

June 27, 2014

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

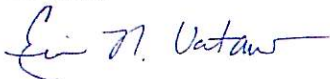
RE: Confidential Electronic Filing – Docket No. UM-1688  
Scio Mutual Telephone Assn. – Form 481

**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**

The above-mentioned Docket was filed electronically on June 13, 2014 as a redacted version. Please find enclosed 2 copies of the redacted versions and 1 copy of the confidential version on yellow paper as a follow-up to the confidential filing.

If you have any questions, please contact me at (209) 955-6116.

Sincerely,



Eric N. Votaw, Senior Manager for  
Moss Adams LLP

Enclosures

**MOSS ADAMS** LLP  
Certified Public Accountants | Business Consultants

*Acumen. Agility. Answers.*

**REDACTED- FOR PUBLIC INSPECTION**

June 27, 2014

**VIA OVERNIGHT DELIVERY**

Marlene H. Dortch, Secretary  
Federal Communications Commission  
Office of the Secretary  
445 12<sup>th</sup> Street, S.W.  
Washington, DC 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**

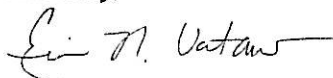
Dear Ms. Dortch:

Scio Mutual Telephone Association ("SMTA"), 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,



Eric N. Votaw, Senior Manager for  
Moss Adams LLP

Enclosures

cc Mr. Charles Tyler, FCC Telecommunications Access Policy Division

**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	532397
<015> Study Area Name	SCIO MUTUAL TEL ASSN
<020> Program Year	2015
<030> Contact Name: Person USAC should contact with questions about this data	Eric N. Votaw
<035> Contact Telephone Number: Number of the person identified in data line <030>	2099556116 ext.
<039> Contact Email Address: Email of the person identified in data line <030>	Eric.Votaw@mossadams.com

ANNUAL REPORTING FOR ALL CARRIERS	54,313 Completion Required	54,422 Completion Required
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			<i>(check box when complete)</i>	
<100> Service Quality Improvement Reporting	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<200> Outage Reporting (voice)	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210> <input checked="" type="checkbox"/> <- check box if no outages to report		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<300> Unfulfilled Service Requests (voice)	<input type="text" value="0"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<310> Detail on Attempts (voice)	<input type="text" value=""/> <i>(attach descriptive document)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<320> Unfulfilled Service Requests (broadband)	<input type="text" value="0"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<330> Detail on Attempts (broadband)	<input type="text" value=""/> <i>(attach descriptive document)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<400> Number of Complaints per 1,000 customers (voice)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<410> Fixed	<input type="text" value="0.0"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<420> Mobile	<input type="text" value="0.0"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<430> Number of Complaints per 1,000 customers (broadband)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<440> Fixed	<input type="text" value="0.0"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<450> Mobile	<input type="text" value="0.0"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<500> Service Quality Standards & Consumer Protection Rules Compliance	<i>(check to indicate certification)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510> <input type="text" value="532397OR510.pdf"/> <i>(attached descriptive document)</i>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600> Functionality in Emergency Situations	<i>(check to indicate certification)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610> <input type="text" value="532397OR610.pdf"/> <i>(attached descriptive document)</i>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700> Company Price Offerings (voice)	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<710> Company Price Offerings (broadband)	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<800> Operating Companies and Affiliates	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900> Tribal Land Offerings (Y/N)? <input type="radio"/> <input checked="" type="radio"/>	<i>(if yes, complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1000> Voice Services Rate Comparability	<i>(check to indicate certification)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1010> <input type="text" value="532397OR1010.pdf"/> <i>(attach descriptive document)</i>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1100> Terrestrial Backhaul (Y/N)? <input checked="" type="radio"/> <input type="radio"/>	<i>(if not, check to indicate certification)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1110>	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1200> Terms and Condition for Lifeline Customers	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet**

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

<2000>	<i>(check to indicate certification)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<2005>	<i>(complete attached worksheet)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet**

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

(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 532397  
 <015> Study Area Name SC10 MUTUAL TEL AREA  
 <020> Program Year 2015  
 <030> Contact Name - Person USAC should contact regarding this data Eric N. Votaw  
 <035> Contact Telephone Number - Number of person identified in data line <030> 2099556116 ext.  
 <039> Contact Email Address - Email Address of person identified in data line <030> Eric.Votaw@mosadams.com

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

<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

<b>(710) Broadband Price Offerings Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<b>&lt;010&gt;</b>	Study Area Code	532397
<b>&lt;015&gt;</b>	Study Area Name	SCIO MUTUAL TEL AB2N
<b>&lt;020&gt;</b>	Program Year	2015
<b>&lt;030&gt;</b>	Contact Name - Person USAC should contact regarding this data	Eric H. Votaw
<b>&lt;035&gt;</b>	Contact Telephone Number - Number of person identified in data line <030>	2095556116 ext.
<b>&lt;039&gt;</b>	Contact Email Address - Email Address of person identified in data line <030>	Eric.Votaw@mosadams.com

<711>	<b>&lt;a1&gt;</b>	<b>&lt;a2&gt;</b>	<b>&lt;b1&gt;</b>	<b>&lt;b2&gt;</b>	<b>&lt;c&gt;</b>	<b>&lt;d1&gt;</b>	<b>&lt;d2&gt;</b>	<b>&lt;d3&gt;</b>	<b>&lt;d4&gt;</b>
	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.

<b>(800) Operating Companies</b> 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	532397
<015>	Study Area Name	SECO MUTUAL TEL ASSN
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Eric N. Votaw
<035>	Contact Telephone Number - Number of person identified in data line <030>	2099556116 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	Eric.Votaw@secoadams.com
<B10>	Reporting Carrier	SeCo Mutual Telephone Association
<B11>	Holding Company	
<B12>	Operating Company	SeCo Mutual Telephone Association

<B13>	<a1> Affiliates	<a2> SAC	<a3> Doing Business As Company or Brand Designation
	-- See attached worksheet --		

<b>(900) Tribal Lands Reporting</b> Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2015
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<010>	Study Area Code	532397
<015>	Study Area Name	SCIO MUTUAL TEL ARSN
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Eric H. Votaw
<035>	Contact Telephone Number - Number of person identified in data line <030>	2099556116 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	Eric.Votaw@mosadams.com

<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)

<b>(1100) No Terrestrial Backhaul Reporting Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	532397
<015> Study Area Name	RCIO MUTUAL TEL. ASSN
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Eric H. Votaw
<035> Contact Telephone Number - Number of person identified in data line <030>	2099556116 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	Eric.Votaw@rossadams.com

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

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)



<b>(1200) Terms and Condition for Lifeline Customers</b> <b>Lifeline</b> <b>Data Collection Form</b>	FCC Form 481 OMB Control No. 3050-0986/OMB Control No. 3050-0819 July 2013
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<010>	Study Area Code	532397
<015>	Study Area Name	SCIO MUTUAL TEL ASSN
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Eric H. Votaw
<035>	Contact Telephone Number - Number of person identified in data line <030>	2099556116 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	Eric.Votaw@scioadams.com

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

<1220> Link to Public Website

HTTP <http://www.smt-net.com/faq>

"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.

<b>(2000) Price Cap Carrier Additional Documentation</b> <b>Data Collection Form</b> <i>Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers</i>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	532387
<015>	Study Area Name	SCIN MUTUAL TEL ASSN
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Eric H. Votaw
<035>	Contact Telephone Number - Number of person identified in data line <030>	2099556116 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	Eric.Votaw@scinadama.com

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

<b>(3000) Rate Of Return Carrier Additional Documentation</b> Data Collection Form	FCC Form 481 DMB Control No. 3060-0986/DMB Control No. 3060-0819 July 2013
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<010> Study Area Code	532197
<015> Study Area Name	RTO MUTUAL TEL ASSN
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	ERIC N. VOZAW
<035> Contact Telephone Number - Number of person identified in data line <030>	309556116 ext
<039> Contact Email Address - Email Address of person identified in data line <030>	Eric.Vozaw@mosadps.com

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.

Name of Attached Document Listing Required Information

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

(3013) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))

(3014) If yes, does your company file the RUS annual report

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

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

532397OR3026.pdf

Name of Attached Document Listing Required Information

<b>Certification - Reporting Carrier Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	532397
<015> Study Area Name	SCIO MUTUAL TEL ASSN
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Eric N. Votaw
<035> Contact Telephone Number - Number of person identified in data line <030>	2099556116 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	Eric.Votaw@mossadame.com

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

<b>Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients</b>	
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:	
Signature of Authorized Officer:	Date
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be 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.	

<b>Certification - Agent / Carrier Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/DMB Control No. 3060-0819 July 2013
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<010> Study Area Code	532397
<015> Study Area Name	SCIO MUTUAL TEL ASSN
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Eric N. Votaw
<035> Contact Telephone Number - Number of person identified in data line <030>	2099556116 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	Eric.Votaw@mossadams.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) <u>Moss Adams, LLP</u> 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:	Moss Adams, LLP
Name of Reporting Carrier:	SCIO MUTUAL TEL ASSN
Signature of Authorized Officer:	CERTIFIED ONLINE Date: 06/27/2014
Printed name of Authorized Officer:	Tom Barth
Title or position of Authorized Officer:	CEO/General Manager
Telephone number of Authorized Officer:	5033943666 ext.
Study Area Code of Reporting Carrier:	532397 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.	

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:	SCIO MUTUAL TEL ASSN
Name of Authorized Agent or Employee of Agent:	Moss Adams, LLP
Signature of Authorized Agent or Employee of Agent:	CERTIFIED ONLINE Date: 06/27/2014
Printed name of Authorized Agent or Employee of Agent:	Eric N. Votaw
Title or position of Authorized Agent or Employee of Agent:	Senior Manager
Telephone number of Authorized Agent or Employee of Agent:	2099556116 ext.
Study Area Code of Reporting Carrier:	532397 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.	

Attachments

LINE 100 INITIAL FIVE-YEAR SERVICE QUALITY IMPROVEMENT PLAN

REDACTED FOR PUBLIC INSPECTION

Response Line 510  
Scio Mutual Telephone Association  
Study Area 532397

Pursuant to 47 C.F.R. § 54.313(a)(5) and or 47 C.F.R. § 54.422(b)(3) Scio Mutual Telephone Association ("SMTA") is in compliance with appropriate FCC Service Quality Standards and Consumer Protection Rules. SMTA provides CPNI training to all of its new employees and in addition trains all of its existing employees on an annual basis. SMTA also conducts subscriber outreach regarding CPNI by periodically placing CPNI explanation messages into subscriber's bills and also has signage in its business office regarding CPNI rules and regulations. In addition SMTA trains staff on Red Flag issues on an annual basis. All 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.



Response Line 610  
Scio Mutual Telephone Association  
Study Area 532397

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) Scio Mutual Telephone Association ("SMTA") meets the requirements to remain functional in emergency situations and has the following capabilities; Back-up power is provided to SMTA's central office by use of a fixed generator that will provide indefinite power as long as fuel is replenished and batteries that will provide 16 hours of emergency battery power. In addition, SMTA's field electronics have 72 hours of battery backup and indefinite backup by use of portable generators. SMTA also has SONET as well as DWDM technology deployed in its core fiber optic network that is self-healing and will automatically reroute traffic should a fiber cut occur. SMTA has diverse routing to adjacent telecommunication providers and telephone exchanges that will provide SMTA the ability to reroute traffic in emergency situations. Lastly, SMTA is capable of managing traffic spikes resulting from emergency situations.







Response to Line 1000  
Scio Mutual Telephone Assn  
Study Area 532397

### Voice Services Comparability Report

Pursuant to 47 C.F.R. § 54.313 (a) (10 ) Scio Mutual Telephone Assn. ("Scio") is in compliance with the requirement that voice services is no more than two standard deviations above the national average urban rate for voice service of \$46.96 as specified in Public Notice DA 14-384 issued on March 20, 2014. Scio's current total local end-user rates<sup>1</sup> are as follows:

Scio Rate Plan 1 \$24.13 (which includes a local fee of \$11.50, State USF \$0.98 and EAS charge \$11.68)  
Scio Rate Plan 2 \$25.48 (which includes a local fee of \$11.50, State USF \$0.98 and EAS charge \$13.00)  
Scio Rate Plan 3 \$17.81 (which includes a local fee of \$11.50, State USF \$0.98 and EAS charge of \$17.81)  
Scio Rate Plan 4 \$12.48 (which includes a local fee of \$11.50, State USF \$0.98 and No EAS charge)

None of the rate plans listed are above the standard deviation as specified in the USF/ICC Transformation Order.<sup>2</sup>

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

<sup>2</sup> 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."

LINE 3005 RATE OF RETURN DATA

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