifeline Plans:

The Oregon Telephone Assistance Program (OTAP) is available for qualifying customers of Clear Creek Mutual Telephone Company, (the "Company"). OTAP assistance reduces the cost of monthly local telephone service. Eligible consumers can receive up to \$12.75 per month in discounts. The OTAP program is administered by the Oregon Public Utilities Commission.

Lifeline subscribers receive the same residential service as a regular subscriber, but at a reduced monthly recurring rate. Thus, Lifeline subscribers have an unlimited number of local calling minutes. As for toll, Lifeline subscribers, similar to every Clear Creek subscriber, are free to choose their own toll usage plans through IXC's that serve the Company.

<http://www.puc.state.or.us/Pages/rspf/otap.aspx>

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RATE OF RETURN DATA

REDACTED –FOR PUBLIC INSPECTION

ATTACHMENT REDACTED IN ENTIRETY

(6 pages)