### **DOCKET NO. UM 1688**

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

| Name of Eligible Telecommunications Carrier: North-State Telephone Co                                                                                                                                                                                                                                                                                                                                                                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Filing date:                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Is this: Original submission?XOR  Revised submission?                                                                                                                                                                                                                                                                                                                                                                                                     |
| Person to contact for questions:                                                                                                                                                                                                                                                                                                                                                                                                                          |
| NameDelinda Kluser                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Phone number <u>541-932-4411</u>                                                                                                                                                                                                                                                                                                                                                                                                                          |
| E-mail address <u>dkluser@ortelco.net</u>                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Documents included in this filing (please check applicable items):                                                                                                                                                                                                                                                                                                                                                                                        |
| CAF/ICC Support (47 CFR § 54.304)                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Rate Floor Data (47 CFR § 54.313(h))                                                                                                                                                                                                                                                                                                                                                                                                                      |
| X Form 481 (High-cost per 47 CFR § 54.313, Low-income per 54.422) <sup>1</sup>                                                                                                                                                                                                                                                                                                                                                                            |
| Form 690 (Mobility Fund per 47 CFR § 54.1009)                                                                                                                                                                                                                                                                                                                                                                                                             |
| 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. |

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

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



USAC Home High Cost Program | Search Tools | Form 481

### CONFIRMATION

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

Filing 1 was successfully certified on Wed 25 Jun 14 02:49:46 PM EDT by dkluser@ortelco.net .

SAC:

532388

SPIN:

143002629

Carrier Name: NORTH STATE TEL CO.

Program Year: 2015

Return to 481 Search

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Website & Privacy Policies

| FCC Fo         | rm 481 - Carrier Annual Reporting  Data Collection Form                         |                                     | FCC Form 481<br>OMB Control No. 3060-<br>July 2013 | 0986/OMB Control No. 3060-0819 |
|----------------|---------------------------------------------------------------------------------|-------------------------------------|----------------------------------------------------|--------------------------------|
| <010>          | Study Area Code                                                                 | 532388                              |                                                    |                                |
| <015>          | Study Area Name                                                                 | NORTH STATE TEL CO.                 |                                                    |                                |
| <020>          | Program Year                                                                    | 2015                                |                                                    | 7                              |
| <030>          | Contact Name: Person USAC should contact with questions about this data         | Delinda Kluser                      |                                                    |                                |
| <035>          | Contact Telephone Number:<br>Number of the person identified in data line <030> | 5419324411 ext.                     |                                                    |                                |
| <039>          | Contact Email Address:<br>Email of the person identified in data line <030>     | dkluser@ortelco.net                 |                                                    |                                |
|                |                                                                                 |                                     |                                                    | 54.313 54.422                  |
| ANNIIA         | AL REPORTING FOR ALL CARRIERS                                                   |                                     |                                                    | Completion Completion          |
| Militor        | LE REF ORTHOTOR ALE CARRIERS                                                    |                                     |                                                    | (check box when complete)      |
| <100>          | Service Quality Improvement Reporting                                           | (complete                           | e attached worksheet)                              | ✓ ///////                      |
| <200>          | Outage Reporting (voice)                                                        | (complete                           | e attached worksheet)                              | <b>✓</b>                       |
| <210>          | < check box if no                                                               | outages to report                   | Г                                                  | √                              |
| <300>          | Unfulfilled Service Requests (voice)                                            |                                     |                                                    |                                |
| -210·          | Detail on Assessment ( )                                                        |                                     |                                                    |                                |
| <310>          | Detail on Attempts (voice)                                                      |                                     |                                                    |                                |
|                |                                                                                 |                                     | (attach descriptive doc                            | ument)                         |
| <320>          | Unfulfilled Service Requests (broadband)                                        |                                     |                                                    | <b>✓</b>                       |
| <330>          | Detail on Attempts (broadband)                                                  |                                     |                                                    |                                |
| 13302          | Jetan on Attempts (broadband)                                                   |                                     | (attach descriptive do                             | cument)                        |
| <400>          | Number of Complaints per 1,000 customers (voice)                                |                                     |                                                    |                                |
| <410>          | Fixed 0.0                                                                       |                                     |                                                    |                                |
| <420>          | Mobile 0.0                                                                      |                                     |                                                    |                                |
| <430><br><440> | Number of Complaints per 1,000 customers (broadba                               | and)                                |                                                    | ✓ <b>///////</b>               |
| <450>          | Mobile 0.0                                                                      | -                                   |                                                    |                                |
| <500>          | Service Quality Standards & Consumer Protection Ru 532388or510.pdf              | es Compliance (check to             | nindicate certification)                           | 1                              |
| <510>          | 900                                                                             | fattas                              | had dessifative dessures at                        |                                |
|                |                                                                                 | (attac                              | hed descriptive document)                          | <u> </u>                       |
| *C00+          | English in E                                                                    |                                     |                                                    |                                |
| <600>          | Functionality in Emergency Situations 532388or610.pdf                           | (check to                           | indicate certification)                            | ✓ <u> </u>                     |
|                |                                                                                 | fattached                           | december de                                        |                                |
| z610×          |                                                                                 | lattachea                           | descriptive document)                              |                                |
| <610>          |                                                                                 |                                     | _                                                  |                                |
| <700>          | Company Price Offerings (voice)                                                 | (complete                           | e attached worksheet)                              |                                |
|                | Company Price Offerings (broadband)                                             | (complete                           | attached worksheet)                                | <b>✓</b>                       |
|                | Operating Companies and Affiliates Tribal Land Offerings (Y/N)?                 |                                     | attached worksheet)                                |                                |
|                | Tribal Land Offerings (Y/N)?  Voice Services Rate Comparability                 | 19.4 F. College College St. College | e attached worksheet) indicate certification)      |                                |
|                |                                                                                 | Torrect to                          | malcute certification)                             | A. W. W. M. M. M.              |
| 4040           |                                                                                 |                                     |                                                    |                                |
| <1010>         |                                                                                 | (attach o                           | lescriptive document)                              |                                |
| 4400           |                                                                                 |                                     | <u>-</u>                                           |                                |
| <1100>         | Terrestrial Backhaul (Y/N)?                                                     | (if not, check to                   | indicate certification)                            | ✓                              |
| <1110>         |                                                                                 | (complete                           | attached worksheet)                                |                                |
|                | Terms and Condition for Lifeline Customers                                      |                                     | attached worksheet)                                |                                |
| F              | Price Cap Carriers, Proceed to Price Cap Additional Do                          |                                     |                                                    |                                |
| <2000>         | Including Rate-of-Return Carriers affiliated with Price                         |                                     |                                                    |                                |
| <2005>         |                                                                                 |                                     | ndicate certification)<br>attached worksheet)      |                                |
|                | Rate of Return Carriers, Proceed to ROR Additional De                           |                                     |                                                    |                                |
| <3000>         |                                                                                 |                                     | ndicate certification)                             | ✓                              |
| <3005>         |                                                                                 | (complete                           | attached worksheet)                                | 1                              |

| C010> Study                                                                                             | Study Area Code Study Area Name Program Year Contact Name - Person USAC should contact regarding this data Contact Calephone Number - Number of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030> Figure Company received its ETC certification from the FCC? If your answer to Line <110> is yes, do you have an existing \$54.202(a) "5 year plan" filed with the FCC? 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. | MORTH STATE TEL CO. 2015 2015 Delinda Kluser \$41932411 ext. dkluser@ortelco.net (yes/no) O O |                           |
|---------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|---------------------------|
|                                                                                                         | dy Area Name  gram Year  stact Name - Person USAC should contact regarding this data  stact Telephone Number - Number of person identified in data line <030>  stact Email Address - Email Address of person identified in data line <030>  stact Email Address - Email Address of person identified in data line <030>  styour company received its ETC certification from the FCC?  our answer to Line <110> is yes, do you have an existing §54.202(a) "5  our answer to Line <111> is yes, then you are required to file a progress ort, on line <112> delineating the status of your company's existing §  202(a) "5 year plan" on file with the FCC, as it relates to your provision of ce telephony service.                                                                        | 1 ST nda 3244                                                                                 |                           |
|                                                                                                         | gram Year  stact Name - Person USAC should contact regarding this data  stact Telephone Number - Number of person identified in data line <030>  stact Email Address - Email Address of person identified in data line <030>  stour company received its ETC certification from the FCC?  our answer to Line <110> is yes, do you have an existing \$54.202(a) "5  our answer to Line <111> is yes, then you are required to file a progress  ort, on line <112> delineating the status of your company's existing §  202(a) "5 year plan" on file with the FCC, as it relates to your provision of ce telephony service.                                                                                                                                                                  | 3244                                                                                          |                           |
|                                                                                                         | ntact Name - Person USAC should contact regarding this data  tact Telephone Number - Number of person identified in data line <030>  itact Telephone Number - Number of person identified in data line <030>  itact Email Address - Email Address of person identified in data line <030>  your company received its ETC certification from the FCC?  our answer to Line <110> is yes, do you have an existing \$54.202(a) "5  Ir plan" filed with the FCC?  our answer to Line <111> is yes, then you are required to file a progress ort, on line <112> delineating the status of your company's existing \$  202(a) "5 year plan" on file with the FCC, as it relates to your provision of ce telephony service.                                                                        | Delinda Kluser 5419324411 ext. dkluser@ortelco.net (yes/no) O O                               |                           |
|                                                                                                         | tract Telephone Number - Number of person identified in data line <030>  tract Email Address - Email Address of person identified in data line <030>  your company received its ETC certification from the FCC?  our answer to Line <110> is yes, do you have an existing \$54.202(a) "5  r plan" filed with the FCC?  our answer to Line <111> is yes, then you are required to file a progress ort, on line <112> delineating the status of your company's existing \$  202(a) "5 year plan" on file with the FCC, as it relates to your provision of ce telephony service.                                                                                                                                                                                                              | dkluser@ortelco.net                                                                           |                           |
|                                                                                                         | react Email Address - Email Address of person identified in data line <030>  your company received its ETC certification from the FCC?  our answer to Line <110> is yes, do you have an existing \$54.202(a) "5  r plan" filed with the FCC?  our answer to Line <111> is yes, then you are required to file a progress ort, on line <112> delineating the status of your company's existing \$ 202(a) "5 year plan" on file with the FCC, as it relates to your provision of ce telephony service.                                                                                                                                                                                                                                                                                        | (yes/no) ( (yes/no) ( (yes/no) ( )                                                            |                           |
|                                                                                                         | your company received its ETC certification from the FCC? our answer to Line <110> is yes, do you have an existing §54.202(a) "5 r plan" filed with the FCC? our answer to Line <111> is yes, then you are required to file a progress ort, on line <112> delineating the status of your company's existing § 202(a) "5 year plan" on file with the FCC, as it relates to your provision of ce telephony service.                                                                                                                                                                                                                                                                                                                                                                          | (yes / no ) (O) (O) (A)                                                                       |                           |
|                                                                                                         | our answer to Line <110> is yes, do you have an existing §54.202(a) "5 r plan" filed with the FCC?  our answer to Line <111> is yes, then you are required to file a progress ort, on line <112> delineating the status of your company's existing § 202(a) "5 year plan" on file with the FCC, as it relates to your provision of ce telephony service.                                                                                                                                                                                                                                                                                                                                                                                                                                   | (yes / no ) O                                                                                 |                           |
| If you<br>repor<br>54.20                                                                                | our answer to Line <111> is yes, then you are required to file a progress ort, on line <112> delineating the status of your company's existing § 202(a) "5 year plan" on file with the FCC, as it relates to your provision of ce telephony service.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                               |                           |
| voice <112> Attacl your a CETC requii                                                                   | 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 532386cr112.pdf<br>mpany is a                                                                 |                           |
| Pleass<br>112, c<br>plan p                                                                              | Please check these boxes below to confirm that the attached documents(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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | o.                                                                                            | Name of Attached Document |
| <113> Maps<br><114> Repor<br><115> How<br><116> How<br><117> How<br><117> How<br><118> Provie<br>in the | Maps detailing progress towards meeting plan targets Report how much universal service (USF) support was received How (USF) was used to improve service quality How (USF)was used to improve service coverage How (USF) was used to improve service capacity Provide an explanation of network improvement targets not met in the prior calendar year.                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                               |                           |

|       | Data Collection Form |                                                                               |                           |                  |                 |                          |                              |                        | VINI<br>VINI                       | OMB Control No. 3060-<br>July 2013 | OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2013 | 40. 3060-0819              |
|-------|----------------------|-------------------------------------------------------------------------------|---------------------------|------------------|-----------------|--------------------------|------------------------------|------------------------|------------------------------------|------------------------------------|------------------------------------------------------------------|----------------------------|
| <010> | Study Area Code      | ode                                                                           |                           |                  |                 | 532388                   |                              |                        |                                    |                                    |                                                                  |                            |
| <015> | Study Area Name      | ame                                                                           |                           |                  |                 | NORTH STATE TEL          | TEL CO.                      |                        |                                    |                                    |                                                                  |                            |
| <020> | Program Year         |                                                                               |                           |                  |                 | 2015                     |                              |                        |                                    |                                    |                                                                  |                            |
| <030> | - 1                  | Contact Name - Person USAC should contact regarding this data                 | Should conta              | ct regarding thi | s data          | Delinda Kluser           | user                         |                        |                                    |                                    |                                                                  |                            |
| <035> |                      | Contact Telephone Number - Number of person identified in data line <030>     | - Number of p             | erson identified | in data line <( |                          | ext.                         |                        |                                    |                                    |                                                                  |                            |
| <039> | Contact Emai         | Contact Email Address - Email Address of person identified in data line <030> | il Address of p           | erson identified | in data line <  | 030> dkluser@ortelco.net | celco.net                    |                        |                                    |                                    |                                                                  |                            |
| <220> | <a></a>              | b1>                                                                           | <                         | <                | <               | <c1></c1>                | ¢2>                          | φ                      | Ş.                                 | \$                                 | â                                                                | \$                         |
|       | NORS<br>Reference    |                                                                               | Outage Start Outage Start | õ                | Outage End      | Number of                |                              | 911 Facilities         | Service Outage                     | Did This Outage<br>Affect Multiple | ò                                                                | <u> </u>                   |
|       | Number               | Date                                                                          | Ime                       | Date             | Time            | Customers Affected       | Total Number of<br>Customers | Affected<br>(Yes / No) | Description (Check all that apply) | Study Areas<br>(Yes / No)          | Service Outage<br>Resolution                                     | Preventative<br>Procedures |
|       |                      |                                                                               |                           |                  |                 |                          |                              |                        |                                    |                                    |                                                                  |                            |
|       |                      |                                                                               |                           |                  |                 |                          |                              |                        |                                    |                                    |                                                                  |                            |
|       |                      |                                                                               |                           |                  |                 |                          |                              |                        |                                    |                                    |                                                                  |                            |
|       |                      |                                                                               |                           |                  |                 |                          |                              |                        |                                    |                                    |                                                                  |                            |
|       |                      |                                                                               |                           |                  |                 |                          |                              |                        |                                    |                                    |                                                                  |                            |
|       |                      |                                                                               |                           |                  |                 |                          |                              |                        |                                    |                                    |                                                                  |                            |
|       |                      |                                                                               |                           |                  |                 |                          |                              |                        |                                    |                                    |                                                                  |                            |
|       |                      |                                                                               |                           |                  |                 |                          |                              |                        |                                    |                                    |                                                                  |                            |
|       |                      |                                                                               |                           |                  |                 |                          |                              |                        |                                    |                                    |                                                                  |                            |
|       |                      |                                                                               |                           |                  |                 |                          |                              |                        |                                    |                                    |                                                                  |                            |
|       |                      |                                                                               |                           |                  |                 |                          |                              |                        |                                    |                                    |                                                                  |                            |
|       |                      |                                                                               |                           |                  |                 |                          |                              |                        |                                    |                                    |                                                                  |                            |
|       |                      |                                                                               |                           |                  |                 |                          |                              |                        |                                    |                                    |                                                                  |                            |
|       |                      |                                                                               |                           |                  |                 |                          |                              |                        |                                    |                                    |                                                                  |                            |
|       |                      |                                                                               |                           |                  |                 |                          |                              |                        |                                    |                                    |                                                                  |                            |
|       |                      |                                                                               |                           |                  |                 |                          |                              |                        |                                    |                                    |                                                                  |                            |
|       |                      |                                                                               |                           |                  |                 |                          |                              |                        |                                    |                                    |                                                                  |                            |
|       |                      |                                                                               |                           |                  |                 |                          |                              |                        |                                    |                                    |                                                                  |                            |
|       |                      |                                                                               |                           |                  |                 |                          |                              | 0                      |                                    |                                    |                                                                  |                            |
|       |                      |                                                                               |                           |                  |                 |                          |                              |                        |                                    |                                    |                                                                  |                            |
|       |                      |                                                                               |                           |                  |                 |                          |                              |                        |                                    |                                    |                                                                  |                            |

Page 3

| 1B Control No. 3060-0819                                                           |                 |                 |              |                                                               |                                                                           |                                                                               |                                                                                                       | 9         | )                       | Total per line Rates and Fees |  |
|------------------------------------------------------------------------------------|-----------------|-----------------|--------------|---------------------------------------------------------------|---------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|-----------|-------------------------|-------------------------------|--|
| FCC Form 481.<br>OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2013. |                 |                 |              |                                                               |                                                                           |                                                                               |                                                                                                       | <         | Mandatory Extended Area | Service Charge                |  |
| FCC<br>ON<br>July                                                                  |                 |                 |              |                                                               |                                                                           |                                                                               |                                                                                                       | <04>      |                         | State Universal Service Fee   |  |
|                                                                                    |                 | TEL CO.         |              | ser                                                           | ext.                                                                      | lco.net                                                                       |                                                                                                       | <63>      |                         | See attached worksheet        |  |
|                                                                                    | 532388          | NORTH STATE TEL | 2015         | Delinda Kluser                                                |                                                                           | .030> dkluser@ortelco.net                                                     | 1/1/2014                                                                                              | <br>      | Residential Local       | Service Rate                  |  |
|                                                                                    |                 |                 |              | ng this data                                                  | tified in data line <                                                     | ntified in data line <                                                        | 1/1/                                                                                                  | <01>      |                         | Rate Type                     |  |
| Jata                                                                               |                 |                 |              | l contact regardir                                            | er of person iden                                                         | ess of person ider                                                            | ective Date<br>service Charge                                                                         | <a3></a3> |                         | SAC (CETC)                    |  |
| (700) Price Offerings including Voice Rate Data<br>Data Collection Form            | de              | me              |              | Contact Name - Person USAC should contact regarding this data | Contact Telephone Number - Number of person identified in data line <030> | Contact Email Address - Email Address of person identified in data line <030> | Residential Local Service Charge Effective Date<br>Single State-wide Residential Local Service Charge | <92>      |                         | Exchange (ILEC)               |  |
| (700) Price Offerings inc<br>Data Collection Form                                  | Study Area Code | Study Area Name | Program Year | Contact Name                                                  | Contact Telepl                                                            | Contact Email                                                                 | Residential Lor<br>Single State-wi                                                                    | <a1></a1> |                         | State                         |  |
| (700) Pris<br>Data Coll                                                            | <010>           | <015>           | <020>        | <030>                                                         | <032>                                                                     | <039>                                                                         | <701>                                                                                                 | <703>     |                         |                               |  |

| Data Collection Form      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |                         |                     |                                       | OMB Cont<br>July 2013 | trol No. 3060-0986/i | OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2013 |
|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-------------------------|---------------------|---------------------------------------|-----------------------|----------------------|------------------------------------------------------------------|
| <010> Study Area Code     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       | 532388                  |                     |                                       |                       |                      |                                                                  |
| <015> Study Area Name     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       | NORTH STATE TEL CO      | L CO.               |                                       |                       |                      |                                                                  |
| <020> Program Year        | The second secon |                       | 2015                    |                     |                                       |                       |                      |                                                                  |
| <030> Contact Name - Pers | Contact Name - Person USAC should contact regarding this data                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | his data              | Delinda Kluser          |                     |                                       |                       |                      |                                                                  |
| <035> Contact Telephone N | Contact Telephone Number - Number of person identified in data line <030>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ed in data line <030> | 5419324411 ext.         |                     |                                       |                       |                      |                                                                  |
| <039> Contact Email Addre | Contact Email Address - Email Address of person identified in                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ed in data line <030> | dkluser@ortelco.net     | o.net               |                                       |                       |                      |                                                                  |
| <711> <b>ca1&gt;</b>      | <b>(42)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 44                    | <b>\$</b>               | \$                  | ( <del>1</del>                        | , Chr.                | , che                | •                                                                |
| State                     | Exchange (ILEC)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Residential Rate      | State Regulated<br>Fees | Total Rate and Fees | Broadband Service -<br>Download Speed | Broadband Service -   | Usage Allowance      | Usage Allowance<br>Action Taken When                             |
|                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |                         |                     | (cdear)                               | dedan abord mode      | (ap)                 | rillin neached (serect )                                         |
|                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |                         |                     |                                       |                       |                      |                                                                  |
|                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |                         |                     |                                       |                       |                      |                                                                  |
|                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |                         |                     |                                       |                       |                      |                                                                  |
|                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |                         |                     |                                       |                       |                      |                                                                  |
|                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |                         |                     |                                       |                       |                      |                                                                  |
|                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |                         |                     |                                       |                       |                      |                                                                  |
|                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       | - See attached          | hed                 |                                       |                       |                      |                                                                  |
|                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       | Workshopt               |                     |                                       |                       |                      |                                                                  |
|                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       | TO LINGUISTIC CO.       |                     |                                       |                       |                      |                                                                  |
|                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |                         |                     |                                       |                       |                      |                                                                  |
|                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |                         |                     |                                       |                       |                      |                                                                  |
|                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |                         |                     |                                       |                       |                      |                                                                  |
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|                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |                         |                     |                                       |                       |                      |                                                                  |
|                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |                         |                     |                                       |                       |                      |                                                                  |
|                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |                         |                     |                                       |                       |                      |                                                                  |
|                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |                         |                     |                                       |                       |                      |                                                                  |
|                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |                         |                     |                                       |                       |                      |                                                                  |
|                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |                         |                     |                                       |                       |                      |                                                                  |

| (ove) Operating companies Data Collection Form                                      |                        |           | FCC Form 481                                                  |
|-------------------------------------------------------------------------------------|------------------------|-----------|---------------------------------------------------------------|
|                                                                                     |                        |           | UMB CONTROL NO. 3050-0986/OMB Control No. 3050-0819 July 2013 |
| <010> Study Area Code                                                               | 532388                 |           |                                                               |
| <015> Study Area Name                                                               | NORTH STATE TEL CO.    |           |                                                               |
| <020> Program Year                                                                  | 2015                   |           |                                                               |
| <030> Contact Name - Person USAC should contact regarding this data                 | Delinda Kluser         |           |                                                               |
| <035> Contact Telephone Number - Number of person identified in data line <030>     | 5419324411 ext.        |           |                                                               |
| <039> Contact Email Address - Email Address of person identified in data line <030> | dkluser@ortelco.net    |           |                                                               |
| <810> Reporting Carrier North-State Telephone Co                                    |                        |           |                                                               |
| <811> Holding Company NA                                                            |                        |           |                                                               |
| <812> Operating Company NA                                                          |                        |           |                                                               |
| C813>                                                                               |                        | d.        |                                                               |
|                                                                                     |                        | <47e>     | <83>                                                          |
| Affiliates                                                                          |                        | SAC       | Doing Business As Company or Brand Designation                |
|                                                                                     |                        |           |                                                               |
|                                                                                     |                        |           |                                                               |
|                                                                                     |                        |           |                                                               |
|                                                                                     | See attached worksheet | d workshe | - iei                                                         |
|                                                                                     |                        |           |                                                               |
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|                                                                                     |                        |           |                                                               |

| (900) Tr | (900) Tribal Lands Reporting                                                                                                               | ECC Exem 491                                                     |     |
|----------|--------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|-----|
| Data Co  | Data Collection Form                                                                                                                       | OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2013 | 119 |
| <010>    | Study Area Code                                                                                                                            | 53228R                                                           |     |
| <015>    |                                                                                                                                            | NORTH STATE TEL CO.                                              |     |
| <020>    |                                                                                                                                            | 2015                                                             |     |
| <030>    | Contact Name - Person USAC should contact regarding this data                                                                              | Delinda Kluser                                                   |     |
| <035>    | Contact Telephone Number - Number of person identified in data line <030>                                                                  | > 5419324411 ext.                                                |     |
| <039>    | Contact Email Address - Email Address of person identified in data line <030>                                                              | <pre>3&gt; dkluser@ortelco.net</pre>                             |     |
| <910>    | Tribal Land(s) on which ETC Serves                                                                                                         |                                                                  |     |
|          |                                                                                                                                            |                                                                  |     |
|          |                                                                                                                                            |                                                                  |     |
|          | ]                                                                                                                                          |                                                                  |     |
| <920>    | Tribal Government Engagement Obligation                                                                                                    |                                                                  |     |
|          |                                                                                                                                            | Name of Attached Document                                        |     |
| If your  | If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes                                                      |                                                                  |     |
| to conf  | to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal povernment nursuant to | Select                                                           |     |
| \$ 54.31 | § 54.313(a)(9) includes:                                                                                                                   | (Yes,No,<br>NA)                                                  |     |
| <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.                                                                                |                                                                  |     |

| (2000) Pr | (2000) Price Cap Carrier Additional Documentation                                                                                                                                                                                                                                                                                                           | FCC Form 481                                                                                                                                                                                                                                                                                                                     |                                                     |
|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| Data Coll | Data Collection Form                                                                                                                                                                                                                                                                                                                                        | OMB Control N                                                                                                                                                                                                                                                                                                                    | OMB Control No. 3060-0986/OMB Control No. 3060-0819 |
| Including | including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers                                                                                                                                                                                                                                                                         | July 2013                                                                                                                                                                                                                                                                                                                        |                                                     |
| <010>     | Study Area Code                                                                                                                                                                                                                                                                                                                                             | 5323RR                                                                                                                                                                                                                                                                                                                           |                                                     |
| <015>     | Study Area Name                                                                                                                                                                                                                                                                                                                                             | NORTH STATE TEL CO                                                                                                                                                                                                                                                                                                               |                                                     |
| <020>     | Program Year                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                  |                                                     |
| <030>     | Contact Name - Person USAC should contact regarding this data                                                                                                                                                                                                                                                                                               | Delinda Kluser                                                                                                                                                                                                                                                                                                                   |                                                     |
| <032>     | Contact Telephone Number - Number of person identified in data line <030>                                                                                                                                                                                                                                                                                   | 5419324411 ext.                                                                                                                                                                                                                                                                                                                  |                                                     |
| <039>     | Contact Email Address - Email Address of person identified in data line <030>                                                                                                                                                                                                                                                                               | dkluser@ortelco.net                                                                                                                                                                                                                                                                                                              |                                                     |
|           |                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                  |                                                     |
| CHECK t   | CHECK the boxes below to note compliance as a recipient of Incremental Connect Ameri<br>support as set forth in 47 CFR § 54.313(b),(c),(d),(e                                                                                                                                                                                                               | liance 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. | ions, and Connect America Phase II                  |
|           | Incremental Connect America Phase I reporting                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                  |                                                     |
| <2010>    |                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                  |                                                     |
| <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                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                  |                                                     |
| 7017      | Connect America Phase II Reporting {47 CFR § 54.313(e)}                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                  |                                                     |
| <2017>    | Srd year Broadband Service Certification<br>5th year Broadband Service Certification                                                                                                                                                                                                                                                                        | Ţ                                                                                                                                                                                                                                                                                                                                |                                                     |
| <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. | ine 2021, contains the required information shall provide the number, names, and ig access to broadband service in the                                                                                                                                                                                                           |                                                     |
|           |                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                  |                                                     |
| <2021>    | Interim Progress Community Anchor Institutions                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                  |                                                     |
|           |                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                  |                                                     |
|           |                                                                                                                                                                                                                                                                                                                                                             | Name of Attached Document Listing Required Information                                                                                                                                                                                                                                                                           | c                                                   |
|           |                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                  |                                                     |

| KUUU) Kate Of Return Carrier Additional Documentation | FCC Form 481                                        |
|-------------------------------------------------------|-----------------------------------------------------|
| Data Collection Form                                  | OMB Control No. 3060-0986/OMB Control No. 3060-0819 |
|                                                       | July 2013                                           |

| Ob. Study Area Code         532388           Ss. Study Area Name         NORTH. STATE TEL. CO.           Ob. Program Year.         2015           Ob. Contact Name - Person USAC should contact regarding this data         2015                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Contact Telephone Number - Number of person identified in data line <030> | Contact Email Addres |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|----------------------|
| <010> SI <015> SI <015> SI <020> PI <030> CI <03 | <032>                                                                     | <039>                |

nts set forth in 47

| <010>                 | Study Area Code                                                                                                                                                                                                                                                                                                                  | 532388                                                                                                                                                                                                                                                                                                                                            |
|-----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <015>                 | Study Area Name                                                                                                                                                                                                                                                                                                                  | NORTH STATE TET. CO                                                                                                                                                                                                                                                                                                                               |
| <020>                 |                                                                                                                                                                                                                                                                                                                                  | ANNAL STATE TED CO.                                                                                                                                                                                                                                                                                                                               |
| <030>                 | 1                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                   |
| <032>                 | 1                                                                                                                                                                                                                                                                                                                                | Finds Kluser                                                                                                                                                                                                                                                                                                                                      |
| <039>                 |                                                                                                                                                                                                                                                                                                                                  | 341932411 ext.                                                                                                                                                                                                                                                                                                                                    |
| Transfer and American | 1.0                                                                                                                                                                                                                                                                                                                              | driuserworreico, net                                                                                                                                                                                                                                                                                                                              |
| СНЕСК                 | the boxes below to note compilance on Its five year service quality plan (pursua<br>CFR § 54.313(f)(2). I further certify that t                                                                                                                                                                                                 | 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 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<br>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. | 0012 contains the required information pursuant to esses of community anothor institutions to which began                                                                                                                                                                                                                                         |
| (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]) If yes, does your company file the RUS annual report                                                                                                                                                                                                        | Name of Attached Document Listing Required Information (Yes/No) (Yes/No) (Yes/No)                                                                                                                                                                                                                                                                 |
| Please                | check these boxes to confirm that the attached document(s), on line 301                                                                                                                                                                                                                                                          | check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to & 54,313ff/2, compliance requires                                                                                                                                                                                         |
| (3015)                |                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                   |
| (3016)                | Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows    532                                                                                                                                                                                                                                               | Ish Flows 5323880x3017.pdf                                                                                                                                                                                                                                                                                                                        |
| (3017)                | if the response is yes on line 3014, attach your company's RUS annual report and all required documentation                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                   |
| (3018)                | If the response is no on line 3014, Is your company audited?                                                                                                                                                                                                                                                                     | Name of Attached Document Listing Required Information (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)                |                                                                                                                                                                                                                                                                                                                                  | ormat comparable to RUS Operating Report for Telecommunications                                                                                                                                                                                                                                                                                   |
| (3020)                | Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows                                                                                                                                                                                                                                                      | ash Flows                                                                                                                                                                                                                                                                                                                                         |
| (3021)                | Management letter issued by the independent certified public accountant that performed the company's financial audit                                                                                                                                                                                                             | 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)                | 1200000                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                   |
|                       |                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                   |
| (3023)                | Underlying information subjected to a review by an independent certified public accountant                                                                                                                                                                                                                                       | ][                                                                                                                                                                                                                                                                                                                                                |
| (3024)                |                                                                                                                                                                                                                                                                                                                                  | ash Flows                                                                                                                                                                                                                                                                                                                                         |
|                       |                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                   |
| (3026)                | Attach the worksheet listing required information                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                   |
|                       |                                                                                                                                                                                                                                                                                                                                  | Name of Attached Document Liction Boarding Information                                                                                                                                                                                                                                                                                            |

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

| <010> | Study Area Code                                                               | 532388              |
|-------|-------------------------------------------------------------------------------|---------------------|
| <015> | Study Area Name                                                               | NORTH STATE TEL CO. |
| <020> | Program Year                                                                  | 2015                |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Delinda Kluser      |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 5419324411 ext.     |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | dkluser@ortelco.net |

### 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: NORTH STATE TEL CO.

Signature of Authorized Officer: CERTIFIED ONLINE

Date

Printed name of Authorized Officer: Delinda Kluser

Title or position of Authorized Officer: Vice-Pres, General Manager

Telephone number of Authorized Officer: 5419324411 ext.

Study Area Code of Reporting Carrier:

532388

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.

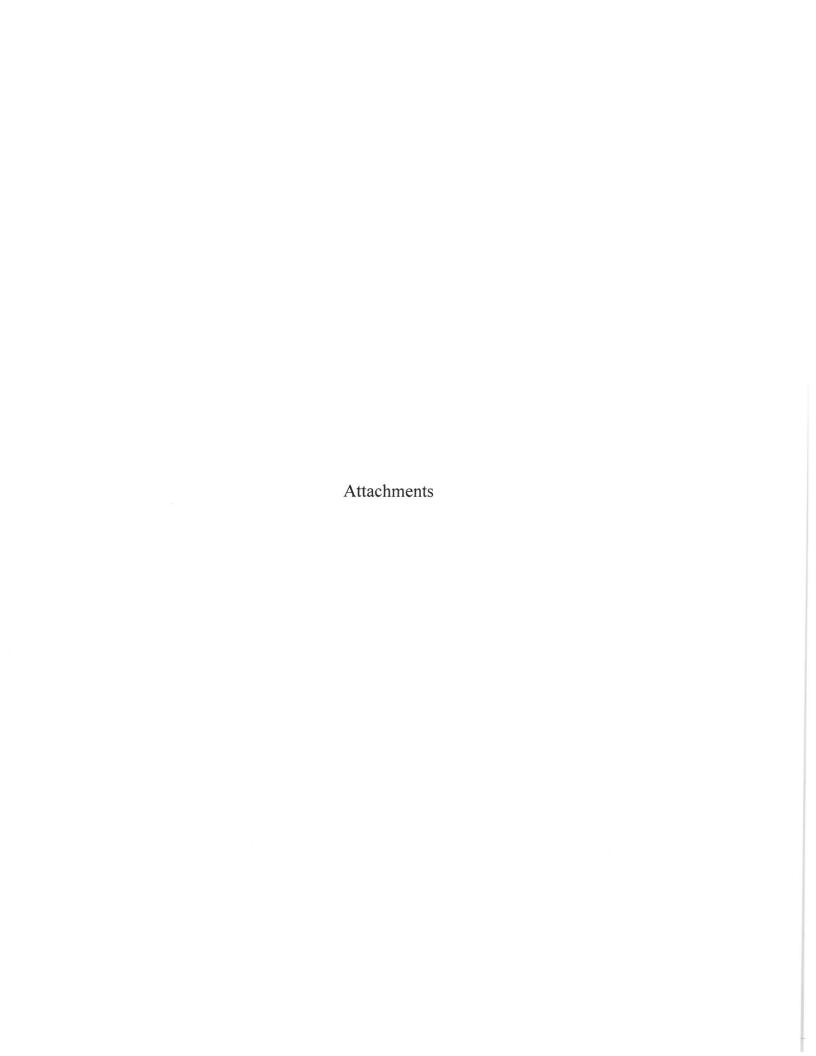
|       | tion - Agent / Carrier<br>lection Form                                        |                     | FCC Form 481<br>OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2013 |
|-------|-------------------------------------------------------------------------------|---------------------|----------------------------------------------------------------------------------|
| <010> | Study Area Code                                                               | 532388              |                                                                                  |
| <015> | Study Area Name                                                               | NORTH STATE TEL CO. |                                                                                  |
| <020> | Program Year                                                                  | 2015                |                                                                                  |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Delinda Kluser      |                                                                                  |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 5419324411 ext.     |                                                                                  |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | dkluser@ortelco.net |                                                                                  |

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

| I certify that (Name of Agent)           | is authorized to submit the information reported on behalf of the reporting carrie                              |
|------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
|                                          | onsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized |
| 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:                                                                                  |

### 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 auth<br>the data reported herein based on data provided by the |                                              | ice support recipients on behalf of the reporting carrier; I have provided to the reporting carrier; I have provided to the reported herein is accurate. |
| Name of Reporting Carrier:                                                                                              |                                              |                                                                                                                                                          |
| Name of Authorized Agent or Employee of Agent:                                                                          |                                              |                                                                                                                                                          |
| Signature of Authorized Agent or Employee of Agent:                                                                     |                                              | Date:                                                                                                                                                    |
| Printed name of Authorized Agent or Employee of Agent:                                                                  |                                              |                                                                                                                                                          |
| Title or position of Authorized Agent or Employee of Agent                                                              | t                                            |                                                                                                                                                          |
| Telephone number of Authorized Agent or Employee of Ag                                                                  | gent:                                        |                                                                                                                                                          |
| Study Area Code of Reporting Carrier:                                                                                   | Filing Due Date for this form:               |                                                                                                                                                          |



| 2015   Starty Area Code   2012   Starty Area Code   2012   Starty Area Code   2012   Starty Area Rate   2013   Starty Rate   2013   St | 7 6 | (700) Price Offerings<br>Data Collection Form | (700) Price Offerings including Voice Rate Data<br>Data Collection Form | Data                          |                        |                                   |                              | FC 0                        | FCC Form 481<br>OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2013 | B Control No. 3060-0819       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------------------------------------------|-------------------------------------------------------------------------|-------------------------------|------------------------|-----------------------------------|------------------------------|-----------------------------|----------------------------------------------------------------------------------|-------------------------------|
| NORTH STATE TEL CO.     2015                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |     | Study Area                                    | Code                                                                    |                               |                        | 532388                            |                              |                             |                                                                                  |                               |
| Delinda Kluser                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | - 1 | Study Area                                    | Name                                                                    |                               |                        | NORTH STAT                        | TEL CO.                      |                             |                                                                                  |                               |
| Sel1932411 ext.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     | Program Ye                                    | ear                                                                     |                               |                        | 2015                              |                              |                             |                                                                                  |                               |
| dkluser@ortelco.net  ch2> ch3> ch4>  ch2> ch4>  ch2> ch4>  dervice Rate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |     | Contact Na                                    | ime - Person USAC should                                                | d contact regard              | ing this data          | Delinda Klı                       | nser.                        |                             |                                                                                  |                               |
| dklusersortelco.net  db2> cb3> cb4>  dential Local State Subscriber Line Charge State Universal Service Fee 0.0 1.23                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | - 1 | Contact Te.                                   | lephone Number - Numb                                                   | er of person ide              | ntified in data line < |                                   | ext.                         |                             |                                                                                  |                               |
| Rate Type         Service Rate         State Universal Service Fee           FR         12.45         0.0         1.23                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | - 1 | Contact En                                    | nail Address - Email Addre                                              | ess of person ide             | entified in data line  |                                   | telco.net                    |                             |                                                                                  |                               |
| Ca12         Ca25         Ch25         Ch35         Ch45         Ch45 <th< td=""><td></td><td>Residential<br/>Single State</td><td>Local Service Charge Effi<br/>e-wide Residential Local S</td><td>ective Date<br/>Service Charge</td><td>1/1</td><td></td><td></td><td></td><td></td><td></td></th<>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |     | Residential<br>Single State                   | Local Service Charge Effi<br>e-wide Residential Local S                 | ective Date<br>Service Charge | 1/1                    |                                   |                              |                             |                                                                                  |                               |
| Gab         Cab         Cab <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>_</td>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |     |                                               |                                                                         |                               |                        |                                   |                              |                             |                                                                                  | _                             |
| State         Exchange (ILEC)         SAC (CETC)         Rate Type         Residential Local         State Subscriber Line Charge         State Universal Service Fee           4.6.7         PR         12.45         0.0         1.23           12.45         0.0         1.23         1.23           12.45         0.0         1.23         1.23           12.45         0.0         1.23         1.23           12.45         0.0         1.23         1.23           12.45         0.0         1.23         1.23           12.45         0.0         1.23         1.23           12.45         0.0         1.23         1.23           12.45         0.0         1.23         1.23           12.45         0.0         1.23         1.23           12.45         0.0         1.23         1.23           12.45         0.0         1.23         1.23           12.45         0.0         1.23         1.23           12.45         0.0         1.23         1.23           12.45         0.0         1.23         1.23           12.45         0.0         1.23         1.23           12.45         0.0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | _   | <a1>&gt;</a1>                                 | <a2></a2>                                                               | <83>                          | <br>401>               | <462>                             | <63>                         | < <del>0</del> 4>           | < <b>\$</b> \$>                                                                  | •                             |
| 46/ FR 12.45 0.0 1.23                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |     | State                                         | Exchange (ILEC)                                                         | SAC (CETC)                    | Rate Type              | Residential Local<br>Service Rate | State Subscriber Line Charge | State Universal Service Fee | Mandatory Extended Area<br>Service Charge                                        | Total per line Rates and Fees |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |                                               |                                                                         |                               |                        |                                   |                              |                             |                                                                                  |                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |                                               |                                                                         |                               |                        |                                   |                              |                             |                                                                                  |                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |                                               |                                                                         |                               |                        |                                   |                              |                             |                                                                                  |                               |

| <010> | <010> Study Area Code                                                                           | 532388                               |
|-------|-------------------------------------------------------------------------------------------------|--------------------------------------|
| <015> | <015> Study Area Name                                                                           | NORTH STATE TEL CO.                  |
| <020> | <020> Program Year                                                                              | 2015                                 |
| <030> | <030> Contact Name - Person USAC should contact regarding this data                             | Delinda Kluser                       |
| <032> | <035> Contact Telephone Number - Number of person identified in data line <030> 5419324411 ext. | 5419324411 ext.                      |
| <039> | <039> Contact Email Address - Email Address of person identified in data line <030>             | data line <030> dkluser@ortel.co.net |

<711>

| <d4>&gt;</d4> | Usage Allowance<br>Action Taken<br>When Limit Reached {select}                  | Other, Unlimited |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |  |
|---------------|---------------------------------------------------------------------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|
|               | Usage Allowance<br>(GB)                                                         | 0.0              | 0.0              | 0.0              | 0.0              | 0.0              | 0.0              | 0.0              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |  |
| <\$p><        | (sd                                                                             | 0.256            | 0.756            | 1.5              | 3.0              | 5.0              | 10.0             | 15.0             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |  |
| <92>          | Broadband Service - Broadband Service Download Speed - Upload Speed (Mb) (Mbps) | 0.512            | 1.5              | 3.0              | 0.9              | 10.01            | 20.0             | 30.0             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |  |
| <db></db>     | Total Rates<br>and Fees                                                         | 29.95            | 39.95            | 49.95            | 59.95            | 69.95            | 79.95            | 89.95            | The state of the s |  |  |  |  |  |  |
| <\$2>         | State Regulated<br>Fees                                                         | 0.0              | 0.0              | 0.0              | 0.0              | 0.0              | 0.0              | 0.0              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |  |
| <br>4b1>      | Residential<br>Rate                                                             | 29.95            | 39.95            | 49.95            | 59.95            | 69.95            | 79.95            | 89.95            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |  |
| <95>          | Exchange (ILEC)                                                                 | 467              | 467              | 467              | 467              | 467              | 467              | 467              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |  |
| cat>          | State                                                                           | OR               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |  |

|                    | No. 3060-0986/OMB Control No. 3060-0819 |           |
|--------------------|-----------------------------------------|-----------|
| FCC Form 48        | OMB Control                             | July 2013 |
|                    |                                         |           |
| perating Companies | ction Form                              |           |

|                              |                               |                         |                                                                             |                                                                                         |                     |                                                  |                          |                            |        | <a3></a3> | Doing Business As Company or Brand Designation | North State Cablevision | Skyline Telecom Inc |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |  |  |  |
|------------------------------|-------------------------------|-------------------------|-----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|---------------------|--------------------------------------------------|--------------------------|----------------------------|--------|-----------|------------------------------------------------|-------------------------|---------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|
|                              | NORTH STATE TEL CO.           |                         | Delinda Kluser                                                              | 5419324411 ext.                                                                         | dkluser@ortelco.net |                                                  |                          |                            | ţ      | <7e>>     | SAC                                            |                         | 520581              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |  |  |  |
| <010> Study Area Code 532388 | <015> Study Area Name North 8 | <020> Program Year 2015 | <030> Contact Name - Person USAC should contact regarding this data Delinda | <035> Contact Telephone Number - Number of person identified in data line <030> 5419324 |                     | <810> Reporting Carrier North-State Telephone Co | <811> Holding Company NA | <812> Operating Company NA | (\$13) |           | Affiliates                                     | North State Cablevision | Skyline Telecom Inc | - Control of the Cont |  |  |  |  |  |  |  |  |

Five-Year Service Quality Improvement Plan

Study Area Code

532388

Study Area Name

North-State Telephone Co.

Program Year

2015

Contact Name

**DELINDA KLUSER** 

Contact Telephone Number

541 932 4411

Contact Email Address

dkluser@ortelco.net

### North-State Telephone Co. FIVE YEAR SERVICE QUALITY IMPROVEMENT PLAN

### **PREAMBLE**

This 5 year improvement plan is a section of the Company's 2014 Annual Report. It is in compliance with § 54.313(a)(1) adopted in the FCC's USF/ICC Transformation Order (11-161). This document also incorporates further clarifications identified in subsequent Reconsideration Orders, as applicable, in effect prior to the filing of the Annual Report.

North-State Telephone Co. (NSTC) has carefully developed its improvement plan, concentrating on the delivery and continuation of a robust network which provides, at a minimum, the federally required voice and broadband connectivity as stipulated by regulatory rule. In certain situations (and as noted herein), the plan may also incorporate specific state requirements.

NSTC is currently a recipient of state support from the Oregon Universal Service Fund ("OUSF"). However the Fund is currently under formal state commission staff investigation (docket UM 1481), to assure the Fund contribution and support mechanisms, and those qualifying for support, are in concert with the current regulatory and market conditions. The outcome of the OUSF docket, the timing of a decision, and its impact upon NSTC is unknown at the time of the report.

NSTC advises that this improvement plan has been carefully crafted, matching measured network deployment, improvement and quality service levels with known financial implications of the Transformation Order upon the company's support cash-flows. The uncertainty of such cash flows being received in the outer-years as a result of current and potential regulatory action on rural rate-of-return carriers has resulted in the Company taking a balanced yet realistic approach.

The environment in which the Company operates remains dynamic, not static. As a result, NSTC reserves the opportunity to modify its plan in response to further regulatory decisions as they are adopted, and their implication upon the Company's financial viability in providing the required services and service level quality becomes known.

NSTC will re-evaluate this plan on an annual basis. Action, however, may also be taken abruptly on the presented plan for both current and outer years in the event of evolving regulatory conditions and/or changes in technology (vendor)-driven support. All adjustments to the improvement plan in this document will be reflected and explained in subsequent annual reports.

### **OVERVIEW**

NSTC, as an Eligible Telecommunications Carrier (ETC) provides Universal Service supported services to approximately 389 customers covering approximately 330 square miles.

Consistent with Commission requirements, this Service Quality Improvement Plan addresses only NSTC's regulated eligible telecommunications carrier operations.<sup>1</sup> A detailed description of NSTC's plans for the provision of the supported services in the five-year period starting with January 2015 is provided herein.

Per the Universal Service Administrative Company (USAC), for the calendar year 2013, NSTC received a total of \$1,512,816 (as of 05/29/14) in USF support funds. The breakdown of the funding for the year was:

- \$1,028,922 High Cost Loop Support,
- \$ 9,486 Local Switching Support-Prior Period Adjustment
- \$ 46,878 Connect America Fund-Intercarrier Compensation Support
- \$ 416,427 Interstate Common Line Support
- \$ 11,103 Safety Net Additive

All funds were used in 2013 to both: 1) maintain, upgrade, and improve the Company's network and, 2) cover its operating expenses and debt commitments as necessary to permit it to offer a high level of service for both voice and broadband throughout its service area.

### **IMPROVEMENT PLANS BY YEAR (2015-2019 inclusive)**

Summary descriptions of network improvements planned for the next five years in accordance with Part 54.202(a)(1)(ii) and Part 54.313(a)(1) by year and by exchange are presented below. Detailed expenditures are summarized in the attached Excel worksheet (Attachment 1). Where available, area and subscribers impacted by the improvements are identified in the worksheet. Costs are broken out by voice and broadband service.

Network improvement expenditures identify the cost to provide those services supported
by the universal service funding mechanisms. When a project involves expenditures for
both regulated and non-regulated services, the non-regulated investment costs have been
removed. The Company estimates non-regulated costs using the appropriate allocation
rules. Details of those costs are retained by the Company and available for inspection.

<sup>&</sup>lt;sup>1</sup>Per 47 C.F.R. § 54.314, federal USF support, "will be used only for the provision, maintenance, and upgrading of facilities and services for which the support is intended." If investments or expenses are for service areas larger than the supported service areas, then allocations of the expenditures are required.

 Costs are reported only for those service areas in which the Company is authorized to receive USF funding.

Due to the current uncertainty of the amounts of support funds the company may receive in future years, NSTC advises the Commission that the deployment of specific network improvement projects may be modified, and the meeting of projected service goals muted, to accommodate the actual amount of support that will be received.

### **BASELINE NARRATIVE**

NSTC is an independent local exchange carrier providing telecommunications services in Wasco County in Oregon. There are approximately 244 households in Dufur with a current population of 605, over a geographic area of 330 sq. miles. NSTC provides service to the city of Dufur which is located between Mount Hood and the Deschutes River. The service territory is largely on rolling hills however the soil condition is composed of extremely hard rock. The economic base is largely farming of wheat, tree fruit and grapes. There is a public school in the exchange. At this time, the Company provides phone service only to the school. Data services are currently provided by the ESD.

The median household income is approximately \$37,500. Currently we have 10 Lifeline subscribers.

NSTC serves its subscribers using a soft switch. NSTC was able to procure a fiber backbone in 2013 bringing even higher speed broadband to the area. NSTC has been using RUS funds for a number of years to continually upgrade and build-out areas. Our wire center contains FTTH customers. It is NSTC's plan to build out fiber to repeater sites in order to increase Broadband speeds for customers on the outskirts currently served by copper.

Subscribers currently served by FTTH are able to receive a minimum of 3MB upload and 10MB download. There are currently 19 subscribers served by copper with 756K upload and 1.5MB download speeds. Currently NSTC serves 255 DSL/Broadband customers. There are 217 route miles of facilities.

While no terrestrial competitor offers voice and data service throughout the service area, competition is limited to AT&T Wireless and Verizon Wireless in the exchange. NSTC has lost both voice and data subscribers due to unemployment and competition in the area.

NSTC's toll network is also fiber fed.

NSTC has been using RUS funds for a number of years to continually upgrade and build-out areas. Payments of those loans come from cash flows of support payments. Much of our wire center contains FTTH customers. It is NSTC's plan to build out fiber to repeater sites in order to increase Broadband speeds for customers on the outskirts.

### SUMMARY DISCUSSION OF PLANS BY YEAR

### 2015

<u>Long Hollow Fiber Build:</u> For 2015, NSTC intends to use operating cash flow to deploy mainline and drop fiber to the Long Hollow area. This project will continue from the 2014 Easton Canyon Project.

The Fiber Project cost is estimated at \$125,000. The project involves placement of approximately 2.5 route miles of fiber to 3 subscribers currently served over copper. When complete, these 3 subscribers will have a minimum of 1 MB upload and 6 MB download broadband speeds available. NSTC expects an increase in broadband services as a result of this project based on past experience with fiber upgrades to existing exchanges. This project was staked in fall 2013 and existing subscribers were informed at that time of the Company's plans to upgrade their service. As a result of a short construction season necessitated by extreme weather conditions, this project is scheduled for completion in the third quarter 2015. The Company's Field Engineer will be on-site, working alongside the construction crews on a daily basis and will provide weekly Progress Reports to Company Management to ensure deadlines are met.

<u>Transmission:</u> This project will also require the addition of a new electronics in the field to replace the current system. The estimated cost of NSTC labor and material will be \$4,000.

DC Rectifier and Battery Upgrades: NSTC's policy is to upgrade emergency and backup power generation capabilities on a rotating basis. Battery life and years in service are evaluated each year and replacements are completed as necessary. Generators and batteries at the Central office and batteries at each DLC or remote are all considered. Rectifiers and inverters are also included. In 2015, assuming support becomes more predictable and continuing to upgrade remains economically viable NSTC has planned on replacing batteries in the Central Office. The budgeted amount is \$50,000.

<u>Vehicles:</u> In 2015 the Company plans to replace one service truck. Because the Company's service area is so large, by necessity significant miles (an average of 30,000 annually) are put on service trucks in order to serve subscribers. To ensure the safety of employees as well as ensuring serviceable vehicles, the Company replaces most fleet vehicles every six years. The vehicle to be replaced in 2015 is expected to cost \$35,000.

General Expenditures: NSTC expects to spend \$12,000 in miscellaneous additions.

### 2016

<u>Tygh Road Fiber Build:</u> In 2016, assuming support becomes more predictable and continuing to upgrade remains economically viable, NSTC intends to use operating cash flow to deploy mainline and drop fiber to the Tygh Road area. This project will continue from the 2015 Long Hollow Project.

The Fiber Project cost is estimated at \$215,000. The project involves placement of approximately 5.5 route miles of fiber to 14 subscribers currently served over copper. When complete, these 14 subscribers will have a minimum of 1 MB upload and 6 MB download broadband speeds available. NSTC expects an increase in broadband services as a result of this project based on past experience with fiber upgrades to existing exchanges. This project was staked in fall 2013

and existing subscribers were informed at that time of the Company's plans to upgrade their service. As a result of a short construction season necessitated by extreme weather conditions, this project is scheduled for completion in the third quarter 2016. The Company's Field Engineer will be on-site, working alongside the construction crews on a daily basis and will provide weekly Progress Reports to Company Management to ensure deadlines are met.

<u>Transmission:</u> This project will also require the addition of a new electronics in the field to replace the current system. The estimated cost of NSTC labor and material will be \$3,000.

General Expenditures: In 2016 the Company expects to spend \$12,000 in miscellaneous additions.

### 2017

DC Rectifier and Battery Upgrades: NSTC's policy is to upgrade emergency and backup power generation capabilities on a rotating basis. Battery life and years in service are evaluated each year and replacements are completed as necessary. Generators and batteries at each Central office and batteries at each DLC or remote are all considered. Rectifiers and inverters are also included. In 2017, assuming support becomes more predictable and continuing to upgrade remains economically viable, NSTC has planned on replacing rectifiers during 2017. The budgeted amount is \$15,000.

<u>97 North to Ward Mill Fiber project:</u> For 2017, NSTC intends to use operating cash flow to deploy mainline and drop fiber to the final area in the Dufur exchange. This project will continue from prior year's projects.

The Fiber Project cost is estimated at \$100,000. The project involves placement of approximately 2 route miles of fiber to 2 subscribers currently served over copper. When complete, these 2 subscribers will have a minimum of 1 MB upload and 6 MB download broadband speeds available. NSTC expects an increase in broadband services as a result of this project based on past experience with fiber upgrades to existing exchanges. This project was staked in fall 2013 and existing subscribers were informed at that time of the Company's plans to upgrade their service. As a result of a short construction season necessitated by extreme weather conditions, this project is scheduled for completion in the third quarter 2017. The Company's Field Engineer will be on-site, working alongside the construction crews on a daily basis and will provide weekly Progress Reports to Company Management to ensure deadlines are met.

<u>Transmission:</u> This project will also require the addition of a new electronics in the field to replace the current system. The estimated cost of NSTC labor and material will be \$3,000.

General Expenditures: In 2017 the Company expects to spend \$12,000 in miscellaneous additions.

### 2018

<u>Building:</u> In 2018, assuming support becomes more predictable and continuing to upgrade remains economically viable NSTC, has plans to improve the current warehouse through a remodeling project. The estimate for this project is \$50,000. The Company will work with a general contractor throughout the entire project.

General Expenditures: In 2018 the Company expects to spend \$7,000 in miscellaneous additions.

### 2019

As is our policy with critical network equipment, replacement of equipment deployed in the field must be replaced on a rotational basis. During 2019 it is estimated that upgrades and/or replacement of remote cabinets should begin. In 2019, assuming support becomes more predictable and continuing to upgrade remains economically viable, the estimated cost of the upgrades is \$50,000. The project will be under the direction of both Oregon Telephone Corporation's internal engineer as well as a vendor's engineer.

General Expenditures: In 2019 the Company expects to spend \$13,000 in miscellaneous additions.

Five-Year Service Quality Improvement Plan

| 532388          | North-State Telephone Co. | 2015         | <b>DELINDA KLUSER</b> | per 541 932 4411         | dkluser@ortelco net   |
|-----------------|---------------------------|--------------|-----------------------|--------------------------|-----------------------|
| Study Area Code | Study Area Name           | Program Year | Contact Name          | Contact Telephone Number | Contact Email Address |

# Attachment 1

The Company projects the expenditures, by Part 32 accounts for 2015-2019 related to the above identified projects will be:

|       | 6107                 |               | 50,000           | •            | 13,000          |                        | 187,456        | 94,451             | 527,262      | 43,737        | 386,237        |
|-------|----------------------|---------------|------------------|--------------|-----------------|------------------------|----------------|--------------------|--------------|---------------|----------------|
|       |                      |               | \$               |              | \$              |                        | \$             | \$                 | \$           | \$            | \$             |
| 0,000 | 7010                 |               |                  |              | 57,000          |                        | 181,996        | 91,700             | 511,904      | 42,464        | 374,988        |
|       |                      |               |                  |              | \$              |                        | \$             | \$                 | \$           | \$            | \$             |
| 7000  | 707                  | 15,000        | 3,000            | 100,000      | 12,000          |                        | 176,695        | 89,029             | 496,995      | 41,227        | 364,066        |
|       |                      | s             | \$               | s            | \$              |                        | \$             | \$                 | \$           | s             | s              |
| 2016  | 0107                 |               | 3,000            | 215,000      | 12,000          |                        | 171,549        | 86,436             | 482,519      | 40,026        | 353,462        |
|       |                      |               | \$               | \$           | \$              |                        | \$             | \$                 | \$           | \$            | \$             |
| 2015  | 2107                 | 20,000        | 4,000            | 125,000      | 47,000          |                        | 163,380        | 82,320             | 475,138      | 37,920        | 336,630        |
|       |                      | \$            | \$               | \$           | Ş               |                        | \$             | \$                 | \$           | \$            | \$             |
|       | Capital Expenditures | COE Switching | COE Transmission | Cable & Wire | General Support | Operating Expenditures | Plant Specific | Plant Non-Specific | Depreciation | Customer Oper | Corporate Oper |

### Service Quality Standards & Consumer Protection Rules Compliance

Study Area Code

532388

Study Area Name

North-State Telephone Co

Program Year

2015

**Contact Name** 

Delinda Kluser

Contact Telephone Number

541 932 4411

Contact E-Mail Address

dkluser@ortelco.net

### **Consumer Protection**

### Voice and Broadband

North-State Telephone Co. 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 employees' handbook. Employee training is conducted annually and new hires are instructed on the programs as required by their job functions.

### Service Quality Standards

### **Voice**

North-State Telephone Co. 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**

North-State Telephone Co follows the service standards noted in NECA Tariff #5 and is committed to provide the highest quality service to its broadband customers.

610

North-State Telephone Co 532388 2015 Functionality in Emergency Situations Study Area Name Study Area Code Program Year

Contact Telephone Number 5.

541 932 4411

Delinda Kluser

Contact Name

Contact E-Mail Address

dkluser@ortelco.net

| Exchange | Site Name                   |        |        | Backup    | Fuel Type       | Capacity | Est Run Time |
|----------|-----------------------------|--------|--------|-----------|-----------------|----------|--------------|
|          | Dufur CO                    |        |        | Generator | Propane         | 250 gal  | 100 hrs      |
|          | Dufur Valley Calix ODC-1000 |        |        | N/A       | N/A             | N/A      | N/A          |
| Dufur    | Dufur Valley Calix ODC-1000 |        |        | N/A       | N/A             | N/A      | N/A          |
|          | Adtran                      |        |        | N/A       | N/A             | N/A      | N/A          |
|          | Adtran                      |        |        | N/A       | N/A             | N/A      | N/A          |
|          | Adtran                      |        |        | N/A       | N/A             | N/A      | N/A          |
|          | Adtran                      |        |        | N/A       | N/A             | N/A      | N/A          |
| S        | E7_2 City_Hall              | 170 Ah | 11 hrs | Generator | Natural gas fed | N/A      | Indefinite   |
| Portland | The_Pittock_E7-2            |        |        | Generator | Natural gas fed |          | Indefinite   |
| Dufur    | Calix ONTs                  |        |        | N/A       | N/A N/A         | N/A      | N/A          |

### 1200

Terms and Conditions for Lifeline Customers

Study Area Code

532388

Study Area Name

NORTH-STATE TELEPHONE CO

Program Year

2015

**Contact Name** 

**DELINDA KLUSER** 

Contact Telephone Number

541 932 441:

Contact E-Mail Address

dkluser@ortelco.net

### 54.313 Lifeline customers MOU and additional toll charges

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 North-State Telephone subscriber, are free to choose their own toll usage plans through IXCs that serve North-State Telephone Co.

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid control number for this information collection is 0572-0031. The time required to complete this information collection is estimated to average 4 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

| USDA-RUS                                                                                                                                                      | This data will be used by RUS to review your jin<br>and subject to federal laws and regulations regu | ancial situation. Your response is required by TUSE 901 et seq.<br>irding confidential information, will be treated as confidential. |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                               | BORROWER NAME                                                                                        |                                                                                                                                      |
| OPERATING REPORT FOR<br>TELECOMMUNICATIONS BORROWERS                                                                                                          | North-State Telephone Co                                                                             |                                                                                                                                      |
| INSTRUCTIONS-Submit report to RUS within 30 days after close of the period. For detailed instructions, see RUS Bulletin 1744-2, Report in whole dollars only. | PERIOD ENDING                                                                                        | BORROWER DESIGNATION                                                                                                                 |
| o destined associations, see ROS Dimenn 1744-2; Report in whose dollars only:                                                                                 | December, 2013                                                                                       | OR0532                                                                                                                               |
| We hereby certify that the entries in this report are in accordance with the                                                                                  | CERTIFICATION ne accounts and other records of the system an                                         | d reflect the status of the system                                                                                                   |

to the best of our knowledge and belief.

ALL INSURANCE REQUIRED BY 7 CFR PART 1788, CHAPTER XVII, RUS, WAS IN FORCE DURING THE REPORTING PERIOD AND RENEWALS HAVE BEEN OBTAINED FOR ALL POLICIES.

## DURING THE PERIOD COVERED BY THIS REPORT PURSUANT TO PART 1788 OF 7CFR CHAPTER XVII (Check one of the following)

| 140  | the oblig | gations   | under the  | RUS loa   | n docume |
|------|-----------|-----------|------------|-----------|----------|
| ABA6 | been w    | filled in | all materi | al respec | ts.      |
| N    |           |           | A          |           | /        |
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| A // | AIX       | JUL .     | ALX        | 1         | /        |



There has been a default in the fulfillment of the obligations under the RUS loan documents. Said default(s) is/are specifically described in the Telecom Operating Report

|                                         |                       |                                  | A. BALANCE SHEET                                              |             |                                                  |
|-----------------------------------------|-----------------------|----------------------------------|---------------------------------------------------------------|-------------|--------------------------------------------------|
| ASSETS                                  | BALANCE<br>PRIOR YEAR | BALANCE<br>END OF PERIOD         | LIABILITIES AND STOCKHOLDERS' EQUITY                          | BALANCE     | BALANCE                                          |
| CURRENT ASSETS                          |                       |                                  | CURRENT LIABILITIES                                           | PRIOR YEAR  | END OF PERIO                                     |
| Cash and Equivalents                    | 2,588,387             | 2,772,121                        | 25. Accounts Payable                                          | 248,501     | 311,06                                           |
| 2. Cash-RUS Construction Fund           |                       |                                  | 26. Noles Payable                                             | 240,000     | 311,00                                           |
| 3. Affiliates:                          |                       |                                  | 27. Advance Billings and Payments                             | 32,000      | 30.00                                            |
| a, Telecom, Accounts Receivable         | 38,732                | 42,187                           | 28. Customer Deposits                                         | 1,450       |                                                  |
| b. Other Accounts Receivable            | 2,584                 | 9,812                            |                                                               | 386,242     |                                                  |
| c. Notes Receivable                     |                       |                                  | 30. Current Mat. L/T Debt-Rur. Dev.                           | 300,242     | 405,40                                           |
| 4. Non-Affiliates:                      | ADD METHOD ATTRIBUTE  | PRODUCTOR'S CONTROL              | 31. Current MatCapital Leases                                 |             | <del> </del>                                     |
| a. Telecom, Accounts Receivable         |                       |                                  | 32. Income Taxes Accrued                                      | 64,640      | <del>                                     </del> |
| b. Other Accounts Receivable            | 171,375               | 130,030                          | 33. Other Taxes Accrued                                       | 04,040      |                                                  |
| c. Notes Receivable                     | 98,940                |                                  | 34. Other Current Liabilities                                 |             |                                                  |
| 5. Interest and Dividends Receivable    | 7,008                 |                                  | 35. Total Current Liabilities (25 thru 34)                    | 722.022     | 2.0.0                                            |
| 6. Material-Regulated                   |                       |                                  | LONG-TERM DEBT                                                | 732,833     | 747,199                                          |
| 7. Material-Nonregulated                |                       | 317                              | 36. Funded Debt-RUS Notes                                     | 7,571,079   | 7,177,90                                         |
| 8. Prepayments                          | 3,256                 |                                  | 37. Funded Debt-RTB Notes                                     | 1,311,073   | 7,177,90.                                        |
| 9. Other Current Assets                 |                       |                                  | 38. Funded Debt-FFB Notes                                     |             |                                                  |
| 10. Total Current Assets (1 Thru 9)     | 2,910,282             |                                  | 39. Funded Debt-Other                                         |             |                                                  |
| NONCURRENT ASSETS                       |                       |                                  | 40. Funded Debt-Rural Develop, Loan                           |             |                                                  |
| 11. Investment in Affiliated Companies  |                       |                                  | 41. Premium (Discount) on L/T Debt                            |             |                                                  |
| a. Rural Development                    | 1,669,490             |                                  | 42. Reacquired Debt                                           |             |                                                  |
| b. Nonrural Development                 | 165,025               |                                  | 43. Obligations Under Capital Lease                           | 129,620     | 116,984                                          |
| 2. Other investments                    | dibility salasis      | DOM: NAMES HAS ASSESSED.         | 44. Adv. From Affiliated Companies                            | 125,020     | 110,304                                          |
| a. Rural Development                    |                       |                                  | 45. Other Long-Term Debt                                      | 490,644     | 460 504                                          |
| b. Nonrural Development                 | 11,000                |                                  | 46. Total Long-Term Debt (36 thru 45)                         | 8,191,343   | 460,584                                          |
| Nonregulated Investments                |                       |                                  | OTHER LIAB. & DEF, CREDITS                                    | 0,151,343   | 7,755,471                                        |
| Other Noncurrent Assets                 |                       |                                  | 17. Other Long-Term Liabilities                               | 774         | 547                                              |
| 5. Deferred Charges                     |                       |                                  | 18. Other Deferred Credits                                    | 1,120,709   | 1,285,051                                        |
| 6. Jurisdictional Differences           |                       |                                  | Other Jurisdictional Differences                              | 1,120,,03   | 1,263,051                                        |
| 7. Total Noncurrent Assets (11 thru 16) | 1,845,515             |                                  | 50. Total Other Liabilities and Deferred Credits (47 thru 49) | 1,121,483   | 2 222 546                                        |
| LANT, PROPERTY, AND EQUIPMENT           | Stort Marin Section   |                                  | EQUITY                                                        | 1,121,463   | 1,285,598                                        |
| 8. Telecom, Plant-in-Service            | 11,817,277            | CONTRACTOR CONTRACTOR CONTRACTOR | 1. Cap. Stock Outstand. & Subscribed                          | 1,349,950   | 1,349,950                                        |
| 9. Property Held for Future Use         |                       | T T                              | 2. Additional Paid-in-Capital                                 |             |                                                  |
| ). Plant Under Construction             |                       |                                  | 3. Treasury Stock                                             | 2,150       | 2,150                                            |
| Plant Adj., Nonop. Plant & Goodwill     |                       |                                  | Membership and Cap. Certificates                              | (1,347,850) | 1,347,850)                                       |
| 2. Less Accumulated Depreciation        | 3,569,559             | 3,923,9775                       |                                                               |             |                                                  |
| 3. Net Plant (18 thru 21 less 22)       | 8,247,718             |                                  | 6. Patronage Capital Credits                                  | 1           |                                                  |
| F. TOTAL ASSETS (10+17+23)              | T                     |                                  | 7. Retained Earnings or Margins                               | 2 052 000   | 2 000 ===                                        |
|                                         |                       |                                  | 8. Total Equity (51 thru 57)                                  | 2,953,606   | 2,908,577                                        |
|                                         |                       |                                  | 9. TOTAL LIABILITIES AND EQUITY (35+46+50+58)                 | 2,957,856   | 2,912,827                                        |
|                                         | 13,003,515            |                                  | TOTAGEORGE COM PROCES (25445256430)                           | 13,003,515  | 12 261 665                                       |

### USDA-RUS

## OPERATING REPORT FOR TELECOMMUNICATIONS BORROWERS

BORROWER DESIGNATION

OR0532

PERIOD ENDING

INSTRUCTIONS- See RUS Bulletin 1744-2

December, 2013

### PART B. STATEMENTS OF INCOME AND RETAINED EARNINGS OR MARGINS

| ITEM                                                                         | PRIOR YEAR | THIS YEAR |
|------------------------------------------------------------------------------|------------|-----------|
| Local Network Services Revenues                                              | 125,113    | 112,4     |
| Network Access Services Revenues                                             | 2,190,331  | 1,861,9   |
| Long Distance Network Services Revenues                                      |            |           |
| Carrier Billing and Collection Revenues                                      | 12,813     | 9,6       |
| 5. Miscellaneous Revenues                                                    | 30,729     | 30,4      |
| 6. Uncollectible Revenues                                                    | 2,522      | 1,5       |
| 7. Net Operating Revenues (1 thru 5 less 6)                                  | 2,356,464  | 2,012,8   |
| 8. Plant Specific Operations Expense                                         | 220,174    | 270,6     |
| Plant Nonspecific Operations Expense (Excluding Depreciation & Amortization) | 66,488     | 89,4      |
| Depreciation Expense                                                         | 427,519    | 428,2     |
| Amortization Expense                                                         |            |           |
| Customer Operations Expense                                                  | 33,158     | 33,9      |
| Corporate Operations Expense                                                 | 292,499    | 308,6     |
| 4. Total Operating Expenses (8 thru 13)                                      | 1,039,838  | 1,130,9   |
| 5. Operating Income or Margins (7 less 14)                                   | 1,316,626  | 881,9     |
| 6. Other Operating Income and Expenses                                       | 991        | 1,05      |
| 7. State and Local Taxes                                                     | 52,581     | 15,16     |
| B. Federal Income Taxes                                                      | 257,080    | 176,46    |
| 9. Other Taxes                                                               | 156,372    | 134,61    |
| ). Total Operating Taxes (17+18+19)                                          | 466,033    | 326,24    |
| Net Operating Income or Margins (15+16-20)                                   | 851,584    | 556,73    |
| 2. Interest on Funded Debt                                                   | 406,883    | 388,62    |
| 3. Interest Expense - Capital Leases                                         |            | 200,00    |
| Other Interest Expense                                                       |            |           |
| Allowance for Funds Used During Construction                                 |            |           |
| Total Fixed Charges (22+23+24-25)                                            | 406,883    | 388,63    |
| . Nonoperating Net Income                                                    | 17,291     | 261,15    |
| Extraordinary Items                                                          |            | 202720    |
| . Jurisdictional Differences                                                 |            |           |
| Nonregulated Net Income                                                      | (103,599)  | (145,584  |
| . Total Net Income or Margins (21+27+28+29+30-26)                            | 358,393    |           |
| Total Taxes Based on Income                                                  | 272,222    | 283,67    |
| Retained Earnings or Margins Beginning-of-Year                               |            | 195,82    |
| Miscellaneous Credits Year-to-Date                                           | 2,595,212  | 2,953,60  |
| Dividends Declared (Common)                                                  |            |           |
| Dividends Declared (Preferred)                                               |            | 328,70    |
| Other Debits Year-to-Date                                                    |            |           |
| Transfers to Patronage Capital                                               |            |           |
| Retained Earnings or Margins End-of-Period [(31+33+34) - (35+36+37+38)]      | 2,953,606  | 2 000 555 |
| Patronage Capital Beginning-of-Year                                          | 2,733,600  | 2,908,57  |
| Transfers to Patronage Capital                                               |            |           |
| Patronage Capital Credits Retired                                            |            |           |
| Patronage Capital End-of-Year (40+41-42)                                     | 0          | ,         |
| Annual Debt Service Payments                                                 | 775,281    | 775 203   |
| Cash Ratio [(14+20-10-11) / 7]                                               | 0.4576     | 775,293   |
| Operating Accrual Ratio [(14+20+26) / 7]                                     | 0.4576     | 0.5112    |
| TIER [(31+26) / 26]                                                          | 1.8808     | 1.7299    |
| DSCR [(31+26+10+11) / 44]                                                    | 1.5385     | 1.4196    |

### USDA-RUS

BORROWER DESIGNATION

OR0532

### OPERATING REPORT FOR TELECOMMUNICATIONS BORROWERS

PERIOD ENDED

December, 2013

INSTRUCTIONS - See help in the online application.

| 1142 | TRUCTIONS – See help in the online application.                                                            |           |
|------|------------------------------------------------------------------------------------------------------------|-----------|
|      | PART I – STATEMENT OF CASH FLOWS                                                                           |           |
| 1.   | Beginning Cash (Cash and Equivalents plus RUS Construction Fund)                                           | 2,588,38  |
| 2.   | CASH FLOWS FROM OPERATING ACTIVITIES                                                                       |           |
| ۷.   | Net Income                                                                                                 | 283,67    |
| 3.   | Adjustments to Reconcile Net Income to Net Cash Provided by Operating Activities                           |           |
| 4.   | Add: Depreciation                                                                                          | 428,29    |
| 5.   | Add: Amortization                                                                                          |           |
| Э.   | Other (Explain) Interest Rec                                                                               | (2,967)   |
|      | Changes in Operating Assets and Liabilities                                                                |           |
| 6.   | Decrease/(Increase) in Accounts Receivable                                                                 | 30,662    |
| 7.   | Decrease/(Increase) in Materials and Inventory                                                             | (317)     |
| 8.   | Decrease/(Increase) in Prepayments and Deferred Charges                                                    | (148,540) |
| 9.   | Decrease/(Increase) in Other Current Assets                                                                | 0         |
| 10.  | Increase/(Decrease) in Accounts Payable                                                                    | 62,561    |
| 11.  | Increase/(Decrease) in Advance Billings & Payments                                                         | (1,940)   |
| 12.  | Increase/(Decrease) in Other Current Liabilities                                                           | (64,640)  |
| 13.  | Net Cash Provided/(Used) by Operations                                                                     | 586,784   |
|      | CASH FLOWS FROM FINANCING ACTIVITIES                                                                       |           |
| 14.  | Decrease/(Increase) in Notes Receivable                                                                    | 0         |
| 15.  | Increase/(Decrease) in Notes Payable                                                                       | 0         |
| 16.  | Increase/(Decrease) in Customer Deposits                                                                   | (775)     |
| 17.  | Net Increase/(Decrease) in Long Term Debt (Including Current Maturities)                                   | (416,712) |
| 18.  | Increase/(Decrease) in Other Liabilities & Deferred Credits                                                | 164,115   |
| 19.  | Increase/(Decrease) in Capital Stock, Paid-in Capital, Membership and Capital Certificates & Other Capital | 0         |
| 20.  | Less: Payment of Dividends                                                                                 | (328,709) |
| 21.  | Less: Patronage Capital Credits Retired                                                                    | O         |
| 22.  | Other (Explain)                                                                                            |           |
| 23.  | Net Cash Provided/(Used) by Financing Activities                                                           | (582,081) |
|      | CASH FLOWS FROM INVESTING ACTIVITIES                                                                       |           |
| 24.  | Net Capital Expenditures (Property, Plant & Equipment)                                                     | (70,709)  |
| 25.  | Other Long-Term investments                                                                                | 323,608   |
| 26.  | Other Noncurrent Assets & Jurisdictional Differences                                                       | 0         |
| 27.  | Other (Explain) Cost of Removal/Capital Expenditures                                                       | (73,868)  |
| 28.  | Net Cash Provided/(Used) by Investing Activities                                                           | 179,031   |
| 29.  | Net Increase/(Decrease) in Cash                                                                            | 183,734   |
| 30.  | Ending Cash                                                                                                | 2,772,121 |

Revision Date 2010



# INDEPENDENT AUDITOR'S REPORT ON COMPLIANCE WITH ASPECTS OF CONTRACTUAL AGREEMENTS AND REGULATORY REQUIREMENTS FOR TELEPHONE BORROWERS

Board of Directors North State Telephone Company and Subsidiaries Mt. Vernon, Oregon

We have audited, in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the consolidated financial statements of North State Telephone Company and Subsidiaries, which comprise the consolidated balance sheet as of December 31, 2013 and 2012, and the related consolidated statements of revenue, comprehensive income, stockholders' equity and changes in cash flows for the year then ended, and the related notes to the financial statements, and have issued our report thereon dated February 24, 2014. In accordance with *Government Auditing Standards*, we have also issued our report dated February 24, 2014, on our consideration of North State Telephone Company and Subsidiaries' internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements and other matters. No reports other than the reports referred to above related to our audit have been furnished to management.

In connection with our audit, nothing came to our attention that caused us to believe that North State Telephone Company and Subsidiaries failed to comply with the terms, covenants, provisions, or conditions of their loan, grant, and security instruments as set forth in 7 CFR Part 1773, *Policy on Audits of Rural Utilities Service Borrowers*, §1773.33 and clarified in the RUS policy memorandum dated February 7, 2014, insofar as they relate to accounting matters as enumerated below. However, our audit was not directed primarily toward obtaining knowledge of noncompliance. Accordingly, had we performed additional procedures, other matters may have come to our attention regarding North State Telephone Company and Subsidiaries' noncompliance with the above-referenced terms, covenants, provisions, or conditions of the contractual agreements and regulatory requirements, insofar as they relate to accounting matters. In connection with our audit, we noted no matters regarding North State Telephone Company and Subsidiaries' accounting and records to indicate that North State Telephone Company and Subsidiaries did not:

Maintain adequate and effective accounting procedures:

Utilize adequate and fair methods for accumulating and recording labor, material, and overhead costs, and the distribution of these costs to construction, retirement, and maintenance or other expense accounts;

Reconcile continuing property records to the controlling general ledger plant accounts;

Clear construction accounts and accrue depreciation on completed construction;

Record and properly price the retirement of plant;

Seek approval of the sale, lease or transfer of capital assets and disposition of proceeds for the sale or lease of plant, material, or scrap;

Maintain adequate control over materials and supplies;

Prepare accurate and timely Financial and Operating Reports;

Obtain written RUS approval to enter into any contract for the management, operation, or maintenance of the borrower's system if the contract covers all or substantially all of the telephone system;

Disclose material related party transactions in the financial statements, in accordance with requirements of related parties in generally accepted accounting principles;

Record depreciation in accordance with RUS requirements (See RUS Bulletin 183-1, Depreciation Rates and Procedures) and

Comply with the requirements for the detailed schedule of investments.

This report is intended solely for the information and use of the board of directors, management, and the RUS and supplemental lenders and is not intended to be and should not be used by anyone other than these specified parties. However, this report is a matter of public record and its distribution is not limited.

Brigham City, Utah February 24, 2014

iggins + Co, DC

30

### **Deedee Kluser**

From:

Form481@usac.org

Sent:

Wednesday, June 25, 2014 11:50 AM

To:

dkluser@ortelco.net

Subject:

Form 481 Certification Confirmation

Congratulations. Your filing has been successfully certified.

Filing Number: 1

Certification Date and Time: Wed Jun 25 14:49:57 EDT 2014

Filing Created By: <a href="mailto:dkluser@ortelco.net">dkluser@ortelco.net</a>

**SAC:** 532388

SPIN: 143002629

Carrier: NORTH STATE TEL CO.

Program Year: 2015

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